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The structure of global health diplomacy and the significance of the WHO in international policy

Abstract. The study aimed to analyse the mechanisms of international cooperation in the field of health care, to assess the effectiveness of global institutions, and to examine the role of the World Health Organization in shaping policy in this sector. Structural, comparative, and content analysis methods were applied, including the examination of political documents and the financial flows of the World Health Organization. The structure of global health diplomacy, the principles of international interaction, and the activities of key actors – including the governments of the United States of America, China, and the European Union, as well as international organisations, non governmental initiatives, the private sector, and academic centres – were studied. Ukraine's participation in the COVID-19 Vaccines Global Access initiative and its cooperation with the World Health Organization were also analysed. It was found that the World Health Organization performs a key coordinating function; however, its effectiveness is limited by political pressure from the United States of America, China, and the European Union, financial dependency, bureaucratisation of procedures, and communication challenges during crises. It was recommended to increase the proportion of mandatory contributions, establish an independent oversight body, reform the governing structures, and enhance mechanisms for rapid response. Structural reforms are necessary to improve the effectiveness of the World Health Organization, including: increasing the share of mandatory contributions to the organisation's budget to reduce dependence on earmarked donor funding; establishing an independent oversight body with a mandate to monitor the transparency of decision-making; improving emergency response procedures by introducing clear standards for promptly informing member states about disease outbreaks; and reforming the World Health Organization's governing bodies to strengthen the participation of low- and middle-income countries. These measures would contribute to enhancing the organisation's autonomy and its capacity to respond effectively to global health challenges. The findings of the study may be applied to strengthen global health governance and improve international security

Keywords: coordination of activities; pandemic experience; implementation; conflict of interest; geopolitical influence

Introduction

Global health diplomacy serves as a crucial mechanism for international cooperation aimed at addressing global-scale issues such as pandemics, biothreats, access to medical technologies, and strengthening healthcare systems. It encompasses a broad spectrum of matters, including coordinating international efforts in combating epidemics, vaccine distribution, ensuring access to essential medicines, and fostering innovation in the medical field. The relevance of the study is underscored by the increasing role of global health mechanisms in international politics, particularly in the wake of the COVID-19 pandemic, biosecurity threats, and unequal access to medical resources. The pandemic highlighted weaknesses in the international health emergency response system, notably insufficient coordination among states, the uneven distribution of vaccines, and the limited financial capacity of international organisations.

Despite significant efforts by the international community, including the activities of the WHO and global initiatives, the effectiveness of healthcare mechanisms remains limited due to political disagreements between countries, financial dependence on major donors, and difficulties in implementing international agreements. This creates gaps in international cooperation and necessitates a rethinking of approaches to global health governance. In this context, it is also important to consider the Ukrainian dimension: since 2022, the WHO has intensified its humanitarian support to Ukraine in response to the military aggression by Russia, including the provision of medical supplies, mobile medical teams, and psychological

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assistance to the population. Ukraine, in turn, is participating in the development of international approaches to biosecurity and coordinating actions with the WHO within the framework of the healthcare system recovery plan.

Global health diplomacy has evolved as a distinct domain within international relations, integrating medical, political, and economic dimensions. As highlighted by K. Viktorov *et al.* (2021), the evolution of health diplomacy is closely linked to the growing threats in biosecurity threats, the globalisation of health markets, and the necessity for international coordination during crises. The increasing incidence of novel viral diseases, the development of antimicrobial resistance, and potential biological threats necessitate expanded international cooperation and strengthened response mechanisms. Research by O. Zahorodnieva & L. Ponomaryova (2021) indicates that the WHO has played a central role in shaping contemporary approaches to pandemic control and developing global health strategies. Specifically, the organisation has been instrumental in developing international health regulations, fostering a global surveillance system for infectious diseases, and initiating vaccination programmes in resourcelimited countries. However, these authors did not focus on the financial constraints of these programmes and the challenges associated with the political influence of individual donors.

International agreements play a significant role in health regulation. N.V. Hendel (2020) analysed the effectiveness of the International Health Regulations (IHR) as a primary instrument for preventing the spread of infectious diseases. Although the IHR are intended to ensure a swift response to global threats, the experience of the COVID-19 pandemic revealed challenges in their implementation, particularly due to the inadequate preparedness of national health systems.

Global initiatives, such as COVAX (COVID-19 Vaccines Global Access) and the Global Fund to Fight AIDS, have played a significant role in providing access to medical resources in lowincome countries. As noted by V. Heyets *et al.* (2021), COVAX represented a unique instance of international cooperation, though its effectiveness was limited. The authors observed that the development of fiscal space to support vaccination underscores its pivotal role in mitigating the economic consequences of the pandemic, especially amidst global inequities in vaccine access and reliance on large pharmaceutical companies.

The political influence exerted by major powers on the WHO's activities is a subject of academic debate. As highlighted by A. Zhukovska *et al.* (2021), the USA, China, and the EU utilise diplomatic mechanisms to advance their respective interests in global health. During the COVID-19 pandemic, disagreements arose concerning the virus's origins and the WHO's funding, which impacted the organisation's image and its capacity for effective response. Research by V.V. Berehuta (2022) underscored that the increasing politicisation of healthcare could erode trust in the WHO and complicate the coordination of international efforts. However, both studies primarily focus on the transatlantic sphere and do not adequately analyse the situation in Eastern European countries, which exhibit their own dynamic of engagement with the WHO, particularly in the context of war and humanitarian crisis.

The COVID-19 pandemic illuminated shortcomings in global crisis response mechanisms, including those within the WHO's operations. As V. Chernysh (2021) notes, the imperative to reform the WHO and overarching mechanisms stems from the need for greater transparency in decision-making processes, expanded funding mechanisms, and the creation of effective structures for rapid pandemic response. Ensuring the organisation's independence from the political pressure of individual states is crucial, as this could contribute to enhancing its authority and effectiveness on a global scale.

