

IHP news 816 : WHO's EB156 & Trump 2.0 (cont'd...)

(14 Feb 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,

We're back with our **weekly Friday newsletter issue** (no 'extra mid-week' issue anymore, though not because of a lack of global health policy news, as you'll notice...).

Given the amount of news & reports these days, just a quick reminder on the **format of this newsletter**, though. We consider the (arguably, hefty) **Highlights section** as a '**must-scan**' for all of you. **Extra sections are optional** – in line with your interests, and mostly contain some more papers (eg on NCDs, UHC, ...). We also want to draw your attention to the pdf **translations** (via DeepL) in **French, Spanish and Portuguese** (at the top of this newsletter). (*We're still considering a translation in "Trump 2.0 newspeak", bet there'll soon be an AI tool for that too (#huh)*)

This newsletter issue will mostly focus on the **remainder of WHO's 156th Executive Board meeting** (coverage & analysis) and the continued criminal "**Trump 2.0**" saga (+ global health ramifications). On the latter, it's clear '**anticipatory obedience**' is a major risk (*which hopefully, as many as possible in global health, can avoid*).

Before getting to the weekly news, just two things that caught my attention.

One relates to the murky **Von der Leyen – Pfizer story** from during the pandemic. Though you might think this is old news now, Alexander Fanta didn't mince words in a Guardian [op-ed](#), while making a clear connection with nowadays' concerns. *"... Von der Leyen portrays herself as a defender against authoritarian forces and, with rightwing parties gaining ground in last year's European parliament elections, has vowed to strengthen the rule of law in the EU. However, her reluctance to have the public interfere with her personal communication completely undermines that promise. When her executive appears to flout the rule of law and conducts its most important business in secret, it empowers those who prefer strongman politics to democratic accountability."*

Meanwhile, Ursula's beloved High-Level summit "Brother in Arms", Emmanuel Macron, was once again in great shape at the **Artificial Intelligence Action summit** in Paris. There might be a very dire funding crisis in global development and health now, but when it comes to AI, billions are being announced as if they're water from the "Gulf of America". Among others, Macron announced 109 billion investments in AI infrastructure. [It appears this money comes largely from the UAE \(50 billion\), as well as investment funds in a number of Western countries.](#) Clearly, there is money among the 'powers that be'. [Lots of it](#), actually. They just choose to spend it on areas where they expect 'growth' (instead of on Global Public Goods). And that's just one example out of many.

Which is why the [Vatican event on Thursday, organized together with the Independent Commission for the Reform of International Corporate Taxation \(ICRICT\)](#) didn't come a day too soon. They **call for international tax reform to protect democracy from extreme wealth**. In their (and Oxfam's) words: "[the global oligarchy must be challenged through fair taxation of the super-rich.](#)"

A Lancet [editorial](#) is fairly ambiguous about this, but I wholeheartedly agree with the pope. Moreover, in times when 'the other side' doesn't care about truth whatsoever anymore, it's time the gloves also come off on our side. Put differently (*with a slightly politically incorrect metaphor perhaps*), let's no longer 'fight with one hand tied between our back' when making our case for funding of GPGs and global solidarity.

If we start 'Prioritizing' that, let's see whether it will still be 'a walk in the park' for Musk and the far-right in general.

Enjoy your reading.

Kristof Decoster

Featured Article

Jumping between band-aid solutions? A pilot for new obstetrics care in Lisbon, Portugal

Teresa Santos

When the baby comes, amid contractions and labor-related anxiety, few would think of calling a phone number to assess whether they should head to the maternity ward (or not). In Portugal, that is currently the reality for many pregnant women.

Indeed, this is the focus of a [pilot](#) currently trialed in Lisbon, Portugal. In this pilot, pregnant women must call a triage hotline to be accepted into the emergency room. If the case is deemed an emergency, the woman is directed to a specific ward according to availability, whereby the ward receives the incoming mother's information. In case the woman's situation is deemed non-urgent, an appointment is scheduled within 48 hours. The hotline's goal is to reduce the number of specialists needed in the emergency room, by reducing the influx of expectant mothers and better distributing them between wards.

This pilot was introduced as a response to the [chronic closing](#) of maternity wards in the country. The reason for the closures: a shortage of specialist doctors to ensure the (permanent) functioning of wards. In 2021, the number of labor specialists per 100,000 fertile women was already almost half of the European average, standing at [9.7](#). In 2023, this number had decreased further to [2.9](#). Reasons for this sudden decrease are still understudied, but may be associated with brain drain, and the retirement of specialists (as of 2021, over 38% of obstetricians and gynecologists were [older than 65](#), a number which rose to 41% in 2023 - the official retirement age is [66 years and 7 months](#)). In line with this increasing shortage, access to care decreased: in 2023, already [90.5%](#) of fertile women had

moderate to very low geographical access to public obstetrics care (as compared to [69.6%](#) in 2021). These dire numbers are accompanied by recurrent news articles describing [chaos](#) and burnout at the maternity wards that remain open.

Rotation system

To adapt to this “not so brave new” reality, a rotating system of (open) maternity wards has been introduced over the past years, prior to the current pilot. However, this system is just a band-aid solution with plenty of negative implications for pregnant women, infants, and providers. Several scandals were already noted under this system, including the [death of a 34-year-old laboring woman](#), while in transport between facilities due to overcrowding. This led to the resignation of the health minister (Marta Temido) in 2022. This “birth-in-transit” episode was not an isolated case, however: between January and August 2024, [40 babies](#) were born in ambulances, transiting between hospitals. Caesarean rates [increased](#) in the public sector, which may or may not be linked to this system. Yet, emergency caesareans suffered a stark increase from [53.9%](#) in 2021 to [65.2%](#) of caesareans in 2023, at least suggesting that access to care is being delayed. Moreover, the national neonatal death rate [increased](#) from 0,39% of births in 2022 to 0,52% of live births in 2023. In Lisbon, this rate almost doubled in the same time period. Specialists claimed in-depth analysis must take place to conclude whether the rotation system of maternity wards is behind this trend. A year later, no explanations have been provided yet.

The pilot: more than yet another band-aid solution?

