CHAPTER 13

Disengaging From Global Health: The Effect of the United States' Withdrawal from the World Health Organisation

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Introduction

In the past two years, health systems globally have been recovering from the COVID-19 pandemic's profound impacts. A significant setback to this recovery has emerged due to the actions of the United States (US). On 20 January 2025, the second day of Trump's inauguration, he issued an executive order stating that the US would withdraw from the World Health Organisation (WHO) and paused the future transfer of US funding to the organisation (The White House 2025a). On the same day, another executive order halted the operations of the United States Agency for International Development (USAID) for a period of 90 days (The White House 2025b). Out of the 44 executive orders and broader foreign policy changes enacted, these two orders are set to have the most severe repercussions for global South states, specifically Africa. However, the withdrawal from the WHO is not unexpected, given that the US initiated a similar withdrawal in 2020.

The actions of the US have provoked strong reactions within the international community, and the long-term effects are yet to be assessed, although a few may already be envisaged. For example, political analysts argue that the departure of a key actor such as the US from the WHO could weaken global response co-ordination and outbreak preparedness (Ogieuhi et al. 2025). Furthermore, due to USAID cutbacks, it is predicted that the US will ultimately suffer because global disease control will weaken, allowing diseases to cross borders (Ogieuhi et al. 2025). On the other hand, a unique opportunity is presented within global health governance for regional co-operation among developing states and non-

state actors to address the gap left by the retreat of the US from global health leadership. US policy decisions are reshaping and impacting the interests of states and non-state actors in global health. In light of this, this article has set out to analyse the effect of the US decisions.

The article is divided into four sections. The first section briefly outlines the relationship between the WHO and the US by setting out projects they have embarked upon. The second section discusses the effect of the US withdrawal in 2020 on global health. The third section examines the 2025 withdrawal and its potential consequences. The fourth section discusses the effects of the cutback of USAID on African states.

The US relationship with the WHO

Since the founding of the WHO in 1948, the US has been a member of the organisation. It became a member through the passing of a joint resolution by both houses of Congress and, since then, successive administrations have supported this resolution (Gostin et al. 2020). While the WHO's constitution sets out how states may become members of the organisation, it does not have a provision for membership withdrawal (World Health Organisation 1948). Recognising this oversight, the US negotiated its own terms for withdrawal, which other member states accepted. In fact, in 1948, the House and the Senate had included a specific provision in the joint resolution stating that:

> "In adopting this joint resolution, the Congress does so with the understanding that, in the absence of any provision in the World Health Organisation Constitution for withdrawal from the Organisation, the United States reserves its right to withdraw from the Organisation on a one-year notice: *Provided, however*, That the financial obligations of the United States to the Organisation shall be met in full for the Organisation's current fiscal year" (Salaam-Blythe et al. 2020; S.J. Res 98, 1948).

This clause therefore allows the US to withdraw from the WHO despite the absence of a formal withdrawal mechanism in the WHO's constitution. Even though the US criticised the WHO's governance and effectiveness at times, it was both a principal funder and a major driver of its agenda (Yazdi-Feyzabadi et al.

2025). Over the last decade, US contributions to the WHO have ranged between US$163 million and US$816 million annually (Gostin et al. 2020). Aside from its financial contributions, the US has actively participated in many WHO initiatives and projects. Twenty-one WHO collaborating centres are located at the US Centres for Disease Control and Prevention (CDC) and three at the National Institute of Health, which is focused on US priorities, including polio eradication, cancer prevention and global health security (Gostin et al. 2020). These collaborative efforts illustrate the partnership which has existed between the WHO and the US in advancing public health initiatives and enhancing global preparedness for infectious diseases.

The US has been an active participant in WHO governance bodies, such as the Executive Board and the World Health Assembly, which is the WHO's decision-making body (Salaam-Blythe et al. 2020). Recent legislative initiatives of the WHO include amendments to the International Health Regulations (IHR), concluded in 2024, and the adoption of a Pandemic Agreement on 20 May 2025. These two initiatives are similar in certain aspects and are set to change the global health law landscape. The IHR outlines the rights and responsibilities of the WHO and the US in handling international public health events and global health emergencies (Michaud, Rouw and Kates 2024). On the other hand, the US withdrawal from WHO membership in January 2025 ceased its role in the Pandemic Agreement negotiations (World Health Organisation 2025). The Pandemic Agreement, which aims to ensure equity in both access to the tools needed to prevent pandemics as well as access to general health care for all people, will shape health care over the next century (Carlson, Becker and Poisot 2025). Both instruments fall under the governance of the WHO, and require ongoing engagement with the US for their successful implementation.

