



EDITORIAL

# With the United States on Pause, What's the Role of Europe in a Redefined World of Global Health

Jirair Ratevosian <sup>1</sup> and Charles Holmes <sup>2</sup>

<sup>1</sup> Duke Global Health Institute, Durham, NC

<sup>2</sup> Center for Innovation in Global Health,  
Georgetown University, Washington, DC



OPEN ACCESS

**PUBLISHED**

31 July 2025

**CITATION**

Ratevosian, J., and Holmes, C., 2025. With the United States on Pause, What's the Role of Europe in a Redefined World of Global Health. Medical Research Archives, [online] 13(7).  
<https://doi.org/10.18103/mra.v13i7.6742>

**COPYRIGHT**

© 2025 European Society of Medicine. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**DOI**

<https://doi.org/10.18103/mra.v13i7.6742>

**ISSN**

2375-1924

## ABSTRACT

The erosion of U.S. leadership in global health—marked most visibly by uncertainty around its flagship initiative (PEPFAR)—has created a leadership vacuum with far-reaching implications. This editorial argues that Europe, through its support of multilateral institutions, strategic financing tools, and growing commitment to equitable health systems, is uniquely positioned to make greater contributions. It also highlights the leadership of African governments and regional actors, and the growing regional vision of health and renewed partnership. It further emphasizes the importance of sustainable financing models and the opportunity for Europe to grow its role as an innovator and modern partner in global health. Drawing from recent actions by the EU, Germany, France, and the UK, we call for a redefined global health agenda grounded in partnership, solidarity, and long-term resilience.

## Editorial

For two decades, the United States served as the chief architect of global HIV/AIDS cooperation and support. It launched the President's Emergency Plan for AIDS Relief (PEPFAR), the largest commitment by any nation to combat a single disease and became the leading donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria—institutions that transformed the trajectory of the HIV epidemic and helped cut malaria deaths in half.<sup>1</sup> The U.S. also played a central role in efforts to eradicate polio, expand access to childhood immunizations, and respond to global health emergencies. More recently, in the wake of COVID-19, the United States helped establish the Pandemic Fund—an innovative financing mechanism to support low- and middle-income countries in preparing for future outbreaks.<sup>2</sup> Through these efforts, the U.S. helped save millions of lives, stabilize fragile regions, and define the gold standard for values-driven foreign assistance.

That legacy is now unraveling. Just five months into a second Donald Trump administration, the United States has withdrawn from the World Health Organization (WHO), frozen billions in foreign aid, gutted the former U.S. Agency for International Development (USAID)'s infrastructure without a credible replacement plan, and proposed deep cuts to global health and humanitarian programs.<sup>3</sup> In parallel, massive reductions to federally funded research have sent shockwaves through U.S. academic institutions—hollowing out scientific teams, disrupting global collaboration, and prompting a growing exodus of researchers seeking more stable opportunities abroad.<sup>4</sup> The early actions of the new administration have left critical pandemic preparedness efforts, vaccine development pipelines, and cross-border coordination hanging in the balance. These are not routine policy shifts—they are a calculated dismantling of the global health architecture the U.S. once helped to lead.

America's flagship bilateral health program—PEPFAR—has not been spared from broader political turmoil.<sup>5</sup> Once hailed as a rare example of bipartisan success, the program now finds itself in limbo. Earlier this year, Congress failed to reauthorize PEPFAR for the first time in its 22-year history.<sup>6</sup> Since returning to office, the Trump administration has further undermined the program: freezing disbursements, proposing deep budget cuts, and signaling an intent to shift its mission away from public health and toward ideological priorities. Distribution networks have stalled, community partners report clinic closures, and life-saving medications are stuck in limbo.<sup>7</sup> While the worst-case scenarios have so far been narrowly avoided, the road ahead is neither stable nor assured—it is deeply fraught with political risk and operational uncertainty.

In the face of waning donor support and rising global instability, many African governments are stepping up—not only to protect hard-won health gains, but to reimagine a more sovereign, sustainable future for public health.<sup>8</sup> Across the continent, national leaders are taking stock and navigating the destabilizing effects of precipitous and irresponsible donor withdrawals that

have imperiled TB, HIV, malaria and maternal newborn child health services, undermined prevention efforts, and disrupted primary health delivery.

Countries are asserting agency: a convening earlier this year of 11 African countries showed how leaders are seizing this moment to reorient health systems—not simply to survive donor retrenchment, but to thrive beyond it.<sup>9</sup> Countries are pivoting toward greater integration of their health systems, embracing innovations like digital health and artificial intelligence and examining options such as social contracting and private sector healthcare delivery to safeguard essential prevention tools for priority populations.<sup>10</sup>

Bolstering these country-led reforms is the Africa CDC's ambitious continental financing blueprint.<sup>11</sup> As official development assistance plummets in recent years, Africa CDC is catalyzing a shift toward domestic resource mobilization and innovative financing. From solidarity levies on airline tickets and imports to expanding community health insurance and blended capital for infrastructure and local manufacturing, the plan seeks to reclaim health sovereignty while building resilience.

