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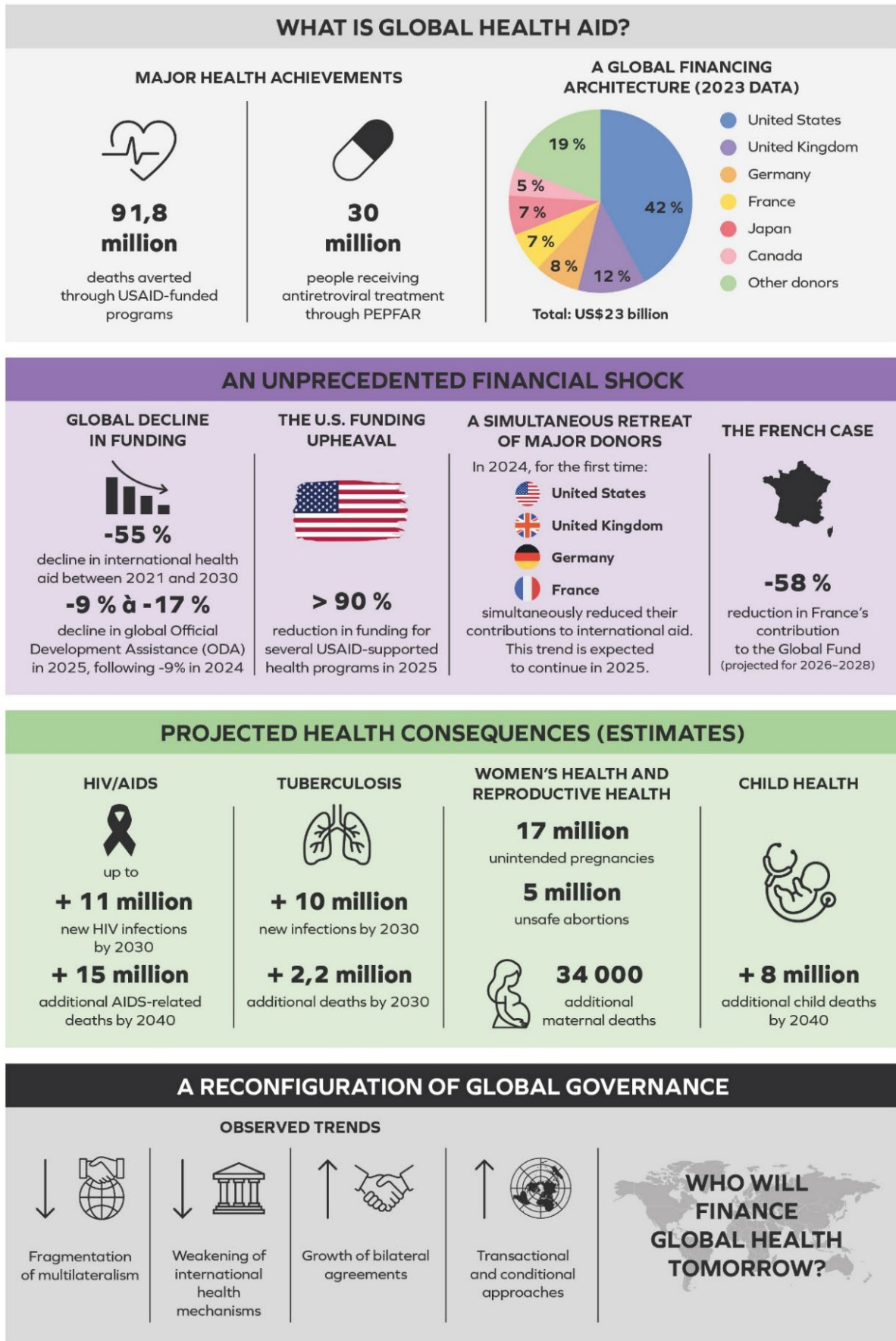
International Health Aid Under Threat: Scope and Challenges



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Key figures¹



AN UNPRECEDENTED FINANCIAL SHOCK

GLOBAL DECLINE IN FUNDING



-55 %

decline in international health aid between 2021 and 2030

-9 % à -17 %

decline in global Official Development Assistance (ODA) in 2025, following -9% in 2024

THE U.S. FUNDING UPHEAVAL



> 90 %

reduction in funding for several USAID-supported health programs in 2025

A SIMULTANEOUS RETREAT OF MAJOR DONORS

In 2024, for the first time:

-  United States
-  United Kingdom
-  Germany
-  France

simultaneously reduced their contributions to international aid. This trend is expected to continue in 2025.

THE FRENCH CASE



-58 %

reduction in France's contribution to the Global Fund (projected for 2026-2028)

PROJECTED HEALTH CONSEQUENCES (ESTIMATES)

HIV/AIDS



up to

+ 11 million

new HIV infections by 2030

+ 15 million

additional AIDS-related deaths by 2040

TUBERCULOSIS



+ 10 million

new infections by 2030

+ 2,2 million

additional deaths by 2030

WOMEN'S HEALTH AND REPRODUCTIVE HEALTH

17 million

unintended pregnancies

5 million

unsafe abortions



34 000

additional maternal deaths

CHILD HEALTH



+ 8 million

additional child deaths by 2040

A RECONFIGURATION OF GLOBAL GOVERNANCE

OBSERVED TRENDS



Fragmentation of multilateralism



Weakening of international health mechanisms



Growth of bilateral agreements



Transactional and conditional approaches



WHO WILL FINANCE GLOBAL HEALTH TOMORROW?

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- ¹ African Society for Laboratory Medicine. (2025). *Impact report*. [Impact-Report-FA.pdf](#)
- Bajaj, S. (2025). Trump blew up the global fight against AIDS. Can it recover? *Nature*, **641**, 22–25. <https://doi.org/10.1038/d41586-025-01294-7>
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- The Lancet. (2025). The Global Fund and the future of global health. Nov 29;406(10519):2509. DOI: [10.1016/S0140-6736\(25\)02421-3](https://doi.org/10.1016/S0140-6736(25)02421-3)

Executive Summary

Global health is currently facing a crisis characterized by the gradual decline in the involvement of several major Western donors, the weakening of multilateral mechanisms, and the emergence of bilateral and transactional approaches to international relationships. These changes are part of a broader trend toward the redefinition of states' strategic priorities, against a backdrop of domestic budgetary pressures and major geopolitical realignments.

The developments underway in the United States since Donald Trump's re-election to the White House in January 2025 constitute one of the most destabilizing factors in this transformation. Withdrawal from the World Health Organization (WHO), funding cuts, administrative restructuring, and strategic reorientations affecting, in particular, the United States Agency for International Development (USAID), the National Institutes of Health (NIH), and several federal public health agencies are undermining international capacities for prevention, epidemiological surveillance, biomedical research, and response to health crises. At the same time, the United States is developing bilateral and transactional forms of health cooperation, as illustrated by several Memoranda of Understanding (MoUs) signed with several African states as part of the "America First Global Health Strategy." These agreements raise serious questions regarding the national ownership of recipient states, the governance of health data, and, more broadly, the evolution of the principles that have until now structured international health cooperation.

The trend toward disengagement from global health is not limited to the United States alone. Similar developments, albeit varying in nature and intensity, are also being observed in Europe. In France, the United Kingdom, Germany, and at the European Union level, budgetary constraints, new strategic

priorities—particularly those related to security and defence—and growing geopolitical tensions are leading to a reduction or partial reorientation of funding allocated to global health and development aid.

The consequences of this realignment are significant. In many low- and middle-income countries, the decline in international funding is undermining essential programs to combat infectious diseases, to implement vaccination and maternal and child health, as well as critical public health infrastructure. These developments may also contribute to instability in fragile institutional settings and should be considered within a broader international security framework.

Through this report, the French Academy of Sciences seeks to alert the scientific community, public policymakers, and stakeholders in the health and development sectors to the urgent need to preserve international capacities in public health, research, and scientific cooperation, and to the necessity of building new forms of global cooperation based on multilateralism and adapted to contemporary geopolitical realities. It reiterates that investment in global health is not a matter of charity or aid, but rather an imperative for collective security, geopolitical stability, and the resilience of contemporary societies. Health should be regarded as a global public good.