The US has also provided technical support to the WHO through a variety of activities and partnerships. This includes experts from the US government participating in advisory panels and groups convened by the WHO, as well as supporting research and reference laboratories via WHO collaborating centres (Global Health Policy 2026). A number of US government representatives have served as liaisons at WHO headquarters and regional offices (Global Health Policy 2026). All of these examples illustrate the partnership between the WHO and the US. It incorporates financial support, governance activities, technical support and partnering activities.

The US founded USAID to enhance global health and work in partnership with the WHO. USAID was established in 1961 by President John F. Kennedy to extend development assistance to states around the world (Office of Inspector General n.d.). USAID is one of the major donors of WHO-led programmes and initiatives, as the agency and the WHO both share the goal of improving global health. African states benefit from USAID as they, among other things, receive funding to support vaccination campaigns (Ogieuhi et al. 2025). The US has spearheaded the fight in West Africa against Ebola outbreaks, has made substantial contributions to HIV/AIDS treatment and prevention through the President's Emergency Plan for Aids Relief (PEPFAR) and has played a crucial role in eradicating polio (Ogieuhi et al. 2025). This illustrates that the WHO and the US relationship extends beyond US borders in supporting health initiatives across regions.

The effect of the 2020 US withdrawal from the WHO

At the onset of the COVID-19 pandemic, the US took a historic decision to withdraw from the WHO despite its long-standing relationship and shared initiatives. On 29 May 2020, President Trump announced that the US would sever its relationship with the WHO and redirect funds to US global health priorities (Gostin et al. 2020; Ortagus 2020). This decision was preceded by a series of actions and ultimatums, such as the ultimatum issued to WHO Director-General Ghebreysus, requiring substantive improvements to the organisation within thirty days (Mahase 2020). Thereafter, the US administration officially notified the UN Secretary-General on 6 July 2020 of its intention to withdraw from WHO membership (Gostin et al. 2020). The decision to withdraw was taken during a crucial time, with the COVID-19 virus at its peak and research surrounding it still in development.

Among the reasons given for the US withdrawal from the WHO was the organisation's mishandling of the COVID-19 pandemic and other global health crises (Salaam-Blythe et al. 2020). The WHO's failure to adopt urgently needed reforms and its inability to demonstrate independence from the inappropriate political influence of member states were also contributing factors (Salaam-Blythe et al. 2020). The US blamed China for the COVID-19 pandemic and accused the WHO of favouring that country. President Trump furthermore

accused China of withholding critical information about the COVID-19 virus, which, if true, would have prevented the WHO from ensuring a timely and co-ordinated global response (Ogieuhi et al. 2025). The US also continuously suggested that the name used to refer to the pandemic should reflect the origin of the disease (Emeziem 2021). These arguments impeded international efforts to respond to the pandemic.

It must be emphasised that, regardless of states' perceived grievances and strategic interests, transnational crises such as pandemics should be prioritised, given the devastation they cause when responses are compromised (Emeziem 2021). Therefore, diplomatic disputes have far-reaching consequences as they divert the WHO's attention away from ongoing global health crises. Similarly, when funding is withheld or compromised due to diplomatic spats between states, the WHO's capacity to prevent pandemics is diminished (Emeziem 2021). The Trump administration criticised China's low contribution of US$42 million as inadequate, even though its own 'modest' twenty per cent contribution to the WHO budget represents just a fraction of its approximate 25% share of global gross domestic product (Yazdi-Feyzabadi et al. 2025). The US withdrawal due to its issues with China weakened multilateralism within the international community and undermined trust in international organisations. In response, China stated that the US was spreading a 'political virus' at a time when the world required solidarity and co-operation as opposed to confrontation (Aljazeera 2020).

