Debate

Post-2025: How Can We Restore Solidarity Across the World and Communities Within Countries for the Reimagined Global Health

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Recommended citation:
Eliakimu ES. Post-2025: How Can We Restore Solidarity Across the World and Communities Within Countries for the Reimagined Global Health. JGPOH 2025. DOI: 10.61034/JGPOH-2025-17, Website: https://jgpoh.com/

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Source of funding: No specific funding source
Conflict of Interest: I declare that I have no conflict of interest

The year 2025 marks the end of the first quarter of the 21st Century and has turned to be a tipping point for the global health system in terms of the funding architecture, and erosion in the trust of science leading to the need for reimagining the global health. In December 2023, the Philanthropist Bill Gates in his "Gates Notes" noted that "*artificial intelligence (AI) is about to supercharge innovation pipeline*", and also, he predicted that elections at all levels of government in 2024 in about 60 countries globally "*will shape the future of global health and climate*" (1). Much of his thoughts were also centered on a premise that "*2024 is an opportunity to shape the world's next chapter for the better*" (1). As we moved from 2024 to 2025 given the changes that have happened, it has led to an obvious note that "*global health funding mechanisms*" have been reshaped in unprecedented speed, and in a way that has also led to a bit of skepticism if the future of global health is going for the better or we are going towards a direction in a way that we may lose the accrued gains thus far.

The early years of the 21st Century (2000s) in many low- and middle- income countries (LMICs), the health systems were consolidating implementation of health sector reforms that were started in the 1990s (2), (3), following the economic hardships of 1980s (4), (5). The Millennium Development Goals (MDGs) that were aimed to be attained in the year 2015 (6), formed most of the priority interventions in health sector, as well as in other health related sectors in LMICs. The effort by the United States of America (USA) Government to establish the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 (7), helped to scale-up efforts to fight human immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS); as well as strengthening health systems (8), and building health system resilience to address effects of epidemic diseases such as Ebola virus disease (9). PEPFAR was also very instrumental in supporting LMICs in addressing the Coronavirus disease 2019 (COVID-19) pandemic (10), (11).

Based on the lessons from the MDGs implementation, the world went into Sustainable Development Goals (SDGs) 2030 in 2015 (12), (13). Report of the first half of implementing the SDGs indicated that "*we are leaving more than half the world behind. Progress on more than 50 per cent of targets of the SDGs is weak and insufficient; on 30 per cent, it has stalled or gone into reverse*" (14). Also, the trend of development assistance for health (DAH) showed a downward trend between 2021 and 2024 and under the current funding cuts by the USA, and also likely by other donor countries (15); the DAH is expected to fall further towards 2030(16). As the world recovered from the effects of COVID-19, new challenges have come in: geopolitics, wars and conflicts (17), and the recent funding cuts by the USA Government (18), (19), (20), which are threatening global health now and in future. The funding cuts have caused several effects including disruptions of services in LMICs and are likely to have an estimated increase in mortality from the affected services – such as: "*increase in paediatric tuberculosis cases and deaths between 2025 and 2034*" (21); increase in "*tuberculosis morbidity and mortality*" (22); effects in maternal and child health, family planning, tuberculosis, and HIV (23); and increase in number of avoidable deaths by 2030 (24). This situation requires the affected LMICs, as well as, donor countries to find a way of filling the gap in order to prevent the likely "*avoidable deaths*". Although, health inequality decreased globally from 1960 to

2021 (with variation between high income countries and LMICs), the funding cuts risk to reverse the gains in addressing health inequalities (25).

Another challenging situation is the rise of "*medical misinformation*" (26), (27); (28), and erosion of trust in public health interventions such as vaccines, and weakening health systems (29), (30). This require careful attention to ensure that we do not lose the gains that have been achieved in the past. Also, health professionals need to be supported and facilitated to do their task of addressing "*misinformation and disinformation*" (31).

