



Contents lists available at ScienceDirect

Health Policy OPEN

journal homepage: [www.elsevier.com/locate/hpopen](http://www.elsevier.com/locate/hpopen)

## Implications of U.S. withdrawal from the World Health Organization on health financing in Africa

### ABSTRACT

The U.S. decision to withdraw from the World Health Organization (WHO) under President Trump's second term has significant implications for global health financing, particularly in Africa. As the largest contributor to the WHO, the U.S. provided 12–15% of the organization's total funding between 2022 and 2023, and its withdrawal threatens essential health programs addressing HIV/AIDS, maternal and child health, tuberculosis, and malaria, which heavily rely on external funding. Reduced funding will disproportionately affect low- and middle-income African countries, increasing the financial burden on households and limiting access to critical healthcare services.

### 1. Introduction

The global health community was thrown into disarray when President Trump signed an executive order on the first day of his second term, withdrawing the United States from the World Health Organization (WHO) [10]. From a financial standpoint, the U.S. is the largest contributor to the WHO, contributing approximately 12%–15% of total WHO donations from 2022 to 2023 [13]. The heavy reliance of Africa on external funding for healthcare financing leaves the continent deeply vulnerable to fluctuations in global health funding [9]. Hence, the withdrawal of the U.S. funding will have severe consequences and will be palpable in various health programs, particularly for low- and middle-income countries that rely majorly on the WHO's programs for essential health services. This article aims to examine the health financing implications of the U.S. withdrawal from the WHO on the African healthcare system, explore the repercussions and opportunities arising from this decision, and highlighting recommendations for future direction (Fig. 1).

### 2. Impact of U.S. funding on the World Health Organization

U.S. funding profoundly impacts the World Health Organization (WHO), shaping its operations, priorities, and ability to address global health challenges. As one of the largest contributors to the WHO for many years, the United States has played a central role in financing the organization's activities, influencing its agenda, and supporting its mission to promote health worldwide [4]. Financial contributions from the U.S. come in two main forms: assessed contributions, which are mandatory fees based on a country's GDP, and voluntary contributions, which are allocated to specific programs or initiatives [4]. In 2020, the U.S. contributed over \$400 million to the WHO, accounting for approximately 15% of its total budget. This funding has supported the WHO's efforts to combat infectious diseases, strengthen health systems,

and respond to global health emergencies [3]. The U.S. has historically directed a significant portion of its funding toward key priority areas, including disease control, maternal and child health, and pandemic preparedness. By targeting specific health concerns, U.S. funding has helped shape the WHO's focus, ensuring that resources are allocated to areas considered critical by the U.S. government [12]. However, the relationship between the U.S. and the WHO has not always been stable. Periodic political decisions have led to fluctuations in financial support, creating uncertainty for the organization.

In 2020, the Trump administration announced a temporary withdrawal of U.S. funding, citing concerns over the WHO's handling of the COVID-19 pandemic and its relationship with China [8]. This decision created significant financial and operational challenges for the WHO, forcing it to seek alternative funding sources. The Biden administration later restored funding, but the episode underscored the risks associated with reliance on a single dominant funding source and highlighted the importance of establishing a more diversified financial base to ensure sustainability [10]. The impact of U.S. funding extends beyond the WHO itself, affecting low- and middle-income countries that depend on its programs for essential health services. Contributions from the U.S. support WHO initiatives that provide vaccines, combat infectious diseases, and strengthen health systems globally [2]. A reduction in funding can disproportionately affect vulnerable populations, limiting access to life-saving interventions and impeding progress toward global health equity. U.S. funding has been critical to the WHO's efforts to distribute COVID-19 vaccines through the COVAX initiative, which aims to ensure equitable access to vaccines worldwide [2]. Disruptions in funding could jeopardize such initiatives, exacerbating health disparities and hindering progress toward global health goals.