The problematic aspect of this research lay in the fact that scholarly studies primarily focused on the normative and organisational role of the WHO and its activities in combating pandemics, but did not adequately highlight the impact of geopolitical competition among major powers on the effectiveness of global health diplomacy. Issues concerning political pressure on the WHO, the organisation's financial dependence on key donors, and the influence of international conflicts on the implementation of international health agreements remained insufficiently analysed. Furthermore, the academic discourse revealed a lack of a comprehensive approach to evaluating the participation of individual countries, particularly Ukraine, in shaping global health policy and implementing WHO initiatives. It was necessary to address this analytical gap by integrating the geopolitical, financial, and institutional aspects of the global health system's functioning. Therefore, the research aimed to examine the role and effectiveness of international health cooperation mechanisms, specifically the activities of the World Health Organization, in the context of global challenges. The main objectives of the study were to assess the effectiveness of international health agreements and initiatives, analyse the key challenges related to the WHO's funding, autonomy, and institutional capacity, and investigate the geopolitical factors influencing global health decision-making. Particular attention was paid to the impact of international conflicts and the political interests of specific states (USA, China, EU) on the WHO's operations.

Materials and Methods

The study was conducted based on a comprehensive methodological approach encompassing legal and regulatory analysis, institutional analysis, political and economic analysis, as well as comparative studies. The research was carried out in three stages from October 2024 to March 2025, utilising official documents, analytical reports from international organisations, academic articles, and open databases of international health agreements. The selection of sources was based on their relevance, authority, and alignment with the research topic.

The choice of the World Health Organization (WHO) as the object of analysis in studying the structure of global health diplomacy is dictated by its central role in international health governance. The WHO plays a crucial part in developing global standards, coordinating international efforts during pandemics, and responding to global health threats. The organisation frequently becomes subject to diplomatic pressure from leading powers such as the USA, China, and the EU, which provides a basis for analysing the geopolitical aspects of its activities.

The first stage of the study involved applying a legal and regulatory analysis to evaluate the development of global health diplomacy. Particular attention was paid to analysing the International Health Regulations (IHR) (International Health Regulations, 2005), which serve as the primary normative instrument for responding to health threats. The Convention on Tobacco Control (2003) was also considered. The activities of the Global Fund were analysed as a financial mechanism supporting global health policy. The Fund plays a key role in combating AIDS, tuberculosis, and malaria by financing national and regional health programmes and ensuring access to essential medicines in developing countries (Data Explorer, 2025).

The second stage of the study entailed an institutional analysis of the activities of key actors in global health, including the governments of the USA (Withdrawing The United…, 2025), China (Lancaster *et al.*, 2020; Gan, 2021), and the EU (Work Programme…, 2025), international organisations such as the World Health Organization (WHO) (International Health…, 2005), the World Bank, and the Gavi, the Vaccine Alliance (GAVI, 2023), non-governmental organisations, notably Médecins Sans Frontières (Responding to COVID-19… 2020), and the Gates Foundation (Gates Foundation…, 2022; 2023), pharmaceutical companies Pfizer (Pfizer R&D…, 2024) and Moderna (Research Moderna, n.d.), as well as leading scientific institutions, including the Pasteur Institute (Work Programme…, 2025) and the US National Institutes of Health (NIH) (Impact of NIH Research, n.d.). Mechanisms of interaction between these states and international organisations were analysed through WHO funding, participation in international initiatives such as the COVAX collaboration platform, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and through state programmes supporting global health.

The third stage of the study focused on a political and economic analysis of the WHO's activities in international politics. Its role in coordinating the international response to health threats was investigated. Descriptive statistics were used to analyse the dynamics of COVID-19 incidence and mortality worldwide between 2021 and 2024. A comparative analysis of the WHO's funding (budget) volumes from member states and key sponsor organisations was conducted for the period 2022-2023. The amounts of voluntary and assessed contributions and their impact on the organisation's independence were also analysed.

Results

The structure of global health diplomacy. International cooperation in healthcare is based on several key principles that determine the effectiveness of global initiatives and mechanisms for responding to health threats. State sovereignty remains a defining factor, as each country has the right to independently determine its health policy, including matters of pharmaceutical market regulation, the healthcare system, and epidemiological control mechanisms. However, globalisation and increased cross-border mobility have made international cooperation a necessary condition for effective responses to contemporary challenges, particularly pandemics, climate change, and biological threats.

An important principle of international interaction is solidarity, according to which states, international organisations, non-governmental bodies, and the private sector should collaborate to ensure global health. This is demonstrated through financial support for weaker healthcare systems, the provision of vaccines, medical technologies, and skilled personnel to countries in need. Nevertheless, the mechanisms for implementing this principle often encounter financial and organisational difficulties. For instance, the COVAX initiative, intended to ensure equitable access to COVID-19 vaccines, experienced problems with uneven distribution of doses and dependence on funding from specific countries and private donors, which affected its effectiveness.

Transparency and information sharing are key principles for the timely response to public health emergencies. Openness in disclosing epidemiological data, sharing expertise in developing vaccines and medical treatments, and coordinating strategies for combating pandemics enable the prevention of large-scale disease spread. However, in practice, this principle is often violated, as some countries restrict access to information for political or economic reasons. For instance, during the initial phase of the COVID-19 pandemic, there were delays in transmitting data regarding the virus's spread, which negatively impacted global preparedness for the pandemic response. Thus, ineffective information exchange mechanisms can lead to a slowdown in the international response to health threats.

Furthermore, all healthcare measures must comply with international human rights standards to avoid infringing fundamental freedoms (Khazhanets, 2024). Any quarantine measures, vaccination requirements, or travel restrictions must consider the right to freedom of movement, access to medical care, and personal choice. Nevertheless, the COVID-19 pandemic exposed numerous challenges in balancing security measures and human rights. For example, the implementation of stringent lockdown measures in several countries led to debates concerning their legality and impact on economic stability.

The effectiveness of global health diplomacy mechanisms significantly depends on the international community's ability to strike a balance between state sovereignty, collective responsibility, financial resources, and the observance of human rights. While existing mechanisms of international cooperation facilitate substantial achievements in combating global health threats, their effectiveness remains uneven due to political, economic, and structural challenges.

Diverse key actors operate within the global health sphere, each fulfilling a specific role in shaping and implementing health policy at the international level. The interaction among state, international, non-governmental, private sector, and academic institutions determines the efficacy of responses to global challenges, including pandemics, epidemics, climate change, and increasing antibiotic resistance.

