How WHO Functions in a Fragmented World:

An Evidence-Based Briefing

ASPHER
The Association of Schools of Public Health in the European Region

Executive Summary

> ***In a fragmented world, WHO is most valuable as the reference backbone that keeps plural governance pathways aligned around evidence, equity, and rules-based cooperation (1,2)"***

This briefing explains how the World Health Organization (WHO) can remain effective despite increasing geopolitical fragmentation, reductions in financial and infrastructure resources allocated by governments to their own health systems and globally.

While WHO has survived previous attempts to take over its core roles, responsibilities, and functions, current challenges include replacement and dilution through various forms of pluralistic arrangements that centre on sources of power rather than population health. Current proposals include: multilateral forums, regional blocs, bilateral agreements, subnational initiatives, and multi-stakeholder mechanisms (3,4). At the same time, assertions that WHO's role and purpose are confused, and that its activities overreach its mandate, go seemingly unchallenged (5). This is despite the main threats to WHO's programme arising from the forced reprioritisation process that followed the withholding and withdrawal of US funding associated with the US ending its WHO membership.

In contrast, our central proposition for WHO's role is functional: **WHO is the multilateral forum for global health.** Membership of Ministries of Health, with support from wider public health networks, ensures its position as the spine of global public health and essential infrastructure. It thus provides structure for the development and implementation of shared norms, evidence arbitration, health-related surveillance and data frameworks. At the core is its trusted convening/coordination. This ensures that diversified pathways can remain equity-oriented, and function in concert, enabling continuing interoperability, while building capacity in shared governance to address current gaps in oversight of financial issues and conflicts of interest (1,2,6,7).

Recent signals illustrate why a "how WHO functions" framing is timely. WHO has stated that the United States withdrawal raises issues for WHO Executive Board and the World Health Assembly in 2026 (1). The harm associated with the loss of funding, and associated withdrawal of international aid by the US, has been described as a novel form of Public Health Emergency of International Concern (PHEIC). At the same time, reports are emerging of a rapid expansion of U.S. bilateral health Memoranda of Understanding (MOUs) under an "America First" global health strategy. These outline the risks of U.S access to data for exclusion and extraction, rather than providing a partnership approach to enhanced understanding of health hazards, their determinants, exposures, risks of harm and potential for effective action (8–11). This is compounded by the potential for enhanced US direction-setting powers, including major variation in domestic co-financing expectations and priorities (12,13).

In this paper we set out how the WHO can continue to function as essential health infrastructure within a diversified and evolving geopolitical context (1,14).

We argue that reshaping WHO's role as essential infrastructure requires prioritization of two enabling mechanisms: **(i) multilateral collaboration** as a multi-layered "operating system" that enables interoperability across levels, building capacity for competence in health diplomacy (15); and **(ii) peace and humanitarian considerations** as enabling infrastructure grounded in WHO's Constitution and WHA mandates (16,17), recognising conflict sensitivity as essential for the effective functioning of public health programming and capacity building (18).

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1. Purpose and Framing

The purpose of this brief is to elaborate on the implications of the changing geopolitical context to the WHO, why its role as public health infrastructure is important, and how the WHO can fulfill this essential role despite an apparent decline in support for established forms of multilateralism and ongoing global changes in power and influence.

2. Changing Geopolitical Reality and Risks

The political consensus in the negotiations following World War II (WW II) supported the creation of stronger international institutions acting to prevent or limit the excesses of autocratic leaders and develop constructs and behaviours which would facilitate a more peaceful new world order, albeit one constructed to reflect the interests of large, high-income countries in the global north (19,20), particularly, but not exclusively, members of the UN Security Council. The United Nations and its supporting bodies, including WHO, have been central to these efforts. However, key drivers of global geopolitics are now in frank opposition to a peaceful, healthier world.

