



By: Gordon Brown

America is not immune to another COVID-style calamity



While the COVID-19 pandemic is firmly in the past for many Americans, US households continue to bear the costs of infectious-disease outbreaks.

A few months ago, the price of eggs in the United States soared to a **record** high, largely owing to the spread of H5N1 bird flu. Since March 2024, the virus has ravaged US chicken farms, leading to tens of millions of poultry **deaths** from infection or culling.

More ominously, at least 70 human **cases** of bird flu have been identified in the US, with one death reported in Louisiana.

In a recent **report** about enhancing the response to H5N1 in America and globally, the Global Virus Network, a consortium of the world's top virologists, warned of "the terrible consequences of underreacting to current threats."

But while bird flu poses the most immediate risk to Americans, it is by no means the only one.

Virulent infectious-disease outbreaks in other countries, such as mpox in the Democratic Republic of the Congo, Ebola in Uganda, Marburg in Tanzania, and multi-country outbreaks of **cholera**, do not respect borders, and thus are a threat to people everywhere – including in the US.

Without the efforts of the World Health Organization to contain these outbreaks, the risks of wider transmission would be much greater.

This underscores the need for a global agency like the WHO to supervise cross-border cooperation – and the shortsightedness of President Donald Trump's decision to withdraw the US from the organization.

America is not immune to another COVID-style calamity

Despite being the world's richest and most

powerful country, America is not immune to another COVID-style calamity, and abandoning multilateralism and neglecting pandemic preparedness (such as the stockpiling of treatments and vaccines) will make it all the more vulnerable.

One might think that the deadly spread of COVID-19, prolonged by the emergence of new virus strains, would convince policymakers to strengthen the world's public-health architecture – especially as experts warn that future pandemics could be even worse.

But with other leaders **indicating** that they may follow Trump's example and leave the WHO, the resources for pandemic prevention and control could dwindle to the point that global outbreaks become more frequent and difficult to overcome.

If Trump follows through with the move, his administration will become increasingly isolated and impotent.

American officials, including at US military installations abroad, will lose access to the WHO-led and -facilitated global networks that collect and share information about infectious-disease threats and respond to outbreaks.

Moreover, the US government will have no say in developing new solutions (which will almost invariably be less effective) for controlling the spread of diseases across borders – including its own.

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Trump has **suggested** that he may change his mind, presumably if the grievances set out in his executive order to withdraw the US from the organization are addressed.

This implies that the WHO should apply pressure on China to identify the pandemic's origins.

WHO Director-General Tedros Adhanom Ghebreyesus, for his part, has refused to accept the Chinese government's prevarications. If Trump can propose a way to determine the cause of COVID-19, I am sure that the WHO's leadership would gladly hear it.

Trump's second condition is that the WHO undertake reforms and use its resources more effectively at the local level, with a greater focus on stopping the spread of infectious diseases. This is a demand that can and should be met.

To that end, Tedros has already promised more targeted use of funds and implemented other measures to transform the organization.

In addition, under Tedros, the WHO has transformed the way it raises funds. Its member states have sharply **increased** their annual contributions, and it has **diversified** its donor base to share the funding load more widely.

This is all part of the WHO's drive to be more sustainably financed, a plan launched as part of Tedros's effort to transform the organization's operations after he took office in 2017.

Back then, he and member states assessed that the departure of a major donor could leave the WHO's programs and independence vulnerable to funding shocks. Who knew it would be the US.

But, had those changes not been made, we can only imagine how much more challenging the WHO's current financial **situation** would be.

The Trump administration should welcome these changes, not least because it benefits from having a seat at the table.

If the US ultimately abandons the WHO, developing evidence-based guidance and regulations for chronic-disease prevention and management will be significantly harder, undermining the administration's **goal** of addressing America's chronic-disease epidemic.

The US will be left watching from the sidelines

The US will also no longer be a part of the WHO's medicine prequalification process, a program that opens a host of new markets for drug producers in a cost-effective manner.

Instead, US pharmaceutical companies will be forced to sell their prequalified products to each country individually, putting them at risk of losing access to highly profitable multibillion dollar markets.



Withdrawing from the WHO places America on the outside, unable to shape the agency's policy agenda and reforms - Gordon Brown

Twenty-first-century trends – including more mobility and international travel, greater urbanization, and increasing human encroachment on nature – fuel the global spread of infectious diseases, to the detriment of everyone.

US officials would be better positioned to protect their citizens if they joined – and perhaps even led – a discussion on how the WHO and other global health organizations, such as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, can meet the world's needs.

One such initiative, in which the US had been a strong partner until Trump took office, was to negotiate a WHO Pandemic **Agreement**, which WHO member states adopted by consensus at the World Health Assembly on May 20.

This historic compact, based on the principles

of equity, collaboration, and the reaffirmation of national sovereignty in public-health decision-making, will make the world safer from future pandemics.

The US, bolstered by its world-class medical professionals and substantial public investment in medical research, has long exerted considerable influence on global health priorities.

But withdrawing from the WHO places America on the outside, unable to shape the agency's policy agenda and reforms.

When the next pandemic strikes, the US will be left watching from the sidelines, as the WHO and its remaining member countries manage the global response and pick up the pieces as they see fit.

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