

# IHP news 814 : Mid-week update on Trump 2.0 & start of WHO's #EB156

( 4 February 2025)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

I promise this won't become a bad habit, but as these are unfortunately no ordinary times, here's once again a **mid-week update**. Focus will be on **the ongoing global health & aid horror show in the US**, with tragic ramifications around the globe, and the **start of WHO's 156<sup>th</sup> Executive Board meeting**.

Speaking of the latter, during his **opening address on Monday**, dr Tedros [said he would welcome 'constructive dialogue'](#) with the US government over the decision made by president Trump to withdraw from WHO. For a "neutral observer" like me, however, these days it seems the barbarians are taking over the US. One might as well have asked Attila the Hun in his heyday to engage in 'constructive dialogue'.

Enjoy your reading.

Kristof Decoster

## Highlights of the week

### PBAC meeting (29-31 Jan)

As usual, occurring just before the Executive Board meeting. The 41<sup>st</sup> meeting of the Programme, Budget and Administration Committee of WHO's the Executive Board. Below some coverage & analysis.

**Euronews - WHO chief asks for help pushing US to reconsider its withdrawal from health agency**

<https://www.euronews.com/health/2025/02/03/who-chief-asks-for-help-pushing-us-to-reconsider-its-withdrawal-from-health-agency>

**“The World Health Organization (WHO) chief asked global leaders to pressure the US to reverse President Donald Trump’s decision to withdraw from the UN health agency, which will squeeze health programmes in Europe and beyond. But countries also pressed WHO at a key budget meeting last Wednesday about how it might cope with the exit of its biggest donor, according to internal meeting materials obtained by The Associated Press.”**

PS: **“A budget document presented at the meeting showed WHO’s health emergencies programme has a “heavy reliance” on American cash. The document said US funding “provides the backbone of many of WHO's large-scale emergency operations,” covering up to 40 per cent. It said responses in the Middle East, Ukraine, and Sudan were at risk, in addition to hundreds of millions of dollars lost by polio eradication and HIV programmes....**

**““Bringing the US back will be very important,” Tedros told meeting attendees. “And on that, I think all of you can play a role”.”**

**“B Kummel, a senior advisor on global health in Germany’s health ministry, described the US exit as “the most extensive crisis WHO has been facing in the past decades”. Officials from countries including Bangladesh and France asked what specific plans WHO had to deal with the loss of US funding and wondered which health programmes would be cut as a result....”**

**“The AP obtained a document shared among some WHO senior managers that laid out several options, including a proposal that each major department or office might be slashed in half by the end of the year.....”**

## **GHF - WHO Member States Clash Over Proposals to Slash Budget in Light of Financing Crunch**

P Patnaik; [Geneva Health Files](#);

(1 Feb) Brilliant coverage & analysis of the **PBAC Meeting**. Must-read (open access now). A few snippets below:

**“World Health Organization is at the cusp of a pivotal moment. Could the current financing crunch irrevocably alter its mandate? Is it just about the numbers? As always, there is politics and opportunism in every crisis that unfolds. That is the story in today’s edition, as we examine the closed door discussions on financing matters that unfolded in Geneva last week. Today as countries gather for WHO’s Executive Board meeting, the financing question will be front and centre at this meeting.” “...Countries are sharply divided over a proposed plan to slash the budget of World Health Organization in light of the financing crisis sparked off President Donald Trump’s decision to withdraw the U.S. from the organization. Though the U.S. is the largest funder of WHO in the current biennium period, not all WHO member states see the situation as dire. ... PS: The budgeting matters will be taken up at the WHO Executive Board meeting beginning today. WHO has time until April-May to raise additional funds, and to get countries to adopt the new budget for the next biennium at the World Health Assembly....”**

**“...At the meeting last week, countries discussed the proposed Programme Budget for the next two-year period 2026-2027. (The financial period for WHO’s programme budget is two consecutive calendar years.) WHO has [estimated](#) that it would require US\$ 7.4 billion as the [total proposed budget for 2026-2027](#), a 9% increase from the previous biennium. This proposal is based on its strategy – the Fourteenth General Programme of Work (GPW 14).....”**

PS: **“Some diplomats also worry that by moving quickly to slash the WHO budget, it would be playing into the narrative of the indispensability of American funding that many countries have questioned.** “What is the signal we are trying to send, that WHO will not survive without funding from the U.S.?” , a developing country diplomat asked....”

PS: **“On February 2, 2025, members of the EB also discussed financing and other matters at a [retreat](#) outside Geneva.”** (for more on that, see below)

## Reuters - WHO proposes budget cut after US exit, defends its work

<https://www.reuters.com/world/who-proposes-budget-cut-after-us-exit-defends-its-work-2025-02-03/>

**“World Health Organization member states will discuss cutting part of its budget by \$400 million in light of President Trump’s move to [withdraw the United States](#), its biggest government funder, from the agency, a document released on Monday showed.”**

**“... The budget cut will be discussed at the Feb. 3-11 Geneva meeting, during which member state representatives will discuss the agency’s funding and work for the 2026-2027 period. The executive board proposes cutting the base programmes section of the budget from a proposed \$5.3 billion to \$4.9 billion, according to a document released on Monday. That is part of the wider \$7.5 billion budget for 2026-2027 that was originally proposed, including money for polio eradication and tackling emergencies.... “With the departure of the biggest financial contributor, the budget could not be ‘business as usual,’” the document reads. The U.S. is the WHO’s biggest government donor, contributing around 18% of its overall funding. The WHO has already separately taken some [cost-cutting steps](#) after the U.S. move. However, some board representatives also wanted to send a message that the WHO would preserve its strategic direction despite the challenges, the document adds. .... The \$4.9 billion is roughly the same as the base programme budget for the previous period, 2024-2025.....”**

## WHO’s 156<sup>th</sup> Executive Board Meeting (3-11 Feb): Opening day

### WHO Director-General's opening remarks at the 156th session of the Executive Board – 3 February 2025

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-156th-session-of-the-executive-board-3-february-2025>

As always, worth to read in full. See below for some **coverage & analysis** of this opening address (where clearly, most attention went to **Tedros’ point by point response to the US withdrawal**).

### Devex - Tedros refutes Trump’s claims of WHO’s lack of independence

<https://www.devex.com/news/tedros-refutes-trump-s-claims-of-who-s-lack-of-independence-109258>

**“WHO chief Tedros Adhanom Ghebreyesus addressed point by point U.S. President Donald Trump’s concerns in his executive order.”**

And on financing: “ ... PS: **WHO member states expressed concerns on the financial implications of the U.S. withdrawal.** Its program, budget, and administration committee, in a meeting last week, proposed to decrease WHO’s base budget for the coming 2026-2027 biennium to \$4.9 billion — the same as in the current biennium — from the initially proposed \$5.3 billion “to reflect the current financial and economic constraints.” **WHO appears to also be exploring new financing mechanisms, including an endowment.**”

## **HPW - Members States Pledge Support for WHO But Urge Diplomatic Efforts to Woo Back USA**

<https://healthpolicy-watch.news/who-members-support-tedros/>

**“World Health Organization (WHO) member states expressed unanimous public support for the body at its executive board (EB) meeting on Monday (3 February) following the United States’ [decision to quit](#). But several countries also urged diplomatic efforts to woo the US back.”**

PS: **“Senegal’s Health Minister, Dr. Ibrahima Sy, proposed “mobilising health diplomacy around the world to urge the US to change its decision”,** urging the executive board to engage the US government, Congress and Senate to encourage that country to remain within the WHO....”

“The US, which remains a WHO member for the next year as it serves out its notice, was represented at the EB by officials Michael Lim and Steve Smith, who did not speak. There was no sign of [Tressa Rae Finerty](#), the new Chargé d’Affaires for the US mission in Geneva although her name was on a [published WHO roster of EB participants](#).”

**“Aside from the US, the WHO’s biggest donors** are (in order): The European Commission, Germany, the United Kingdom, China, Japan, Canada then France, when both assessed and voluntary contributions are added up. **All reiterated their support for WHO.”**

**“... Senegal’s Sy, on behalf of the Africa region’s 47 member states, expressed full solidarity with WHO on this current crisis although “it is clear the African region is going to be most seriously affected” by the US withdrawal.”**

“... The member states spoke after a [detailed report](#) from Tedros about the challenges and progress made by the WHO over the past year, beginning with his life being in danger during an attack on Yemen’s airport in late 2024.....”