National governments play a central role in developing and implementing health policy, setting standards, and funding healthcare systems. They determine priorities, make decisions regarding health programmes, and are responsible for ensuring citizens' access to medical services. Examples of successful international collaboration include the implementation of joint programmes to

control infectious diseases, participation in global vaccination initiatives, and the coordination of efforts in response to pandemics. Nevertheless, significant challenges persist, such as a lack of adequate coordination among countries, vaccine nationalism, and the unequal distribution of resources, which complicates the assurance of equitable access to medical technologies.

International organisations are pivotal actors in coordinating global health efforts. The World Health Organization (WHO) develops international standards, provides expert guidance, and coordinates actions during emergencies. Simultaneously, its operations are significantly reliant on funding from donor countries, which makes it susceptible to political influence. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Children's Fund (UNICEF) provide financial and organisational support for health programmes in low- and middle-income countries, contributing to reduced morbidity and mortality rates. Nevertheless, their activities are hampered by bureaucratic constraints, political disagreements among member states, and funding instability.

Non-governmental organisations (NGOs) exert considerable influence on global health due to their capacity for more rapid crisis response and direct support delivery in the regions most in need. Médecins Sans Frontières (Responding to COVID-19…, 2020) provides medical assistance in humanitarian crisis settings. The Gavi, the Vaccine Alliance, facilitates expanded access to vaccines in low-income countries. Charitable foundations, such as the Gates Foundation, invest substantial funds in the development of new medical technologies, the control of infectious diseases, and the improvement of sanitation. In 2022, the total health funding from the Gates Foundation exceeded 6.7 billion USD, of which over 1.5 billion USD was directed towards combating malaria, tuberculosis, HIV/AIDS, and other infectious diseases, and around 900 million USD supported innovation in the vaccine field (Gates Foundation, 2022). In 2023, the total expenditure of the Gates Foundation rose to 7.2 billion USD, with over 2 billion USD allocated to programmes related to expanding access to primary healthcare in low-income countries (Gates Foundation, 2023). In 2024, the Foundation's budget reached 7.6 billion USD, a significant portion of which was directed towards global immunisation initiatives, tuberculosis vaccine research, and supporting epidemiological surveillance systems for new infections (Amidst Ongoing…, 2024). Nevertheless, the activities of NGOs can be limited by political pressure, resource constraints, or difficulties in coordinating with state bodies.

The private sector, represented by pharmaceutical and biotechnology companies, plays a significant role in the development, manufacture, and supply of medicines, vaccines, and medical technologies. Partnerships between state institutions and businesses, such as the COVAX initiative, aimed at ensuring equitable access to vaccines, serve as an example of effective cooperation. Nevertheless, issues of patent protection, pricing policies, and commercial interests create risks for the equitable distribution of medical supplies globally, which is particularly evident in countries with limited financial resources.

Scientific institutions and research centres play a systemic role in shaping global health policy by providing the epistemological foundation for international decision-making, standardising medical protocols, and developing strategies for responding to biosecurity threats. Their activities encompass a broad range of tasks, from basic biomedical research to the applied development of vaccines, diagnostic methods, and the evaluation of global programmes. Owing to their scientific autonomy and interdisciplinary approaches, these institutions act not only as purveyors of knowledge but also as authoritative actors in global health diplomacy.

The US National Institutes of Health (NIH) is the world's largest public source of funding for biomedical research (Impact of NIH Research, n.d.). The European Centre for Disease Prevention and Control (ECDC) functions as the EU's analytical and coordination hub for epidemiological surveillance. Its annual work programme is based on the EU4Health Framework Programme (Regulation of the European Parliament and of the Council No. 2021/522, 2021). In 2024, priority areas included strengthening digital epidemiological surveillance, managing antimicrobial resistance, and pandemic preparedness (Work Programme…, 2025). The Pasteur Institute, based in France, is a global leader in research into infectious agents and vaccine development. This institute collaborates actively with the WHO, as well as with its network of alliances in over 25 countries. According to its 2023 report, the Institute coordinates programmes for studying viruses with pandemic potential, as well as research related to novel viral mutations (Institute Pasteur, 2023).

Despite their scientific status, the aforementioned institutions are not immune to political and economic influences. For instance, the funding of certain NIH programmes is contingent on the political direction of the US administration, and some research may become a subject of geopolitical contention. Risks of politicisation of science in the biosecurity domain can erode trust in research findings and impede timely decision-making at the international level. Institutional policies of transparency, accountability, and open data are crucial tools for ensuring scientific objectivity.

As the actors mentioned above operate within diverse political, economic, and institutional contexts, their contributions to global health are multidimensional and interdependent. To facilitate a better understanding of the specifics of their functions, examples of their activities, and key challenges, it is advisable to systematise this information (Table 1), which will allow for a comparison of the roles of the main subjects of international interaction and the identification of structural patterns in their engagement during global crises.

Table 1. Role, instruments, and challenges of key actors in global health

Actor	Main role	Examples of activities	Sources of funding	Key challenges
National governments	Policy formulation, funding, and epidemic control	Vaccination programmes, national COVID19 responses	State budgets	Vaccine nationalism, unequal access

Table 1. Continued

Actor	Main role	Examples of activities	Sources of funding	Key challenges
International organisations	Coordination, standardisation, support	WHO, UNICEF, The Global Fund	Member state contributions, donor funds	Political dependence, unstable funding
Nongovernmental organisations and foundations	Emergency aid, innovation, and support for vulnerable	MSF, GAVI, Gates Foundation	Charitable donations, grants	Political pressure, limited access to regions
Private sector	Development and manufacturing of medical technologies	Pfizer, Moderna	Commercial activities, partnerships	Patent protection, inequitable vaccine distribution
Scientific institutions	Research, risk assessment, vaccine development	NIH, ECDC, Pasteur Institute	State budgets, grants	Politicisation of science, geopolitical barriers

Source: compiled by the author based on Research Moderna (n.d.), Regulation of the European Parliament and of the Council No. 2021/522 (2021), Gates Foundation (2022; 2023), GAVI (2023), Institute Pasteur (2023), Pfizer R&D Rotational Program (2024), Work Programme 2025 of the EU Initiative on Health Security (2025), Data Explorer (2025)

The effectiveness of the global health system is significantly contingent on the level of coordination among these aforementioned actors. Despite considerable progress in controlling infectious diseases, developing vaccines, and ensuring access to medical services, substantial challenges persist, linked to the unequal distribution of resources, political conflicts, and economic interests. Strengthening international cooperation, increasing funding transparency, and removing barriers to accessing medical technologies are key objectives for the future development of the global health system.