Reports about the failure of the WHO to respond urgently to the COVID-19 pandemic proved to be baseless. As early as 23 January 2020, the WHO had warned nations to get ready for the arrival of the virus (Yarney and Titanji 2025). In the same month, the WHO and China agreed that experts from the organisation would visit China to guide global response efforts related to the outbreak (WHO 2020). A Public Health Emergency of International Concern (PHEIC) was declared by the WHO's Director-General on 30 January 2020, which is one of the most urgent calls to action the WHO can issue (Yarney and Titanji 2025). The WHO's response was timely, and they collaborated with China to assist the global community. Despite these efforts, Trump ignored the warnings, and his delayed actions consequently cost countless American lives (Yarney and Titanji 2025). The administration also interfered with the CDC's efforts to hold media briefings on the COVID-19 virus that would have provided necessary science-based information to the public (Union of Concerned Scientists 2022). The

Trump administration's disregard for the advice provided by the WHO and the CDC had a significant impact on the US pandemic outcome.

When the Biden administration took office on 20 January 2021, one of its first decisions was to overturn the withdrawal from the WHO (Ravelo 2021). Biden believed that the WHO played a crucial role in combatting the pandemic as well as countless other threats to global health and health security (Ravelo 2021). According to Biden (BBC 2020), Trump's withdrawal had undermined international efforts to deal with the pandemic, with devastating consequences for developing states. Biden reaffirmed US commitment to global health collaboration and reestablished its major role within the WHO. In contrast to the Trump administration, the Biden administration championed multilateralism and highlighted its role in global health (Jefford 2024). The withdrawal by Trump was driven by political and strategic considerations, framed as a response to perceived organisational failures and geopolitical tensions.

The effects and potential implications of the US withdrawal from the WHO in 2025

In 2024, Trump won the US elections, and in 2025 he assumed office. Immediately upon President Trump's inauguration, a number of executive orders were handed down. The executive orders came as a surprise to many, even though the Trump campaign had been based on the slogan 'Make America Great Again'. A thread that runs through the international dimensions of the America First agenda is that multilateral initiatives are explicitly deprioritised in favour of bilateral and unilateral initiatives led by the US (Usman 2025). As far as global health is concerned, the order withdrawing the US from the WHO and the freezing of USAID funding are the most significant (The White House 2025a; The White House 2025b).

Numerous reasons were given for withdrawing from the WHO, such as the organisation not aligning with the America First policy. Many of the reasons put forth in 2020 were again reiterated. During his 2024 election campaign, Trump called the WHO 'nothing more than a corrupt globalist scam which disgracefully covered the tracks of the Chinese Communist Party' (Edwards 2025). While the effects of this decision are still unfolding, the negative effects of the withdrawal far outweigh any positive effects for the US. Scholars believe that severing the long-

standing ties and ending the scientific collaboration between the US and the WHO, while also cutting future financial support to the WHO, will have catastrophic effects both domestically and internationally (Yarney and Titanji 2025). The decision underscores not only a shift in US foreign policy but also highlights the fragility of international organisations that are dependent on their more powerful members for consistent, collaborative support (Yazdi-Feyzabadi et al. 2025). Furthermore, it has been predicted that this action by the US suggests the likelihood of their formally leaving the global agency (Faguym and Hughes 2025).

The executive order mandates the withdrawal of WHO personnel from the US. Furthermore, US government personnel or contractors working in any capacity with the WHO have been recalled and reassigned (The White House 2025a). The order also authorises the identification of credible and transparent US and international partners who can assume the necessary activities previously undertaken by the WHO (The White House 2025a). The withdrawal of US personnel will likely disrupt the ongoing initiatives of the WHO. Disruptions can already be seen as programme divisions under the WHO will be reduced from ten to only four, with health systems emerging as one key pillar (Fletcher 2025). The WHO has moreover decided to group disease control departments and health teams, such as health promotion and environment, climate and health, under one division (Fletcher 2025).

The decision to withdraw has had a direct impact on the global health sphere and further impacts are predicted. Firstly, the US is by far the WHO's largest donor and its loss will severely hamper the organisation's activities and operations (Yarney and Titanji 2025). This could decisively shape the direction of global health programmes and related policy debates (Usman 2025). It remains to be seen which other major donors, particularly those in Europe and China, will step into the role vacated by the US. Member states, such as Germany, China, Qatar and Switzerland, along with various non-governmental organisations have made additional contributions to offset US funding losses (World Health Organisation 2025). Secondly, the Trump administration has directed the CDC to cease all communications with the WHO, with no clear indication of whether or when communications will resume (Yarney and Titanji 2025). This has caused an abrupt termination of critical data and expertise exchange (Yarney and Titanji 2025). Data exchange was of crucial importance in combatting the COVID-19 pandemic, but is now being disregarded by the US.