**“... The WHO’s Programme, Budget and Administrative Committee (PBAC) committee, which met before the EB, proposed that members’ assessed contributions be increased by 20%.** This is in line with a 2023 World Health Assembly resolution that maps out that members’ fees should cover 50% of the WHO’s funding by 2030..... **... PBAC also [proposed](#) to decrease the base segment of the 2026–2027 budget to \$4.9 billion rather than the \$5,324 billion proposed before the US announcement – slightly less than the current budget for 2024/25 (\$4.968 billion).”**

**“In light of the funding crunch, the 34-member of the EB met informally on Sunday to discuss PBAC’s proposals. .... “There was a common understanding that WHO is in a difficult situation and that our consideration of the budget and on WHO reform, could not be business as usual. In response, WHO would pursue the twin goals of resource mobilisation and efficiency gains,”** EB chair Dr Jerome Walcott, health minister of Barbados, told the start of the EB. .... As part of discussions on improved efficiency, **delegates noted that having too many resolutions – 23 are being prepared for the World Health Assembly in May – dissipated the focus of the WHA.....”**

## **Bloomberg – WHO Top Chiefs Hit Back at Trump Over Foreign Aid Orders**

[Bloomberg](#);

**“The two most senior executives at the World Health Organization have hit back at decisions by President Donald Trump to withdraw from the global health agency and suspend US foreign aid.”**

**“Four reasons given by the US for pulling out of the WHO, including claims that the agency mishandled the Covid pandemic and resists reform, are unsupported by the facts, according to Director General Tedros Adhanom Ghebreyesus. Speaking at the opening of the executive board meeting in Geneva, Tedros laid out the agency’s response to the executive order, signed by Trump on his first day in office, and said he hoped the US would reconsider its “regrettable” decision.”**

(and from Kampala), **“... M Ryan said the US decision on foreign aid is “certainly having an impact” and the agency is “stepping in to provide immediate support for some of the gaps that may be there.”** Longer-term, the agency is thinking about how to plug funding holes if the US follows through with its exit plan. **“I’m having lots of conversations with member states willing to step in and fill gaps, particularly if those gaps are to do with health security,”** he said.....”

## **KEI - EB 156: Opening address of Dr. Jerome Walcott (Chair)**

<https://www.keionline.org/40447>

Also a highlight of the opening day. **“On Monday, 3 February 2025, the Chair of the 156th session of the World Health Organization’s Executive Board, Dr. Jerome Walcott, Minister of Health and Wellness, Barbados, delivered the following opening address.”**

Starting off with: **“... This Executive Board is meeting at a time where the primacy of global health governance is under severe scrutiny; multilateralism as we know it, particularly in the global health sphere, is under threat; an unrelenting and unforgiving climate crisis, heightened geo-political tensions as well as conflict within and among countries, pose real and lasting risks to global health.....”**

## **Coming up at WHO’s EB156: Climate & Health**

One of many agenda items, obviously. However, we already want to flag this:

Via Arthur Wyns on [LinkedIn](#) :

(1 Feb) “The World Health Organization's executive board meeting starts today, and climate change is on the agenda. **At the World Health Assembly (WHA) in May of last year, countries passed a resolution on climate change and health, empowering the UN's health agency to ramp up its response to the growing health impacts of climate change. Climate change was also prioritized in WHO's General Programme of Work (2025–2028).** Throughout the second half of last year, WHO conducted consultations with countries and civil society groups, to develop a **"global action plan" on climate and health.** Now at the executive board this week, that **action plan will be tabled and (if everything goes well) passed on to the WHA in May for countries to adopt.**”

“The plan **describes 3 main action areas, along whose lines WHO will continue to organize its work on climate change:**

- 1: **Leadership, coordination and advocacy:** for WHO to work with the wider health community and health sector to integrate health in national and global climate agendas (and vice versa).
- 2: **Evidence and monitoring:** to strengthen the scientific and traditional knowledge and evidence base on climate and health, and ensure evidence can inform policy and implementation.
- 3: **Country-level action and capacity-building:** supporting countries to ramp up their health adaptation efforts and maximize the health benefits of mitigation AND increase access to finance for climate and health.

“... **some of the main criticisms of the plan** include: -There are **no timelines, targets or even finance attached to this plan.** In other words, it is a long wish list. Providing more detail over time will be key. -There continues to be a **lack of coordination between WHO headquarters and the WHO regional offices, who have all developed their own climate plans and activities.** -Similarly, there is **no regular coordination with the wider UN system** (a good example of that wider coordination can be seen in the UNSG's call to action on extreme heat, which coordinates with 10 different UN agencies)...”

You can read through the global action plan on climate and health here: <https://lnkd.in/gSUvGjft>

## **Trump 2.0 & Global Health/Development: updates since last Friday**

More or less chronologically, since last Friday. Among others, some more clarity came on the (limited) PEPFAR waiver on Saturday. And as you no doubt already know, USAID is in big trouble...

### **KFF - The Status of President Trump's Pause of Foreign Aid and Implications for PEPFAR and other Global Health Programs**

<https://www.kff.org/policy-watch/the-status-of-president-trumps-pause-of-foreign-aid-and-implications-for-pepfar-and-other-global-health-programs/>

But we start this section with an excellent (as well as dire) **overview** as of 3 Feb: “...**This policy watch provides an overview of what has happened to date, as of February 3, 2025.....**” “Our @kff explainer on **Trump's Executive Order Pausing Foreign Aid, related actions, and Implications for PEPFAR and other Global Health Programs....**”

## NYT - Health Programs Shutter Around the World After Trump Pauses Foreign Aid

<https://www.nytimes.com/2025/02/01/health/trump-aid-malaria-tuberculosis-hiv.html>

Dire overview – from last weekend (1 Feb). “Lifesaving treatment and prevention programs for tuberculosis, malaria, H.I.V. and other diseases cannot access funds to continue work.” **“Lifesaving health initiatives and medical research projects have shut down around the world in response to the Trump administration’s 90-day pause on foreign aid and stop-work orders.”**

“... In interviews, more than 20 **researchers and program managers described the upheaval in health systems in countries across the developing world.** Most agreed to be interviewed on the condition that their names not be published, fearing that speaking to a reporter would jeopardize any possibility that their projects might be able to reopen....”

**“... The programs that have frozen or folded over the past six days supported frontline care for infectious disease, providing treatments and preventive measures that help avert millions of deaths from AIDS, tuberculosis, malaria and other diseases.** They also presented a compassionate, generous image of the United States in countries where China has increasingly competed for influence....”

- See also NPR: [Conflicting signals from Trump could disrupt HIV meds. What's the impact?](#)

## Devex – Exclusive: Some PEPFAR programs get waiver to restart operations

[https://www.devex.com/news/exclusive-some-pepfar-programs-get-waiver-to-restart-operations-109248?utm\\_content=link&utm\\_medium=social&utm\\_campaign=audience&utm\\_source=Twitter](https://www.devex.com/news/exclusive-some-pepfar-programs-get-waiver-to-restart-operations-109248?utm_content=link&utm_medium=social&utm_campaign=audience&utm_source=Twitter)

Some more clarity on the waiver for some PEPFAR programs came at last on Feb 1.

**“Antiretroviral medications and treatment to prevent mother-to-child transmission of HIV are included in the limited waiver obtained by Devex.”**

**“The [U.S. President’s Emergency Plan for AIDS Relief](#), or PEPFAR, has been granted “a limited waiver to implement urgent life-saving HIV treatment services”** as part of the broader humanitarian assistance waiver, according to a memo sent to PEPFAR implementing agencies and country coordinators on Saturday by Jeff Graham, the senior bureau official in the State Department’s Bureau of Global Health Security and Diplomacy. “

**“During the 90-day pause on foreign aid, HIV care and treatment services — “inclusive of HIV testing and counseling, prevention and the treatment of opportunistic infections” including tuberculosis, lab services, procurement, and supply chain for commodities and medicines — can continue,** according to the memo, which was obtained by Devex. **The prevention of mother-to-child transmission services, including medication, is included in the waiver, as well as “reasonable implementing agency and implementing partner administrative costs strictly necessary to deliver and provide oversight of this assistance,”** the memo said. This includes “related country-based data activities and portions of PEPFAR’s central data platform used for clinical monitoring and program management.” “

“PEPFAR implementing agencies should continue to pause other activities not covered by the waiver until the Trump administration’s review of all foreign aid or further guidance, it said....” ... **The waiver should cover about half of PEPFAR’s programs...**

“... The memo states that the **waiver includes support for health workers delivering care and treatment services, HIV testing, drugs, as well as their procurement, transportation, and distribution.**”

“It also specifies that **the waiver does not apply to activities that involve abortions; family planning; gender; or diversity, equity, and inclusion programs**, and that “any other activities not specifically mentioned in this guidance may not be resumed without express approval.”

“PEPFAR agencies can now resume programs covered by the waiver, according to the memo, which says disbursements and obligations on existing awards and new obligations as part of preplanned transitions can be done as necessary...”

PS: “This reprieve comes as **PEPFAR’s one-year authorization is set to expire in March and the program is facing questions about its future** — exacerbated by [recent reports](#) that PEPFAR funding paid \$4,100 for the salaries of four nurses in Mozambique who provided abortions, which is against a U.S. law known as the Helms amendment prohibits any U.S. foreign funding from being spent on abortions.....”

