

# International Health Policies Newsletter 860: Happy New Year (AI Summary)

## Editorial Introduction

The first issue of 2026 opens with reflections on the transition into the new year. Editor Kristof Decoster highlights the ongoing **call for correspondents (deadline 15 January)** and touches upon the need for "hopeful pessimism" in the face of the planetary emergency. The issue covers a dense two-week period where journals continued to publish critical updates on global health governance, climate impacts, and geopolitical shifts.

## Looking Back on 2025 and Ahead to 2026

The retrospective on 2025 reveals a "mixed picture of progress and pressure". The WHO and UN celebrate milestones such as the **adoption of the world's first Pandemic Agreement**, expanded access to life-saving medicines, and the elimination of various infections. Conversely, other analyses label 2025 a "**brutal year**" characterised by shock cuts in development aid, humanitarian crises, and a record \$2.2 trillion increase in wealth for the world's richest 500 individuals—wealth that Oxfam notes could have lifted 3.8 billion people out of poverty.

Climate change dominated the narrative, with 2025 virtually certain to be the second- or third-warmest year on record. Looking to 2026, key issues include the **transparency and safety of AI technologies**, the potential spread of anti-vaccine policies, and the continued dismantling of pandemic response systems by the US administration.

## Run-up to the WHO Executive Board Meeting

In preparation for the 158th session in February 2026, the Director-General has reported on the **reform of the global health architecture (GHA) and the UN80 Initiative**. WHO proposes to host a joint, transparent process in early 2026 to align various GHA reform discussions and UN80 proposals, building on lessons from the pandemic-era ACT-Accelerator.

## Re-imagining Global Health and Development

Current discourse challenges the "colonial scaffolding" of development. There are calls to replace terms like "developed" and "developing" with "**over-consuming**" and "**low-consuming**" to better reflect planetary limits. Experts argue that the first quarter-century of the millennium saw the rise and fall of global goals, suggesting that **poverty and suffering will persist** unless the world moves away from failing development assistance models toward radical, country-led integration.

## The "America First" Global Health Strategy in Africa

A major focus of this issue is the flurry of **bilateral health agreements** signed between the US and various African nations (including Nigeria, Ethiopia, and Kenya). These deals, part of the "**America First Global Health Strategy**," involve billions in funding but come with significant "transactional strings":

- **Data Access:** Countries must provide the US with long-term access to **biological data and pathogen specimens**.
- **Co-investment:** In the \$5.1 billion Nigeria deal, the Nigerian government is expected to provide \$3.0 billion in domestic expenditures.
- **Accountability:** Agreements include strict benchmarks and consequences for non-performance.
- **Geopolitics:** Critics warn these bilateral deals bypass the **Africa CDC**, marginalising continental coordination in favour of US security and prosperity interests.

The tension between "national pragmatism" (securing immediate funds) and "continental ambition" (Pan-African health sovereignty) is a critical concern for 2026.

## Global Health Governance & Financing

A primary focus of recent governance discussions is the **UNAIDS transition**. At the 57th Programme Coordinating Board (PCB) meeting, members adopted the **Global AIDS Strategy 2026–2031** and established a working group to manage the agency's transition into the wider UN development system. Civil society representatives have voiced concerns, insisting that the transition must safeguard core functions and ensure **meaningful engagement with affected communities**.

The discourse on **health sovereignty in Africa** has also deepened. Analysts define sovereignty not just as a slogan, but as **agency, process, and functional capacity** grounded in accountability to local populations rather than donors. There is a sharp critique of "**soft paternalism**" from Western think tanks, which often endorse "country ownership" in theory while treating African autonomy as a "risk" to be managed. Meanwhile, the "**Accra Reset**" and the Alliance of African Multilateral Finance Institutions (AAMFI) are pushing for a \$1.5 billion financial vehicle to reduce the cost of capital for African infrastructure, signalling a move toward **taking charge of development financing**.

Other significant updates include:

- **Sovereign Debt:** New analysis from The ONE Campaign highlights the rising debt pressures on low- and middle-income countries, which severely restricts their fiscal space for health.
- **Civil Society:** The **People's Health Movement (PHM)** marked its **25th anniversary**, reaffirming its struggle against capitalism and imperialism to achieve "Health for All".
- **Funding Cuts:** Analysis by BCG suggests that six countries (including South Africa and Nigeria) will bear the brunt of nearly **50% of expected HIV funding reductions** from PEPFAR and the Global Fund.
- **Diplomatic Shifts:** **Türkiye** has significantly expanded its influence, signing 18 agreements across three continents in 2025 covering health technologies and disaster response.

## UHC & PHC (Universal Health Coverage & Primary Health Care)

Lessons from the global scale-up of **antiretroviral therapy (ART)** are being applied to the UHC agenda. Experts argue that while ART was a success, progress is now at risk due to **financial instability and shifting priorities**. Additionally, there is an urgent call to align the **non-communicable disease (NCD) response** with a Primary Health Care (PHC) approach, as existing guidance remains fragmented and difficult for countries to implement.

