



Editorials

US Withdrawal from the WHO: At the Crossroads of Global Health Governance

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ABSTRACT

As the core coordinating body for global health governance, the World Health Organization (WHO) now faces a structural turning point following the formal termination of cooperation by the United States. From a professional perspective, this paper analyzes the profound impact of the U.S. withdrawal across three core pillars: global pandemic surveillance systems, immunization programs and disease eradication initiatives, and the prevention and control of non-communicable diseases (NCDs) and antimicrobial resistance (AMR). It identifies governance risks such as surveillance fragmentation, standard divergence, and the loss of professional resources. Furthermore, aligned with global health development needs, this paper proposes new collaborative pathways—strengthening regional governance, deepening scientific research collaboration, optimizing public-private partnerships, and advancing digital infrastructure—to provide a framework for constructing a more resilient global health governance system.

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1. Introduction

Since its inception in 1948, the World Health Organization (WHO) has served as the coordinating hub and professional heart of the global public health system. By virtue of its capacity for scientific planning, technical integration, and multilateral coordination in the face of transnational health threats, it has become a critical pillar for safeguarding collective human health. The recent formal termination of the U.S. partnership with the WHO is not merely a major adjustment in international politics; it represents a systemic shock to core sectors including infectious disease control, equitable vaccine distribution, chronic disease management, and public health emergency infrastructure. This move places global health governance at a crossroads characterized by both uncertainty and the potential for reconstruction^{[1][2]}.

2. Emergence of Structural Risks in Global Pandemic Surveillance

The WHO-led Global Influenza Surveillance and Response System (GISRS) is the fundamental mechanism for monitoring viral mutations^[3], assessing epidemic trends, and guiding vaccine R&D and containment strategies. Spanning 153 monitoring stations across more than 120 countries, it forms a standardized network for virus surveillance and information sharing. As one of the most vital historical partners of this system, the U.S. Centers for Disease Control and Prevention (CDC) performed critical functions in virus isolation, gene sequencing, and epidemiological data analysis. Its withdrawal leads directly to the "absence of a core node" in the global surveillance network.

The immediate consequence of this absence is a rigid obstruction of institutionalized sharing channels for viral strains, genetic sequences, and epidemiological data. Cross-regional surveillance linkages, previously built

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upon the technical advantages of the U.S. CDC, face fragmentation. This significantly widens the "time gap" and "spatial blind spots" in the early identification of pathogens. With the resurgence of cross-border travel and the rising risk of zoonotic spillovers, a fragmented network not only reduces the efficiency of early warnings for emerging infectious diseases but may also lead to the closure of critical containment windows due to information lags. The international community must urgently construct more resilient multilateral data-sharing mechanisms to bridge gaps in intelligence and technical synergy.

3. Implementation Bottlenecks in Immunization and Disease Eradication

3.1. Sustainability Pressure on the Global Polio Eradication Initiative (GPEI)

As one of the most ambitious eradication programs in global health history, the GPEI has entered its final "last mile" phase, with wild poliovirus transmission now limited to a few regions in Pakistan and Afghanistan [4]. The program's progress relies heavily on U.S. technical support and funding for environmental monitoring, vaccine strategy optimization, and emergency response. Historically, the U.S. has provided nearly 30% of GPEI funding, with CDC teams providing customized coverage assessments and virus tracing in high-risk areas.

The U.S. withdrawal creates a gap between "mop-up" vaccination campaigns and environmental surveillance. Countries lacking indigenous technical capacity may face system failures and a rebound in infection rates, potentially delaying the global goal of eradication. Furthermore, this support deficit could trigger a chain reaction, undermine the confidence of other participating nations and exacerbate the fragmentation of global immunization efforts.

3.2. Weakening of Drug and Vaccine Standard Coordination

The WHO Prequalification (PQ) program and vaccine standard coordination mechanisms are the primary safeguards for ensuring that low- and middle-income countries (LMICs) access safe [5], effective, and high-quality medical products. These standards have long drawn upon the regulatory science and data of the U.S. Food and Drug Administration (FDA). Standards established by the FDA regarding drug purity and vaccine safety are global benchmarks.

The interruption of cooperation may lead to a regional divergence in pharmaceutical and vaccine standards. Countries may be forced to navigate conflicting regulatory frameworks, increasing the costs of R&D, production, and distribution. For LMICs, fragmented standards could impede access to internationally compliant medical supplies, deepening global inequality in health resource distribution and ultimately harming the health rights of vulnerable populations.

4. Professional Gaps in NCDs and Antimicrobial Resistance (AMR)

As the global population ages, NCDs—such as cardiovascular diseases and diabetes—have become the primary source of the global health burden. Simultaneously, the transnational spread of AMR poses a major threat to global security. U.S. scientific and medical institutions have contributed

significantly to chronic disease guidelines, AMR laboratory networks, and resistance gene tracing [6].

Following the U.S. withdrawal, professional collaboration in these fields will suffer. This may lead to delays in updating NCD clinical guidelines and decreased efficiency in integrating AMR data, weakening the global capacity to control the cross-border spread of resistant genes. In developing nations, the loss of U.S.-provided technical training and equipment could stall local progress, further widening the gap in global health governance capabilities.

5. Reconstructing Resilience: Exploring a New Paradigm for Cooperation

Global public health is inherently a collective action that transcends borders and disciplines; no nation can remain isolated. The crisis sparked by the U.S. withdrawal is both a challenge and an opportunity to evolve toward a more diverse, inclusive, and resilient system.

5.1. Strengthening Regional Governance

Support must be increased for regional bodies like the Africa CDC and the ASEAN Health Ministers' Meeting to build a multi-polar, interconnected network that reduces reliance on any single nation.

5.2. Deepening Scientific Collaboration

Research institutions and professional associations should establish direct technical partnerships and data-sharing mechanisms that remain insulated from political volatility.

5.3. Optimizing Public-Private Partnerships

International foundations, NGOs, and pharmaceutical companies should be encouraged to play more active roles in vaccine R&D and drug accessibility through a "government-led, market-engaged, and charity-supplemented" model.

5.4. Advancing Digital Infrastructure

Utilizing Big Data and AI to build open, secure global platforms will allow for the real-time sharing of epidemic information and virus sequences, breaking down information silos.

6. Conclusion

The health of humanity is an interconnected destiny. Global health security is the most fundamental global public good, and its success affects every individual. To face future crises, the international community must transcend short-term political calculations and uphold scientific and humanitarian principles. Only by building a flexible, pragmatic, and inclusive multilateral framework can we mend the cracks in our governance and safeguard the well-being of the "global village." History has proven that multilateral cooperation in public health is not a choice, but a necessity for human survival.

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