IHPn 893: AI summary & some key reads

Introduction

The global health landscape is currently navigating a period of significant structural and environmental transitions. The newsletter highlights a shift in financing paradigms, noting the Gates Foundation's "landmark" **$540 million investment** in the Institute for Health Metrics and Evaluation (IHME), which occurs amidst broader calls for **health sovereignty** and the upcoming **Accra Reset** recommendations. Concurrently, the Democratic Republic of Congo is facing a dire **Ebola outbreak**, which is on track to become the largest in history as deaths surpass 2,000.

On the governance front, tensions between the WHO and the US White House have escalated following President Trump's controversial **vaccination policy changes**, which critics have labeled a "disgrace" to evidence-based science. Furthermore, the existential threat of **climate change** is increasingly recognized as a central pillar of global health reform, with leaders urged to reach social "tipping points" before environmental ones become irreversible. Finally, the newsletter underscores a disturbing "polycrisis" where urgent priorities, such as the rights and health of **20 million Afghan women and girls**, continue to be neglected by the international community.

Highlights

Global Tax Justice

Negotiations for a **UN Tax Convention** reached a critical stage in mid-August, with the Global South pushing for fairer rules to reshape how multinational corporations and the ultra-wealthy are taxed. Key debates involve **source-based taxation** and the potential for countries to opt out of specific protocols, which could impact the revenue available for public health systems.

Global Health Reform

Reimagining the global health architecture requires addressing systemic fragilities. A key read highlights how the **US withdrawal from the WHO** acts as a "phase transition," necessitating polycentric systems and regional hubs. Additionally, the **timeliness of WHO documentation** has deteriorated, potentially widening disparities by limiting the ability of countries with lower capacity to prepare for governance meetings.

More on Global Health Governance & Financing/Funding

The **World Bank** is emerging as a major player, with 2025 health commitments estimated at **$7 billion**, roughly 18% of all health aid. However, the institution faces challenges in prioritizing health within its demand-driven model. Other shifts include significant **UN staff cuts** (hardest hitting IOM and UNHCR) and a transition toward **local ownership** in programs like PEPFAR, which an architect of the program warns must adapt or risk collapse.

Ebola Emergency DRC

The **Bundibugyo Ebola outbreak** has outpaced response efforts, with 60-70% of deaths occurring in communities rather than treatment centers. New strategies include **door-to-door case finding** and the deployment of 30,000 community health workers. A significant controversy involves the rollout of a **"mismatched" vaccine** (Ervebo), which, while designed for the Zaire strain, is being deployed to provide potential cross-protection against Bundibugyo.

More on PPPR & GHS

Researchers are questioning the **return-on-investment (ROI)** estimates used by the WHO and World Bank for pandemic preparedness, suggesting they may be over-evidenced and unreliable. Meanwhile, a learning initiative on **national public health agencies** emphasizes that there is no "one-size-fits-all" model for effective governance during health emergencies.

Impact Aid Cuts & Journey Towards Health Sovereignty

Aid cuts are forcing countries like **Malawi** to rethink fiscal strategies, focusing on tax reforms, cost-cutting, and rooting out corruption to sustain health services.

Decolonize Global Health

The discourse on decolonization is expanding beyond identity to **structural transformation**, critiquing the role of domestic elites and the "neoliberal, feudalist global economic order" in perpetuating health inequities. There is also a call to recognize **"islandness"** as a unique analytic category in health research.

Trump 2.0, US Global Health Strategy & Bilateral Health Agreements

The US is shifting toward **faith-based partnerships**, with a historic $2 billion allocation, while simultaneously closing its **CDC program in Zimbabwe**. The administration has also issued an executive order questioning the childhood vaccine schedule, reducing recommended shots from 18 to 11 without immunological evidence.

Mental Health

There is a strong push to merge **neurological and psychiatric classifications** in the ICD-12 to reflect the interdependence of brain and mind. Additionally, environmental treaties are being urged to address the **psychosocial impacts** of climate change and pollution.

Commercial & Social Determinants of Health

Progress on **Social Determinants of Health (SDH)** remains limited despite decades of research. Experts call for a reorientation toward **agency and action**, moving away from "Health in All Policies" as a rhetorical device toward one that sets non-negotiable boundary conditions.

Digital Health & AI/Health

While AI offers promise, it poses "near-term" public health risks, including **algorithmic bias**, health disinformation, and its potential to enable chemical and biological weapon development. Improving access to accurate digital health information is now seen as essential to global health security.

Planetary Health

As **COP31** approaches, the Amazon nears a tipping point and ocean temperatures set records. The concept of **"climateflation"** is introduced to describe how environmental breakdown makes everyday life more expensive, potentially fueling political radicalization and inequality.

Access to Medicines, Vaccines & Other Health Technologies

Addressing the **diabetes epidemic** in LMICs requires policy lessons from the HIV response, adapted to a much larger scale. In West Africa, while average immunization coverage has improved, **equity reversals** in countries like Ghana and Mali highlight that average metrics are insufficient.

Conflict/War & Health

Armed conflicts are driving unprecedented disability levels, particularly in **Gaza**, yet disability inclusion remains an "afterthought" in humanitarian responses.