There has been a call for the US withdrawal from the WHO to be declared a PHEIC, as defined in the IHR. A PHEIC is defined as 'an extraordinary event which is determined, as provided in these Regulations, to constitute a public health risk to other states through the international spread of disease and to potentially require a coordinated *[sic]* response" (World Health Organisation 2005). Until now, only disease outbreaks have been classified as a PHEIC; however, given the unpredictable actions of the US, it is necessary to interpret the IHR in a broader context. Using the above definition, three questions will determine whether the US decision to withdraw constitutes a PHEIC. The first question is: is the event serious, sudden, unusual or unexpected? (Bosman 2025). By virtue of the executive order being unprecedented and having a significant impact, the event can indeed be classified as unusual and extraordinary (Bosman 2025). Since the WHO's founding, no member state has ever fully withdrawn (Lakoff 2020).

The second question is: does the event carry implications for public health beyond the affected state's national border? (Bosman 2025). This question can undoubtedly be answered in the positive, as the event has significant implications for many states. Argentina declared its withdrawal from the WHO mere hours after the US, which indicates that the negative stance towards the WHO has started to spread internationally (Aljazeera 2025). President Milei has a close relationship with Trump and far-right administrations currently govern both states (Aljazeera 2025). Both leaders have criticised the WHO for its handling of the COVID-19 pandemic, and Milei's administration has accused the WHO of heightening Argentina's economic crisis (Aljazeera 2025). While Argentina's withdrawal may not be viewed as significant compared to the US withdrawal, it showcases the influence it has in undermining multilateral organisations. Furthermore, a cut to the WHO's programmes for the prevention and control of infectious diseases will have an impact on all states (Bosman 2025).

The third question is: does this event require immediate international action through a co-ordinated response? (Bosman 2025). For essential public health programmes to remain operational, member states, non-governmental organisations and other stakeholders will need to support the WHO in finding ways to replace the funding and perhaps even the governance of the US (Bosman 2025). As all three of these questions can be answered in the affirmative, the US decision to withdraw can indeed be classified as a PHEIC. Giving this decision the status of a PHEIC compels the international community to urgently address

the matter. It should be noted that the US is also expected to be worse off without its membership in the WHO. Without WHO membership, the US will lose access to critical outbreak data and WHO guidance on emerging health threats (Yarney and Titanji 2025). When an outbreak occurs overseas, CDC experts will not be included in global deliberations on containment and response strategies (Yarney and Titanji 2025). The CDC would in such a situation be unable to provide timely, evidence-based guidance to US health care professionals and the public (Yarney and Titanji 2025).

Apart from the withdrawal, global health also took another major blow when the US paused USAID. The executive order states that:

> "The foreign aid industry and bureaucracy are not aligned with American interests … They serve to destabilise world peace by promoting ideas in foreign countries that are directly inverse to harmonious and stable relations internal to and among countries" (The White House 2025b).

The order further states that 'US foreign assistance shall not be disbursed in a manner that does not fully align with the foreign policy of the US president' (The White House 2025b). Department and agency heads with responsibility for US foreign development assistance programmes were ordered to immediately pause new obligations and disbursements of development assistance funds to foreign countries and non-governmental organisations, international organisations and contractors (The White House 2025b). The programmes were placed under pending reviews for programmatic efficiency and consistency with US foreign policy, to be conducted within 90 days of the order (The White House 2025b). This order came as a shock to many developing states, specifically in Africa, and numerous organisations were immediately shut down.

Eight days after this order, and after witnessing its effects, the US Secretary of State granted an emergency waiver to resume USAID under specific conditions. He stated that "implementers of existing life-saving humanitarian assistance programmes should continue or resume work if they have stopped", subject to the directions outlined in the waiver (Rubio 2025). Resuming the implementers were temporary and limited to life-saving humanitarian assistance programmes and no new contracts were allowed to be entered into (Rubio 2025). While this was

seen as resuming necessary support to many, it came with stringent requirements. Life-saving humanitarian assistance was narrowly defined in the waiver as "core life-saving medicine, medical services, food, shelter and subsistence assistance …"(Rubio 2025). Activities that involved abortion-related services, family planning programmes, conferences and initiatives relating to gender, transgender surgeries, or other non-life-saving assistance were excluded from the waiver (Rubio 2025).

