

IHP news 857 – AI Summary: Cold December Days

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Intro

This week's issue focuses on discussions and publications surrounding **World AIDS Day** (1 Dec), celebrated under the theme "Overcoming disruption, transforming the AIDS response". The newsletter highlights the worsening global polycrisis, making themes like "Equity in decline" feel urgent. Key events covered include the fourth meeting of the **Intergovernmental Working Group (IGWG) on the Pandemic Agreement** in Geneva (1-5 Dec) and the simultaneous announcement of WHO's first guideline on the use of **GLP-1 medicines** in treating obesity. Global health governance and financing reads feature heavily, including 're-imagining' global health and the release of the Gates Foundation's latest **Goalkeepers Report**, which urges leaders to target scarce resources effectively. The newsletter also flags the impending launch of the UHC Global Monitoring report 2025 and the **UHC High-Level Forum** in Tokyo, where the World Bank is promoting the mantra "Health Works".

Featured Articles

A Call to Action to Train Antimicrobial Stewardship Leaders to Combat AMR Globally, Especially in Resource-Limited Settings Like Sierra Leone

Antimicrobial resistance (AMR) is described as a current crisis, disproportionately claiming lives in sub-Saharan African (SSA) countries. In Sierra Leone, AMR mortality now exceeds that of HIV, tuberculosis, cardiovascular diseases, and maternal and neonatal deaths. The primary driver of AMR is the improper use of antimicrobial agents. A paradigm shift is necessary, moving away from an over-reliance on surveillance alone, which fails to address the root cause, towards prioritising **Antimicrobial Stewardship (AMS)** initiatives. Global efforts should focus on establishing national and facility-based AMS programmes, training healthcare professionals, and promoting research. SSA countries, in particular, struggle with financial constraints and limited diagnostic resources in this fight.

The Patchwork Workforce: Locum Doctors in Portugal

Locum doctors—defined as temporary staff providing short-term clinical services—are a common yet controversial feature of the Portuguese Serviço Nacional de Saúde (SNS). Often junior and unspecialised, they receive very high hourly wages. While convenient for addressing staff shortages, the use of locum doctors incurs higher costs and reduces continuity of care, as they seldom establish robust doctor-patient relationships or perform structured clinical handovers. Their unfamiliarity with local protocols also disrupts care and hinders long-term quality-improvement efforts. In Portugal, public discussion centres on the SNS's dependence on locums, inappropriate accountability mechanisms, and wage disparities between permanent and temporary staff.

Highlights of the week

World AIDS Day (1 Dec)

Reports highlight the devastating impact of slashed funding from the US, UK, and wider Europe on the fight against HIV, particularly in sub-Saharan Africa. These cuts could potentially lead to 3.3 million new HIV infections by 2030. Country-level reports reveal similar issues, with signs that new HIV cases or AIDS-related deaths are rising in some areas after years of decline. The WHO, marking World AIDS Day, called for the rapid expansion of access to new prevention tools, such as the highly effective twice-yearly injectable **lenacapavir (LEN)**, which it prequalified in October 2025. Integrating HIV services into primary health care (PHC) is emphasised as essential for ending the epidemic. UNAIDS states that despite dramatic funding setbacks, the global HIV response has gained momentum in 2025, but the overall response faces its most serious setback in decades due to funding cuts. UNICEF warned that shrinking funding threatens progress for children and adolescents living with HIV, potentially leading to millions of additional infections and deaths by 2040 if current coverage falls. Although the Trump administration affirms commitment to the "95-95-95" targets in its America First Global Health Strategy, experts suggest the pledge is hollow as the strategy fails to restore vital PEPFAR programs, such as outreach to vulnerable communities. The aspirational UNAIDS goal is for 20 million people in high-need populations to access long-acting HIV prevention medicines, including LEN, by 2030, a goal supported by recent agreements to produce generic versions for \$40 per person per year. Furthermore, a Lancet Global Health Series advocates shifting from fragmented, donor-led HIV programmes to nationally led, integrated health systems for sustainable prevention outcomes.

