

IHP 861: Game Changer – AI Summary

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Introduction and Featured Article

The newsletter opens with a stark assessment of current geopolitics, describing the recent US military intervention in Venezuela as a **“gamechanger”** that signals a transition into a **“new age of impunity”** and a “New Global Disorder”. Editor Kristof Decoster characterises the US as a **“rogue superpower”** that has abandoned the Sustainable Development Goal (SDG) agenda and retreated from multilateralism. This shift poses a fundamental challenge to global health stakeholders, particularly as the US moves toward a version of sovereignty that applies only to itself. Decoster calls for **“coalitions of the willing”** and urges global health leaders to show “backbone” in resisting these unravelling international norms.

This sense of loss is mirrored in the **Featured Article** by Soe Yu Naing, who uses the word **“grief”** to describe the state of the global health community. Beyond tangible losses in funding and programs, the sector is grappling with a deeper erosion of trust, confidence, and direction. Looking toward the 2026 EV4GH venture in Dubai, the article reflects on a year where “weeks where decades happen,” suggesting that the community is at a pivotal, albeit painful, turning point.

Highlights

A few reads of the week

The primary focus this week is the **“Accra Reset,”** a paper proposing a vision for transforming the global health ecosystem. Authors Pate, Kaberuka, and Piot offer ten considerations and six principles for reform, notably suggesting that major financing institutions like **GAVI and the Global Fund should form a “holding company”** with shared governance to reduce inefficiencies. This model could also host the Pandemic Fund and Unitaid to enhance impact. However, the sources note that this vision remains somewhat technocratic, lacking a deliberate focus on social movements and planetary health.

Looking ahead to 2026

The year 2026 is defined by **significant leadership changes** at the Global Fund, Unitaid, and the World Health Organization (WHO). New leaders will face a landscape of diminished foreign aid and intensified calls for structural change. Key trends identified for the year include the rise of **“geopolitical determinants of global health”** and the influence of “big tech” on aid policy. Experts also anticipate breakthroughs in mRNA and HIV vaccines, while climate and health diplomacy will be shaped by a rigorous monthly calendar of international milestones. Amidst these shifts, decision-making under **uncertainty** has become the new normal.

Reimagining Global Health and Development

As diverse reform initiatives bloom, there are questions regarding what follows this period of fragmentation. The WHO aims to play a central convening role, yet its political relevance is being

tested by the expansion of **bilateral compacts** by major powers. Some scholars suggest a paradigm shift toward a “**wellbeing economy**”—prioritizing human and ecological health over material growth—as a framework for the post-2030 agenda. Additionally, the *Global Health Watch 7* emphasizes that achieving the right to health is a **political struggle** requiring sustained activism and the energy of social movements to maintain order against a natural progression toward disorder.

Bilateral Health Agreements: US-African Countries

Under the “**America First**” **Global Health Strategy**, 14 African nations have signed five-year bilateral agreements with the US, totaling over **\$16 billion**. While these deals restore some funding for HIV, malaria, and maternal health, they come with controversial conditions, such as **mandatory data sharing** and requirements for **government co-investment**. Critics argue this model shifts the focus away from multi-stakeholder cooperation toward government-to-government deals that may compromise national **sovereignty**. Furthermore, some observations suggest a religious dimension, noting that many signatories have large Christian populations and the programs rely heavily on **faith-based organisations**.

More on Global Health Governance & Financing

The global health architecture is facing a period of “deep flux,” with experts calling for **courageous leadership** to prevent it from unravelling. Key developments include:

- **Funding Retrenchment:** Germany has halved its funding for the **WHO Hub for Pandemic and Epidemic Intelligence** to €15 million, a major blow to global pathogen surveillance.
- **WHO’s Normative Role:** The agency’s integrity is under pressure as it increasingly relies on **private financing** (e.g., from the Novo Nordisk Foundation).
- **Resistance:** Scholars urge the global health community to “**wake up and fight back**” against the Trump administration’s perceived threat to the field.
- **African Leadership:** Mohamed Janabi, the new WHO Africa chief, is prioritizing **regional manufacturing** and earlier disease detection to move the continent toward **routine readiness**.
- **Epistemic Sovereignty:** New analyses suggest that international aid persists not because it is efficient, but because it allows domestic governments to **delegate political risk** and “problem definition” to external actors.