U.S. funding is a cornerstone of the WHO's ability to fulfill its mandate of promoting global health. It provides financial stability for addressing pressing health challenges, supports programs that benefit vulnerable populations, and reinforces the U.S. role in global health

<https://doi.org/10.1016/j.hpopen.2025.100142>

Received 21 March 2025; Received in revised form 18 April 2025; Accepted 29 April 2025

Available online 8 May 2025

2590-2296/© 2025 The Author(s). Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

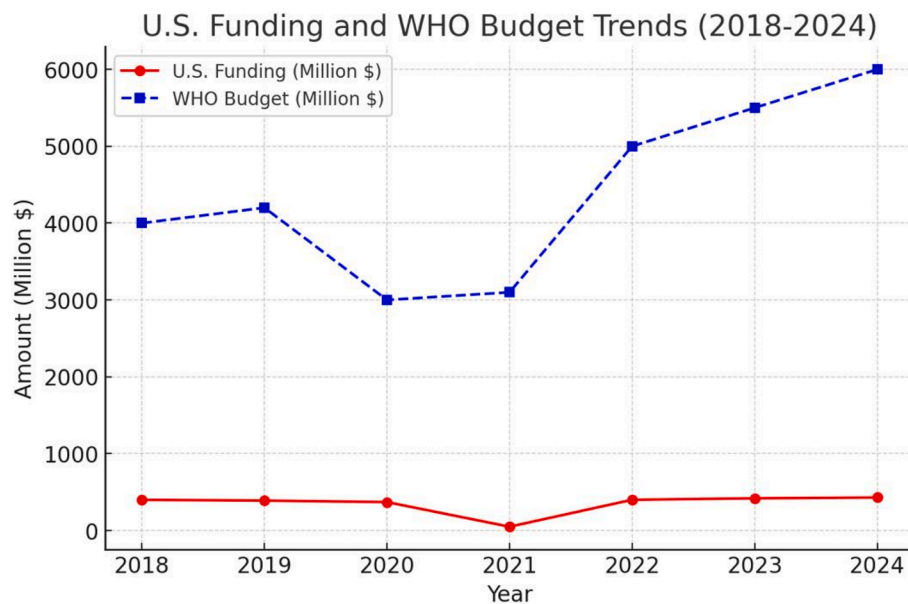


Fig. 1. Trends in U.S. Funding and WHO Budget (2018–2024)[5].

governance. However, reliance on U.S. funding also exposes the WHO to risks, particularly when political considerations influence financial support. The fluctuations in U.S. contributions highlight the need for a more diversified funding base to ensure the organization's long-term sustainability. The relationship between the U.S. and the WHO will continue to shape global health policies and outcomes, influencing organizations' effectiveness and capacity to respond to future crises.

### 3. Health financing implications of U.S. withdrawal on Africa

External funding is the leading health financing source in Africa [9]. This implies that African countries largely depend on external funds to finance their healthcare needs. With the U.S. being the top WHO donor, their recent intention to withdraw from the organization calls for assessing its outcome on healthcare financing in Africa. The effect of the U.S. withdrawal from the WHO could lead to a possible surge in the cases of HIV/AIDS, maternal and child mortality, halting the tuberculosis program, and malaria vaccination in Africa, as most of these programs are largely sponsored or subsidized by U.S. funds [7]. One direct implication of this surge is household financing. This is because out-of-pocket (OOP) financing is the next source after external funding in Africa [9]. The healthcare financial burden will now largely fall on individuals and households, which is already happening. For example, the price of condoms significantly skyrocketed in Zimbabwe as a result of the news of the U.S. suspension of USAID funding [11]. Other interventions that are subsidized or fully paid for by U.S. funding might also experience the same due to lack of or poor funding of the interventions and programs.

On the bright side, the withdrawal could facilitate the mass adoption of health insurance schemes, especially among the low-income earners in Africa. Many African countries have functioning health insurance programs both at national and community levels but with low active users [1,6]. With the current news of the U.S. withdrawal from the WHO, the health insurance scheme appears to be the safer option for many African households to mitigate the health financing burden, especially during health emergencies. Doubtlessly, the decision challenges the universal health coverage objectives [14]. However if well managed, it could drive mass adoption and sustainable integration of health insurance coverage in the African healthcare system that makes healthcare services affordable to all.

### 4. Recommendations for future direction and conclusion

African governments must prioritize healthcare by allocating at least 20 % of their annual budgets to strengthen health systems, reduce reliance on external funding, and improve crisis preparedness. Investing in local pharmaceutical production and research can further increase self-sufficiency, with initiatives such as the Partnership for African Vaccine Manufacturing (PAVM) aiming to produce 60 % of Africa's vaccine needs locally by 2040. Additionally, African leaders must take health policy communications more seriously by ensuring that certain health policies and programs that directly benefit their citizens are communicated in languages that make them acceptable and accessible, especially the national insurance health schemes.

