

IHP news 874: AI summary & key reads

Introduction

The current global health landscape is marked by a stark contrast between calls for holistic peace and the emergence of "apocalyptic" political rhetoric, such as a recent controversial tweet from the US President on World Health Day. Amidst this, the **One Health Summit** in Lyon emphasized the vital interdependence of human, animal, plant, and ecosystem health. A significant positive development is the launch of an 18-member High-level panel by the **Chancery of the Accra Reset**, aimed at reforming global health governance to centralize African and Global South voices. This initiative seeks a shift from dependency to sovereignty, ensuring that the next phase of the global health architecture is built *with* Africa, not just *for* it. However, critics argue that these discussions must include structural input from the next generation, who will be most affected by these long-term reforms. Simultaneously, the US saw the launch of the **People's Health Platform**, a 10-point plan focusing on universal healthcare, pandemic preparedness, and taxing billionaires.

Featured article

The featured article by Manu Gupta, "**The Communication Gap: Why Digital Health Governance in LMICs Needs a Strategic Shift**," warns that the rapid "digital renaissance" in low- and middle-income countries (LMICs) risks leaving behind the most vulnerable. While AI-enabled diagnostics and telehealth offer progress, there is a "sobering reality" where frontline staff struggle to navigate sophisticated systems. Gupta argues that if digital adoption continues to outpace digital and health literacy, new layers of exclusion will be created for the digitally excluded and linguistically marginalized. The article calls for a strategic shift to ensure those lacking agency can shape the tools and policies governing their care.

Highlights

World Health Day

World Health Day (7 April) centered on the theme "**Together for health. Stand with science**," marking the 78th anniversary of the WHO.

One Health Summit

The landmark **One Health Summit** in Lyon served as a flagship G7 event, highlighting the need for coordinated, science-based approaches to shared health threats. During the summit, the WHO assumed the chairmanship of the Quadripartite collaboration, taking an enhanced leadership role alongside the FAO, UNEP, and WOA. Financial commitments were substantial: the **European Commission** pledged €700 million to the Global Fund, while the **World Bank** announced a \$750 million investment for One Health activities, particularly in West and Central Africa. Additionally, the **Global One Health Diagnostics Access Compact (GO-Dx)** was launched by over 20 partners to accelerate diagnostics access and innovation.

Global Health Reform & International Development Cooperation reform

The **Accra Reset** initiative, championed by President John Mahama, is moving forward with its 18-member panel to restructure global health systems criticized for treating the Global South as passive participants. In parallel, the **UN80 Initiative** has entered a "delivery-focused phase," which includes a controversial preliminary assessment of a possible merger between **UN Women** and the **UNFPA**. Some member states have criticized this proposal for lacking robust evidence and potentially relying more on opinion than analysis. Further debate exists regarding institutional consolidation; while some advocate for merging organizations to increase efficiency, others warn that larger organizations often face higher coordination costs and may stifle the "realistic utopias" driven by smaller, specialized teams like MSF's Access Campaign. The **Medicines Patent Pool (MPP)** is also navigating this landscape, seeking a "godparent" organization to receive donor funds on its behalf as development budgets shrink.

Coming up: World Bank/IMF Spring Meetings

Ahead of the meetings in Washington DC, the **World Bank** faces criticism for an "internal reorganization" described by some as opaque in purpose. Observers have raised concerns that President Banga's involvement in the US-led "Board of Peace" may undermine the Bank's commitment to multilateralism. There is a growing call to challenge the paradigm shift from "donor to investor," as reliance on private capital mobilisation may deepen barriers to positive development outcomes. Experts like Attiya Waris are calling for three specific reforms: a new quota formula to give more voting power to developing economies, the inclusion of affected populations in shaping programs, and a shift toward legitimacy-based fiscal governance.

More on Global Health Governance & Financing

The World Bank's "**Pathways for a Fiscal Pivot**" explores how lower-middle-income countries can expand health spending through budget transfers and social contributions despite tightening fiscal spaces. Africa CDC continues to strengthen its leadership, appointing senior advisors to focus on health security, pooled procurement, and digital transformation. However, the impact of drastic **UK aid cuts** is being felt acutely in countries like Kenya, where unpaid community health workers are becoming "shock absorbers" for a shrinking system. This fiscal pressure is compounded by global debt arrangements that restrict the ability of nations to invest in their own clinics. Furthermore, research into "market shaping" suggests that while it can improve access to products, it risks building new forms of dependency if governance power remains asymmetrically located in the Global North.

Bilateral Health Agreements & US Global Health Strategy

The US is currently upending its delivery mechanism for HIV and malaria supplies, winding down the **Global Health Supply Chain Program (GHSC-PSM)** by May 30 without a clear replacement plan. This "emergency closeout" risks fresh chaos for laboratories and health services in 17 African countries and Haiti. Meanwhile, the Trump administration's **America First Global Health Strategy (AFGHS)** has faced criticism for its secrecy, as the terms of 28 negotiated deals remain undisclosed. Reports suggest these agreements may be leveraging health aid to extract concessions on unrelated policies. New MOUs have recently been signed with **Cambodia** and **Tajikistan**, promising millions in funding but also requiring increased domestic expenditures and Assuming greater ownership of commodity chains.

