

# IHP News 864: AI summary & some key reads

## Introduction

**Newsletter Revamp and Knowledge Management** The IHP newsletter, an initiative of the Institute of Tropical Medicine in Antwerp, has recently undergone a structural revamp to improve navigation and accessibility for its global audience. Recognising the time constraints of health policy professionals, the newsletter now includes curated "Highlights", an **AI-driven 4-page summary**, and translations into multiple languages. The primary goal remains to provide a comprehensive tool for tracking global health governance, events, and high-profile publications.

## Featured Article: "A Good World to Live in for All"

**Jan Boeynaems** reflects on the evolution of development aid from 1987 to the present, moving from post-colonial state-led projects to the "trade not aid" era and structural adjustment programmes that often damaged public health. He highlights the rise of international and local NGOs in the 1990s, which fostered cultural awareness and sustainable movements like fair trade. His later work with MSF underscored the shift toward complex conflict settings with opaque political agendas.

## Featured Article: Immigration Enforcement as a Public Health Crisis

**Lucia Vitale** argues that intensified federal immigration enforcement in Minnesota, known as "**Operation Metro Surge**", constitutes a man-made public health crisis. Following the 2024 U.S. Resolution declaring racism a public health crisis, Vitale contends that current enforcement actions cause widespread psychological distress, deter access to healthcare, and force communities to assume protective responsibilities abandoned by the state.

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## Highlights

### Run-up to the 158th WHO Executive Board meeting

The 158th WHO Executive Board (EB) session (2–7 February 2026) is set to address critical governance reforms, the financing of the Programme Budget, and the **U.S. withdrawal from the organization**. WHO Director-General Tedros Adhanom Ghebreyesus reported that 85% of the base budget for the biennium has been mobilised, yet the funding situation remains complex. Analysts suggest that with the U.S. departure, Europe may need to step up as a "system stabiliser" for multilateralism.

### Bilateral Health Agreements & US Global Health Strategy

A significant shift in U.S. strategy is evident in the "Zambia-US Health Deal", which allegedly ties long-term medical financing to preferential access for American companies to Zambia's **critical minerals** like copper and cobalt. Experts warn that African nations should coordinate mineral negotiations through the African Union to avoid disadvantageous bilateral terms. This "America First" era signals a move from centralised coordination toward strategic competition and pluralism.

## Reform & Reimagining of Global Health

The "Accra Reset" was launched at Davos by Ghanaian President Mahama, establishing a global secretariat to reform health governance and move African investment capital back to the continent to fund regional manufacturing. Simultaneously, the "Future of Development Cooperation Coalition" is tasked with reimagining the sector amidst geopolitical rivalry. Scholars argue for a "three-body solution" to health governance, navigating the interacting gravitational fields of **climate, digital technology, and politics**.

## Debt & Debt Reform

For the first time, African nations are sending more money to China in debt repayments than they are receiving in new financing. This trend, combined with U.S. aid cuts, is forcing developing nations into difficult fiscal choices where they must often choose between debt servicing and funding public services like health and education. South Africa is currently leading a G20 proposal for a **fresh debt-refinancing initiative** for low-income countries.

## US Leaves WHO: Analysis of the Rupture

The U.S. has officially notified WHO of its withdrawal, though the organization maintains the departure is not legally binding until **\$260.6 million in unpaid dues** are settled. While the U.S. accuses WHO of "holding its flag hostage", WHO officials warn that the withdrawal makes the world less safe. Domestically, California has bypassed the federal stance by becoming the first state to join a WHO-coordinated outbreak response network.

## More on Global Health Governance & Financing

The era of donor-driven aid is shifting; Saudi Arabia recently pledged \$39 million to the Global Fund, while reports warn that **Official Development Assistance (ODA)** is being diverted toward donor countries' commercial priorities rather than poverty reduction. Human Rights Watch reports that recent funding cuts to the Global Fund are already devastating HIV/AIDS prevention and care in countries like Indonesia and Nepal.

## PPPR & Global Health Security (GHS)

Negotiations for the **Pathogen Access and Benefit-Sharing (PABS)** system continue, though progress is hampered by geopolitical uncertainty. The "100 Days Mission" report warns that global pandemic preparedness is increasingly fragile due to declining investment and structural vulnerabilities exposed by recent outbreaks of mpox and H5N1. To counter this, new AI-enabled platforms like the Pandemic Preparedness Engine have been launched to turn pathogen data into actionable intelligence.