## NYT - End Appears Near for U.S. Aid Agency, Democratic Lawmakers Say

[NYT](#);

“**The website for the U.S. Agency for International Development went dark Saturday afternoon as lawmakers and aid workers, already reeling over the recent freezes to foreign assistance and the suspension of senior officials, braced for the possibility that the agency might be shut down. ....** A slimmed-down page for U.S.A.I.D. [appeared on the State Department’s website](#) Saturday afternoon, suggesting that the **agency’s activities — which are currently severely limited — had been brought under the State Department’s umbrella.**”

- See also WP – [Trump moves to wrest control of USAID as Musk says ‘we’re shutting it down’](#)

(update from early Monday) “**Musk says he has Trump's blessing to shut USAID down.** “

## The New Yorker - Behind the Chaotic Attempt to Freeze Federal Assistance

By **Atul Gawande**; <https://www.newyorker.com/news/the-lede/behind-the-chaotic-attempt-to-freeze-federal-assistance>

“The potential for devastation is made plain by another order, concerning the **crucial work of U.S.A.I.D.**”

“.... **This is not a pause. It is a destruction.** And it’s all completely irrelevant to doing a “review.” Every Administration takes a top-to-bottom review of policy and spending and makes changes— even big changes, shifting the activities of whole agencies. But they act through constitutionally



defined processes to make these happen—and work to protect people and institutions from harm. **By both shutting down most of U.S.A.I.D.'s existing activities and purging the people who manage them, Donald Trump and his allies are eviscerating the entire structure.**"

- Related: [NPR - Why does Musk want USAID 'to die'? And why did its website disappear?](#)

"... on Sunday, [Elon Musk wrote on X](#) that USAID is a "criminal organization." "It needs to die," he wrote. AP reported that **workers at the Department of Government Efficiency (DOGE) were denied access to confidential documents at USAID on Saturday and that the Trump Administration subsequently put on leave the two USAID security officials who refused to grant access.**"

"...**Online information about USAID**, which is responsible for funding aid projects around the world and managed more than \$40 billion in federal spending in 2023, **is available at a new page that is part of the State Department's website.** That page was captured for the first time on Jan. 27, [according](#) to the Internet Archive. **There are seven items in this USAID section — a drastic reduction of the reports and information on the original USAID.gov website**, which covered the wide range of the agency's portfolio, from humanitarian assistance and global health to education and conflict prevention...."

- For more on **the history of USAID**, see [Just Security](#): "Can the President Dissolve USAID by Executive Order?"

"In 1961, USAID was created by an E.O. issued by President John F. Kennedy ([E.O. 10973](#)), based in part on authority provided in the [Foreign Assistance Act of 1961](#). But a later [act of Congress](#) (The Foreign Affairs Reform and Restructuring Act of 1998, 22 U.S.C. 6501 et seq.) **established USAID as its own agency.....**"

- And via [HPW: Trump, Musk Tell USAID: 'Time to Die'](#)

"USAID is the backbone of global health assistance. For two decades, the US has been the largest contributor to global health programs, **providing \$11.4 billion in health aid in 2022 — nearly a third of the \$33.9 billion spent globally.** The agency's programs have saved tens of millions of lives through work targeting maternal and newborn health, malnutrition, malaria, tuberculosis and HIV."

**Devex - USAID may be reorganized, absorbed by the State Department, Rubio says**  
<https://www.devex.com/news/usaids-may-be-reorganized-absorbed-by-the-state-department-rubio-says-109271>

"Peter Marocco will begin the process of reorganizing USAID as deputy director of the agency."

"... The [U.S. Department of State](#) will reorganize and absorb "certain bureaus, offices, and missions of USAID," according to a letter sent by Secretary of State Marco Rubio and obtained by Devex on Monday — and the remainder of the agency may be dissolved entirely.

"In consultation with Congress, USAID may move, reorganize, and integrate certain missions, bureaus, and offices into the Department of State, and the remainder of the Agency may be abolished consistent with applicable law," wrote **Rubio, who announced he was acting administrator of the [U.S. Agency for International Development](#) on Monday.....**"

## Devex - USAID headquarters shuttered for second day

<https://www.devex.com/news/scoop-usaid-headquarters-shuttered-for-second-day-109272>

“USAID's headquarters has recently become a battleground, with clashes between Elon Musk's Department of Government Efficiency team and USAID staff members, lawmakers barred from entry, and hundreds protesting outside.”

Related links:

- [CGD blog – No, 90 Percent of Aid Is Not Skimmed Off Before Reaching Target Communities](#)

- [CGD blog - USAID Is Being Dismantled When the World Needs It Most](#)

“The decision to take a wrecking ball to USAID could not have come at a worse time. Humanitarian needs are soaring in the context of record funding gaps.”

## Devex - Scoop: UN Population Fund thought it prepared for the worst — it didn't

<https://www.devex.com/news/scoop-un-population-fund-thought-it-prepared-for-the-worst-it-didn-t-109264>

“The Trump administration's foreign aid pause sows chaos and blocks funds already in the pipeline.”

“... **The scope of the Trump administration's sweeping freeze on foreign aid has caught them off guard.** The last time Trump was in the White House, he moved swiftly to end funding for the agency, which has long been the target of social conservatives, who have falsely accused it of supporting coercive abortion policies in China. He is expected to do the same now. **But the freeze has done more to disrupt its operations because Trump permitted UNFPA to spend money that was already appropriated and in the pipeline, granting it some fiscal runway before the money ran out. No such luck this time around. That has placed several U.S.-funded projects in jeopardy,** including a program that employs more than 1,700 female health workers — mostly midwives — in Afghanistan, a country with [one of the world's highest maternal mortality rates](#). Under the terms of the freeze, they will have to be let go. .... **So far, the Trump administration has yet to announce a formal decision on defunding UNFPA, as well as other U.N. agencies, but the pause has had a more crippling effect on its operations, stopping funded programs from being implemented”**

“... At the moment, UNFPA is seeking to obtain a waiver for its own humanitarian work. In the meantime, here is a **list of programs that stand to be impacted by the freeze,** according to UNFPA.....”. Do check them out.

## Science Insider - Health agencies purge Trump-targeted programs and websites

<https://www.science.org/content/article/health-agencies-purge-trump-targeted-programs-and-websites>

“NIH spares grants so far, but ‘data apocalypse’ erupts at CDC.”

- Related: [Researchers rush to preserve federal health databases before they disappear from government websites](#)

Tweet Ellen 't Hoen: “It is not **only development aid that is being destroyed under Trump also data.**”

## NYT - C.D.C. Site Restores Some Purged Files After ‘Gender Ideology’ Ban Outcry

<https://www.nytimes.com/2025/02/03/health/trump-gender-ideology-research.html>

Update from Monday. “**Intense backlash prompted the reinstatement of some online resources. But guidelines for safe contraception and information on racial inequities in health care remain missing.**”

“**On Friday, the Centers for Disease Control and Prevention purged from its website** thousands of pages that included terms such as “transgender,” “L.G.B.T.” and “pregnant person,” to comply with an executive order barring any material that promoted “gender ideology.” **By Monday, some of the pages had reappeared, in part in response to intense media coverage, backlash from the scientific community and concern for the public’s health,** according to a senior official with knowledge of the matter. .... The purge had also swept up vaccine information statements, which [must be given to patients](#) before they can be immunized; guidelines for contraception; and several pages on how race and racism affect health outcomes. Also removed was a database containing 20 years of H.I.V. data that doctors rely on to determine whether a pregnant woman lives in an area of high H.I.V. prevalence and should be tested for the virus in her third trimester.”

“Some of these resources were also reinstated, but the return was not entirely smooth. Charts and tables in the H.I.V. database could be reached through a Google search, for instance, but the C.D.C.’s own portal remained broken.....”

## Guardian - Trump’s aid freeze shuts down ‘gold standard’ famine-monitoring system

<https://www.theguardian.com/global-development/2025/jan/31/trumps-aid-freeze-shuts-down-gold-standard-famine-monitoring-system>

“Without **Fews Net**, recognised as ‘**a vital life-saving tool**’ for preventing food crises, people will die, experts warn...”

“**The system for monitoring global food crises appears to have been suspended** after President Donald Trump’s executive order froze US foreign aid. .... The **website for the US-funded famine**

early warning systems network (**Fews Net**) was not accessible on Friday. A banner said reports and data were “currently unavailable” without elaborating.”

“**Fews Net is considered the most important tool for judging levels of hunger and preventing deadly famines.** Its data helps humanitarian organisations decide how to distribute food aid to tens of millions of people around the world.....”

## Guardian - Trump aid spending freeze halts leading malaria vaccine programme

<https://www.theguardian.com/global-development/2025/feb/02/trump-aid-spending-freeze-halts-leading-mvdp-malaria-vaccine-programme>

“Global collaboration with US researchers likely to be set back by years, including on spread of drug-resistant HIV.” “ **A flagship programme to create malaria vaccines has been halted by the Trump administration, in just one example of a rippling disruption to health research** around the globe since the new US president took power. The **USAid Malaria Vaccine Development Program (MVDP)** – which works to prevent child deaths by **creating more effective second-generation vaccines** – funds research by teams collaborating across institutes, including the US university Johns Hopkins and the UK’s University of Oxford.”

“Earlier this week, it told partners to stop work, after the president and his allies [ordered](#) a freeze on US spending. **Researchers warned that the impact of the abrupt halt on other programmes could fuel the spread of drug-resistant HIV,** and put medical progress back by years. .... **The MVDP’s aim is “to reduce the impact of malaria on children living in malaria-endemic areas of the world....”**

PS: “**Tom Drake, senior policy analyst at the Center for Global Development,** said that the **impact of cuts to research funding were less visible and less immediate** than the [implications for the provision of life-saving programmes](#) around the world “**but is no less real” .....**”

## Devex - WHO - Members of US Congress urge Trump to reconsider WHO withdrawal

<https://www.devex.com/news/members-of-us-congress-urge-trump-to-reconsider-who-withdrawal-109256>

“**A withdrawal would lead to job losses in the U.S. and would make it difficult for U.S. health officials to trace a new outbreak,** which could lead to increased illnesses and deaths globally, the U.S. included, they said.”

