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**EDITORIAL ANALYSIS**

# America Leaves Again — What the US WHO Withdrawal Means for Global Health

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GS2

GS3



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MAINS RELEVANCE:

GS Paper 2

GS Paper 3



## INTERVIEW ANGLE

*"The US has withdrawn from the WHO for the second time. What does this pattern of US withdrawal from multilateral institutions mean for India's role in global governance? Should India increase its WHO engagement and funding to fill the vacuum?"*

## WHY IN NEWS

The United States officially withdrew from the World Health Organization (WHO) on January 22, 2026 — the second such withdrawal in less than a decade. The US contributes approximately 15-18% of WHO's budget. The move follows similar US exits from UNESCO, the Paris Climate Agreement (twice), and the UN Human Rights Council — raising systemic questions about multilateral governance in an era of great-power unilateralism.

## A PATTERN, NOT AN ANOMALY

The 2026 US withdrawal from WHO is not an isolated incident — it is the latest episode in a pattern of selective US disengagement from multilateral institutions. The pattern has a consistent logic: when the US perceives an institution as not serving its interests, or as being insufficiently deferential to US preferences, it withdraws.

### The withdrawal record:

Institution	US Exit	Rejoined	Exit again
UNESCO	1984 (Reagan); 2017 (Trump-1)	2003 (Bush); 2023 (Biden)	Under review 2026
Paris Climate Agreement	2017 (Trump-1)	2021 (Biden)	2025 (Trump-2)
UN Human Rights Council	2018 (Trump-1)	2021 (Biden)	Under review 2026
WHO	2020 (Trump-1, notice)	2021 (Biden)	<b>2026 (Trump-2)</b>
Trans-Pacific Partnership (TPP)	2017 (Trump-1)	Never rejoined	Remained out
JCPOA (Iran Nuclear Deal)	2018 (Trump-1)	Renegotiation stalled	2025 collapse

**The pattern reveals a structural tension** in American foreign policy between **multilateralism** (rules-based international order that benefits all states) and **unilateralism** (transactional bargaining where the US uses its power to secure bilateral advantages). The tension predates Trump — it was visible in US resistance to the ICC (International Criminal Court), which the US has never ratified.

## WHAT DOES WHO ACTUALLY DO?

Before assessing the impact of the US withdrawal, it is worth understanding WHO's functions that are at stake:

### Core functions:

**Disease surveillance:** WHO's Global Outbreak Alert and Response Network (GOARN) provides the early warning system for pandemic threats — the COVID-19 PHEIC (Public Health Emergency of International Concern) was declared on January 30, 2020

**International Health Regulations (IHR) 2005:** Legally binding framework requiring 194 member states to report disease outbreaks and maintain core health capacities; US withdrawal removes the world's largest economy from this treaty obligation

**Vaccination programmes:** WHO's Expanded Programme on Immunisation (EPI); GAVI (Vaccine Alliance, co-sponsored by WHO)

**Essential medicines:** WHO's Model List of Essential Medicines guides procurement by national health systems including India's NLEM (National List of Essential Medicines)

**Emergency response:** WHO deploys health workers and supplies to disease outbreaks, natural disasters, and conflict zones (Gaza, Sudan, Ukraine)

### The funding reality:

**US assessed contribution (mandatory):** ~\$60 million/year (based on GDP formula)

**US voluntary contributions:** ~\$600–800 million/year (specific programme funding)

**Total US contribution:** ~\$800–860 million/year = **15–18% of WHO's ~\$5 billion biennial budget**

Losing the US contribution is not merely a budget cut — it will specifically affect the **voluntary contribution-funded programmes** (polio eradication, HIV/AIDS, tuberculosis, malaria — many of which are also supported by the Gates Foundation and GAVI, which have independent funding).

## THE ARGUMENT FOR THE WITHDRAWAL — ON ITS OWN TERMS

One must engage with the US administration's argument seriously:

### Cited reasons:

WHO's handling of COVID-19 — specifically, alleged delay in declaring the PHEIC, deference to China's objections, and failure to investigate the Wuhan lab-leak hypothesis

WHO's "political" decision-making favouring China over transparent science

Structural WHO governance failures — the Director-General is elected by member states, creating political dynamics where large donors (China, EU, GAVI) exert disproportionate influence

**The institutional critique has merit:** WHO's response to COVID-19 was genuinely flawed — the PHEIC declaration came after weeks of deliberation during which China reported limited human-to-human transmission data; IHR allowed China to refuse early WHO missions to Wuhan. These are structural governance problems with the IHR framework, not merely political grievances.

**However, the response of withdrawal is counterproductive:** The US exit reduces the incentive for WHO to reform — external pressure from the world's largest economy was WHO's primary accountability mechanism. Withdrawal removes US influence from the table entirely, allowing the remaining member states (including China) to reshape WHO's mandate without American input.

## WHAT THIS MEANS FOR INDIA

India has a complex and consequential relationship with WHO:

### India as WHO stakeholder:

India is WHO's **South-East Asia Regional Office (SEARO)** regional headquarters — New Delhi hosts SEARO

India is WHO's largest contributor from the Global South after China

India's polio eradication (declared polio-free 2014) was WHO-certified; India's Pulse Polio Programme was WHO-supported

India's NLEM is directly influenced by WHO's Essential Medicines List

India chairs SEARO and participates in WHO Executive Board decisions

**The vacuum opportunity:** US withdrawal creates space for India to increase its WHO engagement — both financially and in governance. A voluntary contribution increase (even \$50–100 million/year) would significantly enhance India's standing in WHO's governance structure and give India greater influence over programme priorities.

