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Commentary

Revisiting the US Withdrawal From the World Health Organization: Power, Precedent, and the Future of Global Health Governance

Comment on "The United States Withdrawal From the World Health Organization: Implications and Challenges"

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Abstract

On January 22, 2026 the United States formally left the World Health Organization (WHO), eight months after an editorial by Yazdi-Feyzabadi's and colleagues forecast what its departure would cost. This commentary affirms the editorial's central concerns while extending the analysis in four directions: situating the withdrawal within a longer history of US ambivalence toward multilateral institutions; examining who is, and is not, filling the resulting funding void; assessing whether the editorial's proposed remedies are politically realistic; and weighing its predictions against post-withdrawal events. Developments to date (a 21% WHO budget cut, workforce reductions, weakened disease surveillance, and curtailed programs in low- and middle-income countries) confirm, and in places exceed, the editorial's forewarnings. There is broad consensus that, for many functions, no alternative arrangement can substitute for the legitimacy that only a universal-membership intergovernmental body like the WHO provides. We argue, however, that the opportunity for shaping a more resilient, less US-dependent governance architecture is narrowing and demands deliberate action now.

Keywords: World Health Organization, United States of America, Global Health, Multilateralism

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Introduction

US withdrawal from the World Health Organization (WHO) was completed on January 22, 2026, as confirmed by the US Department of Health and Human Services.[1] The editorial by Yazdi-Feyzabadi and colleagues, published in March 2025, offered a timely and substantive forecast of the consequences of this withdrawal.[2]

The editorial correctly identified a series of cascading threats: a significant financing gap, weakened pandemic preparedness, deepening health inequities, and the erosion of multilateral norms. This commentary broadly affirms those concerns and extends the analysis in four areas of relevance to global health governance: situating the 2025 withdrawal within a longer pattern of US ambivalence toward multilateral institutions; examining the funding void in WHO and who is and is not stepping into it; assessing whether the editorial's proposed remedies are sufficient and politically realistic; and, most importantly, weighing the editorial's predictions against what has transpired since the withdrawal took effect.

A Pattern, Not an Anomaly

Yazdi-Feyzabadi et al describe the 2025 withdrawal as a "stark departure" from the US legacy of global health leadership exemplified by programs such as the President's Emergency Plan for AIDS Relief.[2] While understandable, this framing understates how long US ambivalence toward multilateral institutions has been a structural feature of American foreign policy, well predating the Trump era. The League of Nations, the International Labor Office, and the International Criminal Court offer historical examples, while the United Nations Educational, Scientific and Cultural Organization offers a recent precedent: the US withdrew in 1984, rejoined in 2003, stopped paying dues in 2011, and now faces renewed threats of withdrawal by December 31, 2026. These episodes typically combine complaints about organizational incompetence with complaints about "politicization."[3] WHO follows the same script: the first attempt to exit, in 2020, blended complaints about mismanagement with allegations of Chinese political influence, and the same grievances resurfaced in the current withdrawal.

The Funding Void: Who Will Step In, and Who Has Not

The editorial gives limited attention to the US-China dynamic, focusing mainly on Trump's complaints about the gap between

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Chinese and American voluntary contributions. This deserves deeper scrutiny since large donors, the US included, have long pushed to convert assessed contributions into voluntary, largely earmarked funding, a shift that lets major donors exert outsized influence over WHO priorities while leaving the organization financially fragile.[3] By 2018-2019, assessed contributions made up only about 17% of the WHO's total budget.[4] Buse and colleagues argue the withdrawal is likely to strengthen China's voice in global health governance rather than weaken it, since the US has vacated the very forums where normative decisions are made.[5] Two distinct questions are at stake here: whether China will shoulder a greater share of WHO's financing, and whether its influence over global health priorities will grow. The evidence to date suggests these are diverging. China's assessed contribution has risen proportionally with the US departure, and it announced multi-year commitments at the 78th World Health Assembly, yet it has shown little appetite for the expansive financial role some anticipated.[6] Its normative and agenda-setting position, by contrast, strengthens by default in forums the US no longer occupies. Influence, in short, is being redistributed faster than the financial burden.