The new trial piloted in Lisbon has been presented as a solution to the rotation system. Although the trial is still ongoing, some preliminary results are already available: during the first 10 days, [73%](#) of women calling the hotline were directed to a ward, and doctors in central wards spotted a decrease in births of [40%](#), indicating that the pilot is reducing the influx of pregnant women. Whether this is a positive result or not, can only be known from the pilot’s impact on perinatal health outcomes which are not yet available. Improved **health outcomes** are, however, expected from **increasing access**, not just from reducing early care seeking (which had not been pointed out as an issue before). Nevertheless, complaints about the new model are mainly “pilot hiccups” so far: hotline waiting times, and mothers arriving at the ward and being [forced to call](#) the hotline to be allowed in. These issues have not been mentioned anymore in the media since the first weeks, indicating that the hotline system might indeed “work”. But can this really be a *permanent* solution? Does the answer rely on solely *reducing the influx* of pregnant women? Although the findings from this pilot may provide some positive temporary improvements, setting up just a triage hotline feels like yet another [band-aid solution](#).

Tackling the root cause of the problem

A more permanent solution should strive to fix the human resources issue at the root of this problem. The minister of health has announced [that more specialists](#) will be hired, but where will they come from? Certainly not from the private sector, as the public sector can’t match their salaries for the time being. “Importing” specialists shouldn’t be the solution either, as most of these professionals seem to end up in the [private sector](#). Although additional adjustments could be made to optimize care, such as increasing [nurses’ and midwives’ autonomy](#), a key aspect of the solution seems straightforward: salary increases for public sector doctors. Indeed, Portuguese public sector doctors happen to be among the [least well paid](#) ones in Europe, despite the country’s [above-European-average spending](#) in healthcare as a share of GDP. In other words, the HR problem is not due to a small healthcare budget, but rather due to its poor management, at the expense of public health doctors’ salaries. Therefore, with the pilot coming to an end, the Portuguese government shouldn’t be satisfied with positive

results (although they're obviously welcome), but keep fighting to improve care through the retainment of specialists.

Jumping between band-aid-solutions cannot be a long-term option.

On the author: **Teresa Santos** is a research assistant at the department of global and public health at Karolinska Institutet (Stockholm, Sweden). Teresa's research focuses on health economics within implementation science, through the development of cost-effectiveness analyses of public health interventions and the optimization of implementation strategies from a health economic point of view. She's currently working in the fields of tuberculosis, maternal health, and obesity prevention.

Highlights of the week

The read of the week

Speaking of Medicine – We are right to feel enraged at the current moment, but hope is how we'll win

Ben Philipps; <https://speakingofmedicine.plos.org/2025/02/13/we-are-right-to-feel-enraged-at-the-current-moment-but-hope-is-how-well-win/>

I'm not sure we'll win, but I definitely think we need to read this stance and be very much inspired by it.

WHO's 156th EB meeting: continued coverage & analysis

We continue from last Friday, more or less. With quite some focus on **WHO financing**, as you'll notice. But also some other agenda items.

But first of all, some **HPW coverage on the end of this Board meeting** on Tuesday:

HPW - WHO Director General Appeals Once More to United States to 'Reconsider' Withdrawal Decision

<https://healthpolicy-watch.news/who-director-general-appeals-once-more-to-united-states-to-reconsider-withdrawal-decision/>

"WHO's Director General Dr Tedros Adhanom Ghebreyesus appealed for a second time to the United States to "reconsider" its decision to [withdraw from the UN global health](#) agency. Speaking Tuesday at the close of a fractious meeting of WHO's 34-member Executive Board, the WHO DG said, "we regret the announcement by the United States, of its intention to withdraw, and it was also sad to see them participating less this week. I think we all felt their absence. "We very much

hope they would reconsider, and we would welcome the opportunity to engage in constructive dialogue...” “

“The final hours of the eight-day long session were wracked by some of the same geopolitical and culture wars that have shadowed recent WHO proceedings. African and Middle Eastern member states, backed by Russia, protested WHO’s recognition last year of the US-based reproductive health rights group, the [Center for Reproductive Rights](#), as a group in “Official Relations” with WHO as well as the [renewal of ties](#) with a second NGO [“Women Deliver”](#) – saying that the groups contradict their values....”

“But beyond the geopolitical and cultural rifts, the 8-day meeting was haunted, even more profoundly, by the budget crisis facing WHO, due to the imminent loss of US financial support – which in [2024-25 amounted to nearly \\$1 billion](#), including voluntary and assessed contributions. ...”

“With the exception of a resolution on Gaza emergency aid, EB approval of about three dozen other WHO initiatives on issues ranging from rare diseases to [air pollution](#) was made conditional on a “prioritization” of the most important and affordable activities, due to take place before the full WHA meets in May. Along with the financial pain of the US withdrawal, **China continued to oppose a planned 20% increase in assessed contributions by all WHO member states** – casting an even bigger pallor over the agency’s financial future.....”

Lancet World Report – WHO downsizing needed, Executive Board hears

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00289-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00289-2/fulltext)

Recommended. “The USA is WHO's largest donor and its planned withdrawal from the organisation has prompted crisis planning during the agency's Executive Board meeting. **John Zarocostas** reports from Geneva.”

HPW - China’s 2026 Assessed Fee to WHO Could Reach Levels of United States Today – But Beijing Is Balking at Increase

<https://healthpolicy-watch.news/chinas-2026-assessed-contribution-to-who-would-reach-levels-of-united-states-today-but-beijing-is-balking-at-increase/>

From Monday. **“China’s assessed contribution to the WHO would increase by more than \$50 million – from \$87.586 million in 2025 to \$137.828 million in 2026 – if WHO member states approve another [20% step-wise contribution](#) from all countries at the May World Health Assembly.** That along with an **updated scale of assessment that distributes budget cost more fairly and proportionately amongst all 194 member states – in line with their GDP.** That would be even larger than the US contribution of \$130 million for 2025. And for 2026 the US assessment would increase at a much smaller rate than China’s, amounting to 155.572 million – were it to remain in the organization. **The data was disclosed in documents published Monday morning ahead of the seventh day of WHO Executive Board Discussions.** “

“Along with the proposed step-wise increase in all member state fees, China’s dues are being recalculated at a higher rate, in line [with a new UN global assessment scale.](#) The scale is largely based on GDP, while adjusting for debt burden, per capita income, and development status. **The**

new UN formula translates into a proportionately larger share for Beijing of the WHO assessment. Effectively, the new scale would charge China for 20% of the entire amount to paid by all 194 member states to WHO – as compared to 15% in 2025. Meanwhile, the US share would remain steady at 22%....”