## PPPR (Pandemic Prevention, Preparedness, and Response)

Current research into PPPR highlights a disconnect between top-down expert indicators and local realities. A new paradigm advocates for **grassroots-inclusive indicators** to ensure community perspectives are captured in global health security metrics. Furthermore, there are calls to **repair health security at the humanitarian frontline**. Current systems often ignore fragile and conflict settings, and experts argue that NGO and CSO capacities must be integrated into official International Health Regulations (IHR) reporting.

### **AMR (Antimicrobial Resistance)**

Advocates are pushing to **bridge the policy gap between climate change and AMR**. As temperature increases and ecosystem disruptions create ideal conditions for resistant pathogens, the upcoming revision of the WHO Global Action Plan (GAP) for 2026–2035 is seen as a "pivotal opportunity" to integrate a **climate-resilient, One Health approach**.

### **Trump 2.0**

The US administration has initiated several radical shifts in foreign assistance:

- **NextGen Cancellation:** The administration unceremoniously cancelled "**NextGen**," a \$17 billion project intended to rethink global health supply chains.
- **Humanitarian Assistance:** A new \$2 billion assistance model for 17 countries has been pledged through the UN, but it **excludes Gaza, Yemen, and Afghanistan**. Experts warn that the administration's "**adapt, shrink or die**" terms for the UN may result in a system that is subservient to Washington's political priorities.
- **mRNA Research:** A report from the Yale School of Public Health warns that cuts to **mRNA vaccine funding** could lead to 49,000 preventable deaths annually and \$75 billion in economic losses by stalling cancer and infectious disease research.

### **2nd World Summit on Traditional Medicine (Delhi)**

The WHO has unveiled the **Traditional Medicine Global Library**, a digital platform containing 1.6 million resources ranging from Indigenous knowledge to scientific studies. A key highlight was the launch of **Health & Heritage Innovations (H2I)**, which aims to bridge traditional practices with modern technologies like **AI and genomics**. Twenty-six Member States committed to the **Delhi Declaration**, signaling a shift toward integrating traditional medicine into primary health care rather than treating it as a parallel system.

### **World Meditation Day & Decolonizing Knowledge**

The UN marked 21 December as **World Meditation Day**, emphasizing the right to the highest attainable standard of mental health. Simultaneously, the newsletter highlights the **discriminatory politics of knowledge production**. Critics argue that academic publishing often acts as a gatekeeper, using "language policing" to marginalise Indigenous and decolonial perspectives, thereby producing an evidence base that ignores the **sociopolitical determinants of health** such as systemic violence and displacement.

### **Conflict, War, and Health**

The humanitarian landscape remains "catastrophic" in several regions:

- **Gaza:** While a ceasefire has temporarily pushed back the immediate threat of famine, **1.6 million people** still face acute food insecurity. Concerns are high as Israel announced plans to **ban major aid agencies**, including MSF and ActionAid, which could have devastating consequences for the already collapsed health infrastructure.
- **Sudan:** After nearly 1,000 days of war, the health system is on the **verge of collapse**. The country currently records the highest percentage of global deaths linked to **targeted attacks on the health sector**.
- **DRC & Burundi:** Escalating violence in the eastern Democratic Republic of the Congo has triggered a rapid influx of refugees into Burundi, reaching a new crisis point.

## Planetary Health & Catastrophic Risks

The **Global Catastrophic Risks 2026** report identifies five major threats: climate change, ecological collapse, weapons of mass destruction, AI in military decision-making, and near-earth asteroids. The report warns that **fragmented institutions and outdated governance** leave humanity exposed, necessitating a more adaptive global governance architecture.

## Access to Technologies & "Premium Pharma"

While the FDA's approval of the **Wegovy pill** marks a milestone in oral obesity treatment, research warns of the rise of "**premium pharma**". The industry is shifting from mass-market "blockbuster" drugs to **high-priced, niche targeted therapies**. While cheaper to develop, these therapies command extreme prices and risk entrenching global health inequality by focusing primarily on high-income markets.

## Maternal Health & Global Evidence

The **Lancet Commission on Maternal and Newborn Health** has been launched to address the staggering reality that a woman dies from pregnancy complications every two minutes. Additionally, the new **Global Coalition for Evidence** is working to "shift the centre of gravity" by strengthening **local leadership** in evidence-informed decision-making, aiming to reduce the fragmentation seen during recent global crises.

## Miscellaneous

- **Reparations:** A global delegation urged Ghana's President to lead African nations in demanding **reparations for transatlantic slavery and colonialism**, calling for "courage over comfort".
- **Digital Sovereignty:** Germany is developing **ZB MED (LIVIVO)** as a decentralized, sovereign alternative to **PubMed**. This move is intended to prevent scientific knowledge from being controlled by a single national monopoly and to hedge against political manipulation.