Gates Foundation annual Goalkeepers report

The 2025 Goalkeepers Report, titled *We Can't Stop at Almost*, warns that child deaths under the age of five are projected to rise for the first time this century, reversing decades of progress. This reversal is modelled by the Institute for Health Metrics and Evaluation (IHME) and is attributed to a sharp 26.9% decline in global development assistance for health compared to 2024 levels. The report cautions that persistent funding cuts could result in up to 16 million additional child deaths by 2045. To prevent this, the report provides a roadmap advocating for targeted investments in highly effective interventions. Specifically, strong primary health care systems are highlighted as being able to prevent up to 90% of child deaths for less than \$100 per person per year. The report stresses the economic return on investment, noting that every \$1 spent on vaccines yields \$54 in economic and social benefits.

Reimagining Global Health and Health Systems

The **Alliance for Health Policy and Systems Research** held a three-day expert meeting in Accra, Ghana, as part of its **Health Systems 2050 (HS2050)** initiative to explore how global trends will shape future health systems. An online consultation conducted before the meeting revealed that technological advances and economic shifts were seen as having the greatest impact on health systems' functioning, while transitions in social order were identified as potentially having a greater impact on equity and inclusivity. The consultation also exposed regional differences, such as climate change being viewed as a central operational threat in some regions but a more distant driver in others, reinforcing the need to explore **whose futures are being imagined** and who might be excluded from these visions. Participants repeatedly stressed that current disruptions, including the digital revolution, climate change, and geopolitical instability, are unfolding faster than health systems can adapt. While **Artificial Intelligence (AI)** garnered attention, participants emphasised that

climate change, insecurity, and geopolitical realignments will also be transformative, with some describing climate impacts as current lived realities rather than future risks. One specialist argued that the natural and built environment should be considered a "new building block of the health system". A key theme was the necessity of centring people and communities in defining future health systems, exploring concepts like intersectionality, exclusion, and **epistemic justice**.

Separately, the **Lancet Commission on Health Systems Performance Assessment** was announced, bringing together researchers and health leaders to examine the conceptual basis and empirical practicalities for performance assessment. The Commission's four-fold work plan includes revising the 2000 WHO health systems framework, proposing improved measurements of health system goals and functions, estimating performance for all systems with sufficient data, and deriving evidence-based insights on performance correlates. This reassessment is considered timely due to macro-trends like population ageing, the rise of non-communicable diseases (NCDs), pressure on government revenues, the potential impacts of climate change, and the fast development of AI tools in health.

More on Global Health Governance and Financing

There are significant concerns over the decline in global health funding. The Swedish government, breaking with past precedent, made **no pledges** at the latest replenishments for the WHO, Gavi, and the Global Fund, leading to concern among global health experts about its shift away from long-term commitments.

The new **U.S. America First Global Health Strategy** is seen as introducing risks that could threaten global health progress if not well managed, specifically due to its geopolitical emphasis and potential retreat from multilateralism. The strategy affirms the commitment to maintain funding for frontline health workers and commodities, including PEPFAR's provision of antiretroviral therapy to over 20 million people, for an initial 6-month bridge phase. Beyond this, the plan envisions multiyear, bilateral compacts with 71 supported countries, with the ambitious timeline of completing agreements by the end of December 2025 and beginning implementation in April 2026. Critics, like Andrew Harmer, argue that the strategy **fails the 'global health' test** because it is neither truly global nor focused on everyone's health.