“... Speaking at Monday’s Board, China was one of only two states that expressed opposition – once again – to the 20% increase in assessed contributions for 2026 – which had been agreed to in principle in 2022 as part of a step-wise plan to increased member state contributions to WHO to 50% of its budget by the end of the decade. ... However, in today’s debate, Beijing was largely alone. A long list of African as well as European member states expressed support for the next of stepwise increase in assessed contributions in 2026.” “ In Monday’s debate, however, several member states stressed that the WHO administration still needs to be more transparent regarding disclosures regarding staff costs, in terms of the organizational budget overall. ...”

PS: “... **Most WHA decisions and resolutions approved conditionally:** In other business, the Executive Board conditionally approved over a [dozen new or expanded WHO initiatives](#) on universal health coverage, environmental health, communicable and noncommunicable diseases, for consideration at the May World Health Assembly. The greenlighted initiatives also included a **new global strategy on women, children’s and adolescent health**, as well as a **strategy on the health care workforce**. But they added stipulation that resolutions requiring WHO to undertake new or expanded programme of activities at significant cost would be reviewed and prioritized prior to the WHA – to see which should indeed be approved in May, or alternatively, amended or delayed. The conditions, initially proposed by Norway, would have [implementation](#) “subject to the operationalization of the Programme budget 2026–2027 once approved” - with a consultation process leading up to the WHA to prioritize the most important activities. ...”

“... The Board also agreed to continue negotiations between now and the WHA over a [draft strategy on Traditional Medicine](#) as well as a new [global strategy for climate change and health](#) – which was presented to member states at the EB as an “initial draft” for feedback and negotiation over the course of the coming three months. ...”

Andrew Harmer (blog) - EB156: WHO needs to be braver than ever

[EB156: WHO needs to be braver than ever](#)

Harmer produced two blogs on WHO financing this week. They’re both must reads. (And we do love his opening sentences 😊.)

“As there is nothing else going on in global health at the moment, I imagine that you have all been glued to your seats watching the proceedings of the 156th meeting of the World Health Organisation’s Executive Board (EB)....”

This first blog focused on the **implementation of the 2024-2025 budget**.

Quote: “.... **The title of this post comes from the Spanish delegate’s intervention** at Session 3 (1:01:30) who offered the WHO “an unequivocal message of support” and further that **“in this time of uncertainty, WHO needs to be braver than ever”** – where ‘brave’ means **“being smart and**

being at the forefront of health protection...and realising that the cost of inaction may be higher than anything else”.

Harmer concludes his analysis on a positive note: “...In the short-term, the WHO is in relatively good shape. That might seem counter-intuitive, but as EB156/26 Rev 1 points out, **the base segment is 89% funded** (including projections) **as of 30 Sept 2024** – a 10% increase from the same period for the previous biennium. During session 3, Brazil intimated that it had had sight of **a more up to date document** (presumably circulated during PBAC and good to 31 December 2024) **reporting that the base segment was 99% funded**. Even the ‘heatmap’ that delegates were focusing on – the graphic that visualises by colour where resources are allocated across the different levels of the Organisation) – is likely to get much greener in the coming months as current funding is allocated. So, **it’s not all doom and gloom!**”

- And a follow-up blog by Harmer - [EB156: So, what next for WHO financing?](#)

“My [previous post](#) covered progress towards implementing the 2024-25 budget; this post is looking more towards the horizon....” A few excerpts:

“... **“We need some immediate wins”** Tedros told Member States of the Executive Board (EB) on Tuesday. By which he meant they have to fill the gap in flexible funds that will result from the US (and now Argentina) not paying their assessed contributions. At \$261m per biennium, the US’s contribution is a not inconsiderable sum. And remember, the US hasn’t paid what it owes for 2024-25 and won’t be contributing to 2026-27 either – Biden could and should have paid, but he didn’t. **So come 2026-27, the WHO will be shy of half a billion in fully-flexible funding**. When Tedros says “immediate” he means ‘like right now’ immediate. And **his idea for the way to get those flexible funds is for Member States to ‘un-earmark’ some of their ‘earmarked’ voluntary contributions....** Sounds easy, probably isn’t.”

“... **EB156/INF./6 introduces us to the “78% model”**. We’re likely to hear quite a lot about this model in the coming months. Probably best if I just quote directly from the document: ***In this model, in the light of recent developments, the assessed contribution of the United States (corresponding to 22% of all assessed contributions) is excluded for the purposes of calculating the budget, irrespective of the extent to which it may be payable during the relevant period (see footnote 3). The assessed contribution of the United States would not be redistributed among the remaining WHO Members and Associate Members. Instead, WHO would adopt a budget that would be financed on the basis of a reduced level of contributions, i.e. without the assessed contribution of the United States.***”

“... there will be **pressure on all Member States’ health ministers to make the case back home for more flexibility....**”

Harmer concludes: “Poland was right, **this is a “wakeup call” for member States**. And Spain’s delegate is also correct to **‘rally the troops’**: “we should not limit ourselves to hasty survival plans”. **Member States should continue to ‘think big’ in terms of their support for sustainably financing the WHO. At a minimum, they should commit to ensuring that the ‘aspiration’ of flexibly funding the base budget by 50% by 2030 becomes a reality. ...**”

Geneva Solutions - [As the UN health agency prepares to lose its biggest benefactor, states are reluctant to step up.](#)

“Nations mull over WHO’s future without US dollars.”

With the view of **G L Burci**.

GHF - From Resolutions to Emergencies, Financing Crisis Pushes WHO’s Work Out of Gear

[Geneva Health Files:](#)

Update from end of last week. “We have been reporting this week that **countries are paying more attention to budgeting and efficiency. From costing of new resolutions, to emergency work on the field, and even expenses related to the conduct of meetings**, few issues have been left uncoloured by this rapidly spreading crisis....” “ The 156th Executive Board meeting at the World Health Organization has turned into suspended animation, with **member states scrutinizing the costs of implementing new resolutions, making fervent appeals to safeguard the institution’s work in addressing health emergencies on the field, even as some deliberate on how much to pay as membership fees....**”

A few quotes:

“Both its normative work and operational activities have been deeply affected with the proposed withdrawal of the United States as announced by President Donald Trump last month, revealing the dependence of the institution on not only American dollars but also expertise....”

