



The Relevance of the World Health Organization in the Post-Trump Era and Beyond 2026: Governance, Reform, and the Future of Global Health Multilateralism

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ABSTRACT

The World Health Organization (WHO) remains the central coordinating authority for international public health; however, its legitimacy and effectiveness have faced intensified scrutiny following the COVID-19 pandemic and geopolitical tensions surrounding the United States' temporary withdrawal during the Trump administration. This study examines the continuing relevance of the WHO beyond 2026 within the context of global health governance, institutional reform, and emerging transnational health threats.

Using documentary analysis of institutional reports, policy frameworks, and scholarly literature, the current study evaluates WHO's structural challenges and reform trajectories. The evidence indicates that despite political contestation, the WHO's normative authority, technical leadership, and global convening capacity remain essential to coordinated international health responses. However, sustainable financing, strengthened regulatory frameworks, and improved accountability mechanisms are required to maintain institutional credibility. The study concludes that the WHO's future relevance will depend largely on multilateral cooperation and strategic governance reform.

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Introduction

The World Health Organization (WHO) was established in 1948 as the directing and coordinating authority on international health within the United Nations system [1]. Its constitutional mandate includes disease surveillance, standard setting, emergency response coordination, and health systems strengthening across member states [2].

Over the past seven decades, WHO has led successful global initiatives, including smallpox eradication, HIV/AIDS control, and expanded immunisation programmes [3]. Despite these accomplishments, global health emergencies have periodically raised concerns regarding the organisation's responsiveness and institutional autonomy [4]. The COVID-19 pandemic significantly intensified these debates, exposing structural weaknesses in international disease reporting and emergency coordination mechanisms [5]. The temporary withdrawal of the United States during the Trump administration further highlighted WHO's political and financial vulnerabilities, prompting renewed examination of its future relevance [6].

Global Health Governance and Who's Institutional Mandate

Global health governance involves complex interactions among national governments, multilateral organisations, philanthropic foundations, and private sector actors [7].

Within this ecosystem, WHO holds a unique position as the only organisation with universal membership and a formal global public health mandate [8]. Its authority derives primarily from normative influence and technical expertise rather than enforcement capacity [9].

One of WHO's most significant regulatory instruments is the International Health Regulations [IHR 2005], which establishes obligations for disease surveillance, reporting, and emergency coordination among member states [10].

The IHR framework represents a cornerstone of international health law, designed to promote transparency and prevent cross-border disease transmission [11].

However, the COVID-19 pandemic revealed significant compliance gaps and limitations in enforcement mechanisms, raising questions about the effectiveness of regulations [12].

Political Contestation in The Post-Trump Era

In 2020, the United States announced plans to withdraw from the WHO, citing alleged mismanagement of the COVID-19 response and institutional bias [13].

Although the decision was later reversed, it exposed the WHO's reliance on major power contributions and geopolitical cooperation [14].

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The organisation's funding structure relies heavily on voluntary contributions, many of which are earmarked for donor-specified programmes, limiting strategic flexibility [15]. This financial dependence increases vulnerability to political pressure and donor influence [16]. The withdrawal episode reflected broader global tensions between nationalist policies and multilateral cooperation in public health governance [17]. Nevertheless, subsequent commitments by member states reinforced recognition of WHO's indispensable role in pandemic coordination and global health diplomacy [18].

Institutional Reform and Pandemic Preparedness

Following the COVID-19 pandemic, multiple independent evaluations called for structural reform within the WHO and the broader global health architecture [19].

The Independent Panel for Pandemic Preparedness and Response recommended improved early warning systems, stronger compliance monitoring, and enhanced political accountability [20].

WHO has since initiated transformation programmes to improve transparency, operational efficiency, and emergency response capacity [21].

Reform discussions also include proposals for revising the International Health Regulations to strengthen surveillance and enforcement mechanisms [22].

Additionally, ongoing negotiations toward a global pandemic accord seek to institutionalise cooperative frameworks for crisis prevention and response [23].

These reform initiatives reflect recognition that global health security requires stronger institutional coordination mechanisms [24].

Financing Sustainability and Resource Mobilisation

WHO's long-term effectiveness depends heavily on sustainable financing structures. Historically, assessed contributions from member states constitute a relatively small portion of the organisation's overall budget [25].

