

## **When the Lifeline Frays:**

### **Why Global Health Must Invest in Systems, Not Band-Aids**

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Editor's note: Dr. Ali Khan will serve as Keynote Speaker for Delaware's Annual Holloway Infectious Disease Conference in May 2025.

The sudden withdrawal of U.S. global health funding — alongside cuts from other major donors like the U.K., France, and Switzerland — has sent shockwaves across low- and middle-income countries (LMICs). For decades, these funds have supported life-saving programs for HIV, maternal health, and infectious diseases. But these recent shifts have exposed a deeper, more uncomfortable truth: the global health system is fragile because it was never built to last.

Instead of investing in durable, country-led health systems, donors built parallel programs, often disease-specific and externally managed. The result? Progress — but also dependency. Now, as donor priorities shift, the global health lifeline is fraying beyond repair. The alarms have been sounding for years — and this time, there's no snooze button left. It's time for a global course correction.

We need to stop investing in band-aids and start building resilient systems — ones that are designed, financed, and stewarded by the countries they serve.

### **Let Ministries of Health Lead**

Ministries of Health should be in the driver's seat — designing, financing, and delivering services. All external funding should flow through national systems, aligned with country priorities. Donors must stop creating duplicative structures and instead reinforce national institutions. When decisions are made closer to the people they affect, health systems become more responsive, culturally relevant, and resilient. And Ministries of Health can choose health models centered on primary care or prevention.

Even where NGOs provide services, they must adhere to government-set standards, including health worker salaries and integration into national strategies. Without this, donor-funded programs may undermine the very systems they aim to support.

### **Break the Cycle of Technology Dependency**

LMICs are often forced into expensive procurement deals dictated by donor-preferred products and regulatory approvals. This not only drives up costs but limits flexibility. To change this, multilateral support should focus on strengthening national regulatory bodies and enabling shared approvals among LMICs. Doing so would promote regional manufacturing, diversify supply chains, and lower costs.

## **Reimagine Multilateralism**

Global health institutions must evolve. Organizations like the Global Fund and Gavi should prioritize investments in cross-cutting infrastructure — not just vertical programs. Their funding models should support countries to submit integrated national strategies, not project-based requests. Coherence and efficiency must replace fragmentation and competition.

Of course, accountability is essential to the success of any system. While existing global funding mechanisms include important oversight measures, there is an opportunity to enhance transparency and ensure clear traceability of resources. Strengthening the role of independent audit bodies—with the ability to follow funds from national ministries to frontline clinics—can help reinforce confidence, safeguard external investments, and ensure support reaches the communities it's intended to serve.

## **Leverage Regional Collaboration**

Regional bodies—such as Africa CDC or ASEAN's Health Cluster—are uniquely positioned to drive collective action. The Africa Medical Supplies Platform, for example, pooled procurement power during COVID-19 to ensure better access to vaccines. More of this is needed.

These platforms foster peer learning, regional surveillance, and coordinated response efforts. Donors should treat them as critical strategic partners, not peripheral players.

## **Invest in People, Not Just Programs**

Strong systems require strong leadership. We must invest in long-term capacity building—not just short-term training. Local universities and research centers should be funded and expected to lead implementation science, train the next generation of health leaders, and innovate solutions grounded in local realities. By embedding research and implementation science into national systems, countries can test new ideas in real-world settings, creating feedback loops that continuously improve care.

Digital tools also have enormous potential, but only if countries steward and integrate them. Too many digital health solutions fail to scale because they are donor-driven and disconnected from national strategies. We need open systems, strong governance, and local capacity to build digital health for equity and sustainability.

## **Make Health a Whole-of-Government Priority**

Health doesn't begin at the hospital door. It's shaped by infrastructure, education, agriculture, and finance. A systems approach must be intersectoral. Countries should conduct health impact assessments across all policies — and international financing should support this integrated view.

## **A Call for Global Policy Reform**

Global markets and policies often work against LMICs. Intellectual property rules restrict access to essential medicines. Regulatory bottlenecks delay approvals. Trade policies limit local manufacturing. These must change. LMICs deserve a seat at the table—not as recipients, but as equal partners shaping global norms.

## The Path Forward

This is a moment of reckoning. The donor model that once saved lives is now holding systems back. It's time to move from aid to equity—from dependency to resilience. That means building systems that outlast funding cycles and political terms. Systems that are accountable, efficient, and anchored in the communities they serve.

Global health can no longer afford to focus on the short-term fix. We need systems that can withstand storms—not just until the next budget cycle, but for generations to come.

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