However, all key players in the global health sphere are governed by specific agreements, international conventions, and legal and regulatory instruments that regulate their activities. Among these are the International Health Regulations (IHR), a legally binding document for 196 countries, including all WHO member states (International Health Regulations, 2005).

The International Health Regulations (IHR) are aimed at preventing the international spread of diseases while minimising interference with international traffic and trade. The mechanism of the IHR stipulates that countries are required to detect, assess, notify, and respond to events that may constitute a public health emergency. The implementation of these regulations involves establishing effective national surveillance systems, strengthening laboratory capabilities, and setting up mechanisms for international information exchange. Implementation challenges include insufficient preparedness of national health systems for rapid response, limited resources to meet IHR requirements, and disparities in the capacity of different countries to adhere to the established standards. Some states also face difficulties in funding necessary infrastructure improvements and staff training, which can lead to delays in responding to outbreaks of dangerous infectious diseases.

The WHO Framework Convention on Tobacco Control, adopted in 2003, is the first international treaty concluded under the aegis of the WHO. It aims to reduce the prevalence of tobacco use and exposure to tobacco smoke (Convention on Tobacco Control, 2005). The Convention establishes obligations for countries to implement tobacco control measures, including raising taxes, banning advertising, and ensuring protection from exposure to tobacco smoke in public places. States Parties also undertake to adopt measures to combat the illicit trade in tobacco products, reduce youth access to tobacco, and promote healthy lifestyles. However, the Convention's implementation is complicated by opposition from tobacco companies, economic factors, and insufficient levels of enforcement in some countries (Bialous, n.d.). The Convention has been a significant step in reducing global tobacco use rates, stimulating the development of national tobacco dependence control programmes.

Agreements on biosecurity and pandemic control include the Biological Weapons Convention, which was adopted to prevent the use of pathogens for military purposes and to ensure global biosecurity (Convention on the Prohibition of the Development..., 1972). Despite its status as the first multilateral treaty banning an entire category of weapons of mass destruction, the effectiveness of its implementation remains subject to criticism. The absence of clear verification and control mechanisms has contributed to ambiguous adherence to obligations by some states. While the Convention has played a key role in shaping the normative framework for global biosecurity, particularly concerning the ethical regulation of biotechnological research, enhancing transparency in biodefence policies, and preventing bioterrorist threats, its impact on deterring the potential military application of pathogens is limited.

Many countries remain inadequately prepared for biological threats, and disparities in technical development and funding impede effective coordination. Despite formal commitments, real mechanisms for verifying compliance with the Convention have yet to be established, and attempts to adopt a supplementary verification protocol in 2001 failed. Consequently, the Convention serves more of a declarative and normative function than acting as an effective instrument for preventing biological threats. Its updating and strengthening remain critically necessary in the context of growing global challenges related to biosecurity and pandemics.

The COVAX project, launched in 2020 as an initiative by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI), and Gavi, the Vaccine Alliance, aimed to ensure equitable access to COVID-19 vaccines for all countries, irrespective of their income level (GAVI, 2023). Its objective was to overcome inequalities in vaccine access and prevent their monopolisation by wealthy nations. Despite initial ambitions, COVAX participants encountered

difficulties, including vaccine shortages, supply delays, and uneven distribution among countries with differing income levels. Limited production capacity, export restrictions, and logistical challenges in transporting vaccines to less developed countries significantly hampered the initiative's implementation. By the end of 2021, COVAX had delivered approximately 1.4 billion vaccine doses, which was below the planned volume. However, this initiative represented a crucial step in the global fight against the pandemic and laid the groundwork for future mechanisms responding to similar crises.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002, stands as one of the most substantial financial initiatives in the health sector (Data Explorer, 2025). It provides funding for programmes tackling these diseases in low- and middle-income countries, supports national initiatives focused on prevention, treatment, and patient care, and contributes to strengthening healthcare systems. The Fund's activities have led to a significant reduction in mortality rates from AIDS, tuberculosis, and malaria in the countries it supports. Concurrently, the Fund faces challenges such as corruption risks, a lack of stable funding, and the need to adapt to changing disease prevalence patterns.

Initiatives concerning access to medicines and medical technologies encompass programmes aimed at reducing the prices of essential drugs, supporting the production of generic medicines, and providing technological assistance to developing countries. A crucial step in this regard is the WHO's Essential Medicines Programme, which promotes the availability of affordable and quality medications worldwide (Essential medicines, 2024). Furthermore, partnerships between states, international organisations, and pharmaceutical companies help broaden access to innovative medical developments, thereby improving the quality of healthcare. Nevertheless, the high costs associated with developing new treatments, patent protection, and the uneven distribution of medical technologies remain key challenges in ensuring global healthcare provision.

To effectively evaluate global health diplomacy, it is crucial to examine the consequences of the COVID-19 pandemic, the prevalence of infectious diseases, and the measures taken by the international community to contain them (Table 2). COVID-19 not only represented a global health crisis but also underscored the importance of coordinated efforts among governments, international organisations, scientific institutions, and the private sector in tackling global threats. The pandemic highlighted the necessity of international cooperation to address not only the direct medical consequences but also the socio-economic impacts it triggered.

Table 2. Dynamics of COVID-19 incidence and mortality, 2021–2024 (in millions of people per year)

Year	2021	2022	2023	2024
Incidence (millions per year)	200.5	440.3	50.7	3.5
Mortality (millions per year)	3.5	1.2	0.3 (300 thousand)	0.07 (70 thousand)

Source: compiled by the author based on PAHO (2021), COVID-19 epidemiological update – 22 December (2023), COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) (2023), Cumulative confirmed COVID-19 cases by world region (2025)

The data presented in Table 2 confirmed a decreasing trend in both incidence and mortality rates throughout 2021-2024. This indicated the gradual but steady containment of the COVID-19 pandemic on a global scale. While the world faced peak pressures on healthcare systems and significant human losses in 2021-2022, the figures show a substantial decline in 2023-2024. This improvement is a result of the implementation of comprehensive and coordinated measures to combat the virus. Key factors contributing to this amelioration include mass vaccination programmes, enhanced testing and surveillance systems, and the widespread global adoption of treatment protocols adapted to new variants.