“**Forty-three members of the U.S. Congress have asked President Donald Trump to “reevaluate” his order to withdraw from the [World Health Organization](#), arguing the United States “should not cede [its] title” as a global health leader.** [In the letter](#), the officials touted the beneficial relationship between the U.S. and WHO, and the risks the withdrawal poses on the health of Americans as well as on the gains the world has made against many diseases, including polio eradication....”

And some links:

- UNAIDS press statement – [UNAIDS urges that all essential HIV services must continue while U.S. pauses its funding for foreign aid](#) (1 Feb)

## Trump 2.0 & Global Health/Development: Analysis, advocacy...

### GHF - A Negotiated Settlement with the Trump Administration & WHO, a Win-Win for Global Health Security [Guest Essay]

By L Gostin; [Geneva Health Files](#);

“In today’s guest essay, leading global health legal scholar Lawrence O. Gostin of Georgetown University, lays out for our readers the pitfalls and the implications of President Trump’s decision to withdraw from WHO. He is also of the view that **there is room for reforms**, that could be the basis for a negotiated settlement between WHO and the U.S. government.....”

### Geneva Solutions - Trump’s foreign aid freeze throws international Geneva organisations into disarray

[https://genevasolutions.news/global-news/trump-s-foreign-aid-freeze-throws-international-geneva-organisations-into-disarray?utm\\_medium=partage-social&utm\\_source=twitter](https://genevasolutions.news/global-news/trump-s-foreign-aid-freeze-throws-international-geneva-organisations-into-disarray?utm_medium=partage-social&utm_source=twitter)

“**The pause on US foreign assistance has thrown the aid sector into turmoil, with thousands of jobs in Geneva and beyond potentially at risk.**”

“The Trump administration’s abrupt halt to US foreign assistance and a further waiver that appeared to backtrack on a full freeze have **caused havoc and confusion among international aid organisations and NGOs in Geneva, disrupting life-saving work in countries worldwide** as they scramble to understand what measures to take next....”

PS: “**International Geneva’s top benefactor: A study by the Graduate Institute** assessing donations of 16 major organisations in Geneva [found](#) that the **United States covers over a quarter of their funding**. A large part of that comes in the form of **mandatory contributions** determined by the size of a country’s economy and other factors like debt. The **US is obligated to provide 22 per cent of core funding to the UN and some of its agencies** – the highest level a country can be required to....”  
“... On top of that, the US is the **world’s top donor when it comes to voluntary donations**, providing \$9.7 billion to UN agencies in 2023 – 30 per cent of all voluntary contributions –, according to UN figures. For some agencies, like IOM, the US covered as much as 51 per cent of its budget.”

PS: **quote Nicoletta Denticco** “... Denticco believes there are **lessons to be drawn from this fiasco**. “Any country may have a dramatic change in the political scene that produces effects similar to Trump’s. So unpredictability is always there as a threat. But **when you create a system that is so globalised yet depending on a few donor entities, if one goes, the system collapses,**” she said. “Then you have a serious problem.”

## CGD (blog) - Global Health Security Is a Strategic Investment in America's Safety, Strength, and Prosperity

J M Keller; <https://www.cgdev.org/blog/global-health-security-strategic-investment-americas-safety-strength-and-prosperity>

“... In recent years, the US has spent roughly **\$1.5 billion** annually on global health security—encompassing funding and technical support for countries to prepare for and prevent epidemics and pandemics. **This amount is a modest share of the \$60 billion foreign aid budget** (which itself makes up less than 1 percent of the federal budget)— but it has outsized benefits on the lives of Americans and people around the world. ....”

Keller argues: “... **Given the immense value of investing in preparedness and prevention, global health security should not be relegated to just a “foreign aid” issue. Bilateral and multilateral funding for global programs that deliver results by preventing future pandemics should be treated as a strategic investment.** That’s why past support for global health security has received bipartisan support. ....”

## Guardian - Trump's revenge agenda has shocked officials who 'didn't think it was going to be this bad', insiders say

Guardian - <https://www.theguardian.com/us-news/2025/jan/31/trump-federal-workers-deep-state>

“Trump’s better-known adversaries were expecting payback, but **more intense vengeance is being felt by civil servants.**” “Federal government workers have been left “shell-shocked” by the upheaval wreaked by Donald Trump’s return to the presidency amid **signs that he is bent on exacting revenge on a bureaucracy he considers to be a “deep state” that previously thwarted and persecuted him.....**”

## BMJ (blog) - Preventing Deaths During the 90-Day Assistance Freeze

C Kenny; <https://www.cgdev.org/blog/preventing-deaths-during-90-day-assistance-freeze>

Kenny concludes his plea like this: “... **At the cost of about \$14 billion, or one dollar out of every \$2,000 of US national income, the country is helping to turn the tide on global famine, AIDS and malaria mortality.** And while **PMI (Present’s Malaria Initiative), PEPFAR, and international disaster assistance** is only a part of the life-saving, security-enhancing, growth-promoting work done by US bilateral and multilateral assistance, **it is also some of the most urgent to continue without interruption, because of the rapid mortality costs of cutting off support, including in terms of child deaths from malnutrition and infectious diseases including HIV and malaria.** That is why it is a tragedy that at the moment, because of an Executive Order calling for a 90-day freeze on foreign assistance spending, [people working on US-funded emergency programs think they are being told to turn away from suffering](#), and let children die. [FEWS-NET](#) is down and [900 people](#) from the Bureau of Humanitarian Assistance and Global Health have been sent home...”

“... **To fix that problem, the Secretary of State should urgently issue clarifications or additional waivers naming specific bureaus and programs intended to be covered by a waiver, including the PMI, PEPFAR, the USAID Bureaus for Global Health and Humanitarian Assistance.** Or if it is more operationally straightforward, [specific budget lines](#) under State and Foreign Operation Budget

including Controlling the HIV/AIDS Epidemic, Maternal and Child Health, Malaria, Tuberculosis, Neglected Tropical Diseases and International Disaster Assistance....”

## **BMJ - Trump and the tech bros: demagogues of harm to human and planetary health**

K Abbasi;

[https://www.bmj.com/content/388/bmj.r196?utm\\_campaign=usage&utm\\_content=tbmj\\_sprout&utm\\_id=BMJ005&utm\\_medium=social&utm\\_source=linkedin](https://www.bmj.com/content/388/bmj.r196?utm_campaign=usage&utm_content=tbmj_sprout&utm_id=BMJ005&utm_medium=social&utm_source=linkedin)

**“... Social media platforms—the empire of these “broligarchs”—are now a primary source of health information. Much of that information is either misinformation or disinformation and is therefore harmful to health and wellbeing ( doi:10.1136/bmj.q2617 doi:10.1136/bmj.q2485). One answer is to counter disinformation with trusted information. But how can the public decide which is which? It’s clear that the owners of social media platforms can’t be relied on to moderate their moneyspinning businesses to protect the public. This is the ultimate manifestation of power without responsibility. Society’s challenge is how to rein in social media, now that the naive notion that an unmoderated dialogue will be self-regulating is thoroughly debunked.”**

**“... The answer to flawed or politically loaded fact checking and content moderation is not to abandon them and replace them with gimmicks such as “community notes” but to improve them, to focus on proving or disproving facts rather than allowing ideological censorship, to moderate content while being mindful of extremism and harms, and to develop appeal mechanisms that are genuine and fair. However, social media platforms continue to demonstrate their inability to restrict misinformation, disinformation, and harmful or extreme content. Combine the power of social media with the power of artificial intelligence and we face a risk that ranks alongside climate change, conflict, obesity, and antimicrobial resistance in its potential to harm people and the planet. The responsibility to regulate social media, given the failures of the tech companies themselves and of self-regulation across many different industries, must inevitably fall to governments.**

## **Statement by The People’s Health Movement on the US Government’s Freezing of Foreign Aid and Its Impact on the Right to Health**

<https://phmovement.org/statement-peoples-health-movement-us-governments-freezing-foreign-aid-and-its-impact-right-health>

**“.... The People’s Health Movement (PHM) strongly condemns the US Government’s actions, which poses a direct threat to the fundamental right to health for millions of people globally. The US foreign aid situation is a public health crisis. ... .... “**

**“Health is a fundamental human right, enshrined in international agreements such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social, and Cultural Rights. The US Government’s decision contradicts its commitments to global health equity and sustainable development. .... PHM calls on the US Government to swiftly refund all essential health services and re-evaluate their position on foreign aid. We urge international organizations, civil society, and governments to advocate for alternative funding mechanisms to mitigate dependency on the US government for development assistance since the current administration has made their position clear. The global community must stand in solidarity to protect the right to**

health and prevent this crisis from reversing decades of progress in global health. Health is not a privilege; it is a right. “

## More on Global Health Governance & Financing

### CGD (blog) – Decoupling “Stop Work” Orders from “Stop Basic Care”: How New Aid Models Can Protect Countries from Unreliable External Financing

T Drake et al ; <https://www.cgdev.org/blog/decoupling-stop-work-orders-stop-basic-care-how-new-aid-models-can-protect-countries>

**“The Trump administration’s stop-work order highlights precisely why we need a new model for health aid—one in which domestic financing supports the highest priority, core health services....”**

“...Even if the immediate crisis resolves, the **episode reinforces that the status quo is vulnerable**—and countries whose basic health services are aid-funded are at risk in the future to the political winds in high-income countries. Aid-recipient countries need to protect themselves from this vulnerability—and development partners need to help them do so. **CGD’s [New Compact for financing health services](#) offers a potential solution—it would move countries to a new paradigm where domestic governments fund essential services, while donors shift to covering supplementary areas.** This would protect the most essential services from aid shocks, which look set to be more frequent in the years to come....”