In the face of shrinking public funding, new ways of mobilizing resources must be explored, particularly through philanthropic contributions. However, this supplementary funding can only make a sustainable contribution to global health if it operates within transparent governance frameworks coordinated with public institutions and multilateral mechanisms.

Furthermore, the current restructuring of international health governance confers a

special responsibility on the European Union (EU). Drawing on its scientific capabilities, its public health institutions, and its historic commitment to multilateralism, the EU is called upon to help preserve and renew the mechanisms of international cooperation upon which global health security is dependent. Initiatives such as the international agreement on pandemics negotiated within the framework of the WHO demonstrate the possibility of rebuilding forms of cooperation adapted to contemporary challenges and, as such, deserve increased support.

Finally, more broadly, the French Academy emphasizes that preserving these mechanisms requires independent scientific expertise that is closely integrated into decision-making and governance processes and fully incorporates the knowledge and experience of scientists from the Global South. The ability to prevent, detect, and control health threats relies on mechanisms for scientific and public health cooperation whose benefits extend to all populations, in both the South and the North, and whose weakening would pose a major risk to global health security.

Preamble

This report stems from concerns raised by recent developments in international health aid policies, particularly the decisions made by the United States in early 2025 regarding its withdrawal from global health mechanisms. These developments led the French Academy of Sciences to examine their consequences for the affected health systems, as well as their broader implications for international health governance, scientific cooperation, and global health security.

In the course of its work, the working group observed that the changes noted were not limited to the United States alone. They are part of a broader trend toward a reassessment

of the strategic and budgetary priorities of many countries and international institutions, leading to a gradual reconfiguration of global health financing and cooperation mechanisms.

To shed light on these issues, the group conducted a series of hearings and interviews with institutional, scientific, and operational stakeholders involved in the fields of global health, biomedical research, epidemiological surveillance, and biosecurity. The analyses presented in this report draw on contributions from experts at international organizations, research institutions, and scientific cooperation networks active in these fields.

Some Important Definitions

International health aid refers to all funding, programs, infrastructure, and cooperation initiatives designed to support health systems, the fight against infectious diseases, vaccination, epidemiological surveillance, and the training of health personnel in low- and middle-income countries. Historically, this aid has been provided by a range of bilateral and multilateral, philanthropic, and nongovernmental actors.

Global health security refers to the collective capacity of states and international organizations to prevent, detect, and contain threats that could affect public health on a large scale, particularly epidemics and pandemics. It relies on systems for surveillance, data sharing, early warning, diagnostic capabilities, and international coordination.

Biosafety (or biological safety) refers to all technical, organizational, and regulatory measures aimed at preventing accidental exposure to biological agents, as well as their unintentional release into the environment. Biological security refers to all measures aimed at preventing unauthorized access, theft, misappropriation, or the intentional use of biological agents, toxins, materials, data, or biotechnologies for malicious purposes. Biosafety and biosecurity rely on robust infrastructure, technical expertise, control systems, and sustainable international cooperation.

Introduction

President Trump's return to the White House in January 2025 was accompanied by an immediate and profound reevaluation of U.S. policies supporting science, research, and international aid, particularly in the field of health. The *executive order*² signed on January 20, 2025, launched a comprehensive reassessment of U.S. foreign aid and paved the way for a major reduction in USAID programs [see box 1].

While the decisions made by the new U.S. administration represent a major turning point, they also fit into a broader context of transformation in international funding for public health research and health security over the past few years. This support relies on numerous actors—governments, organizations, and private entities—whose priorities, motivations, modes of intervention, and capacities for action have undergone profound changes. This observation has led the French Academy of Sciences to examine the consequences of these changes on the resilience of international systems in the face of biological and health risks.

Indeed, the current reconfiguration of international health aid is not limited to changes in development policies or mechanisms of global cooperation. It also affects the global architecture for the prevention, detection, and response to biological risks. In a context characterized by the risk of infectious disease outbreaks, the rapid rise of biotechnology, and growing geopolitical tensions, public health systems

must now be considered essential components of international security.

The motivation to prepare this report thus originated from the perception of the risk inherent to the restructuring of international health financing, which is simultaneously weakening public health capacities and the mechanisms essential to biosafety and biosecurity. The issue thus extends beyond the realm of development aid to low- and middle-income countries: it more broadly concerns the resilience of international systems in the face of contemporary biological risks. In this regard, the COVID-19 pandemic has underscored the interdependence of health systems and the need to maintain collective capacities for prevention, surveillance, and response to health crises.

This report is organized around three main themes. It first examines the current restructuring of international health aid, characterized by the relative decline of major Western donors and the emergence of new approaches to influence and cooperation. It then analyses the health and scientific consequences of these developments on the capacity to prevent, monitor, and respond to infectious disease crises as well as major public health challenges, particularly in the areas of maternal, child, and reproductive health. Finally, it explores the geopolitical, biosecurity, and global governance implications associated with the gradual weakening of multilateral public health mechanisms.

² The White House. (2025). *Reevaluating and Realigning United States Foreign Aid*. [Reevaluating And Realigning United States Foreign Aid – The White House](#)

1. The Reconfiguration of International Health Aid³

Globally, international health aid, estimated at 80 billion U.S. dollars in 2021, had fallen to just 54 billion by 2024 and, according to projections if current trends continue, will stand at 36 billion in 2030⁴.

The U.S. withdrawal represents a major disruption to international health aid and may bear significant consequences for the global system of biomedical research and public health. Its official withdrawal from the WHO—initiated at the start of Donald Trump’s second term and taking effect in January 2026—is one of the most symbolic manifestations of this challenge to health multilateralism. This decision is part of a broader realignment of U.S. international commitments, marked by a series of revisions affecting global health cooperation, funding, and governance mechanisms.

As the world’s leading funder of biomedical research, the NIH⁵ has undergone changes since 2025 that have raised serious concerns within the scientific community. Although the Trump administration’s proposals for massive cuts to its federal budget (up to 40% for fiscal year 2026) were ultimately rejected by Congress, the overall maintenance of funding levels does not alleviate concerns regarding the agency’s ongoing transformations⁶. One of the most widely discussed changes involves the increased use of a *forward funding* mechanism, which consists of committing the full amount of funding for a multi-year grant

in the first year. Whereas funding was traditionally distributed in successive annual instalments, this new management approach immediately commits a much larger portion of the available funds. With a constant annual budget, the number of new grants that can be awarded each year therefore automatically decreases, as each project consumes all the resources allocated over several fiscal years as soon as it is launched⁷.

The strategic guidelines recently published by the leadership of the National Institute of Allergy and Infectious Diseases (NIAID) reflect a significant shift in priorities in public health and biomedical research⁸. The explicit refocusing of funding on issues directly affecting the U.S. population, the reevaluation of certain pandemic preparedness policies, and the tightening of regulations governing certain high-risk research all point to a broader shift toward a more national, security-oriented, and transactional approach to global health.

At the same time, the Department of Government Efficiency (DOGE)—an agency established in early 2025 under the leadership of billionaire Elon Musk before being dissolved a few months later—played a major role in reorienting federal priorities. In particular, the DOGE led the NIH and the National Science Foundation (NSF) to halt several thousand research projects that “no longer aligned with priorities.” The Trump administration also

³ See also: Lamiaux, M., de Courcelles, S., Pizarro, L., & Delfraissy, J.-F. (2026). “Global Health: Between Crises and Prevention,” *Le Grand Continent*, April 14, 2026. <https://legrandcontinent.eu/fr/2026/04/14/sante-mondiale-futur/>.

⁴ The Lancet. (2025). The Global Fund and the future of global health. Nov 29;406(10519):2509. DOI: [10.1016/S0140-6736\(25\)02421-3](https://doi.org/10.1016/S0140-6736(25)02421-3)

⁵ Considered here to be a single federal institution, the authors have opted to use the singular form for NIH.