The role of information campaigns and increased public collective responsibility also became crucial. Global governments, despite varying economic capacities, managed to adapt healthcare policies to the rapidly changing situation, implementing restrictive measures in a timely manner. The reduction in mortality, even amidst fluctuating incidence rates in some years, also suggests that COVID-19 is gradually transitioning into a less lethal, albeit controlled, disease, akin to seasonal influenza.

The contemporary architecture of global health is shaped by the constant interplay of political, economic, and scientific factors. In an environment of political fragmentation, escalating transnational threats, and unstable funding, international mechanisms must evolve towards greater institutional resilience, transparency, and inclusivity. Without enhanced trust between states, effective resource allocation, and the protection of scientific autonomy, no initiative will be capable of delivering an adequate response to threats that are continuously evolving.

The geopolitical influence of the USA, the EU, and China, and their role in shaping the WHO's international policies. The WHO plays a pivotal role in coordinating the international response to health threats, particularly during pandemics. Its activities encompass a wide range of measures aimed at preventing the spread of infectious diseases, providing public health guidance, and supporting national healthcare systems.

During the 2014 Ebola outbreak that affected countries in West Africa, the WHO declared the situation a public health emergency of international concern. This decision was made after the number of cases exceeded 1,000 and the mortality rate reached 50-70% (Statement on the 1st meeting..., 2014). The organisation provided recommendations on strengthening controls at airports and borders and facilitated the mobilisation of international aid for the affected countries. Thanks to coordinated efforts, the active phase of the epidemic was brought under control by the end of 2015. In 2019, during a new Ebola outbreak in the Democratic Republic of Congo, the WHO again declared an international emergency. This decision was taken after the number of cases surpassed 2,500 and

the virus had spread to densely populated areas. The WHO coordinated vaccination efforts for over 200,000 people and the provision of medical assistance, which helped contain the epidemic.

During the COVID-19 pandemic, the WHO actively collaborated with a global network of expert laboratories to support virus testing and monitoring. The organisation developed guidelines for behaviour during the pandemic, including mask-wearing, social distancing, and the use of hand sanitiser. The WHO also initiated the COVAX programme to ensure equitable access to vaccines for countries with middle and low incomes. By the end of 2023, over 2 billion vaccine doses had been delivered to 146 countries through the COVAX mechanism (GAVI, 2023).

The WHO plays a crucial role in responding to global pandemics, mobilising international resources, coordinating scientific research, and developing strategies to combat the spread of infections. However, the effectiveness of its activities often depends on the speed of decisionmaking, the level of international cooperation, and the adequacy of funding. The WHO's response to pandemic outbreaks demonstrates both the organisation's strengths, such as its ability to coordinate vaccination campaigns and mobilise international aid, as well as its vulnerabilities, including bureaucratic constraints and political pressure from member states. Despite criticism over delays in responding to COVID-19 and its reliance on funding from individual countries, the WHO remains the most important global mechanism for combating pandemics. Its future effectiveness will depend on reforms to rapid response mechanisms, strengthening financial independence, and expanding its capacity to provide technical support to national health systems.

To sustain its activities, like any organisation, the WHO requires funding. The WHO's funding consists of both mandatory and voluntary contributions from member states. Mandatory contributions are calculated based on the economic capacity of each country, while voluntary contributions are provided at the discretion of states or other donors to support specific programmes or initiatives. For the period 2022-2023, the WHO's budget amounted to approximately 7.887 billion USD (Table 3).

Table 3. WHO sponsors for 2022-2023

Country	Mandatory contribution, million USD*	Voluntary contribution, million USD	Percentage of total WHO budget, %
USA	218.5	1,065.8	16.3%
Germany	58.3	797.7	10.9%
Gates Foundation	–	829.5	10.5%
GAVI Alliance	–	480.9	6.1%
EU	–	468.2	5.9%
United Kingdom	43.7	352.2	5%
Canada	26.2	177.5	2.6%
Rotary International	–	176.5	2.2%
Japan	82	84.9	2.1%
France	42.4	118.2	2%
China	114.9	42	2%
Central Emergency Response Fund	–	139.9	1,8%
All others	370.9	2,196.8	32,6%
Total	956.9	6,930.1	100%

Notes: foundations and organisations do not have a fixed mandatory contribution and therefore only make voluntary contributions

Sources: compiled by the author based on Contributors (2023)

China has consistently strengthened its position within the World Health Organization (WHO) by increasing its financial contributions and expanding its diplomatic influence. In 2022-2023, China's assessed contribution amounted to approximately 114 million USD, making it the second largest contributor after the United States. However, concerning voluntary contributions during the same period, China provided around 41 million USD, representing about 0.6% of the total voluntary funding for the WHO (Contributors, 2023).

Dependence on voluntary contributions impacts the WHO's independence. The organisation's budget is primarily funded by voluntary contributions, which account for approximately 80% of its total funding. This means that key donors exert indirect influence on the determination of the organisation's priority areas of activity. When a significant portion of funding comes from individual countries or organisations with specific interests, there is a risk that the WHO's policies may shift in line with donors' preferences rather than global health needs. For instance, in 2020, the US administration led by President Donald Trump temporarily suspended WHO funding, citing the need for organisational reform and accusing it of an inadequate response to the COVID-19 pandemic (Withdrawing The United States..., 2025). This decision triggered a funding crisis, as the US was the largest donor to the WHO at the time.

An analogous situation occurred in 2025 when the USA, again under the leadership of Donald Trump, officially withdrew from the WHO, justifying the decision by claiming the organisation was incapable of structural reform and ineffective in coordinating pandemic responses (Withdrawing The United States..., 2025). This withdrawal significantly reduced the organisation's budget and

jeopardised a number of its programmes, including initiatives aimed at combating tuberculosis, malaria, and other infectious diseases. Furthermore, this decision generated diplomatic tension between the USA and other countries, which remained members of the WHO and attempted to compensate for the financial shortfall by increasing their own contributions.

The geopolitical influence of the USA, China, and the EU directly determines the functioning of the World Health Organization (WHO), impacting its budget, policies, and operational activities in the sphere of global health. The dynamic of relations between these powers creates both opportunities and challenges for the organisation, which frequently finds itself at the nexus of diplomatic conflicts and ideological opposition.