The **World Health Organization (WHO)** is undergoing turmoil, partly driven by the US administration's rejection of its principles. The agency may have to shrink its operations and program scope, with some veterans questioning if it should continue providing on-the-ground emergency response rather than focusing on setting technical standards. The WHO Director-General, Tedros Adhanom Ghebreyesus, takes the view that field operations are only undertaken when other organisations leave gaps. Internal reforms may include a slimmer headquarters and regional offices, with more focus on country offices. The sudden collapse of funding "has cost and will cost many lives," according to the head of the Emergencies Programme. There are also proposals to reform the selection process for senior jobs, which are currently susceptible to political and potentially corrupt influences.

The **Gates Foundation** remains the world's largest funder of development, giving \$5.5 billion in 2023. Africa received the most philanthropic funding, with Kenya, Ethiopia, and India receiving the most support among countries.

Regarding health financing self-reliance in low- and middle-income countries (LMICs), experts highlight **four policy pitfalls** that are unacceptable despite declining donor support: shifting the financial burden to out-of-pocket payments, over-reliance on contributory health insurance schemes,

displacement of basic primary healthcare services, and abandoning community-based service delivery for facility-centric models. These choices ultimately erode health gains and exacerbate inequities. Furthermore, there is a proposal to **sunset UNAIDS in 2026** due to global aid funding cuts and UN restructuring. Experts suggest that while UNAIDS will eventually need to sunset, the process should be carefully planned over the next four years, allowing member states to reflect on the success of the UNAIDS model.

In the humanitarian sector, the sharp reduction in the global aid budget is leading to a drive for efficiency. Donors and operational actors are urged to adopt a different approach by designing **five-year, evidence-informed integrated plans** for protracted crises, which now constitute over 90% of humanitarian contexts.

In a positive development, **Morocco pledged US\$5 million to Gavi, the Vaccine Alliance**, marking its debut as a donor to global immunisation efforts and representing the largest pledge by a North African nation.

The WHO, in partnership with 42 African Member States, launched a landmark initiative to embed accountability for **Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)** in joint health operations. This effort builds on the WHO's PRSEAH Accountability Framework for Member States, which provides a voluntary framework for ministries of health to institutionalise safeguarding in joint operations with WHO. The framework goes further than existing global clauses by addressing sexual harassment alongside exploitation and abuse.

The Global Fund's meeting with Francophone African countries in Dakar focused on **Public Finance Management (PFM)**, highlighting the redefinition of health sovereignty. The success of this initiative is crucial for the Global Fund's discourse on "sovereignty". However, the message was clear that without transparency regarding budgets, accessible public audits, and informed parliamentary debates, the promise of health sovereignty risks remaining merely a slogan.

UHC & PHC

The **UHC High-Level Forum 2025** is taking place in Tokyo, co-hosted by the Government of Japan, the World Bank Group (WBG), and WHO. The Forum focuses on sustainable health financing, national ownership, and stronger collaboration between health and finance leaders. The WBG and partners are promoting a new initiative called **"Health Works"** to help countries expand access to better healthcare, aiming to boost human capital, create jobs, and drive economic growth. The initiative's goal is to help developing countries provide quality, affordable health services to 1.5 billion people by 2030.

WHO's updated **Global Health Expenditure Database (GHED)**, launched on 26 November, provides health expenditure data for over 190 Member States and territories from 2000–2023, offering detailed breakdowns across various health care functions, including primary health care (PHC).

The WHO is focusing on **disability inclusion and Universal Health Coverage (UHC)** for the International Day of Persons with Disabilities, calling for inclusive financing to make a real difference to the lives of persons with disabilities.

A supplement in *BMJ Global Health* focuses on the **Governance of the Private Health Sector**, arguing that the main question is whether governments have the governance capability to shape private sector involvement towards public goals. The WHO's work program on private sector engagement for UHC advocates for a fresh approach, building on a theory of change that uses **six key governance**

behaviours to align the private sector service delivery to public sector service delivery in mixed health systems. Effective stewardship, defined as the government's ability to direct, align, and hold diverse actors accountable in the public interest, is increasingly urgent given declining external financing and complex health systems.