Trump 2.0

The preliminary FY 2027 budget request from President Trump seeks a **30% cut to foreign affairs spending**, including a \$4.3 billion reduction for global health. The request aims to eliminate disease-

specific accounts in favor of bilateral agreements to "dismantle the bloated ecosystem of foreign assistance profiteers". Proposed policies also include expanded "global gag rules" (Promoting Human Flourishing in Foreign Assistance) which bar funding for organizations addressing abortion or "gender ideology". Despite rhetoric against "Beltway Bandits," an analysis found that millions of dollars in aid were actually sent to large US-based contractors like Chemonics and FHI 360.

PABS Negotiations & PPPR

Scholar Ilona Kickbusch discusses "**chokepoint diplomacy**," arguing that health has long been a bargaining chip in international relations. She suggests that LMICs should use their control over pathogen data as leverage in the **Pathogen Access Benefit Sharing (PABS)** system negotiations at the WHO. In terms of pandemic preparedness, the WHO has launched R&D roadmaps for 10 pathogen groups to boost global readiness. Partners of the **100 Days Mission** are also calling for a "Therapeutics Development Coalition" to bridge the pipeline gap for future outbreaks. Additionally, new research emphasizes the need to rebalance power in infectious disease modelling, warning that AI-generated models from HICs often lack the contextual relevance needed for effective LMIC policy.

UHC & PHC

A recent *Lancet* letter highlights the devastating impact of **war economies** on health, noting that every 1% increase in military spending results in a 0.62% reduction in public health spending. In low-income countries, this reduction is even more intense at 0.962%. The letter argues that peace is a prerequisite for **Universal Health Coverage (UHC)** and that sanctions should be recognized as social determinants of health. On the reform front, a study of nine countries identified 10 recurring "shifts" toward **Primary Health Care (PHC)**-oriented systems, providing a framework for reformers to navigate political economy challenges.

SRHR

UN data shows that while women are living longer, they are not living "better" due to entrenched medical bias and a healthcare system historically designed without women in mind.

Commercial Determinants of Health

In the realm of obesity, the **World Obesity Federation** is calling for a shift away from individual blame toward addressing systemic drivers like commercial interests and structural inequities. This includes resisting "**health-washing**" by corporations; the **PAHO** recently dissolved a controversial partnership with the Ferrero Group following significant pushback regarding the appropriateness of aligning with ultra-processed food companies.

Planetary Health

A new **Lancet Commission on sea-level rise, health, and justice**, co-chaired by Christiana Figueres, will examine legal frameworks to hold countries accountable for climate-related health harms. An evaluation of the **Alliance for Transformative Action on Climate and Health (ATACH)** found progress in advocacy but noted that supporting country implementation and access to financing remains urgent. Furthermore, a conference in Colombia this April aims to find "actionable solutions" for a just transition away from fossil fuels, bypassing traditional UN consensus rules. These actions are critical as research warns that extreme heatwaves are already breaching the limits of human survival in various global hotspots.

Conflict/War & Health

The WHO is investigating the killing of a contractor in **Gaza** and warns of a total "health collapse" in the Middle East due to a massive funding shortfall. Only 37% of the required funds for the Eastern Mediterranean Region have been mobilized. War is also creating long-term environmental health risks; "black rain" laden with carcinogens from bombed oil depots in the Middle East poses a multigenerational risk of cancer. Additionally, the "climate cost of war" is increasingly recognized as a measurable and unavoidable factor in global emissions.

Access to Medicines, Vaccines & Technology

Innovative "subscription pricing" (the **Netflix model**) is being proposed for the HIV prevention drug lenacapavir to ensure unlimited access while controlling costs. However, trade tensions are rising after President Trump announced **tariffs of 15% to 100%** on patented medicines, framing pharmaceutical supply as a national security issue. While some "big pharma" companies reached onshoring deals to escape these tariffs, smaller companies may struggle to survive. In diagnostics, the war in Iran is threatening global **helium supplies** essential for MRI machines, risking diagnostic delays and rationing as hospitals are outbid by the chip industry.

Miscellaneous

The "manosphere"—a network promoting harmful **misogyny**—is reportedly on the rise in Africa, with experts noting its growth on social media. Finally, in **Senegal**, harsh new anti-gay legislation is threatening decades of progress in the HIV response as gay men flee the country to avoid arrest.