The USA has traditionally been one of the largest financial contributors to the WHO, providing a significant portion of its budget. However, as mentioned earlier, in 2025, the administration of President Donald Trump decided to withdraw from the WHO, justifying this with accusations of bias in favour of China, an insufficiently effective response to pandemics, and an inability to implement reforms. This decision led to serious financial difficulties for the WHO and raised concerns about the potential strengthening of China's influence, as the country immediately began to increase its presence within the organisation.

China, for its part, exploited the financial vacuum created by the reduction in US contributions and actively began to increase its role in the WHO. Beijing gradually increased its contribution to over 156 million USD in 2022-2023, more than double its contributions in 2020-2021 (Contributors, 2023). In addition to financial support, China actively employs diplomatic lobbying to promote its interests within the WHO. This includes both informal negotiations with representatives of other countries and participation in the development of the organisation's key initiatives.

One of the principal mechanisms of influence is supporting the appointment of loyal candidates to leadership positions within the WHO, particularly to the post of Director-General. According to the WHO Constitution, the Director-General is elected by the World Health Assembly from a list of candidates nominated by the Executive Board. Each Member State has one vote, and decisions are made by a simple majority. This mechanism presents an opportunity for countries with extensive diplomatic networks and significant political and economic leverage over other states to mobilise support for their preferred candidate, a tactic actively employed by China. By implementing infrastructure projects under the "Belt and Road" initiative, providing financial aid and preferential loans, and supplying vaccines and medical goods during the COVID-19 pandemic, China has strengthened its standing in countries across Africa, Southeast Asia, and Latin America. This allows Beijing to form blocs of votes at the World Health Assembly and lobby for the appointment of candidates who align with its political priorities or are less critical of its global strategy. An example of this influence was the delay in the international investigation into the origin of COVID-19, which aimed to determine the source of the pandemic and identify potential shortcomings in crisis management during the early stages. In 2021, an international team of experts dispatched by the WHO to investigate the origin of the virus in Wuhan encountered numerous limitations, including the refusal of the Chinese authorities to provide access to raw epidemiological data. This prompted a wave of criticism from the USA, the European Union, and other countries, who accused Beijing of attempting to conceal crucial information.

In 2023, when the WHO announced plans to conduct a new phase of the pandemic origin investigation, China openly refused to cooperate, labelling the initiative as "politically motivated". Official Beijing continued to insist on a narrative suggesting the virus could have originated outside China and entered the country via frozen products or laboratory leaks in other nations. Simultaneously, Chinese diplomacy actively sought to persuade developing countries to support the Chinese narrative and obstruct initiatives that could potentially harm its international image.

China's diplomatic pressure on the WHO is discernible not only in the context of the COVID19 investigation but also more broadly in the organisation's decision-making processes. Notably, between 2022 and 2024, Chinese representatives actively promoted candidates who supported Beijing's official stance within key WHO committees responsible for global health security. The political tension surrounding China's influence within the WHO presents challenges for international cooperation in the health sector.

Several countries, including the USA and its allies, are calling for reforms to the WHO, specifically advocating for increased transparency in decision-making processes and the creation of mechanisms for independent investigation of critically important issues. Currently, key decisions within the organisation are made at the World Health Assembly, where each Member State holds one vote, and the Executive Board, comprising representatives from a limited number of countries, shapes the agenda and recommendations. However, these procedures frequently lack clear criteria for transparency and adequate mechanisms for controlling conflicts of interest. The absence of independent auditing of decisions and the closed nature of some consultative processes create loopholes that allow influential states to utilise political and financial leverage to advance their own interests within the WHO structure.

However, given the complex decision-making system within the WHO and the necessity of achieving consensus among Member States, significant changes are likely to remain improbable in the foreseeable future. Alongside this, China is leveraging the WHO as a platform to advance its global "Health Silk Road" initiative (Lancaster *et al*., 2020), integrating it into official discussions and collaborations within the framework of technical assistance, as well as through funding joint projects with countries in the Global South. As part of this initiative, China is actively providing medical aid to developing nations, supplying them with medical equipment, vaccines, and other resources. This contributes to strengthening China's influence in Africa, Southeast Asia, and Latin America, offering an alternative to Western models of healthcare assistance.

The EU actively advocates for the necessity of reforming the WHO to enhance its transparency, effectiveness, and independence from the influence of individual states. In 2021, the EU initiated the creation of an International Pandemic Treaty, which proposed strengthening

countries' obligations regarding information sharing, coordination of epidemic response measures, and ensuring timely access to vaccines and therapeutic agents. However, this initiative encountered resistance from China and Russia, who perceived it as an attempt by the EU to limit their influence within the WHO and increase control over international pandemic response mechanisms. Notwithstanding this, the EU's share of WHO funding in 2023 amounted to approximately 6% of the organisation's total budget, positioning it as one of the key players in shaping its policy (Contributors, 2023).

Diplomatic conflicts between leading powers, particularly between the USA and China, significantly impact the effectiveness of the WHO's operations. The politicisation of decisionmaking has become one of the organisation's most substantial challenges, a fact clearly demonstrated during the COVID-19 pandemic. Disputes between the USA and China complicated the investigation into the virus's origin, while competition between Western and Chinese vaccines led to a fragmentation of international vaccination policy. Whilst China and Russia actively promoted their Sinopharm, Sinovac, and Sputnik V vaccines, the USA and the EU funded the COVAX programme, aimed at equitable vaccine distribution in developing countries. This resulted in conflicts over vaccine supply mechanisms and created a situation where countries felt compelled to choose between different geopolitical blocs in the healthcare sphere.

The geopolitical interests of major powers considerably complicate the WHO's activities, undermining its neutrality and effectiveness. Financial instability arising from sharp fluctuations in contributions from key donors jeopardises the organisation's long-term programmes. The politicisation of decision-making erodes confidence in the WHO as an independent international body. Simultaneously, competition between the USA, China, and the EU hinders the coordination of global measures to combat pandemics and other health threats.

Under these circumstances, reforming the WHO becomes an exceedingly complex undertaking, necessitating the consideration of all key players' interests and the pursuit of compromise solutions. Enhancing the organisation's transparency is possible through implementing an independent external audit mechanism for decisions, regular publication of executive body meeting minutes, and ensuring open access to information regarding funding sources and their earmarked purposes. To mitigate political pressure, it would be advisable to introduce clear regulations for donor participation in programme formulation, increase the proportion of assessed contributions to the organisation's budget, and establish an independent oversight body tasked with monitoring adherence to the principle of neutrality. However, given current geopolitical trends, achieving these objectives will demand active diplomatic engagement and broad international consensus.