The global health community has been confronted by the shock of the loss of US funding to the WHO and USAID in 2025 (21). However, the lack of attention paid by the General Assembly to the need for reappraisal of countries' assessed contributions and reliance on voumtary donations has left WHO vulnerable to shifts in the geopolitical priorities of its main funders(22). However, iIn recent times, WHO has prevailed despite the establishment of new agencies and competing initiatives through development agencies and development banks, as it has provided a crucial focus for cooperation and a forum for common concerns of Ministries of Health. While it may have lacked funding and operational authority, WHO has had legitimate convening power and presence on crucial global health policy questions. However, the current expansion of bilateral health MOUs under an "America First" approach brings up new kinds of risks and engagements, including surveillance not based on public health principles (23) access to health data (12) by US-led entities, variation in co-financing expectations, and potential gaps between disease burden and funding priorities (13). These activities may not only be separate from WHO, or decrease available human and financial resources available to it, but also provide scope to deliberately undermine its role, health policy priorities, and functions.

In addition, there has been a rise in the prominence of Populist causes and regimes, funded by fossil fuel interests, big information technology leaders, religious fundamentalist groups, and other sources of 'dark money'. Specific risks to population health include:

- Populist regimes abhor global governance and collaboration, non-partisan experts and all forms of science.
- Their philosophy approaches and behaviours challenge the ethical values of the public health community and require a reset and reappraisal of our competence in public health diplomacy(24).

- They undermine global institutions at the very time they are most needed to address global health challenges(25).

It is thus important for global cooperation on health that WHO should be positioned as the reference point and backbone providing shared standards, evidence arbitration, and convening/coordination so that plural pathways remain compatible(2,14) and that risks, particularly to health systems in LMICs, are mitigated. WHO's constitution and its obligations, as set out in the constitution, give the organization the flexibility to undertake this role. Furthermore, WHO is set up as a global agency with relevance to all members and a legitimate role for normative work, in contrast to development banks, development funds, or aid agencies.

3. WHO as Global Public Health Infrastructure

WHO's role can be classified as normative, technical, diplomatic, and epistemic infrastructure (14,26) (6,26–30).

This infrastructure can be framed as a global public good (14), enabling support to regions and countries in crises while also supporting longer-term, but locally responsive, capacity building. Financing is integral to its functionality; increasing assessed contributions reduces risks from earmarked voluntary funding (2).

Operational examples of WHO as infrastructure include, for example, functions that sit underneath the responsibilities for Public Health Emergencies of International Concern. These include the International Health Regulations (26), which are affected by national legislation and operationalized locally, vaccine prequalification (27) in partnership with national regulatory agencies, and WHO collaborating centres (28). WHO's convening and supporting role, harnessing expertise across regions, also facilitates the development of networks and mechanisms to respond to common challenges at the city and community level.

4. Multilateral cooperation as the Operating System of global health

WHO currently operates across multilateral, regional, bilateral, and subnational/multi-actor levels, enabling interoperability and alignment with shared norms (12,13,15). Its scope to operate as global public health infrastructure in a changing world will require ongoing strengthening of the financial, knowledge-base and capacity of the organisation across its core areas of focus. Priorities include i) sufficient financing and operational capacity to carry out normative work; ii) best practice in relation to transparency, prevention and mitigation of conflicts of interest iii) separation of roles (fire walls) between (31–35) knowledge/expert and regulatory-based activities to ensure that both remain independent and free of corporate interference within integrated structures iv) scrutiny of the governance and impact of emerging variation in sources of financing;(36) and v) extension of systemic interaction, connection and cooperation beyond

the executive to national professional and public health associations, engaging and sharing best practice with their networks (37).

Enhancing WHO's capacity to create and shape the global public health policy environment also requires attention to core competencies and common understandings so that public health competencies and relationships are employed as essential elements of the operating system, not parallel or fringe concerns. One of these tools is health diplomacy, defined as the set of communication, consensus-building, and negotiation processes that shape the policy environment for health (15). This recognises the role of global health policy for diplomacy, multilateral cooperation and trust and the requirement for public health professionals to be present and competent participants, enabling WHO to exercise its convening role effectively. This is crucial to ensure we can address the common, global public health and health system -related concerns that reach beyond more ordinary diplomatic blocks, foreign policy, and conflicting geopolitical priorities.