## Polio

Scientists are hopeful about a new, more stable oral polio vaccine targeting the type 2 strain. Early data suggests this vaccine is **70–80% less likely to mutate** into infectious vaccine-derived strains, which have recently resurfaced in cities like London and New York.

## Trump 2.0

The Trump administration has conditioned funding for Gavi on the removal of **thimerosal** (a mercury-based preservative) from vaccines, despite scientific consensus on its safety. Furthermore, the new "Donroe Doctrine" redirects 40% of U.S. aid toward the Western Hemisphere and East Asia, tying assistance to trade and political loyalty while largely sidelining Africa.

## **UHC & PHC**

A new fiscal analysis introduces the concept of "**Authorised Fiscal Space**", arguing that the limiting factor for health spending is often political authorisation rather than technical affordability. Researchers emphasize that the boundary of what is "politically possible" determines whether health reforms, such as oral health integration, are actually funded.

## **Sexual and Reproductive Health and Rights (SRHR)**

The administration's "Promoting Human Flourishing in Foreign Assistance" (PHFFA) policy represents a "**draconian expansion of the Global Gag Rule**". It prohibits aid recipients from promoting abortion, "gender ideology", or diversity, equity, and inclusion (DEI), affecting an estimated \$30–47 billion in annual assistance. Activists are now organizing to use mechanisms like the UN's Universal Periodic Review to counter this ideological pushback.

## **Conflict, War, & Genocide & Health**

Academic and health associations are facing criticism for their "selective empathy" and silence regarding the health crisis in Gaza. Concerns have also been raised over **Médecins Sans Frontières (MSF)** being forced to share staff details with Israel as an exceptional measure to continue operations in the Occupied Palestinian Territory.

## **(Im)migration & Health**

The WHO has issued an evidence brief highlighting the severe health risks associated with **immigration detention**, which is increasingly used globally. The report calls for detention to be used only as a last resort and never for children, advocating for policies that uphold the universal right to health.

## **Planetary Health**

United Nations scientists have declared a "**global water bankruptcy**", with systems supporting six billion people pushed beyond recovery. Additionally, the breach of the 1.5°C warming limit is prompting calls to replace temperature targets with clean-energy targets and to establish new scientific frameworks for national accountability in a hotter "overshoot" world.

## **Access to Medicines & Health Technologies**

Gilead's voluntary license for the HIV prevention drug **Lenacapavir** has come under fire for excluding 11 Latin American countries, many of which hosted the clinical trials. Meanwhile, high-income countries are increasingly turning to **compulsory licensing** to manage the high costs of cancer and rare disease treatments.

## **Reports & Guidelines**

New UN findings indicate that 2.1 billion people still lack safe drinking water, contributing to major cholera outbreaks in 60 countries. To combat rising non-communicable diseases, WHO has released a new global guideline urging schools to adopt **whole-school approaches** to promote healthy eating habits in children.

### Miscellaneous

The **Doomsday Clock** remains at 85 seconds to midnight, reflecting threats from the climate crisis, AI, and nuclear aggression. Despite these risks, a "glimmer of hope" remains in the €1.84 billion EDCTP partnership, which continues to fund critical African health research and clinical trials.

