

IHP News 866: AI summary & key reads of the week

Introduction

The Strategic Pivot Toward Bilateralism The current global health landscape is increasingly defined by a "polycrisis" that demands what this newsletter terms "constructive disruption." The introductory metaphor of 'Bad Bunny's' Super Bowl performance serves as a sharp critique of traditional health communication; if a pop artist can synthesize centuries of colonial history and contemporary politics in 14 minutes, global health researchers have no excuse for being opaque. Directness is not merely a stylistic choice but a tool for disruption in a world where "capitalism still rules," evidenced by the proliferation of commercial "health" ads linked to Big Pharma and the beef industry.

Featured article

The Guinea Case Study: Multilateralism Under Siege

The featured analysis by IHP Res Net researchers examines the transition from multilateralism to bilateralism as a deliberate strategic choice under the "America First" framework. In Guinea, key actors view upcoming US-funded bilateral agreements as an application of the "**Law of the Jungle**," where the strongest actor unilaterally sets the rules. This shift is not a benign change in funding architecture; it is a strategic move to increase the vulnerability of low- and middle-income countries (LMICs) through **isolation**. By bypassing collective platforms, dominant powers use bilateralism to exert greater control over national health priorities, turning Global Health into a fragmented arena of narrow national interests.

Highlights section

PABS Negotiations (& more on PPPR/GHS)

From "Muted" to Persistent Participation The 5th Intergovernmental Working Group (IGWG) meeting in Geneva on Pathogen Access and Benefit Sharing (PABS) highlighted the widening chasm between equity and pragmatism.

- **Main Contention:** The fundamental dispute remains whether benefit-sharing should be **voluntary or mandatory**. The "Group of Equity" demands legal certainty, while the European Union and G7 (led by France) prioritize "speed" to meet the May World Health Assembly deadline.
- **India's Position:** India explicitly demanded that benefit-sharing must go "**beyond monetary contributions**" to include tech transfer, diagnostics, and therapeutics.
- **Negotiation Barriers:** A critical symptom of the WHO's financing crisis emerged as a physical barrier to fair negotiation: **budget cuts led to a lack of interpreters**, disadvantaging LMIC delegates during crucial evening sessions.
- **The Geopolitical Shift:** Observers noted that "Africa is back." African nations were notably "muted" in previous months—a direct result of pressure from US bilateral agreements. This week, however, they re-asserted an unmistakable and persistent articulation of their needs for a multilateral system with legal teeth.

- **WHO Leadership:** Director-General Tedros dismissed concerns that bilateral MOUs would undermine the PABS system, arguing that sovereign nations "know best" and that both systems can coexist.
- **Financing:** The Pandemic Fund allocated US\$499.6 million in its third round, aiming to mobilize US\$4 billion for surveillance and laboratory systems.

WHO 158th Executive Board

The Crisis of Selective Sovereignty The 158th Executive Board (EB) meeting concluded with an uneasy peace, overshadowed by what analysts describe as the **selective deployment of "sovereignty."** Member states are increasingly using sovereignty as a shield to ignore international law and norms while simultaneously demanding a seat at the governance table—a trend that threatens the very principle of universality.

Efficiency Measures and Stalled Progress

- **New Measures:** Streamlined timelines for draft resolutions, consolidation of reports on Occupied Palestine Territory, and compromise language for NGOs working on Sexual and Reproductive Health and Rights (SRHR).
- **Nutrition Crisis:** A WHO report revealed maternal and child nutrition targets are "off track," with rising childhood obesity and anemia described as a systemic crisis of inequality.
- **Indigenous Health:** Progress on the Global Plan of Action was delayed until 2027 to ensure "meaningful" free, prior, and informed consent, prioritizing legitimacy over speed.

Legal Balkanization: US and Argentina The potential withdrawals of the US and Argentina represent a "slippery slope" for international health law. Legal expert Gian Luca Burci warned of a "classical dichotomy between law and politics." Notably, Argentina is pursuing a strategy of **legal balkanization:** withdrawing from the WHO global body while remaining an active member of PAHO (the regional affiliate). China criticized the US for "sidestepping international law" and treating the WHO as a tool to be "abandoned when it does not fit" domestic political agendas.

Munich Security Conference

Global Health "Under Destruction" The conference theme, "Under Destruction," reflects a growing backlash against the post-1945 international order.

- **Existential Threats:** The launch of the *Lancet Commission on 21st Century Global Threats to Health* underscored the "existential" nature of current health challenges.
- **Stability and Hunger:** Ban Ki-moon argued that food security is the bedrock of global stability, noting that conflict drove hunger for 140 million people in 2024.
- **Climate Security:** The UN climate chief warned that national security strategies that ignore the climate crisis are "dangerously narrow," leading toward a "new world disorder" of famine and instability.

Global Fund Board meeting

The Global Fund faces a structural crisis as the European Commission proposed a **26.5% funding cut** (€700 million over four years).

