

## ARGENTINA, THE WHO, AND CONDITIONAL ENGAGEMENT IN A POST-AMERICAN HEALTH ORDER

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### ABSTRACT

The withdrawal of the United States from the World Health Organization (WHO) marks the most significant challenge to the organization's legitimacy since its founding in 1948.

This development alters the strategic landscape for middle-income countries such as Argentina, whose government has become increasingly skeptical of WHO governance.

This commentary argues that Argentina should adopt a policy of conditional engagement: remaining a member while making continued participation contingent on reforms in transparency, donor influence, scientific pluralism, and respect for national sovereignty. Conditional engagement preserves diplomatic flexibility, maintains access to useful technical networks, and aligns Argentina with evolving U.S. strategies to construct alternative health-governance models. Withdrawal should remain a credible option if reforms fail.

### KEYWORDS:

WHO Argentina sovereignty global health governance conditional engagement United States withdrawal

### BACKGROUND

Since its establishment in 1948, the WHO has occupied a central position in global health governance. Its role has included coordinating disease surveillance, convening scientific expertise, and issuing technical guidance intended to support public health decision-making. Over several decades, however, the organization's authority expanded beyond its original technical mandate, taking on increasingly normative and quasi-regulatory

functions.

These tendencies were exposed during the COVID-19 pandemic, when WHO-endorsed measures—extended lockdowns, prolonged school closures, and border restrictions—contributed to substantial economic and social harms in many countries, including Argentina. Subsequent revisions of internal guidance appeared to prioritize institutional reputation rather than transparent examination of what went wrong (1). Concerns about governance long predated COVID-19. The WHO's financial structure now relies heavily on voluntary, earmarked contributions, many originating from private foundations and NGO networks.

This model allows donors to shape programs according to their priorities rather than those of member states (2). In tobacco control, for example, donor-funded NGOs have exerted extensive influence within the Framework Convention on Tobacco Control (FCTC) processes, often promoting prohibitionist policies and marginalizing harm reduction approaches (3).

These dynamics raise questions about representation, accountability, and the degree to which the WHO still reflects the needs of sovereign states. The organization has recently pursued expanded authority through negotiations to amend the International Health Regulations (IHR) and finalize a Pandemic Agreement. These texts—developed with limited transparency—risk granting the WHO new powers over surveillance systems, supply-chain governance, resource allocation, and domestic emergency responses (4). Critics argue that these proposals exceed the WHO's proper role and could intrude upon constitutional decision-making. The United States, citing these governance failures and the WHO's performance during COVID-19, has initiated its withdrawal. This decision marks an unprecedented shift in global health governance. Although the U.S. may

negotiate terms that allow future reentry, and a subsequent administration may choose to return, the WHO now faces a period without its largest financial contributor and most influential member. For Argentina—whose current administration has emphasized national sovereignty and institutional accountability—this moment requires strategic reassessment. The question is no longer simply whether to remain in the WHO, but how to maximize influence and preserve autonomy while global health governance is being restructured.

### **ANALYSIS AND STRATEGIC RATIONALE THE CASE FOR CONDITIONAL ENGAGEMENT**

Argentina's most effective strategy is conditional engagement: remaining within the WHO while publicly tying continued participation to meaningful institutional reforms.

This approach provides more leverage than immediate withdrawal.

A member state that raises principled objections from within retains procedural influence, including the ability to intervene in negotiations, question donor influence, and coordinate with other states concerned about WHO overreach. The scholarly literature on scientific communication and governance emphasizes the importance of transparency in argumentation, clear authorship attribution, and documented evidence when presenting policy critiques (5). By articulating explicit criteria for acceptable reform—transparency, scientific pluralism, and limits on emergency powers—Argentina positions itself as a principled participant rather than an indiscriminate critic.

Conditional engagement also reflects a pragmatic understanding of the WHO's evolving weaknesses. With the United States leaving, the organization enters a period of financial and political instability. This increases the leverage available to remaining members, particularly those willing to articulate reform demands.

### **RETAINING TECHNICAL COOPERATION WITHOUT INSTITUTIONAL DEPENDENCE**

Despite its governance failures, the WHO maintains technical programs that retain value.

Global influenza surveillance, laboratory-coordination networks, and genomic data-sharing platforms provide important public-health functions.

Conditional membership allows Argentina to preserve access to these systems while rejecting the notion that WHO recommendations are inherently binding or scientifically unassailable. At the same time, Argentina can strengthen bilateral and regional alternatives. The United States, in withdrawing from the WHO, is shifting toward bilateral health-cooperation frameworks. These partnerships may involve laboratory strengthening, surveillance systems, emergency preparedness, and drug-quality assessments—support that, in many contexts, exceeds the technical capacity the WHO currently offers. Argentina is well positioned to participate in and benefit from this emerging architecture.

Domestically, Argentina should also enhance sovereign capacity by reinforcing national scientific advisory bodies, expanding genomic and pharmacovigilance infrastructure, and ensuring transparent risk communication. Such measures reduce dependency on external institutions and strengthen national autonomy.

### **STRATEGIC ALIGNMENT WITH U.S. HEALTH POLICY REALIGNMENT**

The U.S. withdrawal signals a broader reorientation away from multilateral dependency toward bilateral and regional cooperation.

Argentina can align with this shift by maintaining conditional WHO membership while simultaneously deepening collaboration with U.S. institutions.

This dual posture preserves access to WHO systems while positioning Argentina as a significant partner in a reconfigured global health landscape.

If the United States negotiates institutional reforms and opts to rejoin, Argentina's continued presence will facilitate cooperative engagement.

If the U.S. remains outside for an extended period, Argentina will still benefit from closer bilateral alignment.

### **WITHDRAWAL AS A LAST-RESORT BUT CREDIBLE OPTION**

Conditional engagement does not preclude withdrawal. Instead, it strengthens its credibility. Argentina should publicly articulate benchmarks for WHO performance, including transparency in funding flows, independent evaluation of emergency guidance, scientific diversity in advisory groups, and clearly delimited treaty authority.

If the WHO does not meet these benchmarks within a reasonable timeframe, withdrawal becomes the logical next step.

Withdrawing after a period of principled engagement would have greater diplomatic weight than immediate departure.

It would represent a considered conclusion rather than a reactive gesture, and it would underscore the imperative for institutional accountability in multilateral health governance.

### **POLICY IMPLICATIONS**

A conditional engagement policy clarifies that middle-income states will no longer accept treaty expansion or donor-driven agendas without scrutiny.

It encourages the WHO to confront governance weaknesses and restore credibility. It promotes regional partnerships that reduce dependency on a single multilateral institution.

And it reframes sovereignty not as withdrawal from cooperation but as the basis for legitimate cooperation. The Argentine government can also encourage the development of a South American health-sovereignty coalition to coordinate positions on treaties, share surveillance data independently of WHO frameworks, and support evidence-based alternatives to donor-driven policymaking.

### **CONCLUSION**

The withdrawal of the United States from the WHO marks a pivotal shift in global health governance.

For Argentina, this change presents an opportunity to adopt a strategy grounded in sovereignty, influence, and flexibility.

Conditional engagement—remaining within the WHO while demanding meaningful reform—allows Argentina to maintain access to useful technical systems, shape institutional debates, and align with emerging U.S. strategies.

At the same time, it preserves the option of withdrawal if the WHO fails to respond. Whether the WHO reforms or continues on its present trajectory, conditional engagement ensures Argentina remains positioned to protect its national interests and to contribute constructively to a more transparent, accountable, and sovereignty-respecting global health order.

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