5. Governance, Integrity and Financing

WHO's effectiveness depends on legitimacy, independence, and predictable financing. Key priorities include protecting normative functions, strengthening transparency and accountability, applying conflict-of-interest frameworks (29), reinforcing information integrity and public health surveillance capacities (26,30).

The 20% increase in budget and plans for increasing membership-based predictable funding to 50% are commendable and a move in the right direction(38). As part of this process, WHO should ensure that private contributions to WHO (individual donors or corporations) do not influence WHO workplans or priorities or threaten the integrity of the organization (39,40) and that conflict-of interest questions extend also to the donations to the WHO Foundation(41).

It is important to note that despite US leaving the organization, no wider exodus has taken place. While the US has announced its withdrawal from other multi-lateral bodies (42),the independence of the regional health organisations has meant that US has remained a member of the Pan-American Health Organization (PAHO) – at least until spring 2026. While the regional structure of WHO has been under critical consideration, it can provide scope for cooperation during contested times (43).

Expanded governance context in a fragmented system

In the current geopolitical context, governance, integrity, and financing must also be understood in relation to the diversification of power structures shaping global health (40) .

Bilateral health agreements

The rapid expansion of bilateral health agreements, particularly under major geopolitical actors, introduces systemic risk, but could provide some operational flexibility if power and resource imbalances were addressed, and the scope reflected population health needs, not potential for

profit. While some bilateral agreements may accelerate action, they can also lead to fragmentation, asymmetries in data access, and misalignment with global health priorities (12,13). Ensuring interoperability with WHO norms and standards is therefore essential to avoid duplication, inequity, and weakened accountability.

From multilateralism to bipolarism and multipolarism

Global health governance is increasingly shaped by a shift away from multilateral cooperation towards more power-based configurations. In some cases, bilateralism reflects not relational cooperation but geopolitical strategies driven by trade, security, and influence.

This can be characterised as:

- Bipolar dynamics, where major powers shape health agendas based on largely non-health strategic interests rather than collective governance;
- Emerging multipolar configurations, where multiple actors operate in parallel, often without sufficient coordination.

In contrast, multilateral systems, such as those anchored in the WHO, remain essential for ensuring legitimacy, shared norms, and equitable participation.

Regional and political blocs

Recent high-level political discussions on reforming the global health architecture further underline the importance of aligning regional and global governance. A joint political declaration adopted in April 2026 reaffirms the central role of multilateral institutions, particularly WHO, while recognising the increasing complexity and fragmentation of the global health landscape and the need to strengthen coordination across regional and international initiatives (44).

In parallel, emerging work from global health diplomacy platforms highlights ongoing reform debates and identifies key structural shifts. These include the rebalancing of power towards countries and regions, the need to simplify an increasingly complex institutional ecosystem, and the growing importance of domestic and diversified financing (45).

Regional alliances and political blocs are playing an increasingly important role in shaping health governance, including through joint policy frameworks, financing mechanisms, and strategic positioning.

Recent discussions on reforming the global health architecture highlight both the potential of coordinated regional engagement and the risk of further fragmentation if these efforts are not aligned with global frameworks.

Implications for governance and integrity

These evolving dynamics require strengthening governance frameworks that:

- Ensure alignment between bilateral, regional, and multilateral initiatives

- Reinforce transparency in financing and decision-making
- Protect WHO's normative independence from geopolitical and corporate influence
- Safeguard data governance, equity, and accountability in increasingly complex arrangements

Financing within a fragmented system

Across diverse country experiences, a consistent set of lessons emerges for navigating financing in a fragmented global health environment (46). Central to these is the shift from siloed, donor-driven approaches towards pooled and pre-paid financing mechanisms that support universal health coverage. Prioritising community-oriented primary health care, focusing on essential service packages and cost-effective "best buys", and improving efficiency through strategic purchasing and health technology assessment are critical to maximise impact. At the same time, strengthening WHO's normative functions, including quality standards, governance frameworks, surveillance, and technical capacity building, remains essential to guide national decision-making and ensure coherence across actors (47).