⁶ Even when not actually implemented, announcements of massive cuts to federal funding fuel a climate of instability that can slow hiring, discourage young researchers, and undermine the long-term visibility essential to biomedical research programs. Jaffe, S. (2025). Grants under threat at the US National Institutes of Health. *The Lancet*, **406**, (10522). [https://doi.org/10.1016/S0140-6736\(25\)02590-5](https://doi.org/10.1016/S0140-6736(25)02590-5)

⁷ Jaffe, S. (2025). Grants under threat at the US National Institutes of Health. *The Lancet*, **406**, (10522). [https://doi.org/10.1016/S0140-6736\(25\)02590-5](https://doi.org/10.1016/S0140-6736(25)02590-5)

⁸ Taubenberger, J.K., Powers, J.H., & Bhattacharya, J. (2026). The new vision from the National Institute of Allergy and Infectious Diseases (NIAID). *Nature Medicine* **32**, 791–792. <https://doi.org/10.1038/s41591-025-04160-1>

used the DOGE to reduce the workforce at federal scientific agencies: thousands of employees were laid off, accepted voluntary separation agreements, resigned, or took early retirement, resulting in a significant loss of scientific and administrative expertise⁹. The

staff who remained on the job now manage smaller portfolios, following the elimination of numerous programs related to diversity, vaccination¹¹, HIV, COVID-19, and climate change (see Fig. 1 for the NIH).

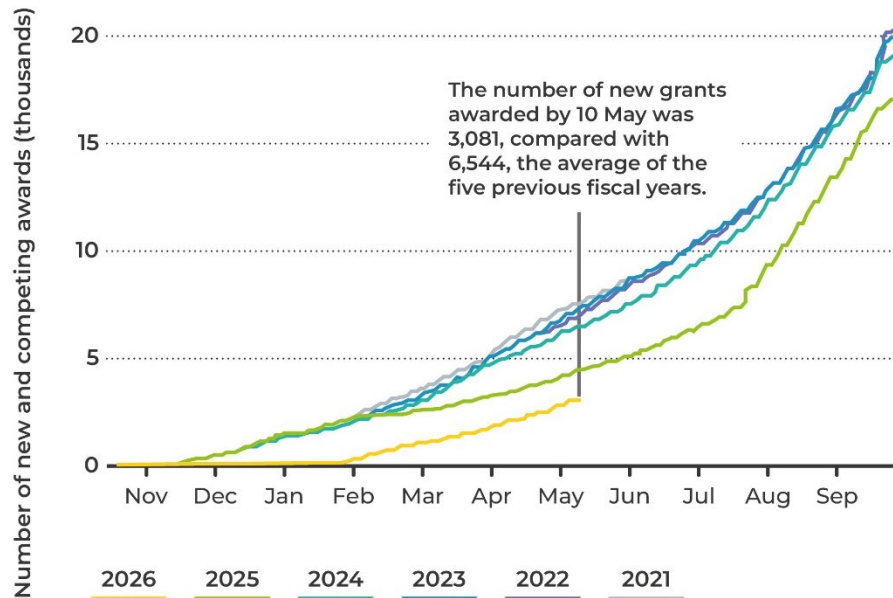


Figure 1: Number of new grants awarded by the NIH (in thousands) – from 2021 through 2026. To date in 2026, the NIH has awarded less than half the number of new grants and renewals submitted compared to the same period over the past five fiscal years, on average. One of the main factors slowing down the grant award process in some of the 27 NIH institutes and centers is a shortage of staff. Source: Jaffe (2025).

These measures have also affected two key U.S. public health institutions: the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC [see box 1]). The CDC has faced significant budget cuts and job eliminations¹², particularly affecting its epidemiological surveillance, public health emergency preparedness, and infectious disease prevention activities. The FDA, for its part, has experienced staff reductions affecting several scientific and regulatory

functions, raising concerns about its ability to fully carry out its missions of evaluating drugs, vaccines, and medical devices.

In 2025 alone, more than 7,800 grants were reportedly suspended, frozen, or eliminated, while approximately 25,000 researchers, experts, and technical staff reportedly left federal research and public health institutions. Additional budget cuts, estimated at nearly 35%—or approximately 32 billion U.S. dollars—have also been proposed¹³.

⁹ In particular, the NIH's operations have been severely impacted by the loss of a significant number of *Grants Management Specialists* (GMS), who are essential to the administrative, financial, and operational management of research funding. Nearly 20% of NIH staff are reported to have left their positions over the past year, leading to increasing disruption in grant award and monitoring procedures. Kozlov, M. (2026). NIH staffing shortage could slash number of new grants issued this year. *Nature*. <https://doi.org/10.1038/d41586-026-01537-1>

¹⁰

¹¹ See, for example: *The Washington Post*. (2025). *NIH to terminate or limit grants related to vaccine hesitancy and uptake. NIH to terminate or limit grants related to vaccine hesitancy and uptake - The Washington Post*

¹² See, for example: Reuters. (2025). *Trump administration proposes cutting FDA budget by 5.5%. Trump administration proposes cutting FDA budget by 5.5% | Reuters*

¹³ Kozlov, M., Tollefson, J., Garisto, D., & Albrecht, K. (2026). Lost science: U.S. science after a year of Trump. *Nature*. <https://www.nature.com/immersive/d41586-026-00088-9/index.html>

Beyond budgetary constraints and staff reductions, several ongoing regulatory changes could also impair the governance structure of federal research. Reform proposals under consideration by the U.S. administration aim to strengthen the role of policymakers in the final approval of certain funding allocation decisions, raising questions about whether peer review will continue to play a central role in the research system¹⁴.

These developments affect international aid for health development. In 2023, USAID managed more than 43 billion U.S. dollars in aid across approximately 130 countries¹⁵ [see box 1]. Specifically, the USAID budget cuts announced in 2025 primarily affect certain essential social and health sectors, reflecting an ideological challenge to policies related to human rights, reproductive health, and international governance.

The announced reductions amount to¹⁶ :

- 84% for pandemic prevention,
- 86% for access to water and sanitation,
- 92% for maternal and child health,
- 94% for family planning,
- 96% for programs related to governance, mediation, and consensus-building,
- 99% for primary and secondary education.

In 2023, the U.S. also remained the WHO’s largest contributor, accounting for approximately 18% of its funding, ahead of philanthropic contributions from the Bill & Melinda Gates Foundation. More broadly, the U.S. contribution alone accounted for nearly 42% of global funding for international health aid at that time—equivalent to the combined total of the next ten largest contributors (see Fig. 2)¹⁷. Consequently, the decline in U.S. contributions (38%) has systemic effects that are incomparable to those observed in other donor countries.

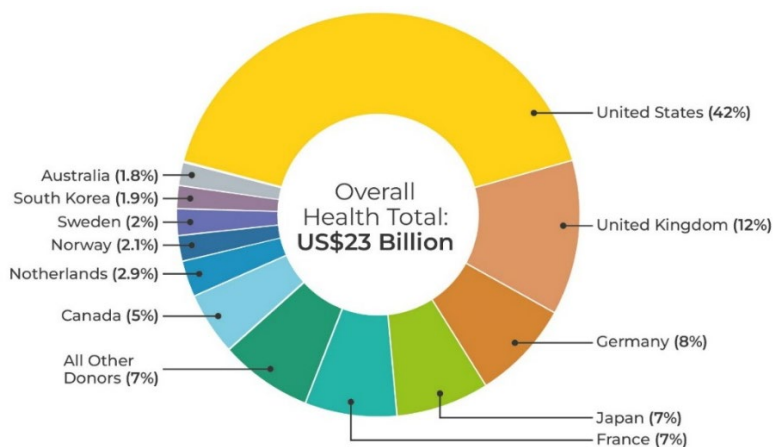


Figure 2: Leading government donors to international health aid in 2023. Source: KFF.

¹⁴ Elizabeth Ginexi, a former NIH program officer, analyzes the changes proposed by the Office of Management and Budget (OMB) as likely to increase political interference in final decisions regarding the allocation of federal research grants. See: Ginexi E. (2026). *Summary of Key Changes in OMB’s Proposed Rule*, Substack, [Summary of Key Changes in OMB’s Proposed Federal Financial Assistance Rule](#)

¹⁵ Cavalcanti, D., de Oliveira Ferreira de Sales, L., da Silva, A., et al. (2025). Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality through 2030: a retrospective impact evaluation and forecasting analysis. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(25\)01186-9](https://doi.org/10.1016/S0140-6736(25)01186-9)

¹⁶ Sandefur, J. & Kenny, C. (2025). USAID Cuts: New Estimates at the Country Level. *Center for Global Development*. [USAID Cuts: New Estimates at the Country Level | Center for Global Development](#)

¹⁷ Kaiser Family Foundation (KFF). (2025). *U.S. Global Health Budget Figures*. [U.S. Global Health Budget Figures | KFF](#)

The consequences are particularly pronounced in Africa, notably through the weakening of the President's Emergency Plan for AIDS Relief (PEPFAR) [see box 1], a historic pillar in the

fight against HIV/AIDS and a major source of support for numerous programs focused on prevention, testing, and access to treatment, as well as for malaria-related initiatives.

