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GEOPOLITICS OF GLOBAL HEALTH

The United States is driving a public health emergency of international concern

Matthew Herder and colleagues call for broader mobilisation to avoid the deaths and morbidity in low and middle income countries likely to result from recent US policy changes

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Announcing the United States' withdrawal from the World Health Organization on his first day in office,[1] and cutting a range of aid programmes in the weeks that followed, President Donald Trump is taking actions that are dire for global health. Treatments and related services in low and middle income countries for some conditions, such as HIV, rebounded in late 2025, showing the resilience of organisations most affected by US cuts.[2] In addition, the US Congress protected one year of funding for global health with the passage of appropriations legislation in early 2026.[3 4] Nevertheless, multiple estimates predict reduced US funding will lead to millions of deaths by 2030.[5-8]

If the Trump administration follows through on its threat to halt funding for Gavi, the Vaccine Alliance,[9] alter the US childhood vaccination schedule, and fundamentally change its approach to pandemic preparedness as part of its America First global health strategy,[10] vaccine preventable diseases and deaths are likely to resurge, both in the US and abroad.[11] Further, ceasing US funding for dozens of additional United Nations agencies, including UN Women and the UN Population Fund, threatens to end services that support sexual rights and reproductive health in more than 150 countries.[12 13]

The US's actions (table 1) are in flux. But taken together we argue that they constitute a public health emergency of international concern (PHEIC) under international law. And they warrant a swift response by WHO and the international community to spur country level and regional responses, reduce the spread of disease, and avert thousands more deaths.

Clear grounds for PHEIC determination

The International Health Regulations (IHRs) define a PHEIC as an "extraordinary event" that constitutes a "public health risk to other states through the international spread of disease" and "potentially" requires a "coordinated international response."[14] To date, WHO has classified only eight infectious diseases outbreaks as PHEICs, including influenza, polio, Ebola, Zika virus, covid-19, and mpox.[15] Although earlier versions of the IHRs sought to deal with specific diseases, such as smallpox, influenza, and cholera, the instrument's scope has expanded over time to reflect an all-hazards approach that understands "disease" as an illness that presents or could present serious harm to humans, "irrespective of origin or source."

Although President Trump sought to withdraw from WHO during his first term, the swiftness and scale of his actions when he returned to office were unexpected and severe. The funding freeze imposed on the US President's Emergency Plan for AIDS Relief (PEPFAR), a programme that had provided over $120bn since 2003, resulted in the sudden closure of treatment services for thousands of people with HIV/AIDS.[16] In sub-Saharan African countries where clinics remained open, orders to stop programmes that were supported by USAID immediately reduced HIV testing and treatment.[2] Many people will experience opportunistic infections or progress to AIDS more quickly, straining many African healthcare services, such as we saw early in 2025 in South Africa, Lesotho, and Eswatini.[16 17] One UN agency estimates that around six million HIV related deaths and nine million new HIV infections will follow by 2030.[18]

Cuts in funding during 2025 for treating other diseases, including malaria and tuberculosis, are expected to risk millions more deaths in the coming years.[19 20] For the time being, Congress has preserved funding for Gavi, which delivers vaccines to many of the world's poorest countries,[21] and several other global health programmes, albeit often at reduced levels.[3 4] But if the administration follows through on its plans to terminate funding for Gavi and other key programmes such as the UN Population Fund, child and maternal health will be threatened on a global scale.

In short, the US actions amount to an extraordinary event within the definition of the IHRs. The main interpretive issue in this case is whether the political actions of the US amount to a public health risk through the "international spread of disease." Past PHEIC determinations have varied in how this pivotal criterion is applied. Logically, an event may qualify as a PHEIC before it crosses borders. However, WHO has hesitated to make that determination until there is clear evidence of intercountry transmission.[22]

The difference here is that the spread of disease—within a country, region, or globally—hasn't fully materialised. A large outbreak of measles in the US has spread into Mexico.[11] There is also concern that changes to the US's domestic childhood vaccination schedule, coupled with defunding of pandemic preparedness,[23] may precipitate harm to both domestic and foreign populations.[10] But in the main, we are in a state of anticipation that numerous outbreaks of infectious diseases will occur as

treatment and public health programmes reliant on US funding shut down around the globe.

Importantly, the IHRs are unequivocal on this point: an "event" within the meaning of a PHEIC is not limited to the "manifestation of disease" but extends to any "occurrence that creates a potential for disease." Although a PHEIC has never been declared because of the political actions of a single country, risk is the paramount consideration, and the US's recent decisions have greatly amplified the risk of multiple international outbreaks of disease.