**“....Donor aid can facilitate global public goods, new capital investments, and an expanded package of health services...”**

Concluding: “.... There is **widespread appetite for a new era in global health, exemplified by initiatives such as the Lusaka Agenda and Africa CDC’s New Public Health Order.** Trump’s “stop work” order is a shock to a system that was already reckoning with its shortcomings, and there is likely to be further disruption to come. We should aim to ensure that the dust settles on a global health system that works better for the long-term interests of countries it aims to support. **Decoupling external aid from direct financing of the most important health services in aid recipient countries would be a good start.”**

### I Kickbusch (Spotlight Global Health in latest WHS newsletter) - The Global Health Agenda is Moving from Charity to Investment

<https://www.worldhealthsummit.org/newsletter-01/2025.html>

**“The last two G20 meetings under the presidency of India and Brazil drew attention to the enormous catch-up potential of emerging markets, including Africa.** Brazil spends around ten percent of its gross domestic product on healthcare. As part of the government program for growth acceleration (PAC), around 6 billion USD are to be made available for the healthcare system by 2026 alone. The **digital health market in India** is expected to achieve annual revenue growth of 12.96% (2024-2029). With the Digital India program, the Indian government is pursuing a strategy that broadens access to healthcare services while expanding India's digital economy. **The challenge is to**



ensure equity and access while enormous profits are generated in a global health market presently worth 10 trillion USD. This global market is increasingly influenced by geopolitical dimensions - healthcare supply chains are determined by strategies such as "ally and friendshoring" as well as increased competitive pressure with geopolitical overtones. At the 2024 China-Africa Cooperation Forum Summit, Chinese President Xi Jinping pledged to promote the African pharmaceutical sector, including access to active ingredients, through joint investments. The Africa Centers For Disease Control recently pointed out that the African market for medicines and vaccines amounts to around USD 50 billion annually. So, who will succeed in these "new" healthcare markets? And will international partnerships ensure a system that is open and cooperative and is geared towards social goals or will increased privatization drive people into poverty because of health care bills? "

## The Straits Times - US pullout from WHO opens the door for a new global health order

T Yik Ying ; [https://sph.nus.edu.sg/wp-content/uploads/2025/02/SG\\_0\\_G\\_20250127\\_N\\_STMW\\_FRM\\_pgB3\\_f78570.pdf](https://sph.nus.edu.sg/wp-content/uploads/2025/02/SG_0_G_20250127_N_STMW_FRM_pgB3_f78570.pdf)

"Loss of funding and leadership is a setback but Asean and other regional groupings and countries like Singapore can step up to create a better system."

"The US withdrawal from the WHO is undeniably a setback for global health. However, it also opens the door for a **reimagined global health order – one that is less centralised, more equitable, and hopefully resilient**. This will see a shift in the nature of global health governance and diplomacy, one that is likely to require regional blocs such as Asean or African Union to take on bigger roles. Countries like Singapore now have a greater responsibility to proactively engage, contribute to, or even lead regional health initiatives to ensure the continued well- being of populations ...."

## Need for a Feminist Pushback

### BMJ – We must unite against regressive policies and systems that perpetuate injustice

L Robinson, Sharmila L Mathre, K Buse; <https://www.bmj.com/content/388/bmj.r222>

By some **Global Health 50/50 authors** – with a feminist playbook for 2025. "The rise of "strongman" leaders globally demands a feminist pushback to fight for social justice, argue **Lynsey Robinson and colleagues**, who outline **three areas of action for the year ahead.**"

They are: "**Reimagining leadership and building solidarity; Reclaiming the provision of public goods; Ensuring bodily autonomy and climate and migration justice.**"

## PPPR

### HPW - World is Unprepared for Next Global Pandemic with Critical Gaps in Diagnostics, Vaccines and Treatment for Key Diseases

[HPW](#);

“The world remains unprepared for another pandemic, according to the International Pandemic Preparedness Secretariat (IPPS) which published its [Fourth Implementation Report of the 100 Days Mission \(100DM\)](#) last Friday. The IPPS is an initiative aimed at ensuring global access to diagnostics, therapeutics, and vaccines (DTVs) within 100 days of a public health emergency of international concern (PHEIC)... **Critical gaps remain, particularly in developing and distributing diagnostics and therapeutics for diseases with pandemic potential.** “

PS: “... The **100 Days Mission Implementation report highlights three key areas for action in 2025** that would ensure the world is better prepared for future outbreaks. The report calls on all stakeholders to work together to: **Reinvigorate the therapeutics pipeline with a focus on early-stage R&D**: Prioritise early-stage research and development to advance therapeutics for priority viral families, ensuring robust pipelines are prepared to address emerging threats. **Enhance coordination to implement the Diagnostics 100DM roadmap**: Collaborate with global partners to implement the 100 Days Mission diagnostics roadmap, improving alignment and advancing innovation across the diagnostics sector. **Sustain clinical trial infrastructure and strengthen preparatory regulatory approaches**: Ensure clinical trial networks remain functional between pandemics and adopt harmonised regulatory approaches to accelerate approvals during emergencies.”

“... **Looking ahead, the IPPS calls on G7 and G20 leaders, with Canada and South Africa respectively assuming their presidencies for 2025, to catalyse global action** by: Accelerating diagnostic, therapeutic and vaccine R&D for priority pathogens with equity embedded by design; Agreeing a shared framework for regulatory preparedness in order to increase harmonisation and safely accelerate emergency authorisations; Enhancing collective health security by expanding biosafety, biosecurity and pre-clinical capabilities...”

- For the report, see [International Pandemic Preparedness Secretariat: 4th Implementation report 100 Days Mission](#)

“The 2024 Implementation report, **unveiled at an event co-hosted with the South African Department of Health, and South African Medical Research Council (SAMRC) in Cape Town**, highlights that while there have been bright spots at a national level, the world remains insufficiently prepared for 100 day response to a future pandemic. The **report is accompanied by the 2nd iteration of the 100DM scorecard which shows that critical gaps remain, particularly in the development and deployment of diagnostics and therapeutics for diseases with pandemic potential. ....**”

### TGH - Pandemic Response Should Not Rely on Border Closures

E Alden; <https://www.thinkglobalhealth.org/article/pandemic-response-should-not-rely-border-closures>

Dire warning on Trump 2.0’s likely “PPPR approach”, based on what we’ve seen so far.

**“The lessons learned from COVID should inform more effective future public health responses to reduce the enormous collateral consequences of closing borders. Instead, the world seems to be moving in the opposite direction; the United States especially is taking actions that will leave countries with few choices other than border closures to deal with future pandemics. As Martin Cetron, head of the Division of Global Migration and Quarantine at the Centers for Disease Control and Prevention for more than a quarter century, told my coauthor Laurie Trautman and me [for our new book on the COVID border closures](#): "This is the first time in my experience of 30 years that we are coming out of a crisis less prepared than when we went in." ....”**

**“The message behind [Trump 2.0’s] actions so far is clear: The United States will do little to help prevent the next pandemic, but when it arrives the government will shut its borders earlier, tighter, and—depending on the nature of the disease—for longer than they were during COVID. The rest of the world could have little choice but to follow along....”**

Alden concludes: **“At best, border measures are a supplement to strong domestic public health interventions. Countries should be working to shore up their domestic capacities and coordinate on the use of travel restrictions where they may be needed. Instead, led by the United States, border restrictions will again be the first response of choice when the next pandemic inevitably hits....”**

### **CEPI - Bringing together all the pieces of the Lassa fever vaccine puzzle**

*Katrin Ramsauer, Virgil Lokossou and Oyeronke Oyebanji; <https://cepi.net/bringing-together-all-pieces-lassa-fever-vaccine-puzzle>*

**“2024 saw great progress in developing the world’s first Lassa fever vaccine, with a CEPI-funded vaccine candidate entering Phase II trials in West Africa. Now, CEPI is working alongside regional partners to speed up the path to licensure and enable equitable access to future doses.”**

**“The newly formed Lassa Fever Governing Entity met for its inaugural meeting in Abuja, Nigeria, this month. Its members include Ministers of Health across key Member States, including Benin, Guinea, Liberia, Nigeria and Sierra Leone, as well as senior representatives from CEPI, West African Health Organisation (WAHO), WHO and WHO African Region. .... The pioneering group will take a regionally led approach to oversee the new Lassa fever Coalition that is set to play a pivotal role in speeding up the development of Lassa fever vaccines and ensuring that they are made equitably available across affected countries..... The first meeting was hosted by WAHO in collaboration with Nigeria’s Federal Ministry of Health and Social Welfare, with CEPI support.”**

## **Worrying convergence of Health Emergencies in SSA: Mpox, Ebola, ...**

**Africa CDC Urges Immediate Action to Protect Lives Amid Escalating Health and Security Crises**

<https://africacdc.org/news-item/africa-cdc-urges-immediate-action-to-protect-lives-amid-escalatinghealth-and-security-crises/>

(1 Feb) “ Africa is facing an unprecedented convergence of crises that threaten to reverse decades of progress in health security and economic development. The number of health emergencies on the continent surged from 153 outbreaks in 2022-2023 to 242 in 2024, significantly increasing the risk of another pandemic emerging from Africa. At the same time, shifting global priorities have led many traditional partners to reduce development assistance, including the recent announcement of a 90-day pause in U.S. foreign aid.”