“ In the context of the emergencies discussion, DG Tedros Adhanom Ghebreyesus also made a fresh appeal underscoring both the normative and operational aspects of WHO’s work and the need to preserve both. “when we say operational, it doesn't mean we replace another organization that can do it better. We don't cover the vacuum, and we operate based on a comparative advantage. And we're becoming, in emergencies, more responsive and better prepared ourselves. again, without replacing anyone or duplicating anyone's work, by focusing on the gaps and also based on our comparative advantage and complementing others. So I would like to assure you that so for some time to come, I think, WHO's operational arm, just the way I said, will stay and will be very important. In some places, we were left alone, maybe with one or two partners, because of security risks, because of security risks, a good number of them left. There is no way that we can leave the community behind and go and in some places, even our colleagues paid the ultimate sacrifice. And you know what I mean. So I hope you will understand that when we talk about financing, prioritization and balancing, it's not just norms and standards. We have the operational arm that we develop, and that cannot be starved, because the people we serve need it.”

GHF - Uneasy Peace: Countries Tussle & Agree Over Way Forward on WHO’s Priorities Constrained By Tightening Purse Strings [#EB156]

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

(Must-read) **update from Tuesday – as the EB meeting was drawing to a close.**

“... Following the mini-cataclysm in its finances after the Trumpian withdrawal from WHO, **countries are taking a hard look at improving efficiencies and cutting costs at the organization.** But instead of throwing the baby with the bath water, **WHO member states will go through a long, much-needed, politically contested process of prioritization...**”

“.... **The meeting was characterised by continuous disagreement between countries,** first on the size of the budget for the next cycle 2026-2027; on agreeing to increase membership fees to the institution; and finally on the decision to proceed with proposed resolutions from member states. **Some of these matters have not been fully resolved at the time of the conclusion of the EB, and will continue to be discussed over the next few weeks. The countries will subsequently adopt related decisions at the World Health Assembly in May 2025.....**”

Re **the resolutions:** “... Throughout the meeting, a number of resolutions were put on hold at the insistence of major donor countries including the EU, Norway, and others - till a day before the end of the meeting. **After several rounds of informal and formal consultations, the Board agreed to recommend these resolutions and decisions** on February 10, 2025, a day before of the meeting’s conclusion.... **... Following the adoption of the decision on the resolutions, the Board approved a slew of resolutions...**”

TWN - WHO: Member States differ on response to U.S. withdrawal from WHO

N Ramakrishnan; <https://www.twn.my/title2/health.info/2025/hi250203.htm>

“The divergent views of WHO Member States regarding the withdrawal of the United States from the WHO has been apparent during the first few days of the ongoing 156th Session of Executive Board (EB156). Member States are quite clearly divided on how WHO should respond to the U.S. **The difference is mainly about whether to reduce the budget to take into account the U.S. withdrawal and if yes, whether to deprioritize certain activities and how.”**

Quote: “...several other countries who spoke to Third World Network explained that the proposal by Norway, Switzerland and their allies is unreasonable. **There is no need to postpone or avoid adoption of resolutions.** UN agencies always work only to the best endeavour efforts, in accordance with resources available. **“It serves only the purpose of sending the wrong message. The world is watching,”** said a delegate from a small developing country. **“Unless their intent is to make the issue appear like a big crisis before the world, rushing to postpone adoption of the resolutions is really counterproductive,”** another delegate said.....”

HPW - USAID and CDC Halt of Support to Global Polio Eradication Threatens Worldwide Campaign

<https://healthpolicy-watch.news/usa-id-and-cdc-halt-of-support-to-global-polio-eradication-efforts-threatens-worldwide-campaign/>

“The disengagement of both USAID and the US Centers for Disease Control (CDC) from the WHO-led global polio eradication initiative, threatens efforts in the world’s poorest countries with about \$233 million more in a year in budget shortfalls, WHO’s Regional Director for the Eastern Mediterranean Region, Hanan Balkhy, said on Friday. **This, in a year when polio cases increased by 283% in Afghanistan and by 550% in Pakistan in 2024, as compared to 2023.** Vaccine-derived polio

cases also were reported in 35 other African, Asian and Middle Eastern countries, as well as in Spain in 2024. The US also reported 31 cases in 2022. **“The disengagement of CDC and USAID is costing us already with the loss of their technical, strategic and functional support,”** Balkhy told the WHO Executive Board in a **session on Friday, devoted to progress on polio eradication, led by WHO jointly with the Global Polio Eradication Initiative (GPEI).**”

““In financial terms, this [the US suspension of support] means a loss of \$133 million to the GPEI, and a loss of \$100 million for the WHO each year,” said Balkhy. She noted that the GPEI already faces a funding shortfall of \$2.4 billion for its current five-year strategic plan that has been extended to 2029 – the new target date for wild poliovirus eradication. **While it remains unclear if the US pause in funding for GPEI, a public-private partnership with heavy US involvement, will become permanent, prospects are not bright,** in light of the oft-expressed vaccine skepticism of Robert F Kennedy Jr, the nominee for US Secretary of Health and Human Services....”

PS: **“GPEI, which was launched in 1988 as a semi autonomous programme, is co-led by WHO with Rotary International and the US CDC, along with UNICEF, the Gates Foundation, and Gavi, The Vaccine Alliance. “**

- Related read: Devex - [US decision to cut ties with WHO hurting polio eradication efforts](#)

“ The Global Polio Eradication Initiative is redirecting samples to other laboratories following orders for the U.S. CDC to cut off communication with WHO, but this has increased costs and delayed the turnaround time for results.”

People’s Health Dispatch - WHO Executive Board to discuss substandard medical products: what is it all about?

<https://peoplesdispatch.org/2025/02/06/who-executive-board-to-discuss-substandard-medical-products-what-is-it-all-about/?ref=peoples-health-dispatch.ghost.io>

“The WHO Executive Board [will] discuss global health priorities this week, including substandard and falsified medical products, with key implications for public pharmaceutical initiatives.”