Box 1: The U.S., architects of the global health system established 30 years ago. This is evidenced by three key components of international health aid.

USAID, a major player in international health aid through 2025

Tracing its origins to the Marshall Plan for aid to Europe after World War II, the United States Agency for International Development (USAID) was established on November 3, 1961, by an executive order signed by President John Fitzgerald Kennedy. Long regarded as one of the main instruments of U.S. international aid, this agency is a key player in global health, with a presence in more than 130 countries. In 2023, USAID managed more than 43 billion U.S. dollars in foreign aid and was active in a wide range of critical areas (combating infectious diseases, maternal and child health, vaccination, nutrition, access to water and sanitation, epidemiological surveillance, strengthening health systems, and responding to humanitarian crises).

Prior to 2025, USAID worked in close collaboration with other U.S. federal agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), universities, research centers, international NGOs, and local institutions. This model combined funding, scientific expertise, operational capacity, and training support, contributing to the sustainable development of health infrastructure and scientific networks in many low- and middle-income countries.

Programs supported by USAID are estimated to have contributed to a 15% reduction in all-cause mortality and a 32% reduction in mortality among children under five over the past two decades¹⁸. Between 2001 and 2021, approximately 91.8 million deaths are estimated to have been prevented, including 30.4 million among children. The most significant declines in mortality have been observed for HIV/AIDS (–65%), malaria (–51%), and neglected tropical diseases (–50%)¹⁹.

Beyond these direct health outcomes, USAID has helped build essential public health infrastructure (laboratories, information systems, supply chains, infectious disease surveillance, diagnostic capabilities, and clinical research). This infrastructure played a particularly critical role during the COVID-19 pandemic²⁰.

PEPFAR: A Cornerstone of Global Health Since 2003

Established in 2003 under President George W. Bush, the President's Emergency Plan for AIDS Relief (PEPFAR) is one of the largest international public health programs ever implemented. Initially focused on combating HIV/AIDS, it has provided access to antiretroviral treatments for more than 30 million people and helped save tens of millions of lives, primarily in sub-Saharan Africa²¹. Since its inception, the program has mobilized more than 120 billion U.S. dollars in the global fight against HIV/AIDS²², thereby funding 70% of the global response²³.

Beyond HIV care, PEPFAR has gradually contributed to the development of health systems in many countries. The capabilities mobilized during the COVID-19 pandemic in several African countries—particularly in the areas of diagnostics, genomic surveillance, and clinical trials—relied heavily on infrastructure initially developed through investments by PEPFAR and associated HIV research programs.

¹⁸ African Society for Laboratory Medicine. (2025). *Impact report*. [Impact-Report-FA.pdf](#)

¹⁹ African Society for Laboratory Medicine. (2025). *Impact Report*. [Impact-Report-FA.pdf](#)

²⁰ Quarraisha Abdool Karim, personal communication, April 2026.

²¹ Bajaj, S. (2025). Trump blew up the global fight against AIDS. Can it recover? *Nature*, **641**, 22–25. <https://doi.org/10.1038/d41586-025-01294-7>

²² African Society for Laboratory Medicine. (2025). *Impact Report*. [Impact-Report-FA.pdf](#)

²³ Bajaj, S. (2025). Trump blew up the global fight against AIDS. Can it recover? *Nature*, **641**, 22–25. <https://doi.org/10.1038/d41586-025-01294-7>

The NIH: At the Heart of Global Biomedical Research

The National Institutes of Health (NIH) is the world's leading public funder of biomedical research. Established in the late 19th century and organized into several specialized centers, it plays a central role in funding basic, translational, and clinical research in fields such as infectious diseases, cancer, neuroscience, genomics, and public health.

The NIH funds not only major universities and research centers in the U.S., but also numerous international partnerships, particularly in Africa, Asia, and Latin America. Its funding model has contributed to the development of global scientific networks and the sustainable strengthening of research capacity in many low- and middle-income countries. Institutions such as CAPRISA²⁴ in South Africa have thus been able to set their own scientific priorities thanks to direct funding from the NIH and PEPFAR.

NIH investments have played a major role in several decisive advances in global health, particularly in the fight against HIV/AIDS, tuberculosis, emerging diseases, and, more recently, the COVID-19 pandemic. The scientific infrastructure supported by the NIH has also enabled the rapid development of vaccine trials, diagnostic capabilities, and genomic surveillance.

A Broader, Structural Decline in Western Funding

The Trump administration's decisions are part of a broader trend of declining Western funding for official development assistance and global health. According to estimates by the Organization for Economic Cooperation and Development (OECD)²⁵, official development assistance (ODA) is projected to decline by 9 to 17% by 2025, following a decline estimated at 9% in 2024. For the first time in more than thirty years, the four leading historical donors of global aid—the U.S., France, Germany, and the United Kingdom—have simultaneously reduced their contributions. This trend appears to be continuing in 2025. In fact, for the first time,

these four countries will reduce their aid for two consecutive years.

The 8th resource mobilization campaign of the Global Fund to Fight AIDS, Tuberculosis and Malaria²⁶ (or simply the Global Fund) resulted, for the first time, in a 20% decline to 12.64 billion US dollars²⁷. This decline for the 2026–28 period stems primarily from G7 members (with cuts ranging from 15% to over 50% depending on the country²⁸—only the European Commission has not announced any substantial cuts), while private contributions remain stable²⁹. The decline is therefore not the result of a marginal or peripheral withdrawal, but rather a major weakening by

²⁴ Center for the AIDS Program of Research in South Africa (CAPRISA). *Home page*. [CAPRISA official website](#)

²⁵ Organization for Economic Cooperation and Development. (2025). *Cuts in official development assistance*. [Cuts in official development assistance \(EN\)](#) or [Reductions in official development assistance: Full Report | OECD](#)

²⁶ The Global Fund is now one of the main multilateral instruments for financing global health. Its evolution thus serves as a particularly revealing indicator of the geopolitical and budgetary priorities of major donor countries. Historically funded by the G7 countries to nearly 90%, it directly reflects the budgetary trade-offs made by Northern countries regarding collective action and global health security.

²⁷ "The Global Fund's Board of Directors applauds the US\$12.64 billion raised during the eighth replenishment and supports a strategic shift toward country self-reliance." The Global Fund to Fight AIDS, Tuberculosis and Malaria (2026). *Global Fund Board Welcomes Final Eighth Replenishment Outcome of US\$12.64 Billion, Backs Strategic Shifts to Advance Countries' Path to Self-Reliance*, press release dated February 18, 2026. <https://www.theglobalfund.org/en/news/2026/2026-02-18-global-fund-board-welcomes-final-eighth-replenishment-outcome/>

²⁸ For France: France Info. (2025). "France to Cut Its Contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria by 58%."

²⁹ Source: Friends of the Global Fund Europe.

the main historical donors of one of the central pillars of global health governance.

This contraction in funding had already begun in Europe even before 2025. In France, several recent budgetary decisions reflect a marked shift in development aid policy after several years of growth. The 2025 budget bill thus provided for a substantial reduction in appropriations allocated to ODA³⁰, while the funds allocated to the French Development Agency (AFD) [see box 2] have decreased by 40% over two years³¹.

These trends must be viewed in context. Part of the decline observed was anticipated as part of a “post-crisis” normalization following the exceptionally high levels of funding mobilized during the COVID-19 pandemic. The termination of a number of emergency spending was therefore predictable.