Global Tax Justice & Debt crisis

Negotiations on the **UN tax convention** in Nairobi highlighted that the **Global South is in the driver's seat**, political decisions are needed, and there are dangers related to 'protocolization'. Civil society, organised as the Global Alliance for Tax Justice (GATJ), has developed a comprehensive proposal for a strong convention. The UN is moving towards flipping "**Rule 1**" of the global tax system, which currently allows multinational corporations to be taxed where they *say* their profits are, not where they *make* them, potentially ending the era of global tax abuse.

The latest rolling update of the **Tax Justice Network's Corporate Tax Haven Index** highlights how countries are offering an average **63% tax discount** to multinational corporations on profits generated from intellectual property (IP), through special tax rules known as "**patent box**" rules. This discount is proportionally equivalent to exempting workers from income tax for seven months of the year. Countries offering this discount lose at least US\$29 billion in tax revenue annually, while globally costing other countries US\$84 billion in tax losses due to abusive profit shifting by multinationals. The Tax Justice Network advocates for replacing the current "pay-where-you-say" approach with a "**pay-where-you-play**" system. The index ranks the British Virgin Islands (1st), Cayman Islands (2nd), and Switzerland (3rd) among the top 10 most complicit jurisdictions in helping multinational corporations underpay tax.

The **World Bank International Debt Report 2025** highlights a financial crisis in developing economies, with the period between 2022 and 2024 seeing a net outflow of approximately **US\$741 billion** from developing economies in debt repayments and interest compared to new financing—the largest debt-related outflow in over 50 years. This financial strain has a severe human toll; among the 22 most highly indebted countries, **one out of every two people** cannot afford the minimum daily diet required for lasting health.

Ahead of Human Rights Day (10 Dec)

A commentary in *The Lancet* asks whether the abrupt cessation of US aid, particularly relating to USAID, constitutes a violation of human rights. The piece suggests that the **doctrine of legitimate expectation** may apply, arguing that the abrupt termination of assistance without transition planning, advance notification, or negotiation may constitute a grave violation of countries' rights to legitimate expectations. A report by Physicians for Human Rights supports this, arguing that abrupt global health funding cuts have grave implications for the **rights to life and to health**.

Trump 2.0

Many of the legal battles challenging the Trump administration's foreign aid agenda remain unresolved, charting the limits of the administration's authority and the sector's capacity to push back.

The administration is reportedly demanding that African countries share extensive health data, **including on abortion**, as a requirement for receiving funds to combat HIV and other infectious diseases via an aid agreement template. US and Western aid cuts are severely impacting vulnerable communities, with refugees in Kenya's **Kakuma camp** facing hunger, disease, and rising violence. Aid

cuts are also shrinking Uganda's civic space ahead of the 2026 elections, as the termination of USAID governance programs has hollowed out civic education networks, threatening public trust.

PPPR (Pandemic Prevention, Preparedness and Response)

The fourth meeting of the **Intergovernmental Working Group (IGWG) on the Pandemic Agreement** (1–5 Dec) focused on developing a **Pathogen Access and Benefit-Sharing (PABS) system**. This occurred against the worrying backdrop of ongoing US bilateral negotiations on Memoranda of Understanding (MoUs).

African countries affirmed commitment to the global agreement but are simultaneously in talks with the US for conflicting bilateral deals on pathogen access in exchange for the resumption of US health aid. A Kenyan legal opinion described its country's draft MoU with the US as "not legally compliant, [posing] critical constitutional and sovereignty risks" because it subordinates Kenya's laws to US federal law—an unconstitutional arrangement. Legal experts suggest these bilateral MoUs effectively prioritise US access to pathogen information, which directly undermines the intent of the PABS system. Unconfirmed reports suggest the US was reaching out to over 70 countries globally, many of whom implement the PEPFAR programme, and approximately 40 countries in Africa alone might consider signing these MoUs.