Country experiences illustrate how these principles can be operationalised (48,49). Ethiopia has prioritised primary health care and essential service packages, reducing reliance on fragmented vertical programmes. Rwanda has strengthened domestic financing through community-based health insurance, supported by WHO guidance on pooling and pre-paid systems. Ghana and Tanzania have advanced pooled financing approaches, integrating donor funds into national systems with WHO technical and convening support. Thailand has demonstrated how strategic purchasing and health technology assessment can improve efficiency and spending quality under universal coverage reforms.

In Europe, similar principles are being applied within more diversified and multilevel financing environments. While tax funded, inclusive health systems centred on primary care, such as in Spain (50), and those requiring minimal out of pocket spending provide the most straightforward pathway to equitable and universal health coverage (51), Austria has a complex social insurance structure but a combination of policy instruments maintains coverage above 99% and limits reported unmet medical needs (52), while Estonia is increasing coverage and building on its reputation for secure digitalisation. These approaches underline the importance of pooling, governance, and alignment, even in high-income settings.

At the same time, strategic financing pathways for health systems development in Europe increasingly operate through multilateral and regional cooperation mechanisms rather than replacing them. Instruments such as EU4Health (53) Horizon Europe, and Global Health EDCTP3, alongside "Team Europe"(54) approaches, allow for pooling of EU and Member State resources to support health systems resilience, innovation, and global health partnerships. These mechanisms can complement WHO by strengthening regional capacity and implementation while remaining aligned with global norms and public goods (55).

The core challenge is not only declining funding, but a fragmented system characterised by earmarked contributions, overlapping mandates, and high transaction costs. In this context, the priority is not to move away from multilateralism, but to simplify, align, and better finance it, ensuring that institutions such as WHO can focus on its role and functions as non-partisan essential infrastructure, mandated by the World Health Assembly, not vulnerable to influence from alternative donors.

6. Peace and Humanitarian Infrastructure

WHO's Constitution recognises health as fundamental to peace (16). Conflict disrupts health systems and increases risks; peace and humanitarian infrastructure enable continuity of services and conflict-sensitive programming (17,18).

WHO functions within the Humanitarian-Development-Peace (HDP) nexus to integrate health, infrastructure, and peacebuilding in fragile and conflict-affected settings. In 2025, a new framework was developed to guide the maintenance of health assets, ensure the provision of essential services (water, power, sanitation), provide security, universal health coverage, and support resilience. This framework supports the adaptation of health services across the continuum of conflict and development beyond emergency response, from conflict prevention to ensuring that health systems do not collapse, can be sustained and capacity can be rebuilt (56).

Completion of US withdrawal from WHO on January 22, 2026, however, created significant disruptions to the humanitarian and peace-focused agenda (21). Specifically, withdrawal of 12-15% of total funding and inadequate resources for implementing the new humanitarian and peace-building framework (57).The withdrawal of funding significantly compromises operations in fragile states, exacerbated by the loss of resources for health security, alongside food security and education. In addition, reassignment of US government agency and WHO contractor staff has removed capacity and technical expertise at all levels. In the Democratic Republic of the Congo (DRC), for example, increased health-related harms, including a major cholera outbreak, are attributed to the stoppage of aid programs. Loss of funding and capacity has disproportionately impacted African nations, including limiting access to essential health services for HIV and AIDS, Tuberculosis and Malaria (58).

WHO's humanitarian and peacebuilding role as a global infrastructure

Amid geopolitical fragmentation and reductions in finance and infrastructure, WHO's role in humanitarian and health-related peacebuilding is vital, particularly for the security and maintenance of health services during conflict. Prioritisation of WHOs convening and normative powers to strengthen global health partnerships within the Humanitarian-Development-Peace (HDP) nexus, implementing the framework for strengthening health systems and services (18) and embedding cross-sector and cross border collaboration beyond case studies.