- **Shift from Multilateralism:** Funding is moving from "health windows" to "geographic pillars," allowing the EU to link health spending more closely to regional strategic and economic goals.
- **Ersatzvornahme (Rented Outcomes):** Senior analysts note that global health has been built on "rented outcomes"—a state of *Ersatzvornahme* where external authorities step in to perform tasks the domestic body has neglected. The abrupt dismantling of aid exposes that continuity was mistaken for durability; once external funding is pulled, the system collapses.

- **Middle Powers:** As traditional donors retreat, "middle powers" like Brazil, Saudi Arabia, and the UAE are becoming central to whether the development system adapts or fractures.
- **SDG Critique:** The SDGs were dismissed as "ambition without teeth"—a compromise between universal aspiration and sovereign states unwilling to accept enforceable obligations.

African Union Summit

The AU Summit in Addis Ababa highlighted a "full-blown financing emergency," defined by a US\$66 billion annual health financing gap.

- **The Interest Rate Trap:** While the Africa CDC argues that efficiency reforms could recover US\$14 per capita, this is set against a backdrop of "**financial apartheid**." African governments must borrow at interest rates of 10% compared to 2-3% for wealthy nations.
- **Creditors vs. Clinicians:** The policy choice facing AU leaders is a moral indictment: prioritizing debt payments over life-saving medicine. Efficiency alone cannot bridge the gap if the global financial architecture remains "apartheid-like."
- **Initiatives:** The "One Plan, One Budget, One Report" initiative was promoted as the necessary pathway toward universal health coverage (UHC) and sovereignty.

US Global Health Strategy, PHFFA and bilateral health agreements

The "America First" strategy is re-engineering international assistance through ideological conditionality.

- **Burundi MOU:** A US\$129 million agreement requires the Burundi government to increase its domestic expenditure by US\$26 million, shifting the burden of self-reliance onto the LMIC.
- **PHFFA Framework:** The "Promoting Human Flourishing in Foreign Assistance" (PHFFA) framework applies **ideological tests** to US\$30 billion in aid, conditioning funds on opposition to "gender ideology" and DEI programs.
- **Cascading Failures:** *The Aid Report* documents "cascading system failures" as a result of US cuts, including the collapse of health training pipelines and the shift "from free to fee" for essential services, proving the fragility of "rented outcomes."
- **Domestic Contrast:** Paradoxically, US domestic polls show 90% bipartisan support for ensuring global vaccine access.

More on Global Health Governance & Financing/Funding

and the Push for Unitary Taxation Sustainable financing for health requires systemic corrections to the global tax architecture.

- **Unitary Taxation:** Advocates are pushing for a "**Unitary Taxation**" approach for multinationals to replace the outdated 1920s "**Arm's-Length**" principle. By apportioning profits based on real factors like sales and employees rather than profit-shifting to low-tax jurisdictions, the UN Tax Convention could salvage US\$240 billion annually.
- **Philanthropic Pledges:** Melinda French Gates is pivoting US\$12.5 billion toward the "unconscionably underfunded" sector of women's and girls' programming.
- **EU Resilience:** The Global Health Resilience Initiative (GHRI) was announced to combat health disinformation and support R&D.

Thematic Health Updates: UHC, NCDs, and CDOH

- **UHC & PHC:** Primary care is threatened by "corporatization," where profit-seeking enterprises risk prioritizing shareholder returns over relationship-oriented care. Additionally, a 96% palliative care deficit persists for children in LMICs.

- **NCDs:** A decade of NCD investment cases shows that while governance reforms have occurred, implementation remains slow and uneven across 60 countries.
- **Commercial Determinants (CDOH):** Firearm violence remains a "governance blind spot" at the WHO. Despite being commercial products manufactured by powerful industries, firearms are absent from the CDOH agenda. Simultaneously, the "**Big Three**" asset managers (BlackRock, Vanguard, State Street) are reinforcing "shareholder primacy" by voting against social and environmental initiatives in health-harming industries.

SRHR, Workforce, and Planetary Health

- **SRHR:** Heavy menstrual bleeding, affecting 30-50% of women, is identified as a "hidden burden" that reflects a lack of political urgency rather than a lack of clinical solutions.
- **Human Resources:** Africa's digital health transformation must place health workers at the center. Without deliberate investment in people, digital tools risk deepening system fragilities.
- **Planetary Health:** Scientists warn of a "Hothouse Earth" scenario. UN Secretary-General António Guterres has called for the global economy to move "**Beyond GDP**," overhaul accounting systems, and place true value on human well-being and the environment.

Access to Medicines and Technology

- **HPV Vaccine:** The single-dose rollout is a "game-changer," halving delivery complexity and reducing reliance on high-cost manufacturers in favor of Indian and Chinese diversification.
- **Ethics Controversy:** Director-General Tedros labeled a US-funded Hepatitis B trial in Guinea-Bissau "unethical" for denying newborns a proven, safe vaccine in a high-prevalence setting.
- **HIV Innovation:** South Africa has launched the first human trials for an HIV vaccine designed and led entirely by African scientists, a landmark for scientific sovereignty.

