The World Bank's policy of requiring social services funding cuts in exchange for favorable loans used during the Ebola crisis, is a tactic used by other multilateral organizations as well. The International Monetary Fund (IMF) has long required that bailout packages include "reduced spending in social sectors" (Ottersen et al., 2014; 638). These policies of stripping social spending in exchange for loans to boost financial markets was implemented in Greece, Ireland and Portugal, and proposed in multiple other countries following the collapse of the US housing market in 2008. This collapse led to a global recession. The stipulations of the loans that were accepted negatively affected health outcomes in these countries, and slowed their economic recoveries. The neoliberal policy of protecting financial markets at all costs in fact hampered those markets abilities to recover. Greece in particular was also unable to devalue it's currency as they are a member of the European Union (another example of a multilateral organization) which further slowed their recovery, and their ability to repay the debts that they were incurring.

One of the few success stories from a global health governance standpoint following the 2008 crash was Iceland, which refused the bailout offers from the IMF, instead opting through public referendum to let their banks fail. To the horror of the IMF, other multilateral organizations, and wealthy nations around the world, Iceland "invested in social protection and labour-market stimulation, and retained high taxes" (Ottersen et al., 2014; 639). This led to a quick rebound of the economy, and unemployment falling to approximately 5% a few years after the start of the financial crisis. The IMF, in the face of this massive success, officially "recognized that investments in Iceland's social protection programmes have been crucial to the country's economic recovery and the wellbeing of the population" (Ottersen et al., 2014; 639). The Iceland model, a Keynesian economic model, should be one replicated by governments in need of international financial assistance in the future. Of course, Iceland is not alone in their rebuke of multilateral organizations. South Africa similarly made a stand against investment treaties after the European Union "had used them to challenge its domestic labour laws" (Ottersen et al., 2014; 644).

Funding remains one of the greatest concerns in global health governance. Despite a rise in global and regional funds, an increase in the influence of donors such as the Bill and Melinda Gates Foundation, and billions of dollars spent by national governments, it is still not enough to meet the need. Part of the issue is that the budgets of national governments are built to allocate funds for international responses. Some experts have offered that these funds should instead be allocated into a country's national health budget so that existing aid monies would be unaffected, "and thus increasing total funding to developing countries rather than merely reallocating it between uses" (Buse et al., 2009; 130). This system also allows for the richest countries in the world to use their donations to international crises as a means to gain power in multilateral organizations. This practice of giving positions of power, and additional votes in exchange for donations, "skews balance of power towards the richest countries (as with, for example, the IMF and the World Bank)" (Buse et al., 2009; 131).

When it comes to donor organizations such as the Bill and Melinda Gates Foundation, donations to multilateral organizations and their policy priorities allows them to dictate policy decisions in countries across the world. Seven global health partnerships in a recent paper "relied entirely on the Gates Foundation for funding" (Buse, 2007; 267). This often leads to these recipient countries to have a "myopic focus on those diseases most suited to public–private synergy", often at the expense of those in need (Buse, 2007; 266). When donations are given by these groups, they often do not take into account the health needs of a country, and very rarely build up the infrastructure of public health systems in a meaningful way.