WHO's financial vulnerability, rightly flagged in the editorial, is not simply a product of recent US hostility. It reflects decades of US policy that favored bilateral influence over multilateral institution-building, deliberately shifting funding away from settings where US dominance is increasingly contested by emerging powers, China foremost among them, and by the Global South more broadly.[7] The editorial's call for China to contribute more is reasonable but politically difficult to realize. A more durable response would be to reform the assessed-contributions system itself, closing the voluntary, earmarked loophole and reducing the leverage any single donor can hold. Encouragingly, such reforms now appear to be underway under the pressure of the funding crisis.[8] With the US, the coalition's key blocker, now gone from these forums, a reform once improbable in 2019 has become possible in 2026.

Europe is unlikely to fill the gap. European defense spending is rising sharply, with NATO members moving toward 2% of gross domestic product and reaching targets as high as 5% by 2035.[9] While the European Union supports the WHO as the leading global health authority, member states are simultaneously cutting their own health budgets and lack the fiscal headroom to absorb the US shortfall. For instance, the UK cut its 2026–2028 Global Fund pledge by 15% and shifted polio funding away from direct support; Germany cut humanitarian assistance by roughly 47% and its polio contribution by 19%.[10] The US withdrawal offers a strategic opening for other high- and middle-income economies, including the BRICS (Brazil, China, Egypt, Ethiopia, India, Indonesia, Iran, Russia, South Africa, and the United Arab Emirates) grouping, to gain influence by filling the gap. On the evidence so far, that opportunity has gone largely unclaimed.

Yazdi-Feyzabadi et al also raise concerns about the Gates Foundation, WHO's second-largest voluntary funder, stepping into the gap. They note the associated risks: limited transparency, potential conflicts of interest, and a tendency toward top-down solutions that may not reflect low- and middle-income country priorities.[2] This critique of "philanthro-capitalism" is well documented in the literature,[11,12] notwithstanding that philanthropic funding is likely to be less bureaucratic and operationally more effective. The editorial omits non-state actors: epistemic communities, professional bodies, and civil society, which shaped outcomes in the Framework Convention on Tobacco Control and the access-to-medicines campaign. Their unrealized potential lies less in filling the funding void than in generating the political demand for multilateralism that member states have so far failed to supply.

Reforming the WHO: Breaking From Business as Usual

There is broad consensus that no alternative arrangement can substitute for the legitimate multilateral authority that only a universal-membership intergovernmental body like the WHO can provide for standard-setting, treaty negotiation, pandemic alert systems, and cross-border disease surveillance. Not all of WHO's work depends on universal membership in the same way. Gostin argues that the major rupture in international health cooperation caused by the US withdrawal should be used as an opportunity to construct a more resilient global health financing and governance ecosystem.[13] One way to give this argument institutional content is to disaggregate the WHO's functions explicitly, along lines proposed by former Acting Director-General Anders Nordström: managing cross-border externalities (outbreak response, surveillance); provision of global public goods (research & development, norm-setting); direct country support (technical cooperation, financing); and leadership and stewardship (convening, priority-setting).[14] Buse et al argue that these functions and responsibilities could increasingly be delivered through variable-geometry coalitions of willing states, funders and institutions offering WHO greater operational agility.[5]

The real question is whether the WHO, in its current form, will be able to live up to its mandate. The organization grew substantially between 2017 and 2024 with its workforce expanding by 70% and the number of senior director posts nearly doubled. Successive crises, most recently COVID-19, have exposed long-standing weaknesses in its governance, financing, and operations, yet more than 30 years of calls for reform have produced only incremental change. Without the much needed structural and operational reforms, member-state disillusionment with the organization is likely to deepen.

Much of the ongoing reform conversation, however, remains narrowly financial and process oriented, though incremental reforms are no longer sufficient for WHO.[15] The WHO-hosted, member-state-led process now under discussion for consolidating existing reform initiatives risks treating WHO's own mandate as out of bounds for reconsideration.[16] Margaret Chan's earlier push for governance, programmatic, and managerial reform, and Tedros's "triple billion" targets, both tried to anchor reform in outcomes rather than process, while the 2021 Independent Panel for Pandemic Preparedness and Response report's recommendation of a single seven-year term for the Director-General and Regional Directors remains relevant and largely unimplemented.[14] The Wellcome

Trust's regional reform dialogue converges on similar themes: shifting power away from donor-led models toward leaner, more regionally anchored delivery, with pragmatic action prioritized over long consensus-seeking.[17] Such initiatives add noise as much as signal, given how many overlapping bodies are proposing to simplify the architecture, sometimes in their own interest.