Some key reads of the week

1. **WHO**, [World Health Day 2026: Stand with Science](#), **WHO News**: This first read of the section calls for a global commitment to science and coordination to mark the anniversary of the WHO's founding.
2. **WHO**, [One Health Vision to Action](#), Read for the One Health subsection which details milestone initiatives launched in Lyon to protect human, animal, and environmental health.
3. **Health Policy Watch**, [Flurry of Pledges at G7 One Health Summit](#), **HPW**: A report on the substantial financial commitments made by the EC and World Bank to support global health security.
4. **Myjoyonline**, [Accra Reset Reform Panel](#), **Myjoyonline**: Introduces the 18-member panel tasked with centralising Global South voices in health governance.
5. **E. Fleutelot**, [Global Health Reform for Communities Beyond Institutions](#), **Think Global Health**: (Recommended read) Fleutelot argues that institutional consolidation must not sideline demand-side perspectives or human rights.
6. **M. Ahmed et al**, [A Clearer Case for Aid](#), **CGD Brief**: (Must-read one-pager) This brief provides a disciplined framework for official development assistance to deliver maximum impact amid fiscal pressures.
7. **C. Kenny et al**, [The World Bank's Self-Inflicted Crisis](#), **CGD Blog**: Warns that internal reorganisations are distracting the World Bank from urgent global needs.
8. **Bretton Woods Project**, [Spring 2026 Observer](#), **BWP**: A scan of critical issues including the dangers of shifting from a donor to an investor paradigm in development.

9. **Attiya Waris**, [The IMF's Spring Meetings Must Deliver Three Reforms](#), **Project Syndicate**: Waris identifies the need for new quota formulas and legitimacy-based fiscal governance to empower sovereign partners.
10. **C. Kurowski et al**, [Investing in Health: Pathways for a Fiscal Pivot](#), **World Bank**: Outlines strategies for lower-middle-income countries to expand health spending despite fiscal constraints.
11. **Chikwe Ihekweazu & Garry Aslanyan**, [Why Every Country Needs a Public Health Agency](#), **Think Global Health**: The authors explain how centralising public health functions under singular authorities improves coordination and accountability.
12. **Health Policy Watch**, [Drastic UK Aid Cuts Hit Fragile Systems](#), A report on how sudden aid reductions are forcing unpaid community health workers in Africa to sustain shrinking systems.
13. **Reuters**, [US Upends Global Supply Program](#), Highlights the risks of winding down the Global Health Supply Chain program without a transition plan.
14. **Emily Bass**, [Emergency Closeout of US Global Health Supply Chain](#), **Emily Bass Blog**: Details on reactive closeout plans in 21 countries that threaten the continuity of HIV and malaria services.
15. **Washington Post**, [Trump administration's secrecy on health deals](#), Concerns are raised regarding the lack of transparency for 28 bilateral health deals negotiated by the US administration.
16. **Devex**, [Trump's budget request calls for 30% cut](#), details the proposed slashing of global health and humanitarian assistance funds.
17. **New York Times**, [Trump's foreign aid overhaul and US contractors](#), An analysis showing that millions in aid were sent to large US-based contractors despite rhetoric against them.
18. **Guardian**, [Public health in US midterm campaigns](#), **Guardian**: A report on political candidates making universal access and reproductive rights central to their campaigns.
19. **Ilona Kickbusch**, [Health as a Strategic Leverage](#), (Must-read) A strategic analysis of "chokepoint diplomacy" and the use of health data as leverage in international negotiations.
20. **J. M. Aheto et al**, [Rebalancing power in infectious disease modelling](#), **PLOS Global Public Health**: A call for inclusive modelling to ensure AI-driven health analyses are contextually relevant to low-income settings.
21. **Alhadi Khogali et al**, [War economies and collapsing health systems](#), **The Lancet**: demonstrates how military spending surges result in direct reductions to public health budgets.
22. **A. Kalita et al**, [Primary health care-oriented reforms](#), **Health Policy and Planning**: An analysis of nine countries identifying system "shifts" needed to navigate the political economy of PHC reform.
23. **UN Women**, [From misdiagnosis to medical bias](#), **UN News**: explores how medical systems historically designed for men continue to fail women.
24. **Z. Gowers et al**, [Physical Activity in Obesity Prevention](#), **Obesity Reviews**: re CDH - Advocates for systemic solutions over individual blame for obesity.
25. **S. Barquera et al**, [Health partnerships risk legitimising harmful industries](#), **BMJ**: A critique of institutional "health-washing" through partnerships with ultra-processed food corporations.
26. **C. Figueres et al**, [Lancet Commission on sea-level rise, health, and justice](#), **The Lancet**: announces a commission to hold nations accountable for climate-related health harms.
27. **Health Policy Watch**, [WHO Contractor Killed in Gaza](#), **HPW**: Covers the investigation into the death of a health worker by Israeli fire.
28. **M. Rose et al**, [Subscription pricing for HIV prevention](#): Proposes a "Netflix model" to expand access to breakthrough drugs like lenacapavir.
29. **Guardian**, [The rise of Africa's manosphere](#), warns about the growth of harmful misogynistic networks across the continent.