

# A turning point for global health: challenge or opportunity?



Investments in programmes such as the US President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the President's Malaria Initiative have saved millions of lives, strengthened health systems, and shown the power of sustained international cooperation.<sup>1,2</sup> These programmes have not only advanced humanitarian goals but have also bolstered US economic and national security interests, reinforcing geopolitical stability in key regions, while expanding markets for American industries. However, that era of steady progress in US global health is now under threat.

We may be entering what could be termed the Enshittoscene—a period of global health decline driven by political indifference, economic retrenchment, and shifting geopolitical priorities. The term “enshittification” originates from the technology sector,<sup>3</sup> where it describes the steady degradation of online platforms as corporate interests erode their functionality and user experience. Applied more broadly, enshittification captures a wider phenomenon: the gradual unravelling of once-effective systems—whether public health infrastructure, multilateral institutions, or US global health leadership—due to neglect, underfunding, and misaligned priorities.

Unfortunately, the decline in global health programmes did not begin with a single administration. It is the culmination of years of complacency in which US global health assistance has become overly bureaucratic and disconnected from the evolving geopolitical landscape. Rather than prioritising investments in locally led, sustainable health systems, global health funding has often reinforced dependency on US-based contractors, short-term reporting mandates, and rigid funding structures that stifle flexibility and innovation. This stagnation has been further compounded by the failure to secure more than a single year of PEPFAR reauthorisation, leaving crucial HIV programmes in a state of uncertainty, and by flatlined or declining funding for other major global health initiatives. Meanwhile, other major donors, including the UK, are scaling back their foreign assistance,<sup>4</sup> deepening the global funding shortfall. As resources shrink, governments and other stakeholders in low-income and middle-income countries (LMICs) are being pushed towards unrealistic transition timelines, forced to balance competing health

priorities with limited domestic resources, threatening decades of progress in global health.

Avoiding global health enshittification does not require returning to outdated aid models but will require a new, strategic approach that reflects today's economic and political realities.<sup>5</sup> Global health is not charity; it is a high-return investment in US security, economic competitiveness, and geopolitical influence.<sup>6</sup> Every dollar invested in global health can and should provide tangible benefits to the US economy. Global health investments directly benefit American workers and industries, supporting US pharmaceutical and biotechnology companies that develop vaccines, treatments, and diagnostics used worldwide. These investments sustain academic and research institutions that lead cutting-edge discoveries across infectious and non-communicable diseases, health systems strengthening, and public health innovation. Preventing pandemics and stabilising health systems abroad save the USA billions of dollars in future response costs to emerging health threats. With a substantial likelihood of a major pandemic occurring within the next 25 years,<sup>5</sup> proactive investments in global health security are essential to mitigating economic and health disruptions that could far exceed the cost of preparedness.

Moreover, every dollar invested in PEPFAR is estimated to generate at least US\$3 in direct economic spillback to the USA through increased corporate revenue and foreign direct investment (Nandakumar AK, Crowne W, Brandeis University, Waltham, MA, USA, personal communication) while also driving billions in economic benefits in recipient countries by reducing health-care costs for preventable diseases and averting costly health crises.<sup>7</sup>

Moving forward, rather than retreating from its global health commitments—a move that could trigger devastating public health consequences worldwide—the US Government should prioritise locally led, self-sustaining health programmes that can eventually operate independently of foreign assistance. Crucially, achieving this transition will require continued US investment to facilitate a structured shift towards country ownership. But it can be complemented by private sector engagement and development finance institutions to ensure sustainability without burdening governments in LMICs with unsustainable sovereign debt. Blended



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finance models, which leverage both public and private capital, offer a promising mechanism for sustained investment.<sup>8</sup> For example, the Transform Health Fund used a \$1 million US Government investment to unlock over \$110 million in private capital, demonstrating how small catalytic investments can mobilise large-scale resources.<sup>9</sup> Similarly, market-based approaches such as Project Last Mile, which applied Coca-Cola's logistics expertise to expand HIV medication pick-up points in southern and eastern Africa,<sup>10</sup> illustrate how PEPFAR has previously integrated private sector efficiencies to reduce costs and improve service delivery. Beyond PEPFAR, Gavi, the Vaccine Alliance, provides another successful model of blended finance in health. Gavi's International Finance Facility for Immunisation (IFFIm)<sup>11</sup> leverages long-term donor pledges to issue vaccine bonds in capital markets, frontloading funds for immunisation efforts in low-income countries. This mechanism has helped raise billions of dollars for vaccine procurement and distribution, accelerating global immunisation efforts while reducing financial strain on governments.

Sustainable health programmes also require innovative financing models that reduce dependency on external aid and strengthen long-term resilience. As such, co-financing models present a viable path towards financial independence, reducing reliance on external aid. PEPFAR's support for Viet Nam's integration of HIV services into national health insurance, which led to 100% of people living with HIV being covered by 2022,<sup>12</sup> shows the power of national ownership over donor dependency. Expanding such models to other LMICs could help facilitate a gradual, sustainable transition away from external aid. Additionally, co-investment strategies can attract private capital to strengthen global health security.

By fostering private sector investment and increasing partner government contributions to HIV programmes, PEPFAR can modernise global health investments—demonstrating clear economic and diplomatic returns that reinforce US strategic partnerships while mitigating crises that lead to instability and costly interventions. A results-driven, accountable approach would ensure that US global health investments remain effective, sustainable, and aligned with both global health goals and US strategic interests.

Global health has long been one of the most effective instruments of US soft power, fostering diplomatic

alliances, advancing health security, and reinforcing US leadership in science and innovation. PEPFAR, particularly, has been instrumental in not only saving millions of lives but also in strengthening health systems, expanding access to life-saving treatments, and cultivating long-standing partnerships with governments and communities worldwide.<sup>13–15</sup> Many components of PEPFAR, such as its support for supply chains, workforce development, and health infrastructure, have positioned US businesses and research institutions at the forefront of global health solutions. At a time when geopolitical competitors are increasing their foothold in Africa, Asia, and Latin America through targeted health and infrastructure investments, the USA must sustain and modernise its global health engagement to remain the partner of choice for nations seeking effective, sustainable, and high-quality health solutions.

The next 4 years represent a pivotal moment for US global health leadership. The USA can either modernise its strategy or retreat, ceding influence to competitors, while squandering good will garnered. The enshittification of global health will have devastating consequences—millions of people will die from preventable diseases, and hard-won gains in the fight against HIV and other infectious diseases will rapidly erode, leaving the world more vulnerable to future crises. The alternative is a future defined by bold, strategic investments that protect global health and strengthen the USA's economy, security, and leadership on the world stage. A smarter, results-driven approach to global health is not only good for people worldwide, but it is good for every American, ensuring stability, economic opportunity, and a healthier, safer future for all.

EG was the US Global AIDS Coordinator between 2008 and 2013. We declare no competing interests.

*\*Eric Goosby, Michael J A Reid*  
eric.goosby@ucsf.edu

Institute of Global Health Sciences, University of California at San Francisco, San Francisco, CA 94158, USA (EG, MJAR)

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