The most consequential architecture conversation, however, may be happening outside Geneva. Africa Centers for Disease Control and Prevention, under Director-General Jean Kaseya, has used the financing shock to accelerate calls for African self-reliance in health security,[18] and the Lusaka Agenda's push to shift power toward country- and region-led priority setting predates the withdrawal but will reinforce it.[19] These developments matter for our argument in two ways: they demonstrate that regionally anchored delivery is not a proposal but an emerging fact, and they are a reminder that the Global South is an agent in reshaping the architecture, not merely a casualty of its disruption.

Are the Proposed Remedies Adequate?

The editorial's recommendations, diversifying WHO financing, reforming governance, and restoring US engagement, are individually defensible and collectively necessary. They underestimate, however, the political obstacles each one faces.

Diversifying financing requires member states to raise assessed contributions, which typically demands domestic legislative action and political will that has historically been hard to mobilize. In previous years, WHO's Investment Round met with near-universal reluctance from member states, each behaving as though the investment served someone else's interest rather than their own.[4] The post-withdrawal financial crisis has since forced movement on this front, though the funding gap remains severe.

Substantive reform is unlikely while the current Director-General's term winds down. The leadership transition due in mid-2027, however, could be an opportunity for structural reform: the incoming leadership will have a fresh mandate, no ownership of past failures, and face a live contest in which member states and civil society can extract concrete commitments from candidates, including on the single-term proposal above. By the time a new US administration could take office in January 2029, the new Director-General will already be well-established, which argues for treating the succession as a genuine reset rather than a pause before eventual US reversal.

On restoring US engagement, Yazdi-Feyzabadi et al[2] acknowledge that "current domestic political conditions prevent cooperation" and suggest that emphasizing US national interests could "gradually rebuild bipartisan support in Congress." This is a realistic medium-term path. President Biden's reversal of the first withdrawal, within hours of taking office, shows that re-entry is procedurally simple once the political will exists. What it requires is a change in Washington, a variable entirely outside WHO's control.

There is also a legal dimension the editorial does not address. Gostin has also raised the question of whether, since the US joined WHO through an act of Congress, only Congress can authorize withdrawal.[13] The Health and Human Services Fact Sheet treats the withdrawal as complete through executive action alone.[1] Whether this argument could succeed in US courts, and whether anyone in the US wishes to take on such a political battle, potentially opening a path to re-entry before any change of administration, remains an open and consequential question.

What Has Happened Since January 2026

The formal completion of the withdrawal has begun translating the editorial's predictions into documented reality, and in several respects the picture is more severe than anticipated. The WHO's financial crisis has been acute. The loss of roughly $260 million in US assessed contributions for 2024–2025, plus the lapse of $200–400 million a year in voluntary, program-specific US funding, forced a 21% cut to the approved 2026–2027 budget (from $5.3 billion to $4.2 billion) and a roughly 22% reduction in workforce.[10,20]

Disease surveillance capacity is being directly compromised. On the day of formal withdrawal, the Infectious Diseases Society of America warned that the US would no longer participate in the Global Influenza Surveillance and Response System, through which viral samples and epidemiological data are shared to formulate annual flu vaccines.[21] The Centers for Disease Control and Prevention's WHO Collaborating Center for Influenza in Atlanta, a key node in that network, has effectively disengaged, severing a link in the global early-warning system just as human detections of A(H5N1), A(H9N2), and A(H10N3) in early 2026 underscore the ongoing zoonotic threat. The United States has faced sharp criticism for its indifference toward a massive Ebola outbreak in Central Africa, driven by sweeping foreign aid cuts and a formal withdrawal from international health agencies.[22]