Reliance on voluntary funding restricts programme flexibility and limits the WHO's capacity to respond rapidly to emerging health threats [26]. Recent initiatives, including the WHO Investment Round, aim to increase predictable core financing and reduce dependence on earmarked donations [27]. Complementary global health financing mechanisms, such as the World Bank's Pandemic Fund, further expand available resources for emergency preparedness [28]. However, effective coordination between funding platforms remains essential to avoid fragmentation and duplication of international health interventions [29]. Sustainable financing is therefore critical to ensuring the WHO's operational independence and strategic stability [30].

WHO and Global Health Priorities Beyond 2026

WHO remains central to advancing international health priorities beyond 2026, particularly in relation to Sustainable Development Goal 3, which promotes universal health coverage and improved global well-being [2].

Emerging threats, including climate-related health risks, antimicrobial resistance, and novel infectious diseases, require coordinated multilateral responses [21]. WHO's ability to generate global health guidelines and mobilise international partnerships strengthens its strategic influence within global health diplomacy [7].

The organisation also plays a critical role in supporting low- and middle-income countries in health systems development and disease prevention programmes [3]. As global health challenges become increasingly interconnected, multilateral cooperation remains essential to effective disease control and prevention [24]. Consequently, WHO's continued relevance depends on its capacity to adapt to evolving global health threats and institutional demands.

Discussion

WHO's relevance beyond 2026 must be evaluated within the context of geopolitical instability and increasing global health interdependence. Although the organisation lacks enforcement authority, its regulatory frameworks and normative leadership remain fundamental to international public health coordination [10].

The COVID-19 pandemic exposed regulatory limitations but also demonstrated the necessity of a central global coordinating institution [12]. Political tensions, including the U.S. withdrawal episode, revealed structural vulnerabilities within multilateral health governance systems [13].

Nonetheless, institutional reform initiatives and renewed member state support indicate resilience within WHO's governance structure [21]. WHO's legitimacy continues to derive from scientific credibility, technical expertise, and diplomatic convening authority rather than coercive power [9].

Future effectiveness will depend on strengthened financing mechanisms and enhanced regulatory compliance systems. Increasing assessed contributions would improve institutional autonomy and strategic planning capacity [27].

Revising the International Health Regulations could strengthen early detection and reporting mechanisms for emerging health threats [22].

The proposed pandemic accord represents an effort to formalise lessons learned from COVID-19 and strengthen global preparedness frameworks [23]. As transnational health threats expand, retreat from multilateral cooperation would significantly weaken global emergency response capacity [24]. Therefore, WHO's long-term relevance is closely linked to sustained political commitment and cooperative international governance.

Conclusion

The World Health Organization remains a cornerstone of global health governance despite ongoing political and institutional challenges. The post-Trump withdrawal episode highlighted financial vulnerabilities and geopolitical pressures but also reinforced the WHO's indispensability in coordinating global health responses [13].

Reform initiatives focusing on sustainable financing, strengthened regulatory frameworks, and enhanced emergency preparedness demonstrate institutional adaptation to evolving global health challenges [20]. Beyond 2026, the WHO's legitimacy will depend on transparency, accountability, and equitable member state representation [21].

In a world characterised by increasing pandemic risk, climate-related health threats, and demographic transitions, no alternative institution possesses comparable global authority or operational reach [1]. Strengthening the WHO rather than weakening multilateral health institutions remains essential to safeguarding global public health in the decades ahead.