Nevertheless, the scale, simultaneity, and duration of the reductions currently being observed suggest that this is no longer merely a cyclical adjustment, but a more profound transformation. In its 2025 report, the OECD emphasizes that the current reductions in ODA result not only from public finance constraints but also from policy choices that prioritize defence, energy security, and industrial sovereignty at the expense of global cooperation and global health³². ODA budgets, however, appear to be disproportionately affected by efforts to increase defence spending and curb public debt³³. This represents a structural shift: global health seems to be gradually losing the status of strategic priority it had acquired in the wake of recent major health crises, particularly following the COVID-19 pandemic.

Box 2: The French Development Agency (AFD), a key player in French development and global health policy

Founded in 1941 as the *Caisse centrale de la France libre*, the French Development Agency (AFD) is today the key operator of French development and global cooperation policy. Under the supervision of the French government, it operates in more than 115 countries and overseas territories to support economic, social, and environmental development projects.

AFD finances and supports programs in a variety of fields, including health, education, climate, access to water and sanitation, governance, social protection, and the strengthening of research and innovation systems. Its work aligns with the United Nations Sustainable Development Goals (SDGs) and is based on a combination of grants, loans, technical assistance, and institutional partnerships.

In the field of global health, AFD has played an increasingly important role since the 2010s, particularly in sub-Saharan Africa. It supports the sustainable strengthening of health systems, the training of health professionals, epidemiological surveillance capabilities, hospital and laboratory infrastructure, and access to essential health care. Its approach prioritizes the development of local capacities and the integration of health policies into broader development strategies.

³⁰ Le Monde. (2025). “In France, the drop in development aid dismays NGOs and further complicates presidential diplomacy.”

³¹ National Assembly, *2026 Finance Bill—Official Development Assistance*, Opinion No. 1990, Volume III, 17th Legislature, submitted on November 12, 2025. Available online: [Volume III—Official Development Assistance—17th Legislature—National Assembly](#)

³² For France, Ministry of the Economy, Finance, and Industrial and Digital Sovereignty. (2025). *2025 Budget: Restoring Public Finances and Protecting the French People*. [2025 Budget: Restoring Public Finances and Protecting the French People | economie.gouv.fr](#)

³³ According to Friends of the Global Fund Europe.

Toward Bilateral and Transactional Cooperation: New Approaches to Influence

International health aid is undergoing a profound transformation. New U.S. policies reflect an ideological shift: global health is no longer viewed as a realm of global cooperation, but as a contractual space of mutual responsibility, where every dollar spent must serve U.S. interests³⁴. After an initial phase marked by a form of “destruction and devastation”³⁵ linked to budget cuts implemented by the Trump administration beginning in January 2025, a new dynamic has emerged since the second half of 2025: it consists in bilateral agreements of an overtly transactional nature, backed by substantial quid pro quos.

In fact, numerous bilateral agreements or memoranda of *understanding* (MoUs) have recently been signed between the U.S. and several countries, primarily in Africa³⁶. These are five-year plans (for the period 2026–2030) that outline the U.S.’ commitment to each country’s health efforts, with the stated goal of “helping countries move toward more resilient and sustainable health systems.” At the heart of these plans is the transition of U.S. aid programs toward long-term national ownership, with each partner country committing to increase its national health spending—or to co-invest in health—over the next five years, as U.S. health aid is phased out. The U.S. began signing these agreements in late 2025, and the process is

ongoing. Implementation is scheduled for the end of 2026³⁷.

Some of these agreements or draft agreements include provisions regarding access to biological resources, associated data (particularly genomic data), and population databases. Several analyses³⁸ highlight that these agreements are part of a transactional cooperation framework, linking public health issues, biosecurity, and broader economic or geostrategic interests—particularly regarding critical minerals and strategic supply chains. This development has sparked significant controversy in several African countries. In both Zambia and the Democratic Republic of the Congo, political leaders and civil society actors have denounced agreements deemed excessively “extractive,” linking health cooperation to parallel negotiations on access to strategic mineral resources (notably cobalt, copper, and lithium)³⁹. Other countries, such as Zimbabwe and Ghana, have reportedly expressed reservations regarding U.S. requirements for the sharing of biological and genomic data, in the absence of what they consider sufficient guarantees regarding future access to vaccines, treatments, or technologies developed from this data⁴⁰. Advocacy and civil society organizations, such as AVAC in the U.S., are also involved in legal disputes related to funding cuts and in

³⁴ United States Department of State. (2025). *America First Global Health Strategy*. [America First Global Health Strategy - United States Department of State](#)

³⁵ Bass, E. (2026) “*US Foreign Aid Planning Tool Drafts Put America First, Health Impact Last, To End A Plague Again*.”

³⁶ As of April 22, 2026, 32 MoUs had been signed, 22 of which involved an African country (Angola, Botswana, Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Uganda). The other countries are in Latin America. Kaiser Family Foundation (KFF). (2026). *KFF Tracker: America First MOU Bilateral Global Health Agreements*. Accessed May 22, 2026. [KFF Tracker: America First MOU Bilateral Global Health Agreements | KFF](#)

³⁷ Kaiser Family Foundation (KFF). (2026). *KFF Tracker: America First MOU Bilateral Global Health Agreements*. Retrieved May 22, 2026. [KFF Tracker: America First MOU Bilateral Global Health Agreements | KFF](#)

³⁸ Notably, Quarrisha Abdoul Karrim, personal communication and *Health Policy Watch*. (2025). “*U.S. Speeds Up Signing of Bilateral Health Agreements; DRC Lawyers Challenge Minerals Deal*.”

[US Speeds Up Signing of Bilateral Health Agreements, DRC Lawyers Challenge Minerals Deal - Health Policy Watch](#)

³⁹ The Independent. (2026). *Zambia blasts the US over a \$2 billion health deal in exchange for critical minerals*. [Zambia blasts the US over a \\$2 billion health deal in exchange for critical minerals | The Independent](#)

⁴⁰ Health Policy Watch. (2026). *Ghana Rejects U.S. Health Deal—But South Africa and Zambia Struggle Without Aid*. [Health Policy Watch: Ghana Rejects U.S. Health Deal—But South Africa and Zambia Struggle Without Aid](#)

international advocacy efforts surrounding issues of access to healthcare and health sovereignty.

These reactions reflect growing and legitimate concerns regarding the health and scientific sovereignty of recipient countries. While the countries involved may achieve short-term financial stability, this may come at the cost of a partial loss of control over their health data, resources, or strategic autonomy in public health, raising major ethical and geopolitical questions (*see below*).

This also reflects the growing role of geopolitical power dynamics in global health. The case of South Africa illustrates this trend: diplomatic tensions following the case brought against Israel before the International Court of Justice led to indirect political pressures affecting scientific and academic cooperation⁴¹. Such pressures often operate pre-emptively: some institutions or academic partners modify their behaviour or withdraw from collaborations countries—appears to align with this approach⁴³.

China also appears likely to seek to expand its bilateral health partnerships with African states, given the apparently growing importance it attaches to health cooperation in its relations with the continent⁴⁴.

even before formal measures are adopted, because of fear of political or financial reprisals.

Furthermore, spearheaded by the President of the European Commission, the *Global Gateway* strategy aims to promote European public investment in support of infrastructure development that can generate contracts for European private-sector actors. The upcoming 2028–2034 budget could thus result in combining humanitarian aid, development aid, and support for the international development of the European private sector into a single budget line, in a competition that may work against investments in global health, which are perceived as offering a lower “return on investment” for the European Union’s own interests⁴². France’s prioritization of loan subsidies—primarily directed toward infrastructure development in middle-income countries, and potentially generating business opportunities for French private-sector actors through tenders issued by recipient

This trend marks a weakening of traditional multilateralism in favor of more fragmented, bilateral, and conditional relationships. Global health governance is now shaped by geopolitical competition and the regionalization of funding, accompanied by fragmentation and, consequently, increased vulnerability.

2. Health Consequences: Public Health, Epidemiology, and Infectious Risk

Disruption of Care and Treatment Interruptions

Abrupt cuts in international funding, particularly from USAID and PEPFAR, have had immediate consequences for the health systems of many African countries. The sudden halt of certain programs has led to the interruption of clinical trials, the suspension of

patient care, and significant disruption of health care infrastructure. In late January 2026, 270,000 health care professionals supported by PEPFAR were ordered to cease

⁴¹ Quarraisha Abdool Karim, personal communication, April 2026.