Why a PHEIC determination matters now

The determination of a PHEIC matters politically, legally, and for the future of global health. PHEICs are determined by WHO's director general on the recommendation of an expert emergency committee's scientific assessments of risk and epidemiology. History has shown that they are also political instruments.[22] Although political will among high income countries to combat infectious diseases waned after the second world war, the emergence of SARS in 2003 renewed political interest in international cooperation, resulting in the creation of the 2005 IHRs, which were substantially updated again in 2024 in the wake of covid-19.

International cooperation is crucial at present given US efforts to undermine multilateralism.[10] Notwithstanding their own national and local capacities and expertise, many countries dependent on grants and technical assistance from PEPFAR, USAID, and the US Centers for Disease Control and Prevention are being targeted to extract concessions favouring US military and economic interests in return for some health programme funding.[24 25] Other wealthy countries such as the UK, Canada, and many in the European Union have also cut funding for development assistance,[26] compounding the harms caused by the gutting of US funded global health programmes.[8 20] Conversely, issuing a PHEIC as a result of US actions may prevent further erosion of countries' commitments to global health.

Although the US government claims it withdrew from WHO in early 2026, questions remain about whether that is true legally because it failed to pay its membership fees for 2024-25.[27] It is equally unclear whether the IHRs still apply in the US. If they do, and WHO determines that the actions of the US constitute a PHEIC, the director general could conceivably make recommendations that the US resume its funding of global health programmes to mitigate the impending spread of disease elsewhere. The US is apt to oppose any such recommendations as an intrusion on its sovereignty. But issuing such recommendations could supply others, in particular US civil society organisations that have already taken legal action to arrest the Trump administration's recent, regressive policy choices, with additional grounds to legally challenge the dismantling of key global health institutions.

Assuming that strategy is a long shot, a PHEIC declaration can still help mobilise collaboration, assistance, and financing across WHO member states—irrespective of whether the US remains a WHO member state or party to the IHRs. The amended IHRs call for cooperation and resources to ensure that measures are in place to respond to a PHEIC, and WHO has a duty to assist states with the "mobilisation of financial resources"[14] to strengthen and maintain core capacities and facilitate "access to relevant health products."[14] Although the US has been a major financial contributor to previous PHEIC responses, many other funding sources have stepped up as well. In response to the 2018 Ebola outbreak in the Democratic Republic of the Congo, for example, other countries, multilateral organisations, and philanthropic donors supplied over two thirds ($482m) of the total funds deployed.[28]

One other measure that individual countries can take is to issue "compulsory licences," overriding the patent rights of pharmaceutical companies, to improve access to essential medicines to treat HIV, malaria, tuberculosis, and other diseases. This is not a light measure, but international law and many national laws allow for compulsory licensing, and they have been used repeatedly during public health emergencies.[29] Countries can work together to coordinate compulsory licensing in one country to tackle a public health emergency in another, as Canada did in 2007 in order to export an HIV combination therapy to Rwanda.[29]

Compulsory licensing of lenacapavir, a groundbreaking treatment for HIV, should be a priority. It is far more convenient than other HIV prevention therapies to use in resource limited settings. However, it remains out of reach for many people at risk of HIV infection. Gilead, lenacapavir's manufacturer, has priced the drug exorbitantly, and several countries with both a need for, and the manufacturing capacity to, produce lenacapavir, including Brazil and Mexico, were excluded from Gilead's voluntary licence.[30]

Granting a compulsory licence on the strength of a PHEIC determination could free up more generic manufacturers to produce lenacapavir at a cost of less than $40 (£30; €35) at scale (compared with the $28 000 price Gilead is reportedly charging).[31] Low and middle income countries should consider compulsory licences for other drugs to treat life threatening diseases if they have not been offered low cost generic alternatives as part of voluntary licences.

Access to treatments for HIV and other diseases will not help if the services that administer them on the ground are gone. Yet the IHRs mandate WHO to shore up the necessary resources, in concert with member states, for both. And if the costs associated with the provision of hospital care can be offset by an increased availability of essential medicines, then compulsory licensing could become a vital tool to fulfil the obligations of the IHRs.

Risks and benefits of a PHEIC

Issuing a PHEIC is not without risks. Equating the Trump administration's actions with a PHEIC may dampen chances that US funding for WHO will one day be restored or, worse, prompt further backlash. Although the US has already withdrawn funding, it could use trade negotiations and other diplomatic channels to pressure other states to withdraw from WHO, further jeopardising its budget and institutional legitimacy.

