

VIEWPOINT

A World Without WHO—A Crossroads for US Global Health Leadership

Lawrence O. Gostin, JD; Benjamin Mason Meier, JD, LL.M, PhD; Loyce Pace, MPH

The US was instrumental in establishing the World Health Organization (WHO) and has been its largest state funder and most influential member for more than 75 years. Yet there are well-grounded fears that the incoming Trump administration will withdraw the US from WHO membership. Breaking from long-standing leadership in global health, this withdrawal would severely weaken US influence and diplomacy. Instead of withdrawing, the Trump administration should work to reform WHO to face rising health challenges, including H5N1 influenza and mpox clade 1b.

Legal Basis for Withdrawal

On July 6, 2020, then-President Trump sent a letter to United Nations (UN) Secretary-General António Guterres giving 1 year's notice of his intention to withdraw the US from WHO. The US is the only country permitted to withdraw its membership under WHO's constitution, but according to a 1948 joint resolution of Congress, it must give 1 year's notice and pay its debts to the agency.¹ President Biden reversed that decision before it took effect, but the president-elect has pledged to withdraw from WHO early in his second term. That would be a strategic mistake. While the incoming Trump administration has concerns that warrant continuing negotiations to reform the organization, a withdrawal would pose irreparable damage to US global health leadership.

US Concerns With WHO Governance

During the COVID-19 pandemic, then-President Trump expressed concerns that WHO failed to adequately obtain, vet, and share information in a timely and transparent fashion and that it lacked independence from China. In particular, the inability to definitively determine the origins of SARS-CoV-2 has caused strains in US relationships with both China and WHO. Additionally the president-elect has concerns shared by previous administrations regarding the inefficient management of WHO's budget and finances. Reform efforts are already underway, focused on increasing transparency, oversight, and institutional accountability—all issues on which WHO has demonstrated significant progress.² The president-elect's concerns warrant continued US leadership in securing vital WHO reforms, but a withdrawal would have grave consequences for the US and the world.

WHO Is Crucial to US Leadership

Following the devastation of World War II, the US was instrumental in establishing WHO as the UN coordinating authority on international health, with the WHO constitution recognizing that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of...States."³ Since WHO's inception, US leadership has been crucial in setting international norms and standards, most notably in the Declaration of

Alma-Ata and the International Health Regulations (IHR). The US has played a leading role in fundamentally revising the IHR, most recently in amending the IHR on June 1, 2024, to reflect lessons learned during the COVID-19 pandemic.

US leadership within WHO has been crucial in setting global health standards and achieving global health successes, from the 1980 eradication of smallpox to ongoing progress to eradicate wild poliovirus. The National Institutes of Health (NIH) and US Centers for Disease Control and Prevention (CDC) share crucial scientific data with WHO's vast system of collaborating laboratories. US engagement with WHO provides vital information on the transnational spread of pathogens, acting as a global alert system to warn and protect the US population from novel pathogens. Beyond disease surveillance, WHO is essential to scientific advancements by US pharmaceutical companies. For example, annual seasonal influenza vaccinations are based on virus sample access, collaborative health research, and international safety standards coordinated under WHO.

The COVID-19 pandemic made clear WHO's instrumental role in coordinating an international response. WHO spearheaded the Access to COVID-19 Tools Accelerator to spur development, production, and equitable access to COVID-19 tests, treatments, and vaccines. It worked with Gavi, the Vaccine Alliance and UN International Children's Emergency Fund (UNICEF) to deliver affordable COVID-19 vaccines to low- and middle-income countries. WHO maintains partnerships with these agencies to respond to ongoing health emergencies, including mpox and polio.

Yet the pandemic response revealed deep flaws in the global health security architecture, requiring fundamental global health reforms. Thus, the Biden administration has played a leading role in improving oversight of the WHO Health Emergencies Programme and other critical aspects of global preparedness.⁴ Continuing US engagement in ongoing WHO negotiations for a pandemic agreement will be essential to secure US interests and to prepare for future emergencies.

Consequences of a US Withdrawal

A US withdrawal from WHO would lead to major repercussions for global health, with substantial international shifts in resources and power—all to the considerable detriment of the US. By far the largest state funder of WHO, the US contributed \$1.284 billion to WHO during the 2022 to 2023 biennium.⁵ This funding bolsters global cooperation, from disease outbreaks and noncommunicable diseases to digital health. In cutting off resources to WHO, the US would relinquish global influence. As the World Health Assembly continues to negotiate global health law reforms,⁶ the US would not even be at the table. The financing gap left by this US withdrawal would allow US adversaries to secure influence previously

held by US diplomats. If the US withdraws, there will be a funding vacuum, and other nations will seek to extend their power by providing WHO financing in ways that may undermine fundamental US national interests and values.