“.... Critics warn that, under the guise of fighting unsafe medical products, pharmaceutical corporations could gain even more influence over global health policies, discrediting generic drug manufacturers and public pharmaceutical initiatives. During a panel facilitated by the Geneva Global Health Hub (G2H2) and the People’s Health Movement (PHM) ahead of the Executive Board, activists and experts outlined how this strategy has been used before, distorting technical work in the field. The reports being presented to the Executive Board reinforce concerns that this scenario could happen again. WHO members are being asked to reconsider their existing framework on substandard medicines in order to “benefit from more relevant technical expertise” and “better collaboration with external stakeholders.” However, this “technical expertise” refers to industry representatives rather than right to health proponents. The reports explicitly state that the pharmaceutical industry has “much to offer” in combating substandard products while only briefly acknowledging potential conflicts of interest..... **Health activists warn that, without proper safeguards, this could allow pharmaceutical corporations to label good-quality generics and publicly produced medicines as substandard, protecting profits at the expense of access to essential medical products. “We urge that any stakeholder engagement includes all relevant actors,**

including generics manufacturers, public pharma entities, and CSOs advocating for equitable access to medicines—not only Big Pharma,” PHM stated in its Executive Board 156 brief.”

TWN - WHO: States doubtful on mandate extension for Standing Committee on Health Emergencies

N Ramakrishnan; <https://www.twn.my/title2/health.info/2025/hi250202.htm>

“The Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) received mixed reviews during the fourth day of the Executive Board (EB) Meeting of WHO, particularly on whether the mandate of the committee should be extended.”

“... The Committee was established by decision EB150, and its original mandate will end with the closure of the 78th Session of the World Health Assembly which will take place in May 2025. The establishment of the SCHEPPR was **a contested subject matter** during EB150 and EB151, **because it preceded** the wide sweeping institutional rearrangement that is supposed to take place following the recent amendments to the International Health Regulations 2005 and the ongoing negotiations for a WHO Pandemic Agreement. **The temporary mandate for the Committee was conceived as a compromise to reconsider the need for such an institution once the negotiations for IHR amendments and Pandemic Agreement are concluded.....”**

“... certain developing country delegations told Third World Network that they would like to see SCHEPPR continue until the amended IHR 2005 enters into force. Some of them believe the WHO could undertake another stocktake of affairs after the operationalization of the IHR Implementation Committee and then decide upon the question whether the SCHEPPR needs to continue.....”

HPW - New WHO Air Pollution Road Map Gets Strong Support; Member States Ask for Greater ‘Equity’ Focus in Climate Work

<https://healthpolicy-watch.news/new-who-air-pollution-road-map-gets-strong-support-member-states-ask-for-greater-equity-focus-in-climate-work/>

“WHO Member States appeared to give strong backing to a proposed new WHO roadmap to reduce air pollution’s health impacts – with the ambitious global goal of cutting mortality attributable to human-produced sources by 50% by 2040. At the same time, a draft Climate Change and Health Action Plan, also aired at Saturday’s WHO Executive Board meeting, received a slightly more conditional approval – with further negotiations on the final draft set to take place ahead of the World Health Assembly in May. Notably, the African group, China and other developing countries asked for a bigger emphasis on “common but differentiated responsibilities (CBDR)” – a longstanding equity principle in climate negotiations that holds historical emitters to a higher bar of responsibility for climate action. ...”

“Some developing countries also asked WHO to emphasize climate “resilience” more – as compared to climate mitigation measures like clean energy that have powerful, long-lasting health benefits. The draft text, however, makes no mention at all, however, of phasing out fossil fuels – a political compromise that only one lone NGO, Health Action International, protested during the debate.”

Ps: **re air pollution** – “The **proposed new global goal**, which would have to be adopted by the May World Health Assembly, **comes in the leadup to a major WHO conference on Air Pollution and Health, being convened in Cartagena, Colombia, in March 2025.**”

PS: “**Another key aim of the WHO strategy is to work with countries to increase health sector access to climate-related funding.** Until now, the health co-benefits of climate mitigation or adaptation are not consistently quantified or considered in countries’ climate pledges – or in the consequent climate finance that may flow from national determined commitments (NDCs). Nor are the health co-benefits of actions systematically tracked as part of climate mitigation and adaptation assessment. ...”

PS: “**the \$161.5 million price tag makes the proposed climate and health action plan one of the most costly to be considered at this EB** – second only perhaps to [aid for Gaza \(\\$648 million\)](#) – which WHO says it intends to raise through emergency appeals. ... As for climate and health, **the \$38 million required for the current 2024-25 budget period** is already funded in WHO’s existing budget plans – including through a **major donation announced by the Wellcome Trust to WHO at the October World Health Summit** in Berlin. The Wellcome donation was made in the context of [WHO’s new “Investment Round” initiative](#) – which has sought to accelerate the pace of voluntary budget contributions from member states and philanthropies.”

“Also, WHO’s past climate and health work has yielded new revenues for the countries themselves to act, pointed out WHO’s Assistant Director Ailan Li. “**WHO has mobilized over 150 million US dollars for low and middle income countries to address the health impact of climate change over the past years. ...**”

- See also [TWN: WHO: Developing Countries call for changes in Climate and Health Draft Action Plan](#)

“Member States at the 156th Executive Board Meeting of the World Health Organization (EB156) stated on 8 February that the Draft Global Action Plan on Climate Change and Health needs further work. **Developing countries in particular called for changes to reflect the operationalization of common but differentiated responsibilities and respective capabilities. In contrast, some of the developed countries called for changes, but focussed more on technical aspects.**”

- And finally, as **K Chalkidou** noted on X, The **Executive Board decided to recommend to the 78th World Health Assembly the adoption of the following resolution:** [Strengthening health financing globally](#)

“Trump 2.0”: Updates from the past week

In this first section some updates, many from the US itself. In the next Trump 2.0 related section, you’ll find analysis, advocacy, and much more.

But we start with something that just came in:

Politico – Judge orders Trump administration to restore funds for foreign aid programs

(13 Feb) <https://www.politico.com/news/2025/02/13/foreign-aid-funding-trump-administration-00204289>

“A U.S. district judge said the administration failed to account for the extraordinary harm caused by the broad-based halt.”

