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Statement on the Implications of the United States' Withdrawal from the World Health Organization for Ghana and the Global Health System by Dr. Kingsley Agyemang (MP, Abuakwa South Constituency)

The United States' exit from the World Health Organization (WHO) constitutes a structural challenge to global health governance, significantly affecting low- and middle-income nations, including Ghana. The United States, as the WHO's greatest historical financial contributor, represented roughly 15 percent of the Organization's overall budget through assessed and voluntary contributions before its withdrawal (Gostin et al., 2020; WHO, 2022). The depletion of this financing source affects the WHO's operational efficacy in disease surveillance, emergency response, normative advice, and technical help, upon which Ghana's health system significantly depends.

The immediate threats for Ghana are particularly evident in public health security and the provision of critical services. Programs supported by the WHO bolster national initiatives in epidemic intelligence, immunization coordination, malaria control, maternity and child health, and the enhancement of health systems. A limited WHO budget jeopardizes the extent and efficiency of technical assistance for outbreak planning and response, especially with climate-sensitive and epidemic-prone diseases including cholera, meningitis, and new zoonoses. Historical evidence of funding deficits demonstrates that cuts in multilateral health financing disproportionately impact nations with little fiscal capacity, heightening their susceptibility to health crises (McCoy et al., 2021).

The departure also has implications for global health coordination at the systemic level. The WHO's convening authority is pivotal in coordinating donor activities, establishing evidence-based standards, and guaranteeing equitable access to global public goods, including vaccines and vital medicines. The fragmentation of leadership poses risks of redundant activities, diminished adherence to International Health Regulations, and a transition towards bilateral or

interest-based health partnerships that may not correspond with Ghana's national priorities or Universal Health Coverage goals (Fidler, 2020). In the long term, this weakening of multilateralism may elevate transaction costs for Ghana, complicate strategic planning, and diminish predictability in health spending.

Nonetheless, the shock also establishes a strategic turning point. Ghana's current efforts in domestic health finance systems, such as the expansion of National Health Insurance coverage and new funding strategies for non-communicable diseases, mitigate foreign volatility to some extent. Enhancing South–South cooperation, intensifying collaboration with alternative multilateral partners, and expediting local pharmaceutical production can further reduce reliance on a singular global entity. Empirical research indicates that nations that diversify health alliances and enhance domestic resource mobilization have greater resilience to disruptions in external aid (Dieleman et al., 2019).

The limited WHO budget calls for deep reflection on Ghana's health system due to diminished global coordination, decreased technical support, and increased uncertainty in health security. Although current domestic reforms may mitigate these impacts, ongoing multilateral collaboration is essential for safeguarding at-risk populations and promoting global health equity. At this pivotal juncture, sustained cooperation remains essential to safeguarding lives and reinforcing collective global resilience.

In response to this development, it is fair to acknowledge that the Government of Ghana has made some commendable progress in advancing national health priorities. This moment, however, requires all key actors in the Ghanaian health system to consolidate existing gains through strategic measures that protect health system resilience and national health sovereignty. Enhanced diplomatic engagement with international and regional partners is essential to stabilise global health financing and sustain the effectiveness of health system (Sokunbi et al., 2025). Simultaneously, accelerated investment in disease surveillance, emergency preparedness, and primary healthcare, despite the financial challenges, must remain a priority, alongside robust domestic resource mobilisation to reduce dependence on external funding. Potential interventions could include deepening South–South cooperation to secure access to vaccines and essential medicines while strengthening our support for local pharmaceutical production. An essential catalyst for optimising gains for the aforementioned is the rigorous, cutting-edge, policy-relevant public health research.

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