

EDITORIAL

# What does the United States' withdrawal from the World Health Organization mean for global health and future pandemic preparedness?

Apostolos Zarros

Received: 09 February 2026; Accepted: 11 February 2026; Published: 27 March 2026

**Abstract:** The formal withdrawal of the US from the WHO took place on January 22, 2026 and marks a major rupture in global health governance. The withdrawal was initiated by the Trump administration in January 2025 and has resulted in the termination of all US government funding to the WHO, the recall of US personnel, the suspension of hundreds of collaborative engagements, and the end of the US participation in WHO governance structures. This decision seems to reflect a broader political disengagement from multilateral institutions in which US influence is increasingly contested. This editorial examines how the sudden removal of approximately a fifth of the WHO's revenue, coupled with the loss of the technical expertise of US agencies, has severely constrained the organization's capacity to conduct disease surveillance, coordinate emergency responses, and uphold global scientific norms. As the US withdrawal from the WHO coincides with a freeze on the US Agency for International Development (USAID) global health funds, the destabilizing effects of this decision particularly compound on low- and middle-income countries reliant on WHO-coordinated programs. Emerging analyses indicate that the disruptions to supply chains for diagnostics, therapeutics, and vaccines may significantly weaken global preparedness for future pandemics, while forecast models suggest that if the USAID funding cuts are not reversed, they, alone, could lead to millions of avoidable deaths by 2030, thereby reversing decades of progress in the fields of infectious disease control and ma-

ternal-child health. Institutionally, the WHO now faces the dual challenge of navigating acute financial instability while accelerating reforms aiming to diversify its funding base and allow it to maintain operational continuity. Beyond immediate operational disruptions, the US withdrawal from the WHO erodes the legitimacy of multilateral health cooperation and deepens global health inequities. Rebuilding trust, restoring funding, and re-establishing scientific cooperation will be essential in preventing the emergence of a more inequitable and vulnerable global health landscape.

**Keywords:** global health; pandemic preparedness; public health; USA; WHO

--- ---

On January 20, 2025, the US administration under President Donald J. Trump initiated the process of the US withdrawal from the WHO. Following the required one-year notice period, the US have formally withdrawn from the WHO on January 22, 2026, leading to: (i) the termination of all US government funding to the WHO (estimated to account for ~22% of the organization's revenue), (ii) the recall of all US personnel and contractors assigned to or embedded with the WHO from the WHO headquarters in Geneva (Switzerland) and from the WHO offices worldwide, (iii) the suspension or discontinuation of hundreds of US engagements with WHO, and (iv) the cease of the official par-

---

Zarros A.: What does the United States' withdrawal from the World Health Organization mean for global health and future pandemic preparedness? *Acta Stud. Med. Biomed.* 2(1): 1–3 (2026).

<https://doi.org/10.5281/zenodo.19249693>

This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International (CC BY 4.0) licence.

<https://creativecommons.org/licenses/by/4.0>

ticipation of the US in all WHO-sponsored committees, leadership bodies, governance structures, and technical working groups. The reasons for the withdrawal appear to be political: the US withdrawal from WHO has been a priority for the Trump administration since 2020 (the first term of President Trump), when the halting of the US funding of the WHO was ordered (April 2020) and a withdrawal process was initiated later on during that year (July 6, 2020) over the organization's response to the coronavirus disease 2019 (COVID-19) pandemic (Gostin *et al.*, 2025; Mahase, 2020). In this regard, one should seriously consider Kickbusch's view that the US withdrawal from the WHO might be the result of a lack of interest of the Trump administration in working in multilateral settings where the country's hegemony is increasingly challenged by emerging powers (Kickbusch, 2025). This seems to be a valid possibility when viewed in combination with the declared US administration's intention to 'identify credible and transparent United States and international partners to assume necessary activities previously undertaken by the WHO', as clearly stated in the White House *Withdrawing the United States from the World Health Organization* executive order 14155 of January 20, 2025.

The WHO is not just a major actor in global health governance and disease management; it is an established, authoritative, and (mostly) effective international organization delivering global health and disease surveillance, coordinated interventions in response to health emergencies, and critical normative functions that shape international norms and standards (Ruger and Yach, 2009). The significant funding vacuum created by the US withdrawal from the WHO will definitely undermine the effectiveness of the latter to set global scientific standards, provide technical assistance to developing nations, and coordinate responses to transnational health emergencies (Gostin *et al.*, 2025; Ogieuhi *et al.*, 2025). It has also deprived the WHO of the indispensable services of the US Centers for Disease Control and Prevention (CDC); the national public health agency of the US that plays a critical role in a number of public health campaigns of paramount global health importance, including but not limited to international public health campaigns focused on smallpox eradication, malaria control and elimination, the ending of the HIV-AIDS pandemic, and the control of neglected tropical diseases, as well as the Global Influenza Surveillance and Response System network and the Global Polio Eradication Initiative (Yamey and Titanji, 2025).

At the institutional level, the WHO now faces the challenge of maintaining financial stability while absorbing the sudden loss of approximately a fifth of its revenue. Nasto (2025) has noted that the organization has accelerated reforms in order to diversify its funding base (including the facilitation of investment from non-state actors) and to reduce reliance on voluntary con-

tributions. While these efforts may ultimately enhance its long-term financial resilience, the transition period is fraught with uncertainty, especially given the fact that the WHO must simultaneously manage ongoing emergencies, maintain normative functions, and reassure member states of its operational continuity and efficiency; all while attempting a damage-control over the (political) symbolism of losing one of its founding members.