Due to its strict requirements, the waiver failed to provide the excepted assistance for the problems caused by the executive order. For example, health interventions, agriculture and food programmes have been affected by the immediate stoppage of ongoing projects (Usman 2025). Numerous non-governmental organisations and contractors face the prospect of job cuts (Usman 2025). Following the 90-day review, USAID will be restructured, reallocated and potentially reduced in the long term (Usman 2025). Despite ongoing lawsuits, the review never materialised, and the Trump administration continued defunding programmes and cutting jobs. In the 2026 budget proposal, there is a request that nearly 85% be cut from the US foreign aid budget (Miolene 2025).

By March 2025, a mere 1000 USAID programmes remained, and they all operate under the US State Department (Miolene 2025). Going forward, the administration will discontinue sexual rights and reproductive health and gender equality initiatives, and instead focus on 'women, children and families' and 'protecting life through initiatives launched during Trump's first term (Usman 2025). A revival of the Journey to Self-Reliance framework, also introduced in Trump's first term, will channel more aid funding towards local organisations instead of the complex of international non-governmental organisations and consultancies (Usman 2025). Furthermore, Trump's new foreign aid agenda will align closely with America First priorities by leveraging aid dollars to support America's security and private sector abroad (Usman 2025).

It has been argued that Trump's executive orders may in fact assist the international community. Some argue that this could prompt further reforms of the WHO, allowing it to better serve public health needs around the globe (Faguym and Hughes 2025). Of course, the US remains liable for its financial commitment to the WHO until the end of its membership in 2026. However, WHO officials have conceded that this commitment is unlikely to be fulfilled, as the US also failed to pay its dues for 2024 (Fletcher 2025). It is interesting to note that, despite Trump's unpredictable actions, he is reportedly open to reversing his decision

if the WHO undergoes reforms and appoints an American as its next Director-General (Yarney and Titanji 2025). Moreover, the US may decide to rejoin the WHO since they are now excluded from research information about diseases. They might also decide to rejoin if a pandemic should break out, severely affecting the country.

The impact of US executive orders and policies on Africa

Africa has been one of the continents most dependent on foreign aid in the post-colonial period. One of the main factors behind Africa's relative underdevelopment is its high disease burden (Stoddard 2025). The continent's reliance on external assistance is underscored in the estimated US$1.2 trillion in aid that it has received over the last 30 years (Galloway 2024). Recent US policy decisions, particularly the executive order to pause USAID, have had significant effects on African states. The dismantling of USAID overnight by the Trump administration has resulted in 90% of its 6300 projects being terminated, which is described as a form of 'geopolitical vandalism' (Kyobutungi, Okereke and Abimbola 2025). Africa's vulnerability to external influences and the urgent need for sustainable development strategies are highlighted by the devastating effects of USAID withdrawal and these abrupt policy shifts.

USAID has been particularly relevant in the fight against HIV/AIDS, malaria and tuberculosis in Africa. The response to the executive orders and policy changes of the US varies among African states, depending on their particular concerns. First, there is outrage about the resultant harm to millions of Africans because of the abrupt withdrawal of treatment (Kyobutungi, Okereke and Abimbola 2025). Second, the sudden job losses at USAID and its partners globally have caused great stress (Kyobutungi Okereke and Abimbola 2025). Third, there is general disbelief about the willingness of the US to give up its soft power, as foreign development aid has always been a tool to advance US interests (Kyobutungi Okereke and Abimbola 2025). While the responses of African states differ, their concern about harm to their population through disease spreading and loss of jobs is similar. Among the immediate effects of USAID terminations are the loss of data collectors at public health facilities, affecting monitoring and evaluation, minimal HIV screening for children and limited support for advanced HIV disease services, limited tuberculosis screening and testing and

the closure of youth and family care clubs, drop-in centres, clinics and mobile outreach initiatives (Metelerkamp 2025). The withdrawal of USAID significantly hinders ongoing public health initiatives and threatens the progress already made in disease control across Africa. As data systems that track programmes globally have been closed, the full effects will take time to grasp (Kyobutungi, Okereke and Abimbola 2025).