Global Tax Justice

A landmark OECD plan for a **15% minimum global corporate tax** has been finalised, but it includes a significant **exemption for the US**. This move, negotiated by the Trump administration, excludes large US multinationals and has been condemned by transparency groups as an “**alarming subjugation of state sovereignty**” for other nations that now forfeit the right to tax businesses operating within their borders.

UHC & PHC (& Health Systems)

There is a growing push to move toward a “**two-dimensional**” **health system**. This paradigm shift involves going beyond biological measures (morbidity and mortality) to include “**functioning**”—the full experience of living with a health condition—as a core objective. Meanwhile, reports from **The Gambia** highlight the public’s demand for Universal Health Coverage (UHC); while 80% of citizens worry about healthcare costs, only one in ten currently has medical aid coverage.

Trump 2.0

The administration is aggressively dismantling established public health norms:

- **Vaccine Policy:** Health Secretary Robert F. Kennedy Jr. has reduced the number of **routinely recommended childhood vaccines from 17 down to 11**, making shots for diseases like polio and chickenpox optional for those not considered high-risk.
- **Ethics in Research:** A US-funded trial in **Guinea-Bissau** has drawn ethical condemnation for delaying Hepatitis B vaccinations for 7,000 newborns to study early-life mortality, despite WHO's long-standing recommendation for birth-dose vaccination.
- **Dietary Guidelines:** New federal guidelines now **discourage ultra-processed foods** but encourage "healthy fats" like **beef tallow and butter**, while notably removing previous warnings regarding the cancer risks associated with **alcohol**.

PPPR & GHS (Pandemic Preparedness, Prevention, and Response)

Negotiations for the **Pathogen Access and Benefit Sharing (PABS)** Annex are reaching a critical juncture. There is significant concern that the Bureau's draft text may sideline proposals from over 80 developing countries for **standardised contracts**, potentially bowing to European Union preferences for a more limited approach. Meanwhile, the "autocratic" behaviour attributed to the GISAID database has led to the rise of community-driven alternatives like **Pathoplexus**, designed to share sequence data free from political interference.

In the United States, the reauthorisation of the **International Development Finance Corporation (DFC)** has seen its funding ceiling nearly triple to **\$205 billion**. This expansion could allow the DFC to become a vital tool for US global health security, provided it maintains a disciplined focus on health outcomes. Additionally, new research led by the University of Oxford and CEPI is targeting **multivalent vaccines** to protect against a range of deadly filoviruses, including Ebola and Marburg.

AMR

Health officials are warning of a "superbug" threat in South Asia, where new drug-resistant strains of **typhoid** have emerged. The discovery of the **blaNDM-5 gene**, which can break down carbapenems (antibiotics of last resort), suggests that resistance could spread rapidly between bacteria.

Cervical Cancer Awareness Month

Separately, for **Cervical Cancer Awareness Month**, the WHO reminded the global community that a woman dies from this preventable disease every two minutes. Despite the availability of vaccines and screenings, 350,000 women died from the illness in 2022.

SRHR and Commercial Determinants of Health

A global scorecard on **stillbirths** reveals a massive equity gap: while two-thirds of the world is meeting national targets, only **5% of countries in sub-Saharan Africa** are doing so. In Europe, Brussels is described as a new "front line" for abortion rights, as US-linked think tanks and religious groups increasingly lobby for **anti-abortion policies**.

Regarding the food system, scholars argue that **global food governance** has shifted from a multilateral system to a decentralised "multistakeholder" model that allows large corporations to sideline public health imperatives. This shift often perpetuates inequities and exacerbates health

vulnerabilities. New research also suggests that defining "**non-ultra-processed foods**" may be more effective for public health policy than trying to define the processed versions.