“The consequences of inaction are severe. Africa CDC projections indicate that **without urgent intervention, financial constraints could reverse our hard-won health gains, leading to an estimated 2 to 4 million additional deaths per year from preventable and treatable diseases.** This human toll translates into massive economic losses, pushing an estimated 39 million more people into poverty and costing the continent billions annually. **This is not just an African crisis—it is a global crisis in the making....”**

“...While Africa is making efforts to protect its people, **peace remains the missing element. Nowhere is this more evident than in Goma, eastern Democratic Republic of Congo (DRC).** This is **not only a security issue-it is a full-scale public health emergency.** Goma, a city of three million people, including one million displaced individuals, has one of the highest population densities in the world—39,620 people per square kilometer-without adequate health infrastructure or access to basic services such as water, sanitation, and hygiene. **These extreme conditions, combined with insecurity and mass displacement, have fueled the mutation of the Mpox virus, generating the deadly Clade 1b variant in 2023.** Goma has become the epicenter, spreading Mpox across 21 African countries, including SADC and EAC states. ....”

- See also [Cidrap News - Africa CDC says mpox outbreak could grow in DR Congo conflict zone](#)

(31 Jan) “Kaseya said the situation in the DRC is made worse by an ongoing conflict around the eastern city of Goma, which has left more than 1 million displaced. **The M23 rebel offensive in Goma has led to widespread destruction, Kaseya said, with overwhelmed hospitals, power outages, and medical shortages.** .... Kaseya said **healthcare workers are also reporting outbreaks of measles and cholera in Goma in addition to mpox.** ...”

“So far this year, DRC has seen (Mpox) cases mount, with almost 9,000 cases suspected and 85 deaths in that country since the start of 2025. Among confirmed cases in the DRC, children 15 years and younger account for 49.3% of cases. **Kaseya said the DRC is having more success with a new vaccination strategy used in the past 10 days that distributes vaccines to hot spots, but millions still need to be vaccinated, including displaced people in Goma.** “We have a broad strategy today to vaccinate around 3.5 million people,” Kaseya said. “But people fleeing from the armed conflict in Goma increases the risk of spread [of mpox].”

- And via [BMJ News - East Africa at risk of mpox, cholera, and measles as health services collapse in DRC](#)

“ **The worsening healthcare crisis in the eastern Democratic Republic of Congo (DRC) risks spreading mpox, cholera, and measles to neighbouring countries and needs to be tackled urgently,** the head of Africa’s public health agency and the World Health Organization have warned....”

## UN News - Eastern DR Congo crisis increasing risk of mpox transmission, WHO chief warns

<https://news.un.org/en/story/2025/02/1159701>

**“The worsening security situation in the eastern Democratic Republic of the Congo (DRC) has forced many mpox patients to flee treatment centres, increasing the risk of transmission, the UN health agency (WHO) warned on Monday. .... Before the latest violence, mpox cases had been stabilizing, said WHO Director-General Tedros Adhanom Ghebreyesus, in a speech to the agency’s executive board.....”**

## Stat - WHO says 6 contacts of Ugandan Ebola patient are ill, vaccination efforts could begin Sunday

<https://www.statnews.com/2025/02/01/uganda-ebola-outbreak-contacts-infected-patient-ill-who-vaccinations-to-begin/>

(1 Feb) **“Agency steps in to fund response needs hit by U.S. aid freeze, a top official says...”**

**“The head of the World Health Organization’s health emergencies program said Saturday that six people who were in contact with Uganda’s latest Ebola case have become ill, though it’s not yet clear if they too are suffering from the dangerous viral disease. One is the wife of the patient, who died Wednesday, and several others are health workers. Mike Ryan, who spoke to STAT from Kampala, the Ugandan capital, said the response to the outbreak is proceeding rapidly, though he noted the Trump administration’s freeze on aid has created shortfalls in key areas that the WHO has had to cover. Uganda uses funds from the U.S. Agency for International Development to transport samples from suspected cases of HIV, mpox, and Ebola to its national lab for testing. With that money currently not available, the WHO has stepped in, said Ryan. .... Likewise, Uganda uses U.S. aid to pay for border entry-and-exit screening at the international airport in Kampala and at two major border crossings. These efforts are critical to ensure that people who might be incubating Ebola do not travel to other countries. For the time being, the WHO will also pick up those costs, he said.....”**

## WHO and partners enable access to candidate vaccine and treatments for outbreak of Sudan Ebola virus disease in Uganda

<https://www.who.int/news/item/31-01-2025-who-and-partners-enable-access-to-candidate-vaccine-and-treatments-for-outbreak-of-sudan-ebola-virus-disease-in-uganda>

**“WHO and partners have immediately boosted their support to the Ugandan government’s response to an outbreak of Sudan virus disease outbreak (SVD, part of the Ebola family), including by facilitating access to a candidate vaccine and candidate treatments. The first 2160 doses of the vaccine candidate and the treatments are already in Kampala, Uganda, as they were prepositioned as part of outbreak preparedness. The vaccine trial processes underway include orientation of the research teams on the trial procedures, and logistics arrangements. Research teams have been deployed to the field to work along with the surveillance teams as approvals are awaited....”**

**“The candidate vaccine and the candidate treatments (a monoclonal antibody and an antiviral) are being made available through clinical trial protocols, which will make it possible to further document**

their efficacy and safety..... As of 30 January, [there was one confirmed case and 45 contacts who are being followed up. ....](#)”

- See also AP - [Ugandan health authorities are set to begin an Ebola vaccine trial after new outbreak kills a nurse](#)

## WHO - Groundbreaking Ebola vaccination trial launches today in Uganda

<https://www.who.int/news/item/03-02-2025-groundbreaking-ebola-vaccination-trial-launches-today-in-uganda>

WHO press statement on the trial.

## Nature Africa - Push to curb Tanzania’s Marburg outbreak

<https://www.nature.com/articles/d44148-025-00029-0>

**“Treatment centres, mobile laboratories to support national response teams.”**

**“An effort to curb Tanzania’s second outbreak of Marburg virus disease in almost two years includes enhanced case detection, treatment centres, and a mobile laboratory in the northwestern Kagera region. ....** Africa CDC said at a press conference that 10 cases had been reported, including two confirmed and 29 listed as probable. A total of 281 contacts are being closely monitored.”

**“The World Health Organisation and Africa Centres of disease have pledged more than US\$5 million, also deploying public health experts to support Tanzania’s national response teams.....”**

## UHC

### BMC Global & Public Health - Performance-based financing is not on the path towards universal health coverage and equity

E Paul, V Ridde et al ; <https://link.springer.com/article/10.1186/s44263-025-00128-y>

They conclude : « .... In conclusion, one must question why PBF continues to be considered a viable or novel approach for improving equity and advancing UHC, since it sidelines social justice, a key foundation of UHC. This is because combating social injustice requires more precise and proportionate universalism, particularly concerning the upstream determinants of health such as poverty, a key driver of disease. Although there are many theories of justice, and their interpretation can give rise to different pragmatic solutions, their foundations must, at least, be debated with the people concerned and in relation to their needs. All too often, however, these decisions are made by people and institutions far removed from the people concerned, while conflicts of interest regularly influence how these decisions are made. Besides, debates on equity in health are often rhetorical and declarative: this is certainly the case concerning PBF. Thus, international financing and actions implemented on the ground often merely give lip service to

combating issues of social injustice, because, like most PBF schemes, it is easier to act for output effectiveness than for health equity.”

## **International Journal for Equity in Health - Political economy analysis of health financing reforms in times of crisis: findings from three case studies in south-east Asia**

S Witter et al; [International Journal for Equity in Health](#)

“... In this article, **we examine recent health financing reforms in Nepal, Thailand and Indonesia, using a political economy lens.** The objective is to understand whether and how crises can be utilised to progress UHC and to analyse the strategies used by reformers to benefit from potential windows of opportunity...”