Still, the road ahead will be steep. Health worker shortages, chronic underinvestment, global supply chain dependencies and volatile epidemics remain profound challenges. Yet across dialogues and planning forums, it is increasingly clear that African leaders are not waiting for rescue—they are moving ahead with plans to reconfigure systems, shore up domestic resources, and safeguard progress. What lies ahead is not isolation, but a reshaping of partnership: one that is more accountable to national strategies, better aligned with long-term priorities, and built on mutual responsibility rather than dependency.

## Enter Europe

As the United States backpedals on its commitments and African governments redefine their approaches, Europe faces a defining moment to shape the future of global health cooperation. The unraveling of U.S. leadership in global health is a call to action. European donors, long reliable but often deferential to American leadership, now find themselves at the forefront by necessity, not design. Fortunately, Europe is not starting from zero. Countries across the continent have long served as foundational supporters of multilateral institutions like WHO, Gavi, The Vaccine Alliance, and the Global Fund. France's leadership in UNITAID continues to drive access to medicines and diagnostics. The European Union and its member states have steadily expanded their global health footprint through financial contributions and technical leadership—especially when U.S. engagement has faltered.

In just the past two months, that leadership has become more visible and more strategic. In early 2025, the European Commission reaffirmed its commitment by co-hosting Gavi's High-Level Pledging Summit in Brussels and pledging €260 million toward the 2026–2027 funding period.<sup>12</sup> Germany and France reaffirmed their top-tier funding for WHO in early 2025, signaling continuity and resolve in the face of U.S. withdrawal.<sup>13</sup>

The United Kingdom, despite domestic political volatility, has remained a critical contributor to Gavi and is currently co-hosting the Eighth Replenishment of the Global Fund with South Africa.<sup>14</sup> Launched in early 2025, the effort seeks to mobilize \$18 billion to sustain gains against HIV, TB, and malaria, while investing in stronger health systems and pandemic preparedness. For two decades, PEPFAR and the Global Fund have operated as complementary anchors of the global HIV response. With U.S. engagement now on uncertain footing, Europe has an opportunity—not to replace PEPFAR, but to reinforce the Global Fund's capacity to support countries transition to sustainable, nationally integrated HIV programs.

Europe, for its part, is also demonstrating global leadership in innovative financing—offering tools that could match well with Africa's new health financing strategies. The European Investment Bank (EIB), for example, has increasingly deployed blended finance instruments and concessional capital to crowd in private sector investment in health infrastructure, supply chains, and local manufacturing. Recent EIB investments in mRNA vaccine production in Africa and health-focused impact funds in the Sahel illustrate how catalytic capital can de-risk markets, strengthen systems, and accelerate access to essential technologies.

These tools are well-suited to the current moment. As African governments integrate HIV services into broader Universal Health Care and health security agendas, there is growing need for flexible, aligned investment that supports country-led delivery models and public goods. A targeted expansion of European financing to strengthen primary care platforms, health worker systems, and new innovations like long-acting HIV prevention products could reinforce this shift—advancing equity, health sovereignty, and economic resilience. This is not a question of whether Europe can help, but how

quickly it can define itself as the innovator and partner this moment demands.

Beyond governments, Europe's philanthropic and private sector actors are increasingly stepping into global health leadership roles. Institutions like the Wellcome Trust and the Novo Nordisk Foundation, with their significant endowments and strong track records, are already shaping innovation in areas ranging from epidemic preparedness to chronic disease.<sup>15</sup> These actors are well-positioned to amplify impact and drive progress while aligning philanthropic vision to multilateral goals.

Taken together, these moves reflect a proactive intent to reinforce the global health actors under threat. At the same time, they are also targeted at U.S.-based scientists involved in global health. The European Commission and several member states launched the Choose Europe for Science initiative, pledging €500 million to attract U.S.-based researchers impacted by federal research cuts.<sup>16</sup>

The future of global health will not be determined by any single government or institution—it will depend on how the international community responds to this moment of disruption. The U.S. retreat has shaken the foundation of the global health order it once helped build. But it has also created space for others to lead differently. National governments across Africa are asserting greater ownership—stepping up domestic financing, shaping regional priorities, and demanding a more equal voice in how global health is governed. Europe, with its deep commitment to multilateralism, public goods, and equity, is well-positioned to redouble its investments and redefine what global health leadership and partnership look like in the 21st century.