US contributions have driven key global health efforts within Africa, of which one of the most notable examples is PEPFAR. Designed to achieve HIV epidemic control while significantly strengthening global health security, PEPFAR was launched in 2003 under the Bush administration to support over 50 countries in the world, including over 25 countries in Africa (Holtzman et al. 2022). Aggressive, high-yield HIV case-finding strategies focusing on index testing and partner notification services in health facilities and the community are a part of PEPFAR's approach to epidemic control (Holtzman et al. 2022). It is PEPFAR's goal to help countries reach HIV epidemic control while ensuring the safety of all its beneficiaries and support staff (Holtzman et al. 2022). PEPFAR exemplifies the pivotal role of US contributions in advancing global health initiatives and meaningful progress in HIV epidemic control across Africa. The WHO predicted that Haiti, Kenya, Lesotho, South Sudan, Burkina Faso, Mali, Nigeria and Ukraine could exhaust their supply of HIV treatments in the coming months (Sunny and Santhosh 2025). Emergency stop-gap measures from the WHO, the Global Fund and European donors were therefore taken in August 2025 (Abdool 2025; Global Fund 2025). While these measures have averted immediate stockouts, the risk of exhausting supplies remains. WHO Director-General Ghebreyesus states that 'The disruptions to HIV programs *[sic]* could undo 20 years of progress' and that this could lead to over ten million additional HIV cases and three million HIV-related deaths (Sunny and Santhosh 2025).

PEPFAR funding was not designed to be permanent nor to take over national responsibilities despite its critical role in the successful implementation of HIV programmes (Sam-Agudu and Koum-Besson 2024). Through PEPFAR, countries were able to fill in specific gaps in national response plans and work towards reducing their funding fragility over time by increasing domestic contributions through diversifying funding and strategically investing scarce resources (Sam-Agudu and Koum-Besson 2024). While PEPFAR supported HIV programmes, its goal was to enable states to gradually reduce dependence on external aid by

strengthening domestic resources and capacities. This goal was still underway when Trump's executive order was handed down. The subsequent waiver granted by Secretary of State Marco Rubio granted an exemption to PEPFAR (Rubio 2025). Activities like the distribution of antiretroviral medications and other essential HIV services were allowed to resume under the waiver, which provided temporary relief (US Mission South Africa 2025).

The US played a significant role in establishing, one of the major health organisations on the African continent, the Africa Centres for Disease Control (Africa CDC) in 2016, in conjunction with the African Union Commission (Tieku 2021). During the COVID-19 epidemic, the Africa CDC emerged as an important pandemic co-ordinating body, providing evidence-based information and institutional innovations that helped African governments respond quickly and effectively (Tieku 2021). Africa CDC has been leading health initiatives on the continent and is an important norm entrepreneur. Due to the USAID funding freeze, Africa CDC has a shortfall of around US$200 million for its fight against M-pox, according to Director-General Kaseya (Rigby 2025). Africa CDC has, however, been proactive in anticipating this decision since April 2023 (Africa CDC 2025). In its Strategic Plan for 2023—2027, local manufacturing became a major focus, contributing to raising funding, strengthening Africa's capacity to produce its own medical countermeasures and reducing dependency on external aid (Africa CDC 2025). Africa CDC spearheaded a series of high-level engagements and technical consultations to sensitise policymakers and galvanise domestic and private sector support in response to the continent's deteriorating external funding landscape (Africa CDC 2025).

Foreign aid has both positive and negative effects on the receiving state. Aid reinforces the negative stereotypes of Africa as a continent of 'beggars' and being a 'helpless child', which implies that it lacks any sense of self-determination and will continue to rely on foreign assistance (Akonor 2008). Africa needs to disprove this stereotype with sustainable progress by empowering local leadership and fostering self-reliance development strategies. Reliance rather than independence is often encouraged by donor agencies and charity-led international aid-driven approaches to healthcare (Ogieuhi et al. 2025). Traditional aid mechanisms often offer temporary relief while undermining local efforts by diverting resources and establishing alternative institutions that harm local health systems (Ogieuhi et al. 2025). Further, African health diplomacy is shaped by donors' influence, since

external players dictate the recipient nation's healthcare priorities in a manner that may not align with local needs (Ogieuhi et al. 2025). This is what the US is trying to achieve with the withdrawal of USAID, as they want recipient states to align with their policies.