“A federal judge on Thursday [ordered the Trump administration](#) to restore funding for hundreds of foreign aid contractors who say they’ve been devastated by President Donald Trump’s abrupt — and in their view illegal — 90-day blanket freeze. U.S. District Judge Amir Ali, a Washington, D.C.-based appointee of President Joe Biden, said the Trump administration failed to account for the extraordinary harm caused by the broad-based halt to foreign aid....”

KFF – Updated tracker: Overview of President Trump’s Executive Actions on Global Health

<https://www.kff.org/global-health-policy/fact-sheet/overview-of-president-trumps-executive-actions-on-global-health/>

As of 11 Feb.

Stat – Trump administration allows some global aid to restart, but concerns remain on impact of USAID shutdown

<https://www.statnews.com/2025/02/07/trump-usaid-malaria-tuberculosis-funding-restored-waiver-granted-foreign-aid-freeze/>

Update from last weekend. **“Programs for malaria, TB, and other diseases** have been caught up in the U.S. freeze on foreign aid.”

“The Trump administration has permitted the resumption of a range of global health initiatives despite its ongoing foreign aid freeze, offering a boost to programs targeting scourges like malaria and tuberculosis. In a memo dated Tuesday and obtained by STAT, a USAID official said the agency is “taking steps to resume or continue activities deemed to be lifesaving humanitarian assistance.”

“It’s unclear, however, how quickly the money will start flowing again. Much of the U.S. support for these health initiatives goes through USAID and relies on its staff and contractors, and the administration has been moving to slash the agency’s staff and ordering people working abroad to return to the U.S. **In the memo, the USAID official, Nicholas Enrich, wrote that services that go to addressing childhood and maternal mortality and those focused on preventing and treating malaria and tuberculosis should restart within 30 days.** It also says that the **U.S. should resume emergency responses to infectious disease outbreaks, such as mpox and Ebola.....”**

Devex Newswire: The fight between USAID staff and Trump heats up

<https://www.devex.com/news/devex-newswire-the-fight-between-usaid-staff-and-trump-heats-up-109319>

(as of Monday) “As the Trump administration seeks to get rid of most of USAID’s staff, **thousands of employees get a temporary reprieve.** ... We catch you up on another wrenching week for an aid community trying to do everything in their power to fight back.....”

Devex - Judge temporarily halts plan to put thousands of USAID staff on leave

<https://www.devex.com/news/judge-temporarily-halts-plan-to-put-thousands-of-usaid-staff-on-leave-109334>

(8 Feb) “The order blocks 2,200 employees from being placed on administrative leave and pauses the recall of USAID employees serving in other countries.”

PS: “...The judge’s decision does not halt other government actions, including funding cuts.”

Devex – All USAID staff on administrative leave reinstated until Feb. 14

<https://www.devex.com/news/all-usaid-staff-on-administrative-leave-reinstated-until-feb-14-109336>

“The notice follows a judge’s ruling that blocked USAID from placing thousands of employees on administrative leave on Feb. 7, as had been originally planned.”

PS: “By Saturday morning, the letters spelling out the agency’s name at USAID’s Washington, D.C., headquarters had been taken down, and several bouquets of flowers lay by a handpainted tombstone. “RIP USAID,” the tombstone read. “1961-2025.”

Devex - New lawsuit challenges US foreign aid funding freeze

<https://www.devex.com/news/new-lawsuit-challenges-us-foreign-aid-funding-freeze-109359>

(11 Feb) “A pair of NGOs, whose work — which includes supporting HIV-related clinical trials and anti-corruption efforts — **has been halted are challenging the constitutionality of the Trump administration's actions.**”

“.... The suit, brought by the AIDS Vaccine Advocacy Coalition, or AVAC, a New York-based nonprofit that works to end HIV/AIDs, and the Journalism Development Network, or JDN, a Maryland-based nonprofit, argues that the Trump administration “illegally and unconscionably” froze foreign assistance funding.... ... **AVAC and JDN are represented by Public Citizen Litigation Group, a public interest law firm.** The group also represents two USAID employee unions that filed a lawsuit last week challenging the dismantling of USAID.....”

Nature News - ‘Devastating’ cuts to NIH grants by Trump’s team put on hold by US judge

[Nature News](#);

“The ruling temporarily halts a policy slashing research-overhead costs that left some universities wondering how they will make ends meet. “

NYT - Ambassador Tells Rubio U.S.A.I.D. Cuts Would Cause ‘Major Vulnerability’ in Africa

<https://www.nytimes.com/2025/02/07/us/politics/rubio-usaid-africa-cuts.html?smid=nytcore-ios-share&referringSource=articleShare>

From late last week. Focus in this story on the US ambassador in Mozambique. **“Other diplomats across the continent are sending similar cables to the secretary of state to try to maintain lifesaving aid programs on which millions of Africans depend.”**

Devex - Exclusive: The Trump administration takes war on DEI and gender global

<https://www.devex.com/news/exclusive-the-trump-administration-takes-war-on-dei-and-gender-global-109337>

“The U.S. seeks to gut UNICEF work plans of references promoting “gender ideology,” and diversity, equity and inclusion.”

“U.S. officials [last week] on Friday sought to expunge any references to diversity, equity, and inclusion, or DEI, and “gender ideology” in a series of UNICEF work programs in Colombia, Ethiopia, Iraq, Paraguay, and Rwanda. The move underscores the new U.S. administration’s commitment to pushing back on what it sees as an overly progressive United Nations agenda on social issues, while raising the prospect of deep financial cuts to UNICEF, one of the U.N. most popular agencies, and one that has traditionally been led by an American national....”

“It places the new administration at odds with some of its democratic partners, and aligns it to autocratic governments and an association of Islamic states, the Organisation of Islamic Cooperation, that had already begun to oppose DEI references in U.N. documents. The move sets the stage for what is likely to become a highly contentious series of negotiations on a broad range of conferences and agreements — from development financing to women’s rights and climate change — that are filled with the language of diversity and equity that U.S. Democratic administrations and other Western governments have championed for years....”

PS:” Germany, speaking on behalf of a coalition of 25 member states on UNICEF’s executive board, highlighted the need to achieve “gender equality” around the world, and counseled UNICEF to continue “to do all you can to eliminate all forms of discrimination within the organisation, including through combating and preventing racial discrimination and racism, and ensure disability access and inclusion, to promote and protect diversity, equality and inclusion, in all its forms and at all levels,” [according to a statement](#).”