Discussion

The conducted study into the structure of global health diplomacy and the WHO's role in international politics represents a significant step in comprehending the mechanisms of interaction between governments, international organisations, and the private sector within the health sphere. The analysis of various facets of global cooperation – political, economic, and legal – has facilitated a detailed assessment of the efficacy of existing health crisis management mechanisms. The findings indicate that the WHO plays a central role in coordinating international efforts to combat pandemics; however, its activities are frequently hampered by political pressure from individual states, insufficient funding, and the necessity of reconciling the diverse interests of numerous stakeholders. The organisation's weaknesses became apparent during the COVID-19 pandemic, when the uneven distribution of vaccines, difficulties in ensuring a timely response, and inadequate independence in decision-making negatively impacted the effectiveness of crisis control measures.

The findings of the study corroborated previous academic conclusions that health diplomacy is a pivotal element of international relations, particularly in the context of global pandemics. S. Taghizade *et al*. (2021) and I. Kickbusch & A. Liu (2022) indicated that global health diplomacy, foreign health policy, and global health policy have undergone significant transformations over the past two decades. The analysis conducted in this research confirmed these changes but revealed discrepancies in evaluating their causes and consequences. For example, while the aforementioned authors emphasised the necessity for diplomatic mechanisms to adapt to new challenges, this study established that these changes were often reactive rather than proactive, suggesting limitations in the existing crisis response mechanisms.

The COVID-19 pandemic exposed the vulnerabilities of the global cooperation system, threatening multilateral interaction mechanisms, and made global health a crucial component of geopolitical processes. This contradicts the optimistic assessments presented in the studies of L.M. Fathun & N. Situmeang (2021) and S. Pattanshetty *et al*. (2024), which emphasised the potential of global solidarity in health. The cause of the differing interpretations may lie in the different contexts of the analyses: while the aforementioned researchers focus on the potential benefits of a multilateral approach, the study conducted here identifies its limitations in crisis conditions. Furthermore, the claim that theoretical approaches to international relations can offer a deeper understanding of global health diplomacy appears debatable, as many of these approaches overlook the non-linear nature of interactions between actors in the face of global threats. As a result, there is a need to reconsider the existing theoretical frameworks. The conclusions drawn in this study are entirely relevant, as they not only refine existing analytical models but also outline new directions for future empirical research.

Health diplomacy is underpinned by international agreements that form the legal framework for coordinating actions between states and international organisations. The International Health Regulations (IHR), as highlighted by A. Wilder-Smith & S. Osman (2020) and M. Sohn *et al*. (2022), serve as a central document in global health, establishing mechanisms for responding to cross-border health threats. A key element of these regulations is the declaration of a Public Health Emergency of International Concern (PHEIC), which is a vital instrument for coordinating global efforts during crisis situations. However, challenges associated with the implementation of

these regulations, particularly due to insufficient funding and variations in national policies, impede their effectiveness. This is further supported by the preceding analysis, which indicates significant fragmentation of legal response mechanisms across different jurisdictions.

In the research by S. Zhao *et al*. (2020) and Y. Jee (2020), it is contended that the dual nature of declaring a PHEIC – on the one hand, the capacity for mobilisation, and on the other, the potential for delaying a decision – creates ambiguity in crisis situations. However, the analysis conducted here presents a different perspective: the effectiveness of such declarations is significantly dependent not only on the institutional mechanism but also on the political context in which decisions are made. The reason for differing interpretations may lie in varying stakeholder expectations regarding the urgency of response, as well as in differences in epidemiological monitoring systems. Nonetheless, the conclusions drawn by the researchers regarding the positive aspects of PHEIC declarations are entirely pertinent, as such declarations facilitate the acceleration of resource mobilisation, unify scientific endeavours, and stimulate international solidarity. This aligns with the results of the analysis undertaken, which indicates that during the COVID-19 pandemic, legal certainty and political resolve were conducive to effective initial responses in several countries. At the same time, limited financial support and the absence of universal obligations for Member States leave gaps in the global response mechanism.

Global initiatives aimed at addressing major health threats play a vital role in the distribution of medical resources and the support of healthcare systems in developing countries. The COVAX programme, in studies by A. Von Bogdandy & P. Villarreal (2020) and A. Pushkaran *et al*. (2023), is regarded as a crucial instrument for the distribution of COVID-19 vaccines. The conclusions drawn by these researchers indicate COVAX's significant potential in the global response to the pandemic. However, the conducted research revealed that although COVAX played an important coordinating role, the impact of this initiative was limited by unequal access to vaccines, financial difficulties, and political disagreements between states. This does not align with assessments that solely emphasise the effectiveness of the programme's mechanism, as in practice, systemic challenges led to delays in vaccine delivery and a violation of the principle of equity. Consequently, initiatives of this scale require greater support from the international community and a reformation of funding mechanisms to ensure the equitable distribution of essential resources.

The WHO is a central actor in the global health system; however, the organisation's activities frequently encounter financial and political constraints. H.P. Aust & P. Feihle (2022) and O. Iwunna *et al*. (2023) indicated that the structure of WHO funding, which relies predominantly on voluntary contributions, creates risks of donor dependency and affects the organisation's independence. The researchers' conclusions confirmed that financial instability diminishes the WHO's operational capacity and the autonomy of its decisions. Nevertheless, this study additionally posits that the lack of guaranteed funding not only restricts the WHO's ability to respond effectively to global health threats but also complicates the coordination of inter-state actions during crises. Thus, owing to a lack of internal budgetary flexibility and transparency of expenditure, reforming the WHO's financial system is critically necessary to bolster its independence, legitimacy, and long-term effectiveness within the framework of global health governance.