A US withdrawal would shift international leadership toward competing power structures, including by blocs such as the BRICS (originally Brazil, Russia, India, China, and South Africa) nations, which are currently challenging the US-led world order. While not bound by any common vision of a new global order, this coalition is seeking to expand and coordinate diplomatic positions on global norms and financing priorities, claiming to speak for nations in the Global South.⁷ A US withdrawal would feed into this BRICS rhetoric that the US does not value collaboration with the Global South, weakening partnerships and imperiling US leadership in the world.

If the US withdraws from WHO, US allies, given their own political realities, are unlikely to step in and save the organization, as they did in 2020. Without global health funding and leadership in an interconnected world, the US would find itself with far less protection from emerging outbreaks like H5N1 and heightened vulnerabilities to a wide range of global health threats. Coupled with challenges to domestic scientific agencies, the US population would face rising risks with diminished public health protections. A world without a robust WHO would be a far more dangerous one.

An Imperative for US Engagement in WHO

There is no substitute for an empowered, well-funded WHO to keep the world safer and healthier. WHO is the leading institution respon-

sible for setting global scientific standards, building national health systems, providing technical assistance, and coordinating international responses to transnational health threats. No state acting alone can prevent and respond to cross-border health threats. Given rapid international travel and trade, the US is uniquely vulnerable as a destination and transportation hub.

Donald Trump won a second term with an "America First" campaign. Securing US national economic and security interests is urgent and justified, but that cannot mean "America Alone," as the US is far more vulnerable without partners like WHO. Multilateralism, global equity, and technical cooperation are all essential to US interests. Without WHO, US researchers, agencies, and industry will lack access to key scientific data, including pathogen samples, genomic sequencing, and disease surveillance. When novel outbreaks begin to spread across national boundaries, the US will not have the relationships and resources needed to contain those threats. When the US cedes leadership and funding, it will be our adversaries who fill the vacuum, which undermines our national interests and places US lives at risk.

On January 20, 2025, President Trump will have to make a choice that will be pivotal to US standing around the world. He can send a letter to the UN Secretary-General withdrawing from WHO and abandoning US leadership. Or he can negotiate a deal to reform WHO to make it a stronger, more efficient, and more accountable agency. We urge President Trump to make the choice that ensures our nation's long-term health security and maintains our global health influence.

ARTICLE INFORMATION

Author Affiliations: O'Neill Institute for National and Global Health Law, Georgetown University, Washington, DC (Gostin); Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill (Meier); Office of Global Affairs, US Department of Health and Human Services, Washington, DC (Pace).

Corresponding Author: Lawrence O. Gostin, JD, O'Neill Institute for National and Global Health Law, Georgetown University, 600 New Jersey Ave NW, Washington, DC 20001 (gostin@georgetown.edu).

Published Online: January 17, 2025.
doi:10.1001/jama.2024.28827

Conflict of Interest Disclosures: Mr Gostin reported being the Director of the World Health Organization (WHO) Collaborating Center on National and Global Health Law. Ms Pace reported being the former Assistant Secretary for Global Affairs at the US Department of Health and Human

Services, serving as an alternate US representative to the executive board of WHO and a lead delegate to the World Health Assembly. No other disclosures were reported.

REFERENCES

- Gostin LO, Koh HH, Williams M, et al. US withdrawal from WHO is unlawful and threatens global and US health and security. *Lancet*. 2020; 396(10247):293-295. doi:10.1016/S0140-6736(20)31527-0
- World Health Organization. Tracking Secretariat Implementation Plan (SIP) action. 2024. Accessed December 28, 2024. [https://www.who.int/about/governance/member-states-portal/tracking-secretariat-implementation-plan-\(sip\)-actions](https://www.who.int/about/governance/member-states-portal/tracking-secretariat-implementation-plan-(sip)-actions)
- Constitution of the World Health Organization. July 1946. Accessed December 28, 2024. <https://apps.who.int/gb/bd/pdf/bd47/en/constitution-en.pdf>
- Pace L, Kim SC. Strengthening global health security under the Biden-Harris administration. *J Law Med Ethics*. 2025;1-4. doi:10.1017/jme.2024.177
- World Health Organization. The United States of America: partner in global health. Updated December 23, 2024. Accessed December 28, 2024. <https://www.who.int/about/funding/contributors/usa>
- Meier BM, Habibi R, Gostin LO. A global health law trilogy: transformational reforms to strengthen pandemic prevention, preparedness, and response. *J Law Med Ethics*. 2022;50(3):625-627. doi:10.1017/jme.2022.103
- Ferragamo M. What is the BRICS group and why is it expanding? Council on Foreign Relations. October 17, 2024. Accessed December 13, 2024. <https://www.cfr.org/backgrounder/what-brics-group-and-why-it-expanding>