References

- [1] World Health Organization. Constitution of the World Health Organization. Geneva: WHO; 1948. <https://www.who.int/about/governance/constitution>.
- [2] United Nations. Sustainable Development Goals Report. New York: UN. 2023. <https://sdgtransformationcenter.org/reports/sustainable-development-report-2023>.
- [3] Cueto M, Brown T, Fee E. *The World Health Organization: A History*. Cambridge: Cambridge University Press. 2019; 754.
- [4] Moon S, Sridhar D, Pate MA, Jha AK, Clinton C, et al. Will Ebola change the game? *Lancet*. 2015; 386: 2204-2221.
- [5] World Health Organization. COVID-19 Strategic Preparedness Plan. Geneva: WHO; 2021. <https://www.who.int/publications/i/item/WHO-WHE-2021.02>.
- [6] Gostin LO, Katz R. The International Health Regulations. *JAMA*. 2016; 316: 262-263.
- [7] Kickbusch I, Gleicher D. *Governance for Health in the 21st Century*. Copenhagen: WHO; 2012. <https://www.semanticscholar.org/paper/Governance-for-health-in-the-21st-century-Kickbusch-Gleicher/b65be22d8f005b93d64eb3e6e9ec53d1bc60d01a>.
- [8] Lee K. *The World Health Organization*. London: Routledge, 2009. https://catalog.nlm.nih.gov/discovery/fulldisplay/alma9914646833406676/01NLM_INST:01NLM_INST.
- [9] Clift C. *The Role of the World Health Organization*. London: Chatham House. 2014. <https://www.semanticscholar.org/paper/The-Role-of-the-World-Health-Organization-in-the-Clift/ae481ab5e09950cc8530d2abf76da04bed8ca880>.
- [10] World Health Organization. International Health Regulations [2005]. Geneva: WHO. 2005; 366: 1249-1251.
- [11] Fidler DP. *Global Health Governance*. Council on Foreign Relations; 2010. <https://www.cfr.org/reports/challenges-global-health-governance>.
- [12] Greer SL, King EJ, Fonseca EM, Peralta-Santos A. *Coronavirus Politics*. Ann Arbor: University of Michigan Press; 2021. <https://press.umich.edu/Books/C/Coronavirus-Politics2>.
- [13] Trump DJ. Letter to WHO Director-General. Washington DC; 2020. <https://globalhealth.org/wp-content/uploads/2020/04/Final-signed-Open-Letter-in-support-of-WHO-1.pdf>.
- [14] Biden J. Letter Re-engaging the United States with WHO. Washington DC; 2021. https://www.washingtonpost.com/world/biden-administration-who-covax/2021/01/20/3ddc25ce-5a8c-11eb-aaad-93988621dd28_story.html.
- [15] World Health Organization. Programme Budget 2024-2025. Geneva: WHO; 2024. https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R1-en.pdf.
- [16] Schaferhoff M, Moon S, Szlezák NA. Financing WHO. *Global Health*. 2015; 11:15. https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R12-en.pdf.
- [17] Harman S. *Global Health Governance and Multilateralism*. London: Palgrave; 2021. <https://www.taylorfrancis.com/books/mono/10.4324/9780203711613/global-health-governance-sophie-harman-andreas-papamichail>.
- [18] McInnes C, Lee K. *Global Health and International Relations*. Cambridge: Polity Press; 2012. <https://research.aber.ac.uk/en/publications/global-health-and-international-relations/>.
- [19] WHO Independent Oversight Committee. Annual Report. Geneva: WHO; 2022. <https://www.who.int/publications/i/item/9789240076310>.
- [20] Independent Panel for Pandemic Preparedness and Response. COVID-19 Report. Geneva; 2021. <https://theindependentpanel.org/>.
- [21] World Health Organization. Transformation Agenda Report. Geneva: WHO; 2023. https://www.afro.who.int/sites/default/files/2023-08/Transformation%20agenda%202015-2023%20ENG-WEB_0.pdf.
- [22] Habibi R, Burci GL, de Campos TC, Chirwa D, Cina M, et al. Revisiting the IHR. *Lancet*. 2020; 395: 664-666.
- [23] World Health Organization. Pandemic Accord Negotiation Draft. Geneva: WHO; 2024. https://healthpolicy-watch.news/wp-content/uploads/2024/03/Pandemic-Agreement-DRAFT-revised-negotiating-text-WHO-Pandemic-Agreement_for-circulation.pdf.
- [24] Kickbusch I, Liu A. Global health diplomacy. *BMJ*. 2023; 380: 070193.
- [25] World Health Organization. Financial Report 2023. Geneva: WHO; 2023. <https://www.who.int/publications/i/item/A77-20>.
- [26] Gostin LO, Friedman EA. WHO reforms. *JAMA*. 2020; 323: 701-702.
- [27] World Health Organization. Investment Round Proposal. Geneva: WHO; 2024. <https://www.who.int/about/funding/invest-in-who/investment-round>.
- [28] World Bank. Pandemic Fund Operational Framework. Washington DC; 2023. <https://www.thepandemicfund.org/annual-progress-report>.
- [29] Ooms G, Hammonds R. Global health financing debates. *Health Policy Plan*. 2015; 30: 1130-1133.
- [30] Global Preparedness Monitoring Board. Annual Report 2022. Geneva: WHO; 2022. <https://www.who.int/publications/i/item/9789240074644>.