7. Ongoing Foresight and Strategic Responsiveness

While the current geopolitical changes can undermine the capacity and potential of multilateral knowledge-based and normative organisations such as the WHO, their role is even more important in this more fragmented, power-driven world. Fragmentation is dynamic. Monitoring norm uptake, financing, and emerging threats is essential to protect the minimum viable global health infrastructure [2,13,14,26]. The capacity to control and respond to pandemics requires more than remote surveillance data, which depend on the functioning of health and partners' systems, but also requires the ability to harness the normative, tacit, and relational knowledge and expertise of the public health workforce and populations. WHO has the reach and capacity to provide non-partisan regional and global foresight and strategic responsiveness. Direct links to the Ministries of Health, public health agencies, academic centres and non-governmental organisations provide a legitimate interface for multisector and multilateral intelligence gathering, governance and response. However, WHO requires the capacity and human resources to build and apply foresight and strategic responsiveness as part of its infrastructure functions.

8. Role for ASPHER

Health diplomacy capacity-building, protection of infrastructure functions, and conflict-sensitive programming are key priorities for the protection and future development of WHO's role in public health [2,14,15,26,29].

The network of schools (academic organizations) aggregated within ASPHER covers WHO European region, giving it a detailed local knowledge of health systems, their effective functioning, and the relationship between political power and the various health promoters and providers.

ASPHER therefore has the capacity to enhance the actions and guidelines of WHO Europe through the continuous updating of the current and future health workforce, as well as providing the WHO with concrete knowledge that enables it to design its guidelines more effectively and efficiently, particularly in contributing to the public health policy literacy of policymakers with a strong impact on health. Key highlights include:

ASPHER can support training, translation of WHO standards, and evidence generation as part of track-II diplomacy [15,28,30,59].

Strategically, as an organisation, through the Board, Task Forces and working groups, building on the Memorandum of Understanding with WHO Europe to provide expert technical and professional advice and support, can help bridge the transition from WHO in-country programmes to peer-support partnerships for sustainable capacity building and mutual learning.

Through bringing together the WHO collaborating centres (global and European) based in member organisations across WHO European Region to increase coherence, reduce duplication and gaps in research, education and training, implementation science and practical responses to

shared challenges, ASPHER can serve as a European platform for academic discussions and test bed for improvement and change. By collaborating with our partners, including the European Public Health Association, World Federation of Public Health Associations, Global Network for Academic Public Health, International Association of National Public Health Institutes, ASPHER can help strengthen the range and depth of resources available to WHO, providing an expert alternative to for-profit consultants.

Conclusion

At a time of accelerating geopolitical fragmentation, contested multilateralism, and widening inequalities, the need for a legitimate, trusted, and technically competent World Health Organization has not diminished, it is essential. This briefing argues that WHO's future relevance does not depend on restoring a simplified or centralised model of global governance, but on strengthening its role as the normative, convening, and coordinating infrastructure that enables coherence across an increasingly plural and politically complex global health landscape.

The current moment should therefore not be viewed solely through the lens of crisis or institutional weakening. It also represents an opportunity to rethink how global health cooperation is organised, financed, and sustained. WHO remains uniquely positioned to provide shared standards, trusted evidence, surveillance frameworks, technical guidance, and diplomatic space for cooperation across regions, sectors, and political divides. Protecting and reinforcing these functions is not only an investment in health systems, but in peace, resilience, equity, and collective security.

The future of global health governance will depend on our ability to combine multilateral legitimacy with regional responsiveness, national ownership, scientific integrity, and stronger public health diplomacy capacities. Academic institutions, WHO Collaborating Centres, professional associations, and civil society networks all have an important role to play in supporting this transition and ensuring that public health remains grounded in solidarity, evidence, and the public interest.

ASPHER reaffirms its commitment to supporting WHO and its Member States through education, workforce development, research, capacity building, and independent expertise. In a fragmented world, strengthening WHO is not about preserving the past—it is about building the conditions for a more connected, equitable, and resilient future for global public health.

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