Foreign aid has generated significant benefits across Africa and has created various opportunities for Africa's development. Initiatives such as PEPFAR have helped to unlock the continent's economic potential while saving lives (Stoddard 2025). The US assisted African states during the COVID-19 pandemic and supported their call to waive intellectual property rights to access COVID-19 vaccines (Jecker and Atuire 2021). The Jack Ma Foundation and Alibaba Foundation donated over 1.5 million laboratory diagnostic test kits and more than 100 tons of COVID-19 prevention and control materials to African Union member states (Ogieuhi et al. 2025). Without international health assistance during the COVID-19 pandemic, Africa would have faced many difficulties in combatting the pandemic.

While the repercussions of Trump 2.0 policies create challenges for Africa, they also present a crucial opportunity for the continent (Kyobutungi, Okereke and Abimbola 2025). In conjunction with civil society in Africa, African governments must insist on partnerships on their own terms and reject processes that undermine the system (Kyobutungi, Okereke and Abimbola 2025). As Akonor (2008) states, 'Aid to Africa is a band-aid, not a long-term solution' and the creation of true, systemic change is the responsibility of African leaders. Given that Africa is one of the most resource-rich continents on earth, it is unfortunate that dependence on foreign aid has compromised the sovereignty of African states (Akonor 2008). By asserting greater control over their resources and partnerships, African states can transform these challenges into opportunities for sustainable development and strengthened sovereignty.

Conclusion

In this article, the US decision to disengage from global health governance by withdrawing from the WHO and freezing USAID was analysed. States and non-state actors have been affected by these policy decisions of the US in its quest to Make America Great Again. The previous relationship between the US and the WHO achieved great success in global health, characterised by longstanding

commitments, substantial funding, active governance participation and technical collaboration. The decision to withdraw the US from the WHO in 2020 diverted the WHO's attention away from the COVID-19 virus, as it was occupied with satisfying the demands of the US. China was severely criticised by the US, and the WHO was often caught in the middle of diplomatic spats. Many of the reasons provided by the US for its withdrawal proved to be groundless. The decision was overturned by the Biden administration before the withdrawal took effect.

The decision to withdraw from the WHO in 2025 has had severe consequences for global health governance. This time round, the reasons for withdrawing from the WHO are mainly based on prioritising American needs and supporting their own initiatives. US foreign policy has shifted towards unilateralism which could weaken the collective efforts needed to address future health crises. A viable option to provide relief and attempt to resolve global health disruptions is to declare the decisions of the US a PHEIC. This step would induce states to find a timeous solution to the situation. Once regarded as a pillar of global health support, USAID has undergone a marked shift in priorities (Mansour et al. 2025). The waiver for certain USAID projects has provided temporary relief but has failed to mitigate the devastating effects of the initial executive order.

African states have been hardest hit by the US executive orders and resultant policy changes as they rely heavily on external aid for their health systems. Disruptions to USAID has caused job losses, shut down facilities, delayed medicine distribution and halted screening and monitoring of diseases. PEPFAR has been operative in Africa for more than two decades and has achieved success in managing the HIV epidemic. The executive order paused operations of PEPFAR which has caused irreversible damage and loss of trust in the initiative. While aid has driven significant health and development achievements, it has also perpetuated dependency and limited sovereignty. By harnessing the continent's collective resources for the benefit of its people, Africa can break free from its aid dependency (Akonor 2008). If managed wisely, Africa's resource wealth can serve as a foundation for sustainable growth and development. Africa will then be able to build strong health systems that only rely on internal aid, which will minimise the risk of a future disruptions, such as the withdrawal of USAID. As stated by Kesaya, head of Africa CDC:

"The U.S. and others don't have to forget the lessons of COVID. When

> you don't open your eyes to something ongoing in Africa, we can have a mutation of the virus that will become a pandemic and affect all of us" (Rigby 2025).

It is possible to view the US actions with a glimmer of hope, as they might force the WHO to undergo reform to better suit the needs of the international community. These US actions have prompted a prioritisation, realignment, new structure, and workforce reduction, which are changes the WHO now views as an opportunity to transform the organisation. (Fletcher 2025). The WHO budget gaps remain large, but it is not as dire as feared due to the additional contributions by member states since May 2025 (WHO 2025c). Other major role players such as European states, China and non-governmental organisations are presented with the opportunity to take over the US role within the WHO. There is no longer any doubt that the 'shock effect' promised by President Trump will reshape global health governance. It is now only a question of how profound this reshaping will be (Mansour et al. 2025).

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