Conclusively, as much as the African governments must take full responsibility for health financing in their respective countries, the U.S. must also understand that their withdrawal decision will destabilize universal health coverage objectives and thereby expand already existing health inequalities in most low- and middle-income countries.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Acknowledgment

N/A.

### References

- [1] Awosusi A. Nigeria's mandatory health insurance and the march towards universal health coverage. *Lancet Glob Health* 2022;10(11):e1555–6. [https://doi.org/10.1016/S2214-109X\(22\)00369-2](https://doi.org/10.1016/S2214-109X(22)00369-2).
- [2] Carroll M, Ruzgar N, Fedatto M, Schultz K, Cheung M. Show me the money": An analysis of US global health funding from 1995 to 2019. *J Glob Health* 2024;14:04173. <https://doi.org/10.7189/JOGH.14.04173>.
- [3] CRS INSIGHT. *CRS INSIGHT Prepared for Members and Committees of Congress*. Retrieved February 14, 2025, from <https://crsreports.congress.gov/>; 2018.
- [4] KFF. *The U.S. Government and the World Health Organization* |. Retrieved February 14, 2025, from <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-the-world-health-organization/>; 2025.
- [5] KFF. *10 Things to Know About U.S. Funding for Global Health* |. Retrieved February 17, 2025, from <https://www.kff.org/global-health-policy/issue-brief/10-things-to-know-about-u-s-funding-for-global-health/>; 2025.

- [6] Ly MS, Bassoum O, Faye A. Universal health insurance in Africa: a narrative review of the literature on institutional models. *BMJ Glob Health* 2022;7(4):8219. <https://doi.org/10.1136/BJGH-2021-008219>.
- [7] Nigeria Health Watch. *Reimagining Health Financing in Africa: Navigating the Aftermath of the U.S. WHO Withdrawal* -. Retrieved February 13, 2025, from <https://articles.nigeriahealthwatch.com/reimagining-health-financing-in-africa-navigating-the-aftermath-of-the-u-s-who-withdrawal/>; 2025.
- [8] Reddy SK, Mazhar S, Lencucha R. The financial sustainability of the World Health Organization and the political economy of global health governance: a review of funding proposals. *Glob Health* 2018;14(1):1–11. <https://doi.org/10.1186/S12992-018-0436-8/TABLES/1>.
- [9] Sokunbi TO, Akinbi EO. The cost of the reemergence of monkeypox: An overview of health financing in Africa. *Health Policy OPEN* 2024;7:100132. <https://doi.org/10.1016/J.HPOPEN.2024.100132>.
- [10] The White House. *Withdrawing The United States From The World Health Organization*. Retrieved February 14, 2025, from <https://www.whitehouse.gov/presidential-actions/2025/01/withdrawing-the-united-states-from-the-worldhealth-organization/>; 2025.
- [11] Tribune Online. *Condom prices surge in Zimbabwe after US cuts HIV funding*. Retrieved February 13, 2025, from <https://tribuneonlineeng.com/condom-prices-surge-in-zimbabwe-after-us-cuts-hiv-funding/>; 2025.
- [12] U.S. Embassy & Consulates in France. (2020). *The U.S. Role in International Organizations' Response to COVID-19*. Retrieved February 14, 2025, from <https://fr.usembassy.gov/the-u-s-role-in-international-organizations-response-to-covid-19/>.
- [13] WHO. *United States of America*. Retrieved February 17, 2025, from <https://www.who.int/about/funding/contributors/usa>; 2024.
- [14] WHO. *Universal health coverage (UHC)*. (n.d.). Retrieved February 11, 2025, from <https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-uhc>; 2023.

Taiwo Oluwaseun Sokunbi<sup>a,b,\*</sup>, Abbas Bashir Umar<sup>a,c</sup>, Uko Bassey Eyo<sup>d</sup>  
<sup>a</sup> Young Researchers Hub, Nigeria  
<sup>b</sup> State Hospital, Ota, Ogun State, Nigeria  
<sup>c</sup> Department of Public Health, Ahmadu Bello University, Zaria, Nigeria  
<sup>d</sup> Faculty of Pharmacy and Pharmaceutical Sciences, Kwame Nkrumah, University of Science and Technology, Kumasi, Ghana

\* Corresponding author at: Young Researchers Hub, Nigeria.  
 E-mail address: [taiwoemmanuel070@gmail.com](mailto:taiwoemmanuel070@gmail.com) (T.O. Sokunbi).