⁴² According to Friends of the Global Fund Europe.

⁴³ According to Friends of the Global Fund Europe.

⁴⁴ Hearings conducted by the working group.

all patient care⁴⁵. More broadly, orders to immediately halt USAID-funded activities interrupted ongoing research⁴⁶, raising significant ethical questions for patients previously enrolled in the trials⁴⁷.

These suspensions have also affected medical supply chains and distribution systems for treatments for HIV/AIDS, as well as for tuberculosis and malaria. In several countries—including Botswana, Mozambique, Namibia, Zambia, and Malawi—which are heavily dependent on external funding, the

Weakening of public health and epidemiological surveillance capacities

The effects also extend to vaccination, diagnostic, and surveillance capacities. The infrastructure built, thanks to investments in response to HIV epidemic enabled a rapid response to the COVID-19 pandemic, particularly through vaccine trials, diagnostic development, and genomic surveillance. The current weakening of this infrastructure now compromises the ability to respond to other emerging epidemics, as the current Ebola outbreak in the Democratic Republic of the Congo tragically illustrates⁴⁹.

Laboratories and epidemiological surveillance systems are directly affected. Diagnostic capacity becomes insufficient in settings where multiple infectious diseases are circulating simultaneously. In some countries, particularly the Democratic Republic of the Congo, clinicians are now struggling to distinguish between different infectious diseases due to a lack of resources, diagnostic tools, and qualified personnel. Surveillance systems are also being undermined by disruptions to centralized databases and patient tracking systems.

risk of shortages of antiretroviral and anti-tuberculosis treatments has become a particular cause for concern⁴⁸. The experience of the COVID-19 pandemic has shown that treatment interruptions promote the emergence of viral variants as well as the resurgence of drug-resistant forms of tuberculosis. These interruptions therefore represent not only a loss for the patients affected, but also a potential factor in epidemiological instability at the regional and global levels.

Data from the WHO (April 2025)⁵⁰ confirm the extent of the disruptions affecting pandemic preparedness and response capabilities. Severe disruptions—defined as a reduction of more than 50% in service volume—were reported by 30%, 26%, 23%, and 20% of WHO’s country offices, respectively, for programs addressing malaria, tuberculosis, epidemic detection, and HIV. Services related to sexually transmitted infections, family planning, and maternal, neonatal, and child health were also severely affected. In total, 71% of WHO’s country offices report disruptions to essential health services in at least one area. Funding cuts not only affect targeted programs but also undermine essential cross-cutting functions of health systems, including epidemiological surveillance, diagnostic capabilities, laboratory infrastructure, and continuity of care.

Beyond their immediate consequences, these developments reveal the heavy reliance of health systems on international funding, which has been built up over several decades around

⁴⁵ Bajaj, S. (2025). Trump blew up the global fight against AIDS. Can it recover? *Nature*, **641**, 22–25. <https://doi.org/10.1038/d41586-025-01294-7>

⁴⁶ Jaffe, S. (2025). *Grants under threat at the US National Institutes of Health*. *The Lancet*, **406** (10522). [https://doi.org/10.1016/S0140-6736\(25\)02590-5](https://doi.org/10.1016/S0140-6736(25)02590-5)

⁴⁷ Quarraisha Abdool Karim, personal communication, April 2026.

⁴⁸ Quarraisha Abdool Karim, personal communication, April 2026.

⁴⁹ [Ebola virus in the DRC: “The West’s decision to cut aid has contributed to the weakening of the public health surveillance system”](#)

⁵⁰ Data provided by Friends of the Global Fund Europe.

major global health priorities⁵¹. Their sudden weakening now exposes the structural vulnerability of essential public health systems. This crisis also serves as a reminder that major international financing mechanisms

were not merely aid instruments but also a structural component of the functioning of contemporary public health and health surveillance systems.

Medium- and Long-Term Health and Demographic Consequences

Although the order to discontinue patient care issued in late January 2025 under PEPFAR was ultimately followed by a partial restoration of funding, the future of this major program remains highly uncertain. The potential consequences of a sustained interruption of the program have been the subject of several

modeling studies. In the most adverse scenarios, these models estimate that there could be up to 11 million additional cases of HIV infection and 3 million additional AIDS-related deaths. The cumulative effects could reach up to 15 million additional deaths by 2040⁵² (see Figs. 3 and 4).

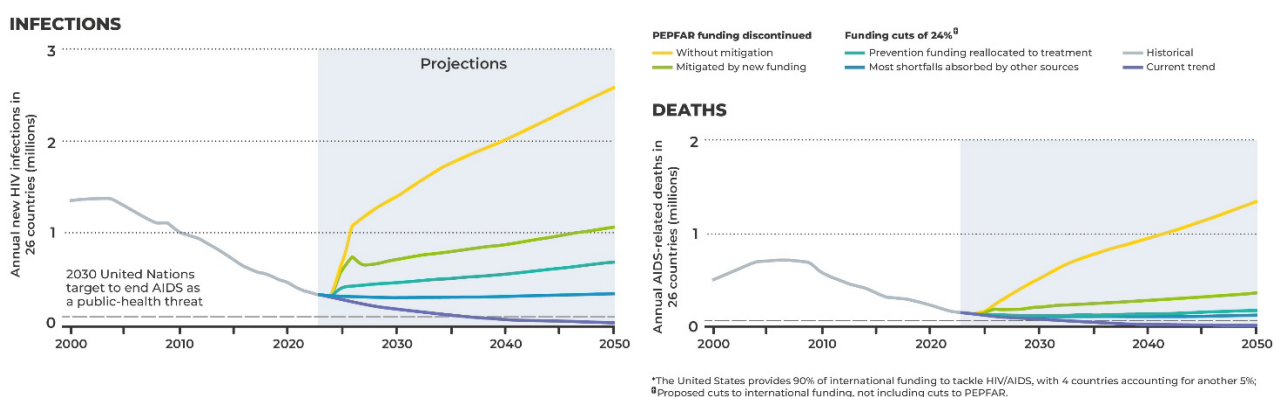


Figure 3: Projected numbers of new HIV infections (left) and AIDS-related deaths (right) by 2050 under scenarios of maintaining or modifying current PEPFAR funding. According to projections, the number of new HIV infections and AIDS-related deaths could increase significantly in many countries if PEPFAR funding were to be reduced or eliminated. Source: Bajaj (2025).

Regarding family planning services, the U.S. allocated approximately 600 million U.S. dollars annually through USAID. Budget cuts to these programs in 2025 alone could result in 17 million unintended pregnancies, 5 million unsafe abortions, and 34,000 maternal deaths. A halt to USAID’s procurement of

contraceptives over the next five years could lead to up to 55 million additional unintended pregnancies. Cuts to services for pregnant women and children in 25 countries—including support for neonatal care, diagnosis of childhood diseases, childbirth assistance, and emergency obstetric care—could result in 8

⁵¹ In the emblematic case of HIV/AIDS, the weakening of USAID—which managed the majority of PEPFAR programs—not only marks a major setback after several decades of progress in global health but also jeopardizes the historic initiative to end the AIDS epidemic by 2030, a goal set by the United Nations and defined as reducing new infections and AIDS-related deaths to 10% of their 2010 levels. Although this goal has always been ambitious, the world had gradually developed an arsenal of therapeutic, preventive, and organizational strategies that made its achievement feasible. Despite persistent obstacles prior to Donald Trump’s return to the presidency, many stakeholders still considered this target achievable. The current restructuring of U.S. foreign aid programs is prompting global health organizations to reassess how existing systems can be maintained and adapted, while some activists are calling on affected countries to build national AIDS programs that are more autonomous, accountable, and innovative than before. Bajaj, S. (2025). Trump blew up the global fight against AIDS. Can it recover? *Nature*, **641**, 22–25. <https://doi.org/10.1038/d41586-025-01294-7> Globally, HIV-related deaths fell by 51% between 2010 and 2023, and deaths from tuberculosis fell by 23% between 2015 and 2023. Mallapaty, S. (2025). 25 million deaths: what could happen if the US ends global health funding. *Nature*, **641**, 17–18. <https://doi.org/10.1038/d41586-025-01191-z>

⁵² Bajaj, S. (2025). Trump blew up the global fight against AIDS. Can it recover? *Nature*, **641**, 22–25. <https://doi.org/10.1038/d41586-025-01294-7>

million additional child deaths by 2040, a figure comparable to 2010 child mortality rates. At least half a million pregnant women could die due to lack of access to health services, and two million babies could be stillborn⁵³ (See Fig. 4).

