

Open letter in support of WHO

The abrupt cessation of global health funding has placed millions of lives at risk.¹ This sudden funding freeze violates basic bioethical principles and values, including human rights, universality, and equity as part of WHO's constitution and guidance for ethical research, and does not have adequate transition plans to care and clinical services.² Working with member states, WHO has led the eradication of smallpox and contributed to drastic reductions in other major public health threats. WHO staff have been on the front lines of conflicts and natural disasters, ensuring life-saving help reaches those in need. WHO has a crucial role in responding to unprecedented global health challenges, but is currently encountering considerable operational challenges. A rapid survey conducted by WHO reported that 80% of WHO country offices experienced disruptions in at least one programmatic area due to reductions in official development assistance.³ The most severely affected areas include humanitarian aid, health emergency preparedness and response, public health surveillance, and basic health service delivery. Malaria and neglected tropical diseases; vaccination programmes; tuberculosis care; maternal and child health; family planning; occupational health; emergency, critical, and operative care; and outbreak detection are all undermined. Despite these obstacles, WHO is supporting the most severely affected countries to transition from aid dependence to sustainable domestic financing.⁴

The belief that decreasing public health budgets in this way can lead to cost saving is immoral and misguided. There is evidence that short-term reductions in critical health programmes lead to long-term economic losses from increased

disease burden, reduced productivity, increased treatment costs, and the broader economic toll of uncontrolled outbreaks.⁵ A World Bank analysis found that investing in pandemic preparedness alone can yield a return of up to 88% annually through avoided economic damage.⁵

Public health concerns demand coordinated national and international responses. The COVID-19 pandemic and large-scale outbreaks of Ebola virus and mpox highlight that health security is a collective responsibility. Any threat to collective global action, sustained investment in health, and strong technical leadership risks allowing local health problems to escalate into global crises.

As current directors, past directors, and members of WHO Collaborating Centres, we fully support WHO in carrying out the constitutional mandate, and call on everyone—including member states, donors, partners, and other stakeholders—to continue investing in WHO to promote health and safety while helping vulnerable populations worldwide.

All authors are current advisors to WHO and have received travel expenses to attend meetings, organised by WHO. MM is Co-Director of the European Observatory on Health Systems—a partnership hosted by WHO.

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- 1 Mallapaty S. 25 million deaths: what could happen if the US ends global health funding. *Nature* 2025; **641**: 17–18.
- 2 Council for International Organizations of Medical Sciences, WHO. International ethical guidelines for health-related research involving humans. 2016. <http://www.cioms.ch/ethical-guidelines-2016/> (accessed May 13, 2025).

3 WHO. The impact of suspensions and reductions in health official development assistance on health systems. 2025. <https://www.who.int/publications/m/item/the-impact-of-suspensions-and-reductions-in-health-official-development-assistance-on-health-systems> (accessed May 14, 2025).

4 African Perceptions. WHO supports countries in mitigating health impacts of funding cuts. 2025. <https://africanperceptions.org/en/2025/04/who-supports-countries-in-mitigating-health-impacts-of-funding-cuts/> (accessed April 15, 2025).

5 World Bank. From panic and neglect to investing in health security: financing pandemic preparedness at a national level. 2017. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/979591495652724770/from-panic-and-neglect-to-investing-in-health-security-financing-pandemic-preparedness-at-a-national-level> (accessed May 14, 2025).



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See Online for appendix

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