In the meantime, the implications for future pandemic preparedness are particularly troubling, as the US withdrawal from the WHO undoubtedly weakens global early-warning systems, undermines coordinated research and development, and reduces the political legitimacy of WHO-led emergency responses (Yamey and Titanji, 2025). Moreover, the absence of US scientific agencies (particularly of the CDC) from WHO platforms creates critical gaps in genomic surveillance, vaccine policy coordination, and outbreak modelling; gaps that no single actor is believed to be able to readily fill (Yamey and Titanji, 2025).

Beyond the immediate operational disruptions, the broader implications of the US withdrawal can extend deeply into the architecture of global health equity. As Ortiz-Prado *et al.* (2025) argue, the withdrawal of the world's largest historical funder of global health initiatives risks a widening of existing disparities between high- and low-income countries, particularly those dependent on WHO-coordinated technical assistance and disease-control programs. To make matters worse, the US withdrawal from the WHO coincides with a freeze imposed on the US Agency for International Development (USAID) global health funds, thereby compounding the destabilizing effects of this political decision on health systems in low-resource settings. In an insightful analysis published last year in the *Journal of Public Health*, Sulgodu Ramachandra and Webster (2025) have highlighted the fact that a freeze on USAID funds will disrupt global supply chains for diagnostics, therapeutics, and vaccines, thereby eroding the world's collective capacity to respond rapidly to emerging threats.

What does that practically mean? Cavalcanti *et al.* (2025) did the maths and estimate that the defunding of the USAID programs alone could result in 'a staggering number of avoidable deaths' in low- and middle-income countries by 2030, particularly from preventable infectious diseases as well as maternal and child health conditions. In fact, their forecast models estimate that the current steep funding cuts, if not reversed, could result in more than 14 million additional all-age deaths by 2030, including approximately 4.5 million additional deaths in children younger than 5 years of age (Cavalcanti *et al.*, 2025). When combined with the loss of the US engagement in WHO-led initiatives, the cumulative effect could result in a profound setback for decades of global health progress (Cavalcanti *et al.*, 2025).

Taken together, these developments certainly signal a moment of fragility for global health governance. As the world begins to emerge from the COVID-19 pandemic, the unilateral decision to withdraw the US from the WHO not only diminishes the organization's operational capacity, but also erodes the multilateral foundations on which effective pandemic preparedness depends. In the immediate future, rebuilding trust, restoring funding, and re-establishing scientific cooperation will be essential in preventing the emergence of a more inequitable and vulnerable global health landscape.

#### Acknowledgements

None.

#### Conflicts of interest statement

The author of this editorial (AZ) serves as the editor of the journal and holds a majority ownership stake in its publisher (St Cuthbert Press Ltd).

#### Data availability statement

Not applicable.

#### References

- Cavalcanti D. M., de Oliveira Ferreira de Sales L., da Silva A. F., Basterra E. L., Pena D., Monti C., *et al.*: Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis. *Lancet* 406(10500): 283–294 (2025).  
[https://doi.org/10.1016/s0140-6736\(25\)01186-9](https://doi.org/10.1016/s0140-6736(25)01186-9)
- Gostin L. O., Meier B. M., Pace L.: A world without WHO – a crossroads for US global health leadership. *JAMA* 333(12): 1028–1029 (2025).  
<https://doi.org/10.1001/jama.2024.28827>
- Kickbusch I.: US exit from WHO: it is about much more than WHO. *Lancet* 405(10477): 444–446 (2025).  
[https://doi.org/10.1016/s0140-6736\(25\)00163-1](https://doi.org/10.1016/s0140-6736(25)00163-1)
- Mahase E.: COVID-19: Trump halts WHO funding in move labelled “petulant” and “short sighted”. *BMJ* 369: m1502 (2020).  
<https://doi.org/10.1136/bmj.m1502>
- Nasto B.: The WHO aims for financial stability despite US exit. *Nat. Med.* 31(4): 1042–1044 (2025).  
<https://doi.org/10.1038/s41591-025-03649-z>
- Ogieuhi I. J., Ajekiigbe V. O., Aremu S. O., Okpujie V., Bassey P. U., Babalola A. E., *et al.*: Global partnerships in combating tropical diseases: assessing the impact of a U.S. withdrawal from the WHO. *Trop. Med. Health* 53(1): 36 (2025).  
<https://doi.org/10.1186/s41182-025-00722-8>
- Ortiz-Prado E., West J., Vasconez-Gonzalez J., Izquierdo-Condoy J. S.: A global health crisis in the making: the US withdrawal from the World Health Organization and its impact on global health equity. *J. Glob. Health* 15: 03043 (2025).  
<https://doi.org/10.7189/jogh.15.03043>
- Ruger J. P., Yach D.: The global role of the World Health Organization. *Glob. Health Gov.* 2(2): 1–11 (2009).
- Sulgodu Ramachandra S., Webster P.: USA's exit from the WHO and freeze on USAID funds globally: its perils and possible opportunities. *J. Public Health (Oxf.)* 47(s1): i16–i20 (2025).  
<https://doi.org/10.1093/pubmed/fdaf122>
- Yamey G., Titanji B. K.: Withdrawal of the United States from the WHO – how President Trump is weakening public health. *N. Engl. J. Med.* 392(15): 1457–1460 (2025).  
<https://doi.org/10.1056/nejmp2501790>

#### Affiliation(s)

St Cuthbert Press Ltd, Stanley, England, UK; College of Pharmacy, University of Babylon, Hillah, Iraq (AZ)

#### Correspondence

Apostolos Zarros  
 St Cuthbert Press Ltd  
 Stanley, England, UK  
[apostoloszarros@actastudiorum.com](mailto:apostoloszarros@actastudiorum.com)