Political factors also play a significant role in the WHO's operations, as major powers such as the USA, China, and the EU exert considerable influence on its decisions. As noted by H.C. Turner *et al*. (2021) and R.K. Dehury (2022), the political pressure exerted on the WHO can alter its priorities and undermine trust in the organisation. The conclusions drawn by these authors are important, yet the present analysis allows for an expansion of this assertion: geopolitical competition not only changes the external vectors of the WHO's activities but also complicates its internal managerial stability. This was particularly evident during the COVID-19 pandemic, when inter-state disagreements on response strategies and information policy cast doubt on the WHO's capacity to function as a neutral coordinator. Thus, the results obtained are consistent with the existing academic stance but simultaneously broaden it, as they demonstrate that the issue lies not solely in external political pressure but also the organisation's systemic vulnerability to global political trends. This underscores the necessity of strengthening its institutional independence and developing mechanisms that would guarantee operational neutrality in situations presenting global threats.

Global partnerships between governments, international organisations, the private sector, and scientific institutions represent a crucial tool for advancing healthcare systems. This finding aligns with the conclusions of Q.C. Xue & L.L. Ouellette (2020), L.C. Druedahl *et al*. (2021), and S.P. Park *et al*. (2023), who noted that successful collaboration between states and pharmaceutical companies facilitates the rapid development of vaccines and medical technologies. However, they also highlighted that challenges concerning access to medicines and patent policy remain significant obstacles. In contrast, the present study, beyond advocating for patent policy reform, also identifies the necessity of establishing new, institutionally entrenched mechanisms to ensure equitable access to innovative medical solutions in low-income countries. Only under this condition will global partnerships truly be able to contribute to combating medical crises based on the principles of equality and solidarity.

Scientific institutions play a pivotal role in shaping global health policy by providing evidence for decision-making and evaluating the effectiveness of measures to control epidemics. Studies by D.B. Oerther & H. Klopper (2021) and J. Vince *et al*. (2024) indicated that the COVID19 pandemic demonstrated that the integration of scientific data into political decisions is not always effective due to political interests and inadequate communication between governments and the scientific community. The authors' conclusions are well-founded, yet the analysis conducted in this study has allowed for their expansion. Specifically, it has been established that the problem is not limited to a lack of communication; it often concerns a structural misalignment between the temporal horizons of the political process and long-term scientific forecasts. This partly explains why scientific recommendations do

not always translate into political actions – the reason for differing interpretations may lie in the pragmatic prioritisation of short-term gain over systemic response. The results obtained are consistent with previous conclusions but simultaneously augment them by highlighting the necessity of not only improving communication channels but also the institutional alignment of procedures by which scientific data are integrated into decision-making processes at the global level.

Biological threats necessitate a comprehensive approach to global health management. Beyond pandemics, significant concerns include the emergence of novel infectious diseases, as well as biotechnological and biochemical threats, which could have catastrophic consequences. This finding is substantiated by the research of R. Djalante *et al*. (2020) and A. Behl *et al*. (2022), who considered it essential to establish international mechanisms for the rapid identification of and response to new biological threats, thereby ensuring the timely implementation of quarantine measures and preventative solutions. However, the conducted research revealed that the effectiveness of such mechanisms depends considerably not merely on the availability of technology and protocols, but also on political will and the level of trust between states.

The findings of the study indicate the necessity of reforming the global health system and reinforcing the WHO's role as a coordinating centre. Political independence, stable funding, and extensive international support are identified as key factors for enhancing the organisation's effectiveness. As noted by O. Iwunna *et al*. (2023) and L.O. Gostin *et al*. (2023), strengthening global health governance necessitates greater transparency, inclusivity, and coordination among all stakeholders. However, the preceding analysis indicates that proposals for the institutional reinforcement of the WHO are not exhaustive, as they do not account for the requirement to establish new mechanisms for rapid operational response and political-economic alignment of actions between states.

Overall, the conducted research has demonstrated that the effectiveness of global health diplomacy and the WHO's activities is largely determined by a combination of the political context, financial stability, and the capacity for adaptation during crises. Simultaneously, the structural limitations identified underscore the need to reassess theoretical approaches and reform the institutional mechanisms of global health governance.

Conclusions

An analysis of the structure of global health diplomacy and the role of the World Health Organization (WHO) in international politics has indicated that international cooperation in healthcare is based on a complex system of interaction among states, international organisations, non-governmental organisations, and the private sector. The key objective of global health diplomacy is the coordination of measures for the prevention, control, and mitigation of health threats at a global level, which necessitates effective interaction mechanisms and adequate funding.

The research findings showed that international interaction in the healthcare sphere relies on multi-level mechanisms, with the WHO occupying a central position. However, its activities are confronted by a range of challenges, including political fragmentation, funding shortfalls, and difficulties in implementing international agreements. An analysis of international initiatives such as COVAX and the Global Fund to Fight AIDS, Tuberculosis and Malaria demonstrated that while these programmes play a significant role in combating infectious diseases and ensuring access to medical technologies, their effectiveness is frequently contingent on political and economic factors.

The WHO, as the principal coordinator of the global response to pandemics and health crises, remains a key mechanism for international cooperation. Its activities encompass a broad spectrum of functions, including the development of international health standards, monitoring of epidemiological situations, providing technical and financial assistance to countries, and coordinating efforts to combat infectious and non-infectious diseases. The analysis indicated that the WHO's funding structure, which relies considerably on voluntary contributions, can lead to imbalances in resource allocation and influence the organisation's priorities. Geopolitical influence on the WHO's operations remains substantial, manifesting in political pressure from leading states and diplomatic disagreements concerning the organisation's reform. Influential countries such as the USA, China, and the EU play a prominent role in determining the WHO's political direction, which can occasionally result in divergences in strategic decisions. The political interests of these states frequently shape the organisation's agenda, impacting the decision-making process and the implementation of international programmes.

To enhance the effectiveness of global health diplomacy, specific measures are necessary. It is advisable to gradually reduce the organisation's reliance on voluntary contributions, which are often determined by the political priorities of individual states and influence the organisation's independence. It is also essential to increase transparency in the WHO's governance, particularly through open reporting on funding sources, decision-making processes, and resource allocation. This would help preserve trust in the organisation and mitigate opportunities for manipulation by individual states or interest groups. One of the key steps is also the establishment of an independent oversight body, which would allow for monitoring not only the WHO's funding but also its decision-making processes, ensuring a balance of interests among all countries.

A limitation of the study was its focus predominantly on political factors influencing the activities of the WHO and other international actors in the field of global health diplomacy. Future research could concentrate on developing mechanisms to enhance the WHO's independence from political influence and analysing the effectiveness of its funding.

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Conflict of Interest

None.

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