



By: The Editorial Board

Half a billion dollars that changes the rules of the game in Geneva?



A few days ago, on 21 May, China **announced** that it will transfer USD 500 million to the World Health Organisation over the next five years to make up for the American funding pause.

This sum exceeds all previous contributions by individual countries and clearly shows that Beijing is striving to play a leading role in shaping global health policy.

While the economically developed countries are considering what the new distributed leadership will entail, the developing countries are already counting the possible consequences for their own healthcare systems.

Immediately after taking office in January 2025, Trump's administration **ended** the US's contribution to the WHO budget and even decided to withdraw from the organisation.

The administration presented the decision as a necessary step to protect American interests and as a call for increased transparency in the organisation. The effect was a gap of around USD 700 million per year in the WHO's account.

Until then, the United States had been the largest single donor. In the meantime, the WHO **maintained** its activities through temporary mechanisms, while member states covered basic vaccine and research needs through funds such as **Gavi** (The Vaccine Alliance) and CEPI (Coalition for Epidemic Preparedness Innovations).

Aid with a grain of salt

China's announcement is a response to precisely this gap. Foreign Minister Wang Yi said in Beijing that the funds will be invested without political conditions and that the aim is to strengthen the global health system in the interests of all.

One of Beijing's main arguments will be to use the money for urgent health programmes in Africa and Southeast Asia, where China's

influence is already growing through infrastructure investments.

In this way, China gains a strong argument against countries that do not have stable healthcare systems and will not have to choose between grants from Western countries or Chinese loans.

Increasing contributions to the WHO to maintain the balance within the organisation

Any mention that the aid is unconditional is taken with a grain of salt. The European Commission and the governments of Germany and France are considering **increasing** their own contributions to the WHO to maintain a balance within the organisation.

Berlin and Paris have the capacity to raise an additional hundred million dollars within a month through a joint mechanism, but the question remains whether they will do so and how they will agree on the distribution of funds.

European leaders are planning to propose a mandatory audit of all donations within the WHO with mandatory reporting by region.

This plan could be put to a vote by the end of June. If adopted, Europe would ensure that the allocation criteria are clear and that no single donor has too much influence.

According to information Tomorrow's Affairs has, a group of US senators is considering a bill that would restore US funding for the WHO, but with a new clause.

The clause specifies that each instalment would be subject to independent audits and compliance with the recommendations of the organisation's expert committees.

So far, the Trump administration has been sceptical about such mechanisms, but there are more and more voices from both Republicans and Democrats who believe it is important to reengage this way.

Changing the way decisions are made

The Chinese donation will have an immediate impact in Africa. According to the announcements, half of the money will be used to strengthen local laboratories.

This entails equipping dozens of new regional diagnostic centres and delivering two hundred million tests annually. The remaining funds will be made available for training medical staff and emergency programmes to combat epidemics.

For severe viruses such as Ebola or new strains, this means a much faster response. However, experts warn that Chinese partners could influence the manner of implementation and the choice of suppliers, which could lead to dependencies.

In Southeast Asia, where China already plays a leading role in regional health programmes, additional funding will be used for vaccinations against tuberculosis and hepatitis.

Beijing and the local government will fund the opening of new clinical centres in Indonesia as part of a public-private partnership.

Pakistan plans to build two high-level biosafety centres to research new pathogens. This network can create lasting channels of cooperation, but it also enables Beijing to prioritise research.

A proposal for a special epidemic research fund based on the Chinese model

An insight into the discussions within the WHO shows that China will try to change the way decisions are made within the Board.

The agenda for the next meeting could include a proposal to set up a special fund for epidemic research based on the Chinese model.

Adopting the initiative would give Beijing unprecedented control over project decisions and the budget for new pathogens.

Maintaining influence

In response, Japan has already announced the formation of a regional health emergency response fund in partnership with Australia and South Korea.

The fund of USD 300 million is intended to cover crisis needs in the Pacific and Southeast Asia. It is an attempt to create an alternative to the Chinese model.

The upcoming months will reveal whether other countries in the region will also support this initiative.

Europe is ready to expand the CEPI fund, which finances the development of vaccines. An additional 150 million euros have been earmarked for the rapid development and distribution of new vaccines.

Although this amount is not comparable to China's half a billion, it clearly shows the Europeans' determination to maintain their own influence in the WHO and not allow Beijing's total dominance.

WHO will no longer be a place where all countries have equal weight

The question of substantial control is no longer theoretical. If Beijing succeeds in setting up a fund without conditions and without independent control, it is clear that the WHO will no longer be a place where all countries have equal weight.

It will be an organisation where one power sets the agenda and the others adapt.

The key for countries with weak health systems will be the requirement for the formation of an international body of experts

to monitor the use of funds. Without this monitoring, funds will flow into programmes set by a single donor, leaving communities' real needs unfulfilled.

A training ground for geopolitical competition

In the coming weeks, the EU and allies (Japan, Canada, Australia... but also the US) must show that they know what is available to them.

It is necessary to act quickly and offer countermeasures if they want to maintain the multilateral healthcare system.

If they hesitate, the WHO will become a training ground for geopolitical competition rather than an arena for joint efforts to save lives.



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In addition to the Japan-Australia-Korea fund, India and South Africa have announced the formation of a health alliance to cover Africa and Asia by sharing resources and expertise.

This network would work outside the framework of the WHO but in coordination with its expert teams, which would form a parallel rapid response league.

If these initiatives are implemented, the global health security system will transition from a centralised model to a hub-and-spoke structure, where multiple regional centres, rather than just one organisation, will lead and be ready for rapid mobilisation.

In this scenario, the WHO will have to redefine its own role—no longer as the sole manager, but as the coordinator and standardiser of the game rules.

The World Health Organisation faces a historic decision: will it remain a multilateral platform that protects everyone uniformly, or will it become an instrument of geopolitical upgrading?

A performance-orientated and transparent financing system can preserve its essence; any lack of response will lead to its fragmentation.