Invoking a PHEIC in response to political decisions also runs the risk of divorcing the IHRs from their core functions of infectious disease surveillance and response. Seeking to avoid similar scrutiny of their own domestic policies, some countries may disengage not just from WHO but the broader global health community, in turn undermining cooperation and global preparedness.

The future viability of WHO, other multilateral organisations, and the entire architecture of global health, including the IHRs, is at stake in this era of nationalism and populism. Hundreds of thousands of people have already died because of US actions since President Trump assumed office in early 2025; many more deaths are expected.[5 -8 20] If WHO fails to act decisively in these circumstances, its credibility will suffer.

New actors will undoubtedly emerge in regions where the US's hegemonic hold over global health no longer stands and can step up to fill the void. Some national governments are already developing plans to pursue self-sufficiency, moving away from dependency on foreign aid and investing instead in local institutions and systems that can be responsive to local needs.[32] Whether or not WHO determines that the US's actions amount to a PHEIC, we should

not wait to call the US president and his administration for what it is—the worst public health emergency in the world—and act accordingly.

Key messages

- A public health emergency of international concern is defined as an "extraordinary event" that creates a "public health risk to other states through the international spread of disease"
- Although the World Health Organization has previously determined that a PHEIC exists only for ongoing outbreaks of infectious disease, risk is the central consideration
- US cuts to global health funding, alterations to childhood vaccination schedule, and pull back from pandemic preparedness create the risk of multiple, international infectious disease outbreaks and therefore amount to a PHEIC
- Determining a PHEIC exists can mobilise funding and encourage the use of compulsory licensing of essential medicines to mitigate the harms stemming from US actions
- Although invoking a PHEIC in these circumstances is novel and could prompt further backlash from the US, it is critical for WHO and the international community to work collectively in the service of global health

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Table 1 | US actions directly harmful to global health taken under President Donald Trump since January 2025*

Date	Action	Actual and predicted effects
Foreign policy		
20 Jan 2025	Executive Order 14155: Announces US withdrawal from WHO	Termination of funding for WHO with significant consequences for WHO programmes and healthcare financing, especially in Africa. Halting of all influenza virus sharing with the global influenza surveillance network, undermining influenza pandemic preparedness
20 Jan 2025	Executive Order 14169: Freezes funding for PEPFAR, USAID, and CDC programmes	Immediate reductions in HIV testing and treatment services and increased risk of long term disruptions Deaths of hundreds of thousands of people who were reliant on treatments and services related to HIV/AIDS, malaria, tuberculosis, pneumonia and other diseases previously supported by USAID. Increasing HIV infections and HIV related deaths by millions by 2030† An additional million deaths a year from malaria by 2030†
1 May 2025	Secretary of state announces stop to funding for UN Population Fund	Severe disruptions to maternal healthcare systems in crisis affected regions, including Afghanistan, Gaza, Haiti, Sudan and Yemen†
25 Jun 25	Secretary of health and human services announces end to US funding for Gavi, the Vaccine Alliance	Loss of access to routine vaccinations for tens of millions of children and, as a result, more than a million deaths of children by 2030†
7 Jan 26	Presidential memorandum stops funding for 31 UN agencies, including UN Women	Closure of many organisations providing sexual rights and reproductive health services in countries with humanitarian crises† Surge in gender based violence because of closure of safe spaces for those seeking refuge from violence†
Domestic policy		
5 Aug 25	Secretary of health and human services winds down all US government funding for mRNA vaccine research and development	Stops the development of mRNA vaccines targeting major forms of cancer, which could prevent thousands of deaths in the US, as well as other vaccines targeting infectious diseases such as influenza
18 Sep 2025	Department of State announces America First global health strategy	Coerces low and middle income countries to negotiate bilateral deals with the US in exchange for financial aid, in turn, undermining multilateral and regional initiatives, including the Pandemic Agreement that prioritize local population health needs and equitable access to essential medicines.
13 Nov 2025	US National Institutes of Health calls for reduced pandemic preparedness	Limits all research and development of medical countermeasures for pathogens with pandemic potential, jeopardising US and global preparedness for future infectious disease outbreaks, epidemics, and pandemics
6 Jan 26	US Centers for Disease Control and Prevention scales back childhood vaccination schedule	Resurgence of vaccine preventable diseases, such as measles because of reduced uptake of childhood vaccinations† Spillovers into neighbouring countries, such as measles outbreak in Mexico following spike in US cases

* Many other actions of the Trump administration are potentially harmful to global health, but the table focuses on those most directly related.

† Based on modelling and other studies that predict adverse outcomes in the coming years.