## **Lancet Commission on Rare Diseases**

### **The RDI–Lancet Commission on Rare Diseases: improving visibility to address health-care disparities for 400 million people**

Kym M Boycott et al on behalf of the Commissioners of the RDI–Lancet Commission on Rare Diseases; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00211-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00211-9/fulltext)

“**Rare diseases** are complex and ubiquitous; they represent a global challenge that needs a global response. **A rare disease is commonly defined as a medical condition that affects fewer than one in 2000 people.** There are thousands of different rare diseases that **collectively affect around one in 20 people (400 million individuals worldwide)** and include genetic diseases, cancer, infectious diseases, poisoning, immune-related diseases, idiopathic diseases, and undetermined conditions. .... **Rare diseases are increasingly seen as a large group of diseases with common challenges for which shared solutions can have global impact.”**

“**Rare diseases are beginning to be recognised on the international policy stage.** In 2021, the UN adopted a **resolution on Addressing the Challenges of Persons Living with a Rare Disease and their Families** that recognised the unique difficulties in diagnosing and managing rare diseases .... **To achieve the 2019 UN Political Declaration on Universal Health Coverage (UHC), which urges countries to accelerate progress towards achieving UHC by 2030, it is crucial that rare diseases are recognised as a global health priority to achieve UHC for all.** Some **member states have called for the World Health Assembly to adopt a resolution on rare diseases in 2025, requesting WHO to develop a global action plan on rare diseases.** This year is an important moment, with potential for change and tangible global impact to advance efforts to address rare diseases. To realise this potential, all stakeholders must leverage this momentum and translate it to benefits for PLWRD across the world.”

“**The Rare Diseases International (RDI)–Lancet Commission on Rare Diseases** is a new initiative dedicated to generating evidence-based and equity-informed recommendations that are implementable and impactful across all countries to improve the lives of PLWRD.....”

## NCDs

### HPW - Putting the 'Brain Economy' on the Map of Global Health Priorities

<https://healthpolicy-watch.news/putting-the-brain-economy-on-the-map-of-global-health-priorities/>

One more **story from this year's Davos**: "... With populations ageing and mental health disorders at a record high, halting the global "pandemic" of brain disorders needs to be a paramount concern of industry – as well as the global health community. **What is needed is a global effort spawning a "healthy brain economy" for the future, reflecting the same sense of commitment and investments as those displayed in preventing childhood diseases.** That was a key message of George Vranderenburg, founder of the Davos Alzheimer's Collaborative, on the **closing day of a three-day "Brain House" series of panels and seminars at the World Economic Forum**, the first such event ever to be mounted during the WEF. ...."

"...In classic Davos style, the **three day dialogue series that took place in a custom-built "Brain House" pod near the WEF mainstage venues, not only made the health case** – it highlighted the **business case** for tackling brain health, as an economic and workforce imperative – as well as a **global health goal.** "

"...**"So moving from a 'brain negative' world** we have fewer brains working, more brain's sick, **to a 'brain positive' world** in which the brain is contributing to economic growth, to capital, as well as to our own health, is a transformation of comparable scope and scale to climate change toward what we're seeing with AI. .... **"The big number is \$26 trillion of economic opportunity from addressing brain health, including in the workplace,** where proactively investing in holistic employee health could create close to \$12 trillion of global economic value," said Lucy Pérez, who co-leads [McKinsey Health Institute \(MHI\)](#), a non-profit branch of the global consultancy. She [cited recent research by](#) MHI in collaboration with DAC and the US-NGO [Us Against Alzheimer's](#) on how investments in brain health would enhance workforce performance, ignite innovation and "reclaim" millions of years of quality life years – now lost to disability. ...." **"Against the opportunities are also the costs. Brain disorders currently cost the global economy some \$5 trillion annually** — a figure projected to soar to \$16 trillion by 2030, MHI projects. ...."

PS: **"A new global Brain Health organization ?** So, we asked Vranderenburg, is a **WHO 'Department of Brain Health'** a DAC aspiration? Vranderenburg doesn't answer 'yes or no', right now. He said he sees the WHO as a partner in the dialogue – but **in line with the evolving dynamics of health diplomacy today, his outlook is more polycentric.** "WHO is particularly a trendsetter in the global south," he said. "But developed countries will anyway go their own way first in setting national priorities and agendas. ..." "We're a big tent," he says, of the Swiss and US-registered public-private partnership. In fact its 30-odd "strategic partners" include some of the biggest names in pharma, like Roche, Johnson & Johnson and Abbvie, alongside philanthropies, universities and research entities. But there are several hundred more informal collaborators from research, philanthropy and the private sector. **And what about five years down the road? His vision is big. He sees DAC spawning the creation of a new global organization "with the scope, scale and impact of GAVI, the Vaccine Alliance and CEPI [Coalition for Epidemic Preparedness Innovations]** to address the epidemic of brain disorders across the lifespan, from the first 1000 days of life, to the last." "



## NTDs

### Plos GPH - Rethinking neglected tropical diseases: A shift towards more inclusive and equitable terminology

Marlous L. Grijzen et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004094>

“...Although the term NTD has successfully directed funding and resources towards these conditions and encouraged global partnerships and high-level policy initiatives, the term may also have unintended negative consequences. **In this paper, we aim to explore the term NTD and stimulate a dialogue that re-evaluates its meaning into more inclusive and equitable language....**”

“... Inspired by the Ethiopian example, **we propose the term ‘conditions requiring special attention’**, which emphasizes the global nature, the focus on achieving health justice for all individuals affected and the need for collective action. ....”

### Plos GPH - The Neglected Tropical Disease Non-Governmental Organization Network: The role of a global health network in an evolving global health landscape

G Sankar et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004078>

“The Neglected Tropical Diseases NGO Network (NNN) was established in 2009 to bring together non-governmental organizations (NGOs) working towards the control and elimination of neglected tropical diseases (NTDs). In response to the evolving landscape of global health and the increasing focus on equity, **the NNN conducted a membership analysis in 2021.** .... Key findings from the analysis include the following: a majority of NNN members were based in high-income countries (HICs); 40% of the member organizations concentrated on a single NTD; the African region had nearly twice the number of member organizations supporting interventions in the region compared to other regions; and, members from HICs tend to be better networked within the NNN. **These findings highlight the need for the NNN to enhance its inclusivity and representation, ensuring that voices from endemic countries are more prominently integrated into the network.** By aligning with the NTD Road Map 2021–2030, the NNN aims to address these disparities and strengthen its commitment to global health equity.”

## PMAC 2025 (28-Jan till 2 Feb, Bangkok)

### WHO Bulletin – February theme issue: digital technologies to improve health services

[WHO Bulletin;](#)

- [Editorial - Harnessing digital health to achieve equitable and efficient health systems](#)

“In this Editorial, **Viroj Tangcharoensathien et al. introduce this special issue to accompany the 2025 Prince Mahidol Award Conference on digital technology to improve health services.** “

“Progress towards achieving the sustainable development goals (SDGs) is off track, with only five years remaining until 2030. **Bold actions are needed for countries to achieve the SDG targets. One promising avenue is the application of digital technologies in the implementation of the SDGs,** which could directly support more than two thirds of the targets. .... Digital health technologies can redefine and re-engineer the tools needed to create a better future for all; they can, for example, drive earlier diagnoses and interventions, improve outcomes, and support and engage patients. **This theme issue of the Bulletin of the World Health Organization explores how digitalization shapes health systems, highlighting opportunities for innovation while addressing the challenges of inequity.**

- More content in the WHO Bulletin theme issue: among others related to **digital determinants of health, a digital health ecosystem & digital health diplomacy.**

## Global health governance & Governance of Health

**SS&M - Biobanking as a Contentious Issue in Global Health Governance  
Diversification and contestation of policy frames in international biobanking debates**

M Weickardt Soares et al ; <https://www.sciencedirect.com/science/article/pii/S0277953625001029>

“In this paper, we analyse when and in what way biobanking has been subject to policy debates in international organizations, with a particular interest in the most prominent policy frames that have informed these debates. We identify **biobanking** as an underexplored area of research on international policy-making, notwithstanding its prominence in global health cooperation and the many contentious issues that surround it. Our empirical analysis traces the diversification of policy frames over time (1995-2019) and, zooming in on those policy frames that emerge as salient yet contested in our analysis, exposes the trajectories of debates on the rules and norms that should govern the transnational circulation and commodification of the human body. **We find that biobanking has evolved from a technical, apolitical matter into a multi-faceted issue, which is reflected in the diversification of frames circulating in international organizations.** On the basis of our study, we identify a number of policy frames that have emerged as particularly contested over time, with **human rights frames** standing out as having the most divisive potential.”

## Global health financing

**Devex - How Australians want their aid spent. Hint: Not via localization**

<https://www.devex.com/news/how-australians-want-their-aid-spent-hint-not-via-localization-109213>

“ Australians are wary of cash transfers, favoring technical assistance instead.”

“... when researchers at [Monash University](#) in Melbourne recently asked a representative sample of 1,523 Australian adults to choose from a range of hypothetical aid packages, their priorities lay elsewhere. The effectiveness of aid was by far the most important factor for the group, followed by cost. And they overwhelmingly preferred donors controlling both project objectives and implementation. That’s despite [many major donors, including Australia](#), having made public commitments to try and channel aid through local communities....”