A recent Lancet analysis projects that more than 22 million people, including 5.4 million children, could die from preventable causes by 2030 due to combined US and European aid cuts.[23] WHO's budget prioritization exercise is still determining which programs will be cut, but polio eradication, pandemic preparedness, universal health coverage, and antimicrobial resistance related programs seem more vulnerable to these cuts.[24] Despite these challenges, the 2024 amendments to the International Health Regulations and the adoption of the Pandemic Agreement in 2025, both concluded without US participation, demonstrate that WHO's treaty-making and standard-setting functions can operate absent its erstwhile largest funder.[25]

A geopolitical vacuum is opening as anticipated by Chorev[3] and Buse et al[5] though it is being filled unevenly. The powers best placed to fill it, China foremost, have not done so at scale financially, and other high-income donors have cut alongside the US rather than compensating for it. Argentina's announced withdrawal from the WHO adds weight to the editorial's concern that exit now carries manageable costs. Whether the residual space is occupied by states pursuing narrower influence, or by the reform-minded coalitions and civil-society processes suggested above, remains genuinely contested rather than foreclosed.

The WHO's institutional response has been mixed but includes real progress. Director-General Tedros has overseen the phased increase in assessed contributions, a reform long resisted by the largest donors and now roughly 90% funded for the current biennium.[8] There are also early signals that President Trump may be open to renewed negotiation, which the WHO says it would welcome, though nothing concrete has yet materialized.[20]

Conclusion

The Yazdi-Feyzabadi et al editorial makes a valuable contribution to a fast-moving debate, and its central conclusion, that international solidarity remains the most robust safeguard against health threats in an interconnected world, stands, reinforced by events since publication. It correctly frames the withdrawal as a serious threat to global health governance and offers a useful lens for understanding its consequences. The US may well return under a future administration; re-entry is procedurally simple, and the Secretariat has positioned itself accordingly. WHO reforms now in motion (eg, higher and less earmarked assessed contributions, a leaner structure, clearer functional priorities) are worth pursuing on their merits, whoever sits in Washington. A governance architecture reshaped without the United States, may prove difficult to reopen once entrenched, which provides our rationale for shaping it deliberately now, rather than waiting on a reversal that may or may not come, and that would in any case return the US to a stronger organization than the one it left.