Zimbabwe, speaking for 51 of 54 African countries and the Group of Equity (over 80 countries), strongly called for the PABS negotiations to include "**standardised contracts**" to cover benefit-sharing obligations and the rights and responsibilities of providers and users of PABS materials. They stressed that access to PABS materials should be conditional upon accepting the terms of these contracts to ensure respect for sovereign rights and prevent "free riders". The African Group presented three standard contracts for IGWG consideration.

There is also a significant concern that negotiators are creating rules for the traditional pharmaceutical industry while overlooking the modern data economy. Experts argue that the PABS framework must look beyond manufacturers and classify **data and AI companies** as users of PABS information, establishing benefit-sharing obligations for them. Modern pandemic response relies on actors like AI-powered protein prediction platforms, synthetic biology companies, and cloud infrastructure providers who capture significant commercial value without corresponding benefit-sharing responsibilities under current definitions.

For Africa, experts argue that technical capability is insufficient without consolidated governance, urging the Africa CDC, the African Medicines Agency, and the African Union Commission to consolidate authority under a continental **PABS Secretariat**. This Secretariat would integrate Africa's capabilities into the global PABS system, acting as an interface to safeguard continental interests and anchor Africa's leadership in pandemic governance.

Health Emergencies

The **Democratic Republic of the Congo** declared the end of its 16th Ebola outbreak in Kasai Province on 1 December, after 42 days without new cases since the last patient was discharged. The newsletter also links to news that the death toll is climbing in Ethiopia's Marburg outbreak.

NCDs (Non-Communicable Diseases)

The WHO issued its **first guideline on the use of Glucagon-Like Peptide-1 (GLP-1) medicines** in treating obesity, which affects more than 1 billion people globally. The guideline recommends the

use of GLP-1 therapies (such as Ozempic and Wegovy) conditionally, as part of a wider approach that includes diet and exercise, while excluding pregnant women. The WHO described this as a **"new chapter"** in approaching obesity, shifting the perception from a "lifestyle condition" to a complex, preventable, and treatable chronic disease.

The WHO is urging pharmaceutical companies to **lower prices, expand production**, and consider **tiered pricing** and **voluntary licensing** of patents to improve access for lower-income countries. Production capacity limits mean that by 2030, fewer than 10% of the 1 billion people who could benefit from GLP-1s may receive them, especially as the number of people deemed obese is projected to double to 2 billion by 2030. The WHO compared the need for expanded access to weight-loss drugs with the push for HIV drug access in the 1980s. Key patents on semaglutide (the ingredient in Ozempic and Wegovy) are set to lift in countries like India, Brazil, and China next year, which will give a "green light" to generic drugmakers.

SRHR (Sexual and Reproductive Health and Rights)

The **World Health Organization (WHO)** issued its first global guideline on infertility, urging countries to make fertility care safer, fairer, and more affordable for all, noting that infertility affects an estimated **1 in 6 people** of reproductive age. WHO Director-General Dr Tedros Adhanom Ghebreyesus stated that infertility is one of the most overlooked public health challenges and a major equity issue globally. In some settings, a single round of *in vitro* fertilisation (IVF) can cost double the average annual household income. In contrast, the UK, long considered a global leader in efforts to end Female Genital Mutilation (FGM), confirmed it will end its flagship anti-FGM programme, **The Girl Generation**, in October 2026, with no current plans for future funding,. Activists warn that these aid cuts will put women's lives at risk. Meanwhile, the **UNFPA's Match Fund** model, which provides \$2 worth of commodities for every \$1 a country spends on reproductive health products, has proven successful, spurring 36 governments to contribute an additional \$33 million of their own resources.