## Some key reads of the week

- **John Dramani Mahama:** [Next steps for the Accra Reset announced at Davos](#) – A **must-read** regarding a new sovereignty movement designed to repatriate African capital for regional health manufacturing.
- **Mark Malloch-Brown et al.:** [Global development is lost in the fog](#) – An analysis of how to navigate new waters in international cooperation as the post-war aid architecture collapses.
- **Vinh-Kim Nguyen & Ilona Kickbusch:** [Global Health Governance as a Three-Body Problem](#) – A conceptual look at how climate, digital technology, and politics create chaotic dynamics for health diplomacy.
- **Harmer:** [Everything starts with an E...B158](#) – A detailed blog post examining the complex funding situation and governance hurdles ahead of the 158th Executive Board meeting.
- **Ilona Kickbusch:** [Europe has greater responsibility in the WHO without the United States](#) – Discusses how Europe must now act as a "system stabiliser" following the U.S. departure from the WHO.
- **Health Policy Watch:** [Stars and Stripes No Longer Flying at WHO](#) – An update on the legal dispute regarding the U.S. withdrawal and its \$260.6 million in unpaid dues.
- **T Cernuschi:** [Trump Didn't Break the Multilateral System. He Exposed Its Fragility](#) – Calls for a narrowing of the WHO's mandate to focus on essentials while removing institutional illusions.
- **Ebere Okereke:** [What U.S. Withdrawal From the World Health Organization Means for Africa](#) – A **must-read** perspective on how the U.S. exit strips away long-held assumptions about global health cooperation.
- **Lusaka Times:** [Zambia US Talks Tie Medical Aid to Mining](#) – Reports on a confidential deal linking long-term health financing to American access to Zambia's critical minerals.
- **E S Koum Besson:** [Sovereignty Under Constraint](#) – Explores the spectrum of sovereignty available to African states when negotiating with global powers.
- **Reuters:** [African nations now send more money to China than they receive](#) – Highlights a major shift in finance flows, with Africa now a net payer to China due to high debt servicing.
- **Eurodad:** [Aid off course](#) – Investigates how "ODA modernisation" has diverted aid from poverty reduction toward the commercial priorities of donor nations.

- **P Patnaik:** [Undeterred By American Bilateral Deals](#) – Provides key insights into the ongoing Pathogen Access and Benefit-Sharing (PABS) negotiations in Geneva.
- **Geneva Graduate Institute (Global Health Centre)** – [Governing Pandemics snapshot \(7th issue\)](#)
- **IPPS:** [Pandemic preparedness slipping just as global risks grow](#) – (re **new IPPS report**) A warning that global preparedness is fragile due to declining investment and structural vulnerabilities.
- **Telegraph:** [The catch-22 in the global battle to eradicate polio](#) – Reports on a promising new oral vaccine designed to be significantly less likely to mutate into infectious strains.
- **Reuters:** [US conditions funding to global vaccine group](#) – Covers the U.S. demand for Gavi to remove thimerosal from its shots as a condition for funding.
- **Courtney McNamara:** [Why US import tariffs matter for health](#) – Analyzes how trade policies and tariffs directly influence medicine access and food security.
- **Afeef Mahmood:** [The Missing Link in Fiscal Space](#) – Argues that political authorisation is the primary factor determining whether technically feasible health reforms are funded.
- **Paola Salwan Dahir:** [Activists Organise Against Erosion of Sexual and Reproductive Health](#) – Explains how activists are using the UN Universal Periodic Review to counter anti-rights movements.
- **R de Vogli et al.:** [Selective empathy and the genocide in Gaza](#) – Critiques the silence of major health associations regarding the systemic destruction of healthcare in Gaza.
- **WHO:** [Health in immigration detention](#) – An evidence brief detailing the severe social and health consequences of the global rise in migrant detention.
- **G Ganti et al.:** [Exceeding 1.5 °C requires rethinking accountability](#) – Discusses the scientific and political requirements for national accountability in a hotter world.
- **J Rockström:** [How to eat well and within Earth's limits](#) – Advocating for bold policies to support dietary changes essential for planetary health.
- **M Dunn & Ellen 't Hoen:** [TRIPS flexibilities help change policy and practice](#) – A comprehensive review of the increasing use of compulsory licensing to manage high medicine costs.
- **Michael Makanga:** [A €1.84 billion partnership to boost African health research](#) – Highlights the EDCTP's role as a rare stable source of funding for African clinical trials amidst a global aid crisis.
- **Globalization & Health - China's global health diplomacy through the World Health Organization: a qualitative study** <https://link.springer.com/article/10.1186/s12992-025-01165-w> (by Z Shang & Y Huang)
- **HPW – Latest US Restrictions on Aid 'Bully' Recipients to Accept 'Extremist Ideology'** (re SRHR – expansion Global Gag rule)
- **Lancet World Report (by Andrew Green):** [Fears that US global health deals harm reproductive health](#)
- **Lancet - Governance for health in a turbulent world: introducing a new Lancet Commission** Announcement of the follow-up to the 2014 one.