Mental Health and Decolonising Global Health

Innovative approaches to the global mental health crisis include a project in **Uganda** training AI chatbots to provide therapy in **local languages**. Other research highlights the "cognitive reserve" provided by the arts, which can reduce depression and delay ageing.

The movement to **decolonise global health** is gaining theoretical depth. Seye Abimbola's work on "**The Foreign Gaze**" challenges Africa to stop using "borrowed mirrors"—external epistemic frameworks—and instead reclaim an "**African gaze**" rooted in local histories and conditions. Similarly, the *Lancet Global Health* argues for "**people-centred adaptation**" as the core of implementation science, promoting health equity and indigenous values. Other scholars propose using **Afrofuturism** as a framework to subvert dominant Euro-American paradigms and centre the experiences of the "global majority".

Planetary Health

The climate landscape for 2026 is marked by a massive retreat from multilateralism by the United States. President Trump has issued a memorandum to **withdraw the US from the UN Framework Convention on Climate Change (UNFCCC)** and 65 other international organisations, citing them as contrary to American interests,. This comes at a time when climate diplomacy is already under strain from geopolitical conflicts and record debt in developing countries.

Despite these setbacks, the sources highlight pathways for progress:

- **Food System Transformation:** A decisive shift in the food sector could limit global temperature increases to **1.85°C by 2050** while making food healthier and cheaper,.
- **The Adaptation Gap:** There is a **\$350 billion annual investment gap** for climate adaptation in low-income regions; current spending covers only 1.2 billion people, leaving 3 billion with limited protection,.
- **WHO as a "Ministry for Planetary Health":** Scholar Ilona Kickbusch proposes that the WHO should pivot its mandate toward safeguarding the **planetary and technological conditions (including AI)** that make health possible,.
- **Plastic Waste:** Household burning of plastic in developing nations is identified as a widespread but "hidden" health and environmental threat.

Access to Medicines, Vaccines & Health Technologies

The pharmaceutical sector is seeing significant pricing shifts and clinical breakthroughs. **Novo Nordisk** has launched its Wegovy weight-loss pill in the US at a significantly lower cost than injectable versions, triggering a "**price war**" with Eli Lilly,. Meanwhile, GSK reports that its experimental drug for **chronic hepatitis B** has shown a "functional cure rate" in late-stage trials,.

In terms of equity, a Bangladeshi firm has begun producing a **generic version of a high-cost cystic fibrosis drug**, making life-changing medication accessible to families in least-developed countries. However, legal battles persist as Bayer has filed lawsuits against major firms like Pfizer and Moderna over **mRNA technology patents**.

Conflict/War/Genocide & Health

The humanitarian situation in Gaza has reached a new crisis point as **Israel ordered Doctors Without Borders (MSF) to cease operations**. This move follows new restrictions requiring the registration of all Gazan employees and limitations on the organisation's ability to criticise Israel's conduct during the war.

The Lancet Commission on Ovarian Cancer & Other Publications

The newly established **Lancet Commission on Ovarian Cancer** is advocating for equity-driven reform to address the fifth leading cause of cancer deaths in women. Additionally, a new study has brought attention to the **neglected intersection of tuberculosis and maternal health**, estimating that 239,300 pregnant and 97,600 postpartum women had TB in 2023, often overlooked by national surveillance systems.

Miscellaneous: Systems Thinking and Global Cooperation

The newsletter concludes with a call for health systems to move beyond clinical expertise toward **"systems thinking"** to navigate complex leadership roles. While the **Global Cooperation Barometer 2026** notes a decline in traditional multilateralism, it suggests that **"smaller and more agile coalitions"** are proving resilient in maintaining cooperation on climate and technology. Finally, experts stress the importance of **"ethics to policy,"** urging for better integration of ethical advice into global health decision-making to help leaders navigate "impossible decisions" in an increasingly chaotic world,.