In addition to these direct health risks, are the indirect consequences of aid cuts in the areas of access to water and food security. In many vulnerable countries, reductions in programs supporting water resources, food crops, and livestock could exacerbate the effects of climate change on the most at-risk populations. The resulting worsening of food insecurity would primarily affect pregnant

women and young children, increasing the risks of malnutrition and vulnerability to infectious diseases. It could also encourage survival strategies that may increase health risks, such as increased exploitation of wildlife or population displacement in search of resources, which could heighten the risk of the emergence and spread of infectious diseases.

More generally, in many humanitarian crises, indirect causes—linked to the breakdown of health care systems, disruptions in access to care, shortages, and the collapse of infrastructure—are estimated to account for between 70% and 90% of excess deaths⁵⁴.

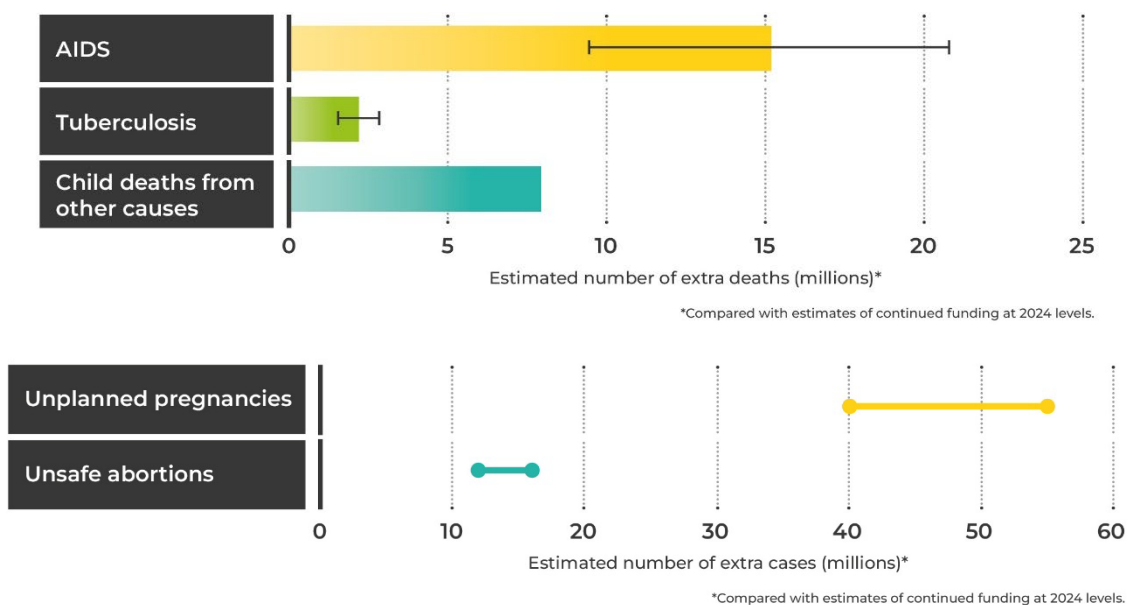


Figure 4: Projected effects of the elimination of USAID funding on mortality related to AIDS, tuberculosis, and infant mortality (top), as well as on unplanned pregnancies and unsafe abortions (bottom), compared to what the 2024 funding level would have enabled. Source: Mallapaty (2025).

Structural Weakening of Scientific and Health Systems

Beyond the immediate effects, funding cuts have profound systemic consequences for the health systems and scientific capacities of the affected countries.

Declining funding can lead to significant vulnerabilities in biological infrastructure: deterioration of laboratories, lack of maintenance, difficulties in procuring essential

⁵³ Mallapaty, S. (2025). 25 million deaths: what could happen if the US ends global health funding. *Nature*, **641**, 17–18. <https://doi.org/10.1038/d41586-025-01191-z>

⁵⁴ Spiegel, P., Martinez, E., Abraham, O., et al. (2026). Johns Hopkins Center for Humanitarian Health–Lancet Commission on Health, Conflict, and Forced Displacement: Health in a World of Crises and Impunity. *The Lancet*, **407**, 2065–2140. [https://doi.org/10.1016/S0140-6736\(26\)00564-7](https://doi.org/10.1016/S0140-6736(26)00564-7)

equipment, and insufficient security for critical biological infrastructure.

Furthermore, there is a significant risk of a lasting loss of expertise. Training and capacity-building programs, which have been supported for several decades by international partners, are severely affected. Yet these programs are essential for training epidemiologists, biologists, clinicians, and laboratory technicians capable of detecting and managing future health crises. Without continuity in training, generational gaps are emerging in the available expertise. This situation also encourages the brain drain of qualified personnel to institutions or countries offering greater financial and institutional stability. Many African institutions relied on long-term investments from the U.S., the EU, the UK, and the *Pasteur Network*. When this funding is abruptly cut off, some countries can establish new operational models, while other institutions disappear entirely, leading to the dissolution of entire scientific teams.

Health and epidemiological data chains are also disrupted. Their fragmentation severely limits the capacity for rapid response to health crises.

Furthermore, a new form of technological and informational dependence is being established through bilateral agreements (MoUs) signed by some countries with the U.S. (*see above*). These agreements, which may include provisions granting access over several decades to genomic data, biological resources, or population-based databases, raise significant concerns regarding scientific sovereignty, data control, and the autonomy of public health policies. There is a major risk of a lasting and asymmetrical dependency that could weaken the institutional resilience of nations.

All these issues contribute to a general institutional weakening. National capacities for preparedness, foresight, and coordination of public health responses are gradually being eroded, even as global infectious disease risks are increasing.

3. Challenges in Biosafety, Biosecurity, and Geostrategic Governance

A Weakened Global Biological Surveillance System

The weakening of health and research systems poses a major biosafety and biosecurity challenge on a global scale. The reduction in genomic and epidemiological surveillance capabilities delays the early detection of emerging infectious diseases. Yet the speed with which weak signals are identified is crucial to preventing a local outbreak from turning into a regional epidemic or a global pandemic. Clinicians and field laboratories play an essential role in this early detection: they are often the first to identify unusual clusters of cases, as was observed with the first cases of COVID-19 in Wuhan (China). The genomic surveillance capabilities developed during the COVID-19 pandemic thanks to investments in HIV research have been of strategic importance. These

infrastructures have enabled several African countries to contribute significantly to the identification of variants and to international data sharing.

The weakening of surveillance systems—due to budget cuts, staff or data losses, or institutional fragmentation—inevitably leads to a decline in early warning and rapid response capabilities. This increases the risk of the spread of infectious agents, particularly in contexts marked by population displacement, conflict, or humanitarian crises. The situation will be particularly concerning in regions simultaneously facing multiple emerging or re-emerging infectious diseases. The growing difficulties in differential diagnosis, combined with a lack of laboratory resources, complicate

the monitoring of pathogens and increase the risk of undetected circulation of new variants or zoonotic diseases.

In this context, the adoption of an international agreement on pandemics⁵⁵, currently being negotiated within the WHO, appears to be an attempt to provide a structural response to these systemic vulnerabilities. By seeking to strengthen cooperation in epidemiological surveillance,

rapid data sharing, transparency in alerts, and equitable access to medical countermeasures, this treaty specifically aims to reduce detection times and limit disparities in capacity among states. However, its effectiveness will depend largely on the genuine commitment of the States Parties and on the ability to overcome the current dynamics of fragmentation in global health multilateralism. The U.S.' refusal to participate is a key factor undermining this initiative.

The decline of Global Health Multilateralism and the Evolution of International Cooperation principles

The decline of global health multilateralism marks a profound break with the cooperation mechanisms built over several decades around the principles of solidarity, universality, and equity in health. Relations between states are tending to become bilateral, transactional, and guided by immediate strategic interests, thereby undermining collective frameworks for health governance. In this context, major institutions such as Gavi, the Vaccine Alliance, or the Global Fund could be subject to political or financial realignments that could create tensions with the social and humanistic values that have historically underpinned their work.

