



Independent observer
of the Global Fund

Global health: the specter of disengagement

Dear subscribers,

The world has woken up in 2025 with a geopolitical hangover, the first victims of which are the most precarious healthcare systems. [The freeze on U.S. aid, imposed by the Trump administration, has triggered a shockwave whose repercussions manifest in treatment disruptions, weakened healthcare infrastructure, and silent abandonments.](#) More than just a budgetary restraint, this is a brutal rupture that jeopardizes decades of progress in the fight against infectious diseases.

The facts are undeniable. The suspension of U.S. funding destabilizes not only the global response to major pandemics but also exposes the extreme dependence of many African states on these financial flows. The magnitude of the disaster is evident in the daily struggles of healthcare workers and patients: interrupted treatments, abandoned prevention campaigns, and depleted medical facilities. [A situation that, when recounted, oscillates between nightmare and reality—a gaping void where decades of effort collapse](#)

This financial cataclysm does not spare the Global Fund. [The institution, with a third of its funding reliant on the United States, faces an existential threat.](#) The risk of a breakdown in the replenishment cycle becomes tangible and necessitates immediate reassessment. Diversifying funding sources, engaging emerging economies more actively, and strengthening domestic contributions have become categorical

imperatives. But the equation is complex: how can donor confidence be maintained while ensuring the optimal efficiency of remaining resources?

Yet, the moment is strategic. [The Global Fund's advocacy for an ambitious \\$18 billion funding target for the 2027-2029 grant cycle underscores an often-overlooked reality: investing in health is not an expense but a growth lever.](#) Every dollar injected saves lives, prevents new infections, and strengthens healthcare systems capable of withstanding future crises. A compelling argument at a time when the COVID-19 pandemic has starkly revealed the value of robust preparedness for health emergencies.

[Amidst this financial storm, the alliance between South Africa and the United Kingdom to organize a fundraising summit offers a glimmer of hope.](#) Far from being a mere diplomatic event, this initiative carries a vital mission: to convince the world that the fight against HIV, tuberculosis, and malaria cannot continue without strong financial commitment. It is a decisive test for international cooperation—can global solidarity endure the political upheavals of its historic contributors?

But beyond figures and negotiations, another, quieter crisis is emerging. [The latest report from the Global Alliance of Communities for Health and Rights \(GATS PLUS\) delivers a stark assessment of the mental health of activists defending sexual and gender minorities in French-speaking Africa.](#) Victims of dual oppression—both institutional and societal—these activists operate in a hostile environment, under constant pressure from donors and local authorities. While the 95-95-95 objectives should fully integrate these populations, their reality remains largely ignored, relegated to the fringes of public policies.

The response must go beyond mere rhetoric. GATS PLUS proposes concrete solutions: increased funding for mental health, specialized training for healthcare professionals, and stronger advocacy for decriminalization. [Furthermore, the adoption of digital security protocols and crisis management strategies for sexual and gender minorities demonstrates a proactive approach, tailored to a context where hostility is not only social but also technological and legal.](#)

At a time when the United States threatens to turn away from global health, Europe, Africa, and emerging economies have a historic opportunity to redefine the financial and political balances of this struggle. This moment of rupture is also a moment of reinvention. It is up to global actors to prove that the commitment to health does not depend solely on the will of a single power but on a collective responsibility. If this realization does not emerge swiftly, the human toll will continue to rise inexorably.

And any thoughts about which aspect in the global health initiative sector you'd like to see covered in our newsletter are always welcome and we'd really appreciate suggestions on who can pen an article on it! Anyone who wishes to voluntarily contribute as a guest columnist and provide an incisive analysis or first-person account of what is happening at micro – or macro – levels in the field of global health interventions is also welcome. Any feedback and suggestions in French, Spanish, English can be sent to Ida Hakizinka ida.hakizinka@aidspan.org and/or christian.djoko@aidspan.org

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