## Pandemic preparedness & response/ Global Health Security

### Journal of Law, Medicine & Ethics - How Did Human Rights Fare in Amendments to the International Health Regulations?

Lisa Forman et al; [Journal of Law, Medicine and Ethics](#);

“In this article, we examine the relationship between the World Health Organization International Health Regulations (IHR) and human rights and its implications for IHR reform, considering the evolution of human rights in the 2005 IHR, the role of human rights in IHR reforms and the implications of these reforms in key domains including equity and solidarity, medical countermeasures, core capacities, travel restrictions, vaccine certificates, social measures, accountability, and financing.”

## Planetary health

### Sustainability - How the Concept of “Regenerative Good Growth” Could Help Increase Public and Policy Engagement and Speed Transitions to Net Zero and Nature Recovery

By Jules Pretty, J Rockström et al; <https://www.mdpi.com/2071-1050/17/3/849>

« Just and fair transitions to low-carbon and nature-positive ways of living need to occur fast enough to limit and reverse the climate and nature crises, but not so fast that the public is left behind. We propose the concept of “Regenerative Good Growth” (RGG) to replace the language and practice of extractive, bad GDP growth. RGG centres on the services provided by five renewable capitals: natural, social, human, cultural, and sustainable physical. The term “growth” tends to divide rather than unite, and so here we seek language and storylines that appeal to a newly emergent climate-concerned majority. ....”

### Social Europe - Corporate Power vs. Social-Ecological Transformation: Why Progress Remains Stalled

Richard Bärnthaler and Andreas Novy; <https://www.socialeurope.eu/corporate-power-vs-social-ecological-transformation-why-progress-remains-stalled>

“Fossil fuel giants and entrenched elites block climate action, perpetuating extraction, inequality, and ecological collapse.”

Quote: “... **Under neoliberalism, for the first time, all four power complexes—financial, fossil fuel, livestock-agribusiness, and digital—interacted**, unleashing unprecedented extractive forces of rents, materials, and data to accelerate capital accumulation. **The interdependence of these complexes magnifies their power**, creating a system that is not only highly extractive but also deeply resistant to change.....”

## Infectious diseases & NTDs

Telegraph - Guinea has wiped out sleeping sickness – will the rest of Africa follow?

[Telegraph;](#)

“ Sleeping sickness is no longer a health threat in Guinea, which may be a tipping point in the continent’s efforts to beat the pathogen...”

## Social & commercial determinants of health

Euractiv - WHO warns ‘Nordic approach’ to alcohol sales at risk from liberalisation

<https://www.euractiv.com/section/health-consumers/news/who-warns-nordic-approach-to-alcohol-sales-at-risk-from-liberalisation/>

“The Nordic model for reducing alcohol-related harm is currently under threat.”

“Increased liberalisation is threatening the Nordic model for alcohol sales, according to the WHO Regional Office for Europe, which has praised the model for its effectiveness in reducing alcohol-related harm.”

“The sale of alcohol in Nordic countries - with the exception of Denmark and Greenland - is restricted to state-owned monopolies. With public health being the priority, sales are restricted to special off-licences and alcohol can only be sold during fixed hours. Besides the no discounts on drinks, the strict application of age limits means that consumers have to show ID to purchase alcohol. But recent policy changes, particularly in Finland, where a large proportion of sales now take place outside the monopoly-owned stores, are of great concern to WHO Europe. The push to liberalise the current model is jeopardising “a globally acknowledged model for reducing alcohol-related harms,” according to WHO Europe.”

## Mental health & psycho-social wellbeing

Our World in Data - If we can make maternal deaths as rare as in the healthiest countries, we can save 275,000 mothers each year

H Ritchie; <https://ourworldindata.org/maternal-deaths-save-mothers>

## Neonatal and child health

Plos Med - Long-term drought and risk of infant mortality in Africa: A cross-sectional study

Pin Wang et al; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004516>

“This study aimed to investigate the association between drought and risk of infant mortality in Africa, a region highly vulnerable to climate change that bears the heaviest share of the global burden....”

## Access to medicines & health technology

Globalization & Health -States, global power and access to medicines: a comparative case study of China, India and the United States, 2000–2019

Berit S. H. Hembre, JA Rottingen et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01092-2>

“... We found that from 2000 to 2019 there had been a power-shift towards China and India in terms of finance and production of pharmaceuticals, and that in particular China had increased its powers regarding knowledge and financial protection and reimbursement. The United States remained powerful in terms of finance and knowledge. The data on trade and official development assistance indicate an increasingly powerful China also within these structures. **During the COVID-19 pandemic, we found that the patterns from previous decades were continued in terms of cutting-edge innovation coming out of the United States. Trade restrictions from the United States and India contrasted our findings as well as the limited effective aid from the United States.**

Building on our findings on structural powers, **we argue that both structural power and political decisions shaped access to medical technologies during the COVID-19 pandemic.** We also examined the roles and positions of the three states regarding developments in global health governance on the COVAX mechanism, the TRIPS Agreement waiver and the pandemic accord in this context.”

Chapter (in a book) - Legal Paradigms and the Politics of Global COVID-19 Vaccine Access

M Kavanagh et al; [Cambridge University Press](#);

Part of the book [Intellectual Property, COVID-19 and the Next Pandemic](#) (Dec 2024)

“...Populist politics and vaccine nationalism could have been better handled by global vaccine equity efforts managed through legal instruments instead of voluntary action.”

**“Authors in this volume make a wide range of important proposals on intellectual property, innovation, and access. The question this chapter asks is: which of these might work in an actual pandemic? By tracing the first year of COVID-19 vaccine distribution, it shows the critical importance of aligning choice of policy mechanisms with political forces. Indeed, it argues that an openness paradigm may have been more effective not only for reasons of justice, but because it could accommodate populist politics and vaccine nationalism.”**

### **Plos GPH - The good, the bad, and the ugly: Compliance of e-pharmacies serving India and Kenya with regulatory requirements and best practices**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004202>

By Gautam Satheesh et al.

## **Decolonize Global Health**

**Themrise Khan (via LinkedIn) – with some thoughts on the USAID freeze**

[LinkedIn](#).

Check them out.

### **Journal of Global Health - Colonial transition as a major mediator of global health transition: lessons from the 2024 New Caledonia crisis**

Pierre-Henri Moury et al ; <https://jogh.org/2025/jogh-15-03004>

« New Caledonia is currently seeking its future institutional framework through political battles and violent clashes within the population. Numerous injuries have been reported and healthcare facilities destroyed. This unprecedented destruction of the region’s health system, unprecedented in the context of the modern French Republic, will negatively impact the burden of many diseases in a near future. Here we aimed to outline the background of these struggles and show how colonial transitions are intertwined with global health transitions, which themselves are often described through three main lenses: epidemiological, demographic, and climatic. ... **Here we provide a historical background within the global health transitions by presenting the key figures of the epidemiology of New Caledonia, before discussing the impact of the current crises. In doing so, we advocate for the implementation of a global health strategy that considers colonial transition as a significant mediator. ....”**

## Tweets (via X & Bluesky)

### Ayoade Alakija

**“As African Leaders prepare to head to Addis for the #AUSummit top, Of agenda should be implementation of the #AbujaDeclaration, moving from aid dependency to self reliance. We’ve been banging this drum & now people are literally dying because we failed to act. It’s on us.”**

### Andrew Harmer

**“It concerns me that Trump might be doing a 'Tik Tok' with WHO. Threaten to pull out and then return claiming to have saved the day. A US return should not be contingent on "bold reforms" - this could be exactly what Trump wants! The Secretariat needs to show leadership and stand firm.”**

### B Mason Meier

**“U.S. President John F. Kennedy launched USAID in 1961, establishing U.S. leadership to assist nations throughout the world to prevent disease & promote health. We must look back on the birth of this U.S. commitment to global health...and the lives lost in today’s abandonment of U.S. leadership.”**

### James Love

**“Foreign aid has never been something with broad public support. It has existed because the Congress and the President have always understood how important it was, on both moral and geo-political grounds. Trump/Musk may try to break it.”**

### M Pai

**“Feels like the Covid emergency again. “Except the epicentre is now the US, and the virus is a deadly cocktail of - white supremacy - heteropatriarchy - racial capitalism - autocracy – broliarchy.”**

### Seye Abimbola

**“This moment, painful as it is, presents a chance to shift our gaze. But we won’t take the chance if we can’t really see it, and we can’t see it if we don’t think we are as unjust in our ways as we really are. That, for me, is the question. Do we really think things are unjust?”**

**“Look just how outspokenly indignant major global health, public health & medical journals, scholars and organisations’ response has been to Trump’s policies vs Gaza genocide. An observer would be right in thinking that we care more about our careers than about lives or justice.”**

### Daniel Krugman

**“The questions of the moment for Global Health are 1) are we brave enough to admit the decline of US soft power that has structured the field is a chance to create something much better and 2) creative enough to reorganize in ways that creates real sovereignty in the South?”**

“It is going to take a ton of resistance to internalized imperial mindsets and reckoning among US actors, but I truly believe this **shock to the Global Health system has the opportunity catalyze health sovereignty and create a field that is worth the name it calls itself by.**”