Moving forward from here global health community and country-level policy makers need to debate, discuss, consider and work on the proposals for a "*global heath reimaged*" (32), with perspectives from: Latin America and Caribbean Region (33); Middle East and Central Asia Region (34); Europe and North America Region (35); Asia and Pacific Region (36); and Africa Region (37); taking into account their local contexts at national and subnational levels (i.e., taking into account the diversity of country needs, the political economy of the country's health system, and the varying capacities of actors/stakeholders on the ground) (34). Also, countries need to strengthen coordination of stakeholders and deliberate on the proposals taking into account their local context. The funding mechanism to the World Health Organization (WHO) also need to be addressed in a way that will ensure that WHO pursue its core mandates equitably to avoid difficult questions on the agency such as "*who is leading WHO*" (38); and governance issues at the WHO South-East Asia Regional Office (SEARO) need to be addressed (39).

The use of AI in health care and in research need to be managed pragmatically to ensure responsible use and prevent "*de-skilling of professional knowledge*" (40) and ensure proper reporting in research (41), (42). Ministries of Health and health facilities as well as governance teams at national and subnational levels need to ensure responsible use of AI by checking their AI systems (AI tools, etc.) for transparency, fairness and accountability by committing to implementing strategies for responsible AI use (43). Also, it is important to continue research and learning on the application of AI in order to avoid it to be a facilitator of misinformation and affecting productivity at work (44); as well as preventing reported potential effects such as "*AI driven psychosis and suicide*" (45) and ensuring that its use in LMICs is guided and regulated well to prevent inequities (46). The need for more research has been also noted by Di Palma and colleagues (2025) paper in which they showed that in health care industry there is a need for further research on possibility of "*combining AI and blockchain in clinical risk management*" in order to improve "*patient safety, data governance and accountability*" (47). Mahajan and Bates (2025) have noted the need to figure out about the "*new physician role*' in clinical AI by "*assigning responsibility*" ("*who is prepared to train, monitor, and interpret AI systems*") as "*necessary for accountability*" (48). The impact of AI on planetary health needs to be considered as well taking into account the interconnectedness between "*digital determinants of health*" and "*planetary health*" (49). The recently launched Earth-AI gives optimism of the potential of using AI in planetary health (50). Just as noted in the "*Journal of American Medical Association (JAMA) Summit Report on AI*" that for AI to "*improve health for all will depend heavily on the creation of an ecosystem capable of rapid, efficient, robust, and generalizable knowledge about the consequences of these tools on health*" (51).

In improving and maintaining public trust to health facilities and health systems, health professionals need to reimagine their role in promoting public trust in the services offered in health facilities through "*the lens of social contract between professionals and communities served by the respective facilities*" (52); and set improvement strategies contextualized to the population served and targeting key factors such as "*adequacy of services, quality of services, health system process and management practices, and having trust building dialogue with the community served*" (53). Also, there is a need for health professionals to persevere and find common ground for both political decisions and the state of evidence in public health; as well as, being guided by "*morality*" (54).

As much as the proposals for "*global health reimagined*" (34), (32) have emphasized on the importance of incorporating "*value*" in global health interventions; this has been echoed with a focus in public health by McHugh and colleagues (2025) with a proposal to "*estimate the economic value for upstream income-based policies and health outcomes by considering Universal Basic Income*" in order *"to address health inequalities*" (55). Moving forward with more debate and detailed discussions on the proposals for reimagined global health will help the global health community at global, regional, country and subnational levels to build a better future for global health through accountability, equity, fairness, and solidarity. Also, the call for taking into account the conditions faced by most developing countries need to be honored in the efforts to reform the global financial system (56). All-in-all, it is certainly clear that going forward post-2025, the future of global health is uncertain. Borrowing and rephrasing words from Charles Dinerstein (2025) about "*failure during uncertainty*" (57), it is important to: "*build and maintain our courage to embrace uncertainty in the future of global health; ask better questions in debates and discussions about the proposals for reimagined global health; and remain curious as we adopt and adapt the proposals to the local contexts at regional, national and subnational levels*".

The WHO action on 03rd November, 2025 to provide guidance to countries on how to address the funding cuts titled "*Responding to the health financing emergency: immediate measures and longer-term shifts*" (58), is and will be very instrumental for LMICs. Also, the "*Doha Political Declaration of the "World Social Summit*" endorsed by global leaders on 04th November, 2025 has come as an opportunity for a reimagined "*Social Development*" (59). The recommendations provided in the report by "*The Global Council on Inequality, AIDS and Pandemics*", should be well considered in order "*to break the inequality–pandemic cycle*" (60).

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