

The America First Global Health Strategy: Leaving America Behind in Global Health Governance

Benjamin Mason Meier, Athena Madan, Michele Barry & Keith Martin
on behalf of the Consortium of Universities for Global Health, Committee on Advocacy, Policy & Communications

The United States has long been central to global health governance, exercising public health influence throughout the world. However, the second Trump administration has shaken the foundations of U.S. leadership in global health, retreating from multilateral engagement and long-standing commitments. This rapid withdrawal has disrupted critical programs across a range of health challenges and placed millions at risk. Framing future U.S. engagement in global health, the U.S. State Department has released the “America First Global Health Strategy,” narrowing health assistance to initiatives that directly advance U.S. priorities, shifting engagement toward short-term bilateral agreements, and proposing further reductions in U.S. health assistance in the years to come. This commentary examines the ongoing decline of U.S. global health leadership, authority, and financing, analyzing how these sweeping U.S. policy shifts undermine health science, foreign assistance, and global governance.

Longstanding U.S. Leadership in Global Health

Foundational to the global health architecture under the United Nations (UN), the United States was a crucial leader in the development of the World Health Organization (WHO), framing multilateral efforts to rebuild health systems following World War II. Beyond this global influence under WHO, U.S. foreign assistance became an anchor of American “soft power” – furthering U.S. global health leadership through bilateral efforts to prevent disease and promote health.¹ The establishment of the United States Agency for International Development (USAID) in 1961 galvanized U.S. foreign assistance for health across low-and middle-income countries.²

Through these developments, the United States did not merely participate in global health institutions, but helped define their norms, priorities, and initiatives, embedding scientific expertise, humanitarian commitments, and unrivaled financing as pillars of the postwar global health order.

By the turn of the century, global health had become explicit in U.S. policy, as the United States had become central to global health.³ The United States provided critical support to establish new institutions: Gavi, the Vaccine Alliance in 2000; the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002; and the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003.⁴ These global governance institutions, operating alongside USAID health assistance, positioned the United States as the leading authority in global health, shaping the modern era of global health cooperation; however, the 2016 election of President Trump began to unravel U.S. engagement in international affairs, setting the United States on a nationalist path that has proven detrimental to global health.

Nationalist Agendas Reshape U.S. Global Health Policy

Seeking an “America First” agenda, the first Trump administration rejected multilateral governance by defunding, disengaging, or withdrawing from UN institutions and undermining international efforts to respond to global challenges. These disruptions proved disastrous in the COVID-19 response, as the administration downplayed the health threat, instituted discriminatory travel bans, and withdrew from WHO governance.⁵ With the COVID-19 pandemic exposing the weaknesses of nationalism in global health, the 2020 election led to the rapid reversal of these U.S. policy shifts, as the Biden administration sought to reestablish the United States as a global health leader. Yet, the re-election of President Trump in 2024 has returned the United States to a path of populist nationalism that now poses an existential threat to global health.⁶

The early days of the second Trump administration have intensified nationalist ideology as the foundation of foreign policy, with the retreat of U.S. global health leadership driven by attacks on public health science, abandonment of U.S. foreign assistance, and threats to global health governance.

Beyond the first Trump administration, the second administration seeks not only to disengage from global collaborations, but also to abandon government responsibility for public health. The administration rapidly dissolved USAID, under the guise of promoting “efficiency” and reducing “fraud,” halting thousands of lifesaving humanitarian initiatives and leading to widespread suffering and preventable death.⁷ Further undermining American health leadership, the administration has challenged evidence-based public health by limiting CDC authority, censoring health information, and threatening university research. Rejecting global governance, President Trump has withdrawn again from WHO,

cut funding across UN agencies, and hollowed out multilateral partnerships – blocking international consensus to address transnational threats.

New Strategy to Frames Continuing U.S. Engagement

The America First Global Health Strategy frames this new nationalist agenda, seeking to “prioritize the interests of Americans” while purporting to shift from foreign assistance toward “local ownership.”⁸ Denouncing U.S. foreign assistance as a “deeply broken” system that has established a “culture of dependency among recipient countries,” this State Department Strategy, developed without input from the Department of Health and Human Services (HHS), looks to justify further cuts to global health spending and narrow U.S. approaches to global health through a focus on:

- “Making America Safer” – increasing disease surveillance and outbreak containment to prevent disease outbreaks from “reaching our shores or harming American citizens abroad.”
- “Making America Stronger” – prioritizing “government-to-government” bilateral agreements to blunt Chinese influence, require co-investment from recipients, and ensure U.S. economic benefits.
- “Making America More Prosperous” – preventing outbreaks that disrupt the American economy and promoting biomedical products that support American companies.⁹

The State Department foresees the rapid completion of Memorandums of Understanding (MOUs) with every recipient country, conditioning assistance on U.S. benefits and including performance benchmarks to ensure accountability to the U.S. government. With an explicit goal to significantly reduce all non-frontline investments, these shifts in foreign assistance for health are feared to decrease the effectiveness of health systems and are projected to lead to the deaths of millions throughout the world.¹⁰

Challenges Ahead for Global Health

U.S. leadership in global health is rapidly eroding, denying the U.S. government the collaborations to protect public health, the resources to strengthen diplomatic influence, and the authority to set the global health agenda. Yet even as global health governance is increasingly fragmented, weakening multilateral initiatives that once advanced U.S. priorities and saved lives, global governance endures – to the exclusion of the United States. At this existential crossroads for global health,

advocates throughout the world must seize this moment to uphold global solidarity as a foundation for a healthier future.

References

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