Miscellaneous

The newsletter concludes by highlighting the **cholera outbreaks** spreading across West and Central Africa and the pitfalls of announcing major regulatory policies via medical journals rather than established administrative processes.

Some Key Reads of the Week

1. **Devex** – UN tax talks reach critical stage as global south pushes for fairer rules. Delegates from 100+ countries are negotiating a treaty that could reshape global wealth distribution.
2. **The Swedish Association for Sexuality Education** – Safeguarding Rights in Transition. **Important read** on sexual and reproductive rights during the transformation of the global health architecture.
3. **Lutchmie Narine; Global Public Health** – Beyond restoration: Tipping points, leverage points and the reimagination of global health architecture. Argues the old global health equilibrium is gone and identifies structural interventions for a new system.
4. **IHME** – With landmark 10-year investment, IHME will deliver more local, timely health evidence. A $540.2 million grant from Gates to expand the Global Burden of Disease study to 5,000 locations.
5. **R Eldridge, P Baker et al; CGD** – Is the World Bank Ready for a Bigger Role in Global Health Financing?. **Must-read** policy paper analyzing the Bank's $7 billion health portfolio and its future role.
6. **A B Santos Dominguez et al; MJGH** – Network Fragmentation and the 2025 Funding Shock. Examines early-warning signs of declining resilience in the WHO's financing architecture.
7. **Ben Simms et al; Plos GPH** – The future of global health partnerships. Outlines a contemporary model for international cooperation based on reciprocal learning and mutual benefit.
8. **L R Rosenzweig; CGD** – AI Philanthropy Should Buy the Breakthroughs Markets Won't. Suggests new AI wealth should fund "pull" mechanisms for innovations markets ignore.
9. **UN News** – Ebola deaths top 2,000 as scientists race to develop vaccine. Reports on the grim milestone in the DRC's second-largest recorded outbreak.

10. **HPW** – With Over 2000 Dead, Priority is to 'Break the Chains' of Ebola Transmission. Focuses on the WHO's priority of community-based surveillance to interrupt transmission.
11. **Science Insider** – 'Mismatched' vaccine being rolled out against Ebola outbreak. **Must-read** on the ethical and scientific questions surrounding the use of the Ervebo vaccine against the Bundibugyo strain.
12. **A Amuri-Aziza et al; Nature Medicine** – Emergence of a Bundibugyo virus variant in the 2026 outbreak. Phylogenetic analysis suggests the current outbreak was caused by a new zoonotic spillover.
13. **G W Brown et al; Health Economics, Policy and Law** – An investment too good to be true?. Reassesses the reliability of WHO and World Bank ROI estimates for pandemic preparedness.
14. **Alliance for HPSR** – No one-size-fits-all: webinar on national public health agencies. Shares evidence base to support countries rethinking their public health governance.
15. **Devex** – Aid cuts compel Malawi lawmakers to 'think outside the box'. Reports on how parliamentarians are navigating fiscal prudence and cost-cutting due to aid reductions.
16. **Abir Ibrahim; Substack** – Africa Is Not Developing. It Is Recovering. Discusses how semantics in describing Africa's trajectory impact the cost of capital.
17. **Jens Holst; JGPOH** – Broadening the decolonisation of global health. Calls for systemic transformation that addresses the neoliberal global economic order.
18. **R Borst; BMJ GH** – Where are the non-sovereign islands in health policy and systems research?. Argues that decolonizing global health requires treating "islandness" as a specific analytic category.
19. **Devex Pro** – US announces nearly $2B in 'historic' faith-based partnerships. The largest allocation of global health aid to faith-based organizations in two decades.
20. **Emily Bass; Substack** – US State Dept Causes Closure of CDC Zimbabwe. Analyzes the impact of the Trump administration's fund transfer strategy on global health programs.
21. **Stat** – Trump returns to controversial vaccine policy with order questioning childhood schedule. Reports on a new executive order made without immunological evidence.
22. **P White et al; Lancet** – Towards a joint classification of neurological and psychiatric disorders. Proposes merging ICD chapters to reflect the interdependence of brain and mind.
23. **M Kumar et al; Nature** – Why environmental treaties must also address mental health. Argues for recognizing treaties like the UNFCCC as policy instruments shaping psychological well-being.
24. **J Berenson et al; International Journal for Equity in Health** – From knowledge accumulation to transformative action. Identifies limitations in social determinants research and calls for a shift toward implementation.
25. **Habib Benzian; Substack** – Let's Take a Walk. Reflections on the normalization of inequality and the limits of "Health in All Policies".
26. **Nature Medicine** – Reinventing health communication for the digital era. Explains why access to accurate, evidence-based information is essential to global health.
27. **Richard C. Armitage; Global Public Health** – Near-term artificial intelligence risks to be considered a public health problem. Outlines risks like algorithmic bias and lethal autonomous weapons as public health problems.
28. **Devex Pro** – Could COP31 be the end of negotiations?. Discusses the shift in climate talks from blockbuster deals toward implementation and finance.
29. **R M Katz-Rosene et al; The Conversation** – Welcome to 'climateflation'. Research proposing a new way of thinking about how climate breakdown makes everyday life more expensive.
30. **Nature Editorial** – The forgotten 20 million: why is the world neglecting Afghanistan's girls and women?. A call to action regarding the international community's failure to protect half of Afghanistan's population.