Conflict and Decolonize Global Health

- **Conflict:** Feminist scholars are demanding a reckoning with Western feminism's perceived complicity in the crisis in Palestine.
- **Decolonization:** Critics highlight the colonial legacy of prioritizing quantitative research over qualitative knowledge.
- **HPSR Under Threat:** Funding for Health Policy and Systems Research (HPSR) is at risk as development partners pivot away from systemic support, threatening the institutional memory of health systems in LMICs.

Some key reads of the week (AI selected from the Highlights section)

1. **S Lehtimaki;** [Global Public Health Insights](#); This post sets the scene for the urgent PABS negotiations, noting that vaccine equity remains uncertain as the May deadline looms.
2. **P Patnaik;** [Geneva Health Files](#); An essential analysis of how developing countries are demanding that solidarity be legally designed into the Pathogen Access and Benefit Sharing system.

3. **Health Policy Watch (HPW);** [HPW](#); A report on the new efficiency measures adopted by the WHO Board to save time and money amidst growing geopolitical tensions.
4. **P Patnaik;** [Geneva Health Files](#); This wrap-up explores how "sovereignty" is being used by countries to challenge the universality of global health governance.
5. **Munich Security Conference;** [Munich Security Report](#); **Must-read** annual report themed "Under Destruction," describing the current era of "wrecking-ball politics".
7. **HPW;** [HPW](#); Report on the European Commission's planned 26.5% cut to Global Fund contributions, signaling a shift away from multilateralism.
8. **Nicole Goldin;** [Devex](#); Analysis of how "middle powers" are becoming central to whether the global development system adapts or fractures.
9. **John Nkengasong;** [Project Syndicate](#); **Important read** urging African governments to achieve health sovereignty through domestic funding before the next pandemic.
10. **J D Mahama & J Kaseya;** [Devex](#); An argument that Africa can finance its own resilience by choosing efficiency and smarter spending over donor dependency.
11. **US State Dept;** [State.gov](#); Details on the new five-year bilateral health MOU between the US and Burundi under the "America First" strategy.
12. **Kent Buse et al;** [Devex](#); A proposed resistance agenda against the ideological tests and harms exported through the new PHFFA framework.
13. **The Aid Report;** [Devex](#); **Recommended** special publication documenting the "cascading system failures" and documented impacts one year after massive US aid cuts.
15. **Nelson A Evaborhene et al;** [BMJ Public Health](#); A strategic proposal for five priorities to consolidate Africa CDC's leadership in an age of fragmentation.
16. **J Clark et al;** [BMJ](#); **Important call** for papers focusing on the largely neglected geopolitical determinants of global health.
17. **J Stiglitz & Jayati Ghosh;** [Project Syndicate](#); A plea to salvage the global tax convention to ensure multinationals are taxed appropriately.
18. **J Downing et al;** [Lancet Child & Adolescent Health](#); A study estimating the massive global burden of serious health-related suffering in children, particularly in LMICs.
19. **L Jansen et al;** [Lancet Primary Care](#); A critical analysis of the risks inherent in the corporatisation and profit-prioritisation of primary care.
20. **UNDP;** [UNDP](#); A stocktaking report on a decade of investment cases for NCDs and mental health across 60 countries.
21. **D Peacock et al;** [HPW](#); Analysis of the "governance blind spot" at WHO regarding the commercial drivers of firearm violence.
22. **B Wood et al;** [Globalization & Health](#); Examining how the "Big Three" asset managers influence corporate governance in health-harming industries.
23. **Lancet Editorial;** [Lancet Obstetrics, Gynaecology & Women's Health](#); An editorial calling for urgent policy action to address the overlooked global burden of heavy menstrual bleeding.
24. **A E Bassey et al;** [Lancet](#); A letter arguing that the health workforce must be at the heart of Africa's digital transformation.
25. **Guardian;** [The Guardian](#); Scientists warn that climate tipping points could lock the world into a hellish "hothouse Earth" scenario.

26. **Nature Africa**; [Nature Africa](#); Coverage of Africa CDC's first continent-wide immunization plan focusing on domestic financing.
27. **Stat News**; [Stat](#); Report on WHO Director-General Tedros calling a US-funded vaccine trial in Guinea-Bissau "unethical".
28. **Nicola Pratt et al**; [International Feminist Journal of Politics](#); Roundtables exploring why Palestine is a feminist issue and challenging mainstream complicity in oppression.
29. **Kumanan Rasanathan**; [Alliance for HPSR \(LinkedIn\)](#); Analysis of the threats posed to health policy research as external aid budgets shrink.
30. **Transparency International**; [The Guardian](#); A report on the "worrying trend" of established democracies backsliding in the global index of corruption.