The United States may one day return to the global health stage with renewed purpose—but the world cannot wait.

## References

1. The Global Fund. (2025). Core 2025 Investment Case: Strengthening health systems, pandemic preparedness, and global security [PDF]. Retrieved from The Global Fund website: [https://www.theglobalfund.org/media/t1qnxags/core\\_2025-investment-case\\_report\\_en.pdf](https://www.theglobalfund.org/media/t1qnxags/core_2025-investment-case_report_en.pdf)
2. World Bank. (2024, October 31). Pandemic Fund raises US \$982 million in new commitments from governments — and an additional US \$1.8 billion in co-financing. World Bank. Retrieved from <https://www.worldbank.org/en/news/press-release/2024/10/31/pandemic-fund-raises-us-982-million-in-new-commitments-from-governments-and-an-additional-us-1-8-billion-in-co-financing>
3. The White House. (2025, January 20). *Withdrawing the United States from the World Health Organization* (Exec. Order No. 14155). Retrieved from White House website
4. Gallagher, M. (2025, May 25). Scientists have lost their jobs or grants in US cuts. Foreign universities want to hire them. AP News. <https://apnews.com/article/trump-research-funding-cuts-brain-drain-f1ac9fe5c8a90f5d5ec9b2726475e10e>
5. Ratevosian, Jirair et al. "PEPFAR under review: what's at stake for PEPFAR's future." *Lancet* (London, England) vol. 405,10479 (2025): 603-605. doi:10.1016/S0140-6736(25)00258-2
6. Think Global Health. (2025, March 28). *PEPFAR misses reauthorization deadline and U.S. global health leadership in jeopardy*. Council on Foreign Relations. <https://www.thinkglobalhealth.org/newsletter/friday-28-mar-2025>
7. Kaiser Family Foundation. "The Trump Administration's Foreign Aid Review: Status of PEPFAR." Fact sheet, June 10, 2025. KFF. <https://www.kff.org/global-health-policy/fact-sheet/the-trump-administrations-foreign-aid-review-status-of-pepfar/>
8. Chola, Mumbi et al. "Africa's defining moment: the time to lead the HIV response is now." *The Lancet. Global health* vol. 13,5 (2025): e801-e802. doi:10.1016/S2214-109X(25)00102-0
9. Strengthening National Leadership for Sustainable HIV Programs: A Policy Brief for Government Leaders. Available at: <https://www.blantyrepreventionstrategy.com/national-leadership-for-sustainable-hiv-programs/a-policy-brief>
10. Matanje B, Masha RL, Rwibasira G, Ngure K, Yahaya HB, Anam FR, Chola M, Subedar H, Chunda L, Holmes CB. The global HIV response at a crossroads: protecting gains and advancing sustainability amid funding disruptions. *Lancet HIV*. 2025 May 9:S2352-3018(25)00106-7. doi: 10.1016/S2352-3018(25)00106-7. Epub ahead of print. PMID: 40354797.
11. Africa CDC. Africa's Health Financing in a New Era. Available at: <https://africacdc.org/download/africas-health-financing-in-a-new-era-april-2025/>
12. European Commission. "European Commission Pledges €260 Million to Gavi for 2026–2027 and over €200 Million in Additional Humanitarian Aid." Last modified September 29, 2024. [https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/news/european-commission-pledges-eu260-million-gavi-2026-2027-and-over-eu200-million-additional-2024-09-29\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/news/european-commission-pledges-eu260-million-gavi-2026-2027-and-over-eu200-million-additional-2024-09-29_en)
13. World Health Organization. "Global Leaders Reaffirm Commitment to WHO with at Least US\$210 Million Raised at World Health Assembly 2025 Pledging Event." News release, May 20, 2025. <https://www.who.int/news/item/20-05-2025-global-leaders-reaffirm-commitment-to-who>.
14. Chadwick, Vince. "Global Fund Launches \$18 B Replenishment in Tough Fundraising Landscape." Devex, February 18, 2025.
15. Røttingen, John-Arne. "Global Health Can't Run on Charity — Now Is the Time for Reform." Devex, May 29, 2025. <https://www.devex.com/news/opinion-global-health-can-t-run-on-charity-now-is-the-time-for-reform-110176>.
16. European Commission. (2025, May 23). Choose Europe for Science: EU comes together to attract top research talent. [https://research-and-innovation.ec.europa.eu/news/all-research-and-innovation-news/choose-europe-science-eu-comes-together-attract-top-research-talent-2025-05-23\\_en](https://research-and-innovation.ec.europa.eu/news/all-research-and-innovation-news/choose-europe-science-eu-comes-together-attract-top-research-talent-2025-05-23_en)