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References

1. US Department of Health and Human Services. Fact Sheet: U.S. Withdrawal from the World Health Organization. https://www.hhs.gov/press-room/fact-sheet-us-withdrawal-from-the-world-health-organization.html. Published January 23, 2026. Accessed October 7, 2026.
2. Yazdi-Feyzabadi V, Haghdoost AA, McKee M, et al. The United States withdrawal from the World Health Organization: implications and challenges. *Int J Health Policy Manag*. 2025;14:9086. doi:10.34172/ijhpm.9086
3. Chorev N. The World Health Organization between the United States and China. *Glob Soc Policy*. 2020;20(3):378-382. doi:10.1177/1468018120966660
4. World Health Organization. Financial Report and Audited Financial Statements for the Year Ended 31 December 2019. Geneva: WHO; 2020. https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_25-en.pdf. Accessed October 7, 2026.
5. Buse K, Pagel C, Kamarulzaman A, McKee M. President Trump wants an alternative to the World Health Organization: how should we respond? *BMJ*. 2025;388:r188. doi:10.1136/bmj.r188
6. Shang Z, Huang Y. China's global health diplomacy through the World Health Organization: a qualitative study. *Glob Health*. 2026;22(1):25. doi:10.1186/s12992-025-01165-w
7. Kickbusch I. US exit from WHO: it is about much more than WHO. *Lancet*. 2025;405(10477):444-446.
8. World Health Organization. In historic move, WHO Member States approve 20% funding increase and 2026–27 budget. https://www.who.int/news/item/20-05-2025-in-historic-move--who-member-states-approve-20--funding-increase-and-2026-27-budget. Published May 20, 2025. Accessed October 7, 2026.
9. Furceri D, Juarros P, Mishra S, Nguyen AD, Pessoa AS, Sollaci A. Macroeconomic Impacts of EU Defense Spending. Int Monet Fund; March 2026. https://www.elibrary.imf.org/downloadpdf/view/journals/001/2026/053/001.2026.issue-053-en.pdf. Accessed October 7, 2026.
10. Soguel D, Turuban P. How funding cuts shook up the World Health Organization. SWI Swissinfoch; May 2026. https://www.swissinfo.ch/eng/international-geneva/how-funding-cuts-shook-up-the-world-health-organization/91409584. Accessed October 7, 2026.
11. Blunt GD. The Gates Foundation, global health and domination: a republican critique of transnational philanthropy. *Int Aff*. 2022;98(6):2039-2056. doi:10.1093/ia/iiac022
12. Stuckler D, Basu S, McKee M. Global health philanthropy and institutional relationships: how should conflicts of interest be addressed? *PLoS Med*. 2011;8(4):e1001020.doi:10.1371/journal.pmed.1001020
13. Gostin LO. The Trump presidency: Cascading global shocks on global health. *PLOS Glob Public Health*. 2025;5(11):e0005385. doi:10.1371/journal.pgph.0005385
14. Partnership for International Politics and Diplomacy for Health. Online seminar – Future global health functions and the role of WHO | Global Health Diplomacy. https://globalhealthdiplomacy.se/online-seminar-future-global-health-functions-and-the-role-of-who. Published January 29, 2026. Accessed October 7, 2026.
15. Tang S, Merson M. Transforming WHO: incremental reform is no longer sufficient. *Lancet*. 2026;407(10539):1580-1582. doi:10.1016/S0140-6736(26)00609-4
16. Kantiana ID, Alpeza F, Bandara S, Cook AR, Rahman-Shepherd A. Same actors, same processes, same outcomes: Global health architecture reform or restoration? *PLOS Glob Public Health*. 2026;6(7):e0006781. doi:10.1016/S0140-6736(26)00609-410.1371/journal.pgph.0006781
17. Wellcome Trust. The way forward for the global health system | Reports. Wellcome website. https://wellcome.org/insights/reports/rethinking-reform-way-forward-global-health-system. Published March 18, 2026. Accessed October 7, 2026.
18. Africa CDC. Africa CDC Unveils Strategic Plan to Transform Health Financing and Advance Self-Reliance. Africa CDC; April 2025. https://africacdc.org/news-item/africa-cdc-unveils-strategic-plan-to-transform-health-financing-and-advance-self-reliance/. Accessed October 7, 2026.
19. Future of Global Health Initiatives. The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process – FGHI. https://futureofghis.org/final-outputs/lusaka-agenda/. Published 2023. Accessed October 7, 2026.
20. World Health Organization. WHO's Prioritization and Realignment Process in 2025–2026. Geneva: WHO; 2026. https://apps.who.int/gb/ebwha/pdf_files/EB158/B158_52Add1-en.pdf. Accessed October 7, 2026.
21. Infectious Diseases Society of America. Statement on U.S. withdrawal from WHO. https://www.idsociety.org/news--publications-new/articles/2026/statement-on-u.s.-withdrawal-from-who. Published January 22, 2026. Accessed October 7, 2026.
22. Gavin M. A New Ebola Outbreak Spreads Through Conflict and a Weak U.S. Response | Council on Foreign Relations. https://www.cfr.org/

articles/a-new-ebola-outbreak-spreads-through-conflict-and-a-weak-u-s-response. Published May 22, 2026. Accessed October 7, 2026.
23. da Silva AF, Anderle RVR, Sibils GB, et al. Impact of two decades of humanitarian and development assistance and the projected mortality consequences of current defunding to 2030: retrospective evaluation and forecasting analysis. *Lancet Glob Health.* 2026;14(5):e690-e701. doi:10.1016/S2214-109X(26)00008-2
24. What a US withdrawal from WHO will mean for global health. The Lowy Institute. https://www.lowyinstitute.org/the-interpreter/what-us-withdrawal-who-will-mean-global-health. Published March 2026. Accessed October 7, 2026.
25. World Health Organization. World Health Assembly adopts historic Pandemic Agreement to make the world more equitable and safer from future pandemics. https://www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics. Published May 20, 2025. Accessed October 7, 2026.