PS: via [Devex](#) “The U.N.’s [International Organization for Migration](#) is quietly [removing references](#) to DEI, gender-based violence, and LGBTQ+ rights from its website, ostensibly to avoid funding cuts from the Trump administration....”

Devex - USAID’s largest partners report furloughs for thousands of staff

<https://www.devex.com/news/usaids-largest-partners-report-furloughs-for-thousands-of-staff-109325>

“The dismantling of U.S. foreign assistance isn’t just affecting USAID — it’s scorching even the biggest aid organizations across the world.”

PS “... Today, **eight organizations** — including some of USAID’s largest contracting partners, [DAI](#) and [Chemonics International](#) — sued President Donald Trump, USAID, the [U.S. Department of State](#), and others for “irreparable harm” in the wake of USAID’s dismantling....”

Related: Devex - [Major new lawsuit filed by USAID contractors, NGOs challenges aid freeze](#)

HPW - National Institutes of Health Move to Slash \$9 Billion in US Biomedical Research Funding Provokes Outcry

<https://healthpolicy-watch.news/nih-limits-overhead-cost-funding-to-15-cutting-off-9-billion-to-biomedical-research-institutions/>

“The abrupt decision by the United States National Institutes of Health to slash funding for overheads to the nation’s research centers and universities has provoked a fresh outcry among leading US researchers, global health experts and even some Republican politicians – with leading one expert saying this latest move could “seriously jeopardize” the US’s global dominance in biomedical research and innovation....”

- See also **Science** – [Judges suspend NIH plan to slash payments and order health agencies to restore web pages](#)

“Lawsuits argued that cutting “indirect cost” rate would have “devastating” impact on research.”

- Related link: [Stat - As outcry builds over Trump cuts to NIH payments, drugmakers are MIA](#)

“The biopharma industry, a major beneficiary of academic research, has largely stayed quiet.”

Science Insider - New journal co-founded by NIH nominee raises eyebrows, misinformation fears

<https://www.science.org/content/article/new-journal-co-founded-nih-nominee-raises-eyebrows-misinformation-fears>

“The *Journal of the Academy of Public Health* claims to open up scientific communication. But its unusual editorial policies have some scientists concerned.”

And a few links:

- Politico: [Trump could remake USAID to promote fossil fuels](#)
- Devex - [USAID's Inspector General fired with 'no reason given'](#)
- Devex - [Democrats introduce new legislation to protect USAID](#)

“Rep. Sara Jacobs introduces a bill to prohibit the dissolution of USAID and the use of any government funding to dismantle or move elements of the agency.”

- Devex - [The dismantling continues: Hundreds of USAID awards terminated](#)
- BMJ News: [US health agencies ordered to reinstate webpages removed after Trump's executive order](#)

(13 Feb) “ A federal judge has ordered the US Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (DHHS), and the Food and Drug Administration (FDA) to restore webpages that were taken offline in response to President Donald Trump's executive order to remove material that promotes gender ideology...”

Trump 2.0 & global health: Impact/resources/early reactions/analysis/advocacy/...

In no particular order. Except for the first read – from WHO's press briefing on Wednesday.

HPW - From Mpox to Influenza – USAID Collapse and CDC Blackout Upend WHO Response to Deadly Outbreaks

<https://healthpolicy-watch.news/from-mpox-to-influenza-usaid-collapse-and-cdc-blackout-upend-who-response-to-deadly-outbreaks/>

Coverage of WHO's press briefing on Wednesday.

“From the deadly mpox outbreak in the Democratic Republic of Congo to the composition of the next seasonal flu vaccine, the collapse of USAID and the US CDC communications blackout are creating new challenges for WHO and its partners to respond in disease emergency hotspots – well beyond the direct loss of financial support. That was the key message of the first WHO press conference since the cascade of new US executive orders send shock waves through the global health world....”

““A significant part of WHO's response to health emergencies in Uganda, DRC, Gaza, Sudan and elsewhere, is supported by funding from the United States. As we have said, we regret the announcement that the United States intends to withdraw from WHO, and we would welcome the opportunity to engage in constructive dialogue,” said WHO Director General Dr Tedros Adhanom Ghebreyesus. But he stressed that US moves in other health and development arenas, unrelated to the US withdrawal, are also having a cascading series of impacts on WHO emergency response....”

PS: **Appeal to continue funding for most severe emergencies:** “....While Elon Musk, head of the new Trump administration “Department of Government Efficiency” told White House correspondents last night that US aid to Uganda’s Ebola response was being resumed, Tedros said that’s just one trouble spot of many. **He asked the US “to consider continuing its funding” on other burning crises at least until other solutions can be found....”**

PS: “...With respect to the US withdrawal, Tedros also noted that the agency had already responded to two key issues raised by President Donald Trump in his withdrawal announcement – internal reform of the organization and, related to that, a more equitable and reliable stream of financial support.....”

- See also UN News - [US funding cuts threaten global health response, WHO chief warns](#)

“ The World Health Organization (WHO) has expressed deep concern over the impact of US funding cuts on critical global health initiatives, warning **they pose a direct threat to public health efforts worldwide.**”

KFF - How Much Global Health Funding Goes Through USAID?

[KFF](#);

(7 Feb) Resource. **“To shed light on the role of USAID in global health, this brief provides an analysis of the share of global health assistance obligated or implemented by USAID and other agencies on behalf of countries (or, “bilateral”) in FY 2023, using data from [foreignassistance.gov](#). This includes funding that agencies either: 1) obligated for global health activities (e.g., USAID manages and provides funding to an implementing partner, such as a non-governmental organization, to directly carry out health programs); or 2) received from other agencies to directly implement specific programs (e.g., State Department directs funding to USAID to implement HIV/AIDS programs in countries). As this analysis shows, the majority of U.S. bilateral global health assistance is obligated or implemented by USAID, including for PEPFAR....”**

Project Syndicate - A Reformed WHO Should Make Its Case to America

Gordon Brown; [Project Syndicate](#)

(*not my view* 😊) “Despite beginning the process of withdrawing the United States from the World Health Organization, President Donald Trump has suggested that he could be convinced to reverse course. To that end, **the WHO must demonstrate progress on ensuring fair burden-sharing, strengthening country offices, and avoiding mission creep.**”