The shifting dynamics in the U.S. and, more broadly, the disengagement of Western countries, are opening up space for new actors—including states as well as major private and philanthropic entities—to exert influence, thereby reshaping the balance of global health governance according to

increasingly geopolitical, industrial, and strategic imperatives. The rise of foundations, public-private partnerships, and sovereign or industrial capital is also helping to transform the way global health priorities are set. This redistribution of roles may foster the emergence of forms of “vaccine diplomacy”, reinforce dependencies on certain strategic suppliers, increase opacity in the sharing of health data, and encourage the political exploitation of public health crises. Finally, it raises growing questions about the governance of biotechnologies: the weakening of multilateral frameworks risks creating regulatory grey areas, complicating the oversight of dual-use technologies—particularly in synthetic biology, genomics, and artificial intelligence applied to health—and undermining collective capacities for anticipation, transparency, and control of emerging risks.

Increasing risks of Increased Conflict and Multiple Crises

USAID's rapid withdrawal likely contributed to a lasting escalation of tensions and conflicts in certain African regions heavily dependent on U.S. aid. A recent study⁵⁶ shows that sudden and massive cuts in international aid can destabilize already fragile institutional contexts

by exacerbating economic, social, and security vulnerabilities. Regions with weak governance thus appear particularly exposed to the destabilizing effects of such humanitarian and financial shocks. Changes in international aid policies therefore do not merely produce

⁵⁵ World Health Organization. (2025). *WHO Pandemic Agreement*. [WHO Pandemic Agreement - Global](#)

⁵⁶ Rohner, D., Sunde, U., Vanden Eynde, O., et al. (2026). Aiding peace or conflict? The impact of USAID cuts on violence. *Science* **392**, eaed6802. [DOI: 10.1126/science.aed6802](#)

health or economic consequences but can also have significant repercussions on the political and social stability of recipient states.

The observed health consequences now reflect genuine “multi-crisis” situations, in

Conclusion

The gradual withdrawal of the US and, more broadly, the weakening of the commitment by major Western countries to funding international health aid are ushering in a phase of profound restructuring of global health governance. The vacuum left by these historic actors may foster the emergence of new powers, new funders, and new forms of influence whose objectives, modes of action, and policy frameworks do not necessarily align with the same principles that have shaped global health for several decades. While major international health programs, such as PEPFAR or the Global Fund, have historically been based on principles of global cooperation, access to care, and science-based multilateral cooperation, the new mechanisms observed tend to prioritize direct exchanges between states, often linked to strategic, economic, or geopolitical interests. The weakening of multilateral mechanisms and the growing importance of bilateral agreements raise important questions regarding the future governance of global health.

Amid this trend of increasing fragmentation, it appears necessary to build new forms of collective action grounded in the principles of cooperation and multilateralism, adapted to contemporary geopolitical realities. These should be based on more balanced partnerships between countries, greater transparency in funding and data-sharing mechanisms, and recognition of the fundamentally global nature of infectious and health risks.

which conflicts, population displacement, institutional fragility, infectious disease crises, and reduced international funding reinforce one another⁵⁷.

This requirement is more important given that contemporary public health strategies are now based on an integrated approach known as “*One Health*,” which is grounded in the close interactions between human health, animal health, and the environment. The rise in zoonotic and vector-borne diseases, disruptions to food systems, declining vaccination coverage for both humans and animals, and the reemergence of infectious diseases such as measles underscore the systemic, interdependent, and cross-border nature of contemporary biological risks. However, the effective implementation of this approach requires robust capacities for international coordination, surveillance, data sharing, and collective preparedness—capacities that are currently weakened by the fragmentation of multilateral frameworks.

In this context, it is important to recall that investment in global health is not a matter of charity or aid, but rather a necessity driven by collective security and pragmatism. Recent health crises have shown that health cannot be considered solely at the level of individual states or regions but must be viewed as a global public good. A lasting weakening of health and scientific capacities in certain regions of the world—and their abandonment to strictly transactional or competitive approaches—would not only risk increasing health inequalities, but also compromise our collective ability to detect emerging threats early, prevent or contain future pandemics, and maintain the scientific and health

⁵⁷ Spiegel, P., Martinez, E., Abraham, O., et al. (2026). Johns Hopkins Center for Humanitarian Health–Lancet Commission on Health, Conflict, and Forced

Displacement: Health in a World of Crises and Impunity. *The Lancet*. **407**, 2065–2140. [https://doi.org/10.1016/S0140-6736\(26\)00564-7](https://doi.org/10.1016/S0140-6736(26)00564-7)

cooperation mechanisms essential for managing these risks. Global health must therefore be viewed as a strategic investment

that contributes to the protection of populations, international stability, and the resilience of contemporary societies.

Strategic Issues and Prospects for Action

Through this report, the French Academy of Sciences seeks to alert all medical, political, and scientific bodies, academies, learned societies, NGOs, philanthropic actors, and public policymakers to a particularly concerning situation. The current period is not merely a phase of financial or institutional transition; it is shaping the principles and balances that will structure international health governance in the coming decades.

In the face of shrinking public funding, several levers should be mobilized to preserve essential global health capacities. Among these, the mobilization of philanthropic resources could help preserve certain essential global health capacities. Philanthropic actors are already playing a major role in this area: the Bill & Melinda Gates Foundation, for example, is among the leading contributors to WHO funding, providing a substantial portion of its budget. The use of such funding cannot replace the commitment of states or multilateral mechanisms, and its contribution can only be fully effective and legitimate if it operates within transparent governance frameworks that ensure coordination with public institutions and international

organizations responsible for setting global health priorities and steering aid at the multilateral level.

Furthermore, in this context of restructuring, the European Union bears a special responsibility. Drawing on its scientific capabilities, its public health institutions, and its historic commitment to multilateralism, it has a duty to help preserve and renew the mechanisms of international cooperation upon which global health security depends, in a spirit of solidarity but also of shared responsibility.

More broadly, the necessary mobilization can only be fully effective if it is based on independent scientific expertise, closely integrated into decision-making and governance processes, and fully incorporating the knowledge and experience of scientists from the Global South. The ability to prevent, detect, and control health threats relies on mechanisms for scientific and public health cooperation whose benefits extend to all populations, in both the Global South and the Global North, and whose weakening would pose a major risk to global health security.

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- Fernando ARENZANA, former Scientific Director of the Pasteur Institute in Shanghai.

Interviewed on May 7, 2025

- Antoine FLAHAULT, Former Director of the Institute of Global Health at the University of Geneva's Faculty of Medicine.

Interviewed on July 4, 2025

- Alpha Kabinet KEITA, Professor at the Center for Research and Training in Infectious Diseases in Guinea, Rector of the University of Conakry, and Vice President of the Guinean Association for Biosafety and Biosecurity.

Interviewed on September 26, 2025

- Noël TORDO, Director of the Pasteur Institute of Guinea and member of the Pasteur Network.

Interviewed on October 31, 2025

- Pierre-Alain RUBBO, Regional Advisor on Global Health for Guinea, Sierra Leone, Mauritania, Niger, Mali, and Burkina Faso at the Ministry of Europe and Foreign Affairs until August 2025.

Interviewed on December 5, 2025

- Quarraisha ABDOOL KARIM, epidemiologist specializing in infectious diseases, particularly the HIV epidemic. Member of the African Academy of Sciences, the Royal Society of South Africa, and the South African Academy of Sciences.

Interviewed on April 13, 2026

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List of Acronyms and Abbreviations

ODA	Official Development Assistance
CAPRISA	Center for the AIDS Program of Research in South Africa
CDC	Centers for Disease Control and Prevention
DOGE	Department of Government Efficiency
FDA	Food and Drug Administration
MoU	Memorandum of Understanding
NIAID	National Institute of Allergy and Infectious Diseases
NIH	National Institutes of Health
NSF	National Science Foundation
OECD	Organization for Economic Cooperation and Development
OMB	Office of Management and Budget
WHO	World Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development

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