Human Resources for Health (HRH)

Evidence confirms that **Community Health Workers (CHWs)** are a cost-effective strategy to expand essential services, consistently delivering strong health outcomes more cost-effectively than facility-based care,. Reviews spanning five service areas found that integrated approaches—such as formalising employment, using digital tools, or linking CHWs to primary care facilities—tend to be more cost-effective than standalone, single-disease models. However, **health worker strikes** have become a recurring feature in many sub-Saharan African health systems, exposing deeper structural deficiencies in governance and labour relations. The experiences in Mozambique, Kenya, and Nigeria show that governments and professionals often favour short-term tactical responses (like legal threats or one-off negotiations) instead of adopting long-term strategies, perpetuating system fragility.

Planetary Health

Alarming research indicates that **Africa's forests have transitioned from a carbon sink to a carbon source since 2010**, meaning all three main rainforest regions globally are now contributing to climate breakdown. Between 2010 and 2017, African forests lost approximately 106 billion kg of biomass annually. In policy news, the **US obstructed the World Bank's participation** as Treasury Manager for Brazil's flagship Tropical Forest Forever Facility (TFFF), causing the fund's potential Triple A credit rating to implode. Despite this resistance, Norway pledged US\$3 billion to the TFFF. Furthermore,

editors argue that climate policy needs a radical re-think and must move **beyond consensus** due to the time-sensitive nature of climate change.

Access to Medicines, Vaccines and other Health Technologies

The highly effective, twice-yearly injectable **lenacapavir (LEN)** for HIV prevention has begun real-world use studies in South Africa and Brazil as part of a Unitaaid partnership, occurring in record time since its US FDA approval. These studies will inform national rollout plans in countries like South Africa, set to begin in early 2026. Conversely, an antiviral drug, **mosnodenvir**, that proved highly effective in preventing the crippling dengue infection is now in limbo, as the manufacturer, Johnson&Johnson, abruptly ceased all infectious disease work,. Negotiations are underway to find a new company to bring the drug to market. In immunisation, Gavi, the Vaccine Alliance, is designing a priority package of support to accelerate the development and access to new **tuberculosis (TB) vaccine candidates**. Gavi estimates the demand for new TB vaccines will peak at about 120 million courses per year for the first five years. Finally, the UK pledged to **increase payments** to pharmaceutical companies to avoid US tariffs on drugs, a deal which means the NHS will pay an estimated £3 billion more for new medicines.

Conflict/War/Genocide & Health

A new estimate released by the Max Planck Institute suggests that **at least 100,000 Palestinians were killed** in the first two years of the Gaza conflict. The study states that this demographic death profile is comparable to patterns documented by the United Nations in previous cases of genocide, such as the Rwandan genocide in 1994.

More reports of the week

While global immunisation efforts have resulted in an **88% drop in measles deaths** since 2000, **measles cases are surging worldwide**, with 11 million infections estimated in 2024, exceeding pre-pandemic levels,. Deep funding cuts to country immunisation programmes and surveillance networks risk driving further outbreaks. The WHO launched its first unified plan for the sustained, long-term, and integrated management of coronavirus disease threats (including COVID-19 and MERS) for 2025–2030,. Regarding **malaria**, new tools prevented an estimated 170 million cases and 1 million deaths in 2024, but progress is under threat as **antimalarial drug resistance** to artemisinin derivatives is growing, having been confirmed or suspected in at least eight African countries,. Furthermore, investment in malaria prevention (\$3.9 billion in 2024) is less than half of what is required, posing a severe risk of increased outbreaks.

Miscellaneous

Analysis of health information in the age of social media highlights that medical advice shared by influencers is often undermined by four biases: **limited expertise, industry influence, entrepreneurial interests, and personal beliefs**,. The editors call for stronger government regulation, platform moderation, and improved "influence literacy" to address the commercialised and potentially harmful nature of health conversations online,. Lastly, regarding research integrity, while funders and publishers increasingly expect the inclusion of sex and gender in research via the **Sex and Gender Equity in Research (SAGER) guidelines**, Research Ethics Committees and Institutional Review Boards remain largely silent on institutionalising these practices,.