**India's strategic interest:** India benefits from a strong WHO — pandemic early warning systems protect India's 1.4 billion people; WHO-certified supply chains for vaccines and medicines legitimise India's pharmaceutical exports (India supplies 60% of WHO's vaccine procurement, worth USD 700 million annually); WHO's imprimatur on India's traditional medicine (AYUSH — WHO traditional medicine strategy) is strategically valuable.

**The reform argument:** India should use the US withdrawal as an opportunity to champion WHO reform — governance transparency, improved IHR enforcement mechanisms, independent scientific panels for pandemic investigations — and position India as a constructive multilateralist that fills the governance vacuum the US has vacated.

## INDIA'S MOMENT IN GLOBAL HEALTH GOVERNANCE

India's pandemic diplomacy during COVID-19 — Vaccine Maitri (donating/supplying COVID-19 vaccines to 100+ countries), hosting the COVAX programme's largest supplier (Serum Institute of India), and leading the TRIPS waiver campaign at WTO — established India as a global health leader.

The US WHO withdrawal creates a structural opportunity for India to institutionalise this leadership: by increasing WHO contributions, taking on larger programmatic responsibilities, and using India's manufacturing capability and generic medicine capacity as a public good for the Global South.

India's **One Health** framework (ICAR, ICMR, Ministry of Environment + Ministry of Health joint platform) for zoonotic disease prevention is WHO-compatible and can be offered as a model for developing countries.

## UPSC RELEVANCE

*WHO established 1948 (Geneva); IHR 2005 (legally binding, 194 member states); PHEIC (Public Health Emergency of International Concern); COVID declared PHEIC January 30, 2020); GOARN (Global Outbreak Alert and Response Network); India declared polio-free: 2014; India's SEARO HQ: New Delhi; GAVI (Vaccine Alliance); India's vaccine exports (60% WHO procurement); US contributions ~15-18% of WHO budget; UNESCO; Paris Agreement (2015); JCPOA.*

*Multilateralism and its challenges; India's role in global governance; WHO governance – Director-General election, IHR limitations; US withdrawal from multilateral institutions – pattern and implications; India's global health diplomacy (Vaccine Maitri, TRIPS waiver, Serum Institute). **GS-3:** WHO and India's pharmaceutical sector (NLEM, vaccine supply); One Health framework; pandemic preparedness – IHR reform needs; COVAX and equitable vaccine access; generic medicines and TRIPS flexibilities.*

## ★ FACTS CORNER — KNOWLEDGEPEDIA

### US WHO WITHDRAWAL:

Effective date: **January 22, 2026** (2nd withdrawal)

1st withdrawal: Trump-1 term (2020 notice); rejoined under Biden **2021**

US budget share: **15–18%** of WHO's ~\$5 billion biennial budget

Assessed contribution: ~\$60 mn/year; Voluntary: ~\$600-800 mn/year

### WHO BASICS:

Full form: World Health Organization

Founded: **1948** (replaced League of Nations Health Organization)

HQ: **Geneva, Switzerland** | India SEARO HQ: **New Delhi**

Members: **194** (includes Taiwan as observer)

Primary law: **IHR 2005** (International Health Regulations)

PHEIC: Public Health Emergency of International Concern (COVID-19: **January 30, 2020**)

### WHO KEY PROGRAMMES:

GOARN: Global Outbreak Alert and Response Network

EPI: Expanded Programme on Immunisation

GAVI: Vaccine Alliance (WHO + UNICEF + World Bank + Gates Foundation)

Essential Medicines List: Model for India's NLEM (National List of Essential Medicines)

### INDIA AND WHO:

India polio-free declared: **2014** (WHO-certified)

India supplies: ~**60%** of WHO's vaccine procurement (~USD 700 million)

SEARO (South-East Asia Regional Office): HQ at **New Delhi**

India's AYUSH: WHO Traditional Medicine Strategy 2019-2025 supports India's traditional medicine

### US WITHDRAWAL PATTERN:

UNESCO: 1984 + 2017 (both Republican; rejoined 2003 + 2023 under Democrats)

Paris Agreement: 2017 + 2025 (Trump-1 + Trump-2)

UNHRC: 2018; rejoined 2021; review 2026

ICC: USA never ratified the Rome Statute (1998)

### OTHER RELEVANT FACTS:

COVAX: COVID-19 Vaccines Global Access facility — WHO + GAVI + CEPI; India's Serum Institute = largest supplier

Vaccine Maitri: India's vaccine diplomacy (2021); donated/supplied vaccines to 100+ countries

TRIPS Waiver: India + South Africa co-sponsored WTO TRIPS waiver proposal (2020) for COVID-19 vaccines; partial waiver agreed June 2022

One Health: Integrated human-animal-environment health approach; India's ICAR-ICMR-MoEFCC framework

DG of WHO: Tedros Adhanom Ghebreyesus (Ethiopia; 2017-present; first African DG)

Sources: Indian Express, WHO, PIB



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