Excerpts:

“... At present, only 26% of the WHO’s approved budget comes from assessed contributions, a membership fee of sorts based largely on a country’s share of global GDP and population (United Nations Peacekeeping, the International Monetary Fund, and the World Bank also use this approach). **But member states are now on a path to financing at least 50% of the WHO’s main budget in proportion to their economic and population size by 2031.** Under the current formula, America’s portion of the assessed contributions is capped at 22% even though it accounts for 26% of

global GDP. **China now pays 15% and that percentage will continue to rise as the country's share of global GDP grows. The more that the WHO is financed through assessed contributions, the more that China, India, the Gulf petrostates, and several Central European countries will be obliged to contribute, ensuring that all countries pay their fair share...."**

"... Trump also wants evidence of reform at the WHO. That means decentralization, with country and regional offices gaining greater authority vis-à-vis what he sees as an overly bureaucratic Geneva headquarters. It also implies avoiding the mission creep that often arises from member-state requests and earmarked funding designed to give priority to their own projects. The WHO must demonstrate progress on both issues in a transparent manner....."

Pointing to progress already made: **"... most critically, Tedros himself has taken the initiative to resist the natural tendency of the World Health Assembly (the WHO's decision-making body) to vote in new priorities and work areas.** This has limited countries' practice of earmarking funding for special-interest projects that would dilute the WHO's purpose and strength...."

Then Gordon concludes: **"... That is why, to reassure the Trump administration and other governments, like Argentina, that are threatening to leave, there is a case for bringing together a group of highly respected leaders, representing every continent, and a top-level American official.** They could be asked to show how the reformed WHO would best serve the global community – both the US and the rest of the world – now and in the future..."

HPW - South African Civil Society Urges President Ramaphosa to 'Step Up' to Address HIV Funding Crisis

<https://healthpolicy-watch.news/south-african-civil-society-urges-president-ramaphosa-to-step-up-to-address-hiv-funding-crisis/>

"A coalition of South African civil society groups have urged South Africa's President Cyril Ramaphosa to "step up" and lead a coordinated national and regional response to prevent "mass healthcare disruptions, preventable deaths, and surges in new HIV infections and drug resistance," in the wake of the US President Donald Trump's cut off of aid to the country. Action is critical, particularly in his role as the **African Union (AU) Champion on Pandemic Prevention, Preparedness and Response (PPPR)** and as **South Africa takes on the G20 Presidency,"** CHANGE said in a statement on Saturday."

"... A global civil society coalition, Community Health and HIV Advocate Navigating Global Emergencies (CHANGE) formed to support "urgent action" , has urged South Africa's President Cyril Ramaphosa to "personally intervene before the situation worsens and to ensure a whole-of-government and civil society response" In light of the additional orders directed at South Africa, **communities are also calling on Ramaphosa to use "all available domestic, as well as compulsory measures," to ensure that life-saving tools and medicines reach all who need them."**

BMJ News - Malaria: African leaders pledge to tackle funding gap amid uncertainty over foreign aid

<https://www.bmj.com/content/388/bmj.r271>

“African governments need to invest more in malaria elimination amid increased uncertainty over foreign aid funding, a meeting of the continent’s health leaders has declared. Representatives from seven African nations also committed to increasing efforts to mobilise domestic funding from the private sector and to invest in local manufacturing of pharmaceuticals to help meet the World Health Organization’s 2030 malaria targets.”

“Following the US government’s 90 day freeze on foreign aid and uncertainty over its future contributions to the Global Fund—which provides 62% of international funding for malaria programmes—Africa’s fight against the disease is facing financial shortfalls.”

“The meeting in Nairobi on 5 February was convened by the African Leaders Malaria Alliance (ALMA) and chairs of End Malaria Councils and Funds. It sought to examine how Africa can raise domestic funding amid funding gaps and other challenges including climate change, drug and insecticide resistance, and humanitarian crises.”

“The meeting agreed on a resolution statement which urged African governments to increase funding for malaria programmes and to enhance public-private partnerships to raise funds and maximise available resources.”

“... Willis Akhwale, adviser at the Kenya End Malaria Council, said, “We are facing a perfect storm of emerging threats in Africa.” He said that in the 2025-26 financial year African countries are being faced with a \$1.5bn fiscal cliff to sustain current malaria interventions, amid uncertainty regarding US funding and replenishment of the Global Fund. He said the projected doubling of Africa’s population by 2050 would increase costs, place additional strain on already weak health systems, and result in a half a billion malaria cases and 2.8 million deaths annually. Around \$400m is needed for new, but more expensive, interventions to tackle insecticide and drug resistance and genetic mutations. These include long lasting bed nets, first line drugs, artemisinin, and rapid diagnostic tests....”

AP - HIV infections could jump over 6 times if US support is dropped and not replaced, UNAIDS chief says

[AP;](#)

“The head of the U.N. AIDS agency said Monday the number of new HIV infections could jump more than six times by 2029 if American support of the biggest AIDS program is dropped, warning that millions of people could die and more resistant strains of the disease could emerge. In an interview with The Associated Press, UNAIDS Executive Director Winnie Byanyima said HIV infections have been falling in recent years, with just 1.3 million new cases recorded in 2023, a 60% decline since the virus peaked in 1995. But since President Donald Trump’s announcement the U.S. would freeze all foreign assistance for 90 days, Byanyima said officials estimate that by 2029, there could be 8.7 million people newly infected with HIV, a tenfold jump in AIDS-related deaths — to 6.3 million — and an additional 3.4 million children made orphans....”

“... Byanyima described the American withdrawal from global HIV efforts as the second biggest crisis the field has ever faced — after the years-long delay it took for poor countries to get the lifesaving antiretrovirals long available in rich countries. Byanyima said that so far, no other countries or donors have stepped up to fill the void that will be left by the loss of American aid, but that she plans to visit numerous European capitals to speak with global leaders....”

UN News - US aid funding cuts put HIV prevention at risk, warns UNAIDS

<https://news.un.org/en/story/2025/02/1159901>

“The US pause in foreign assistance funding has created “confusion” in the vital work of community HIV prevention, despite a waiver issued for HIV/AIDS programmes, the UN agency to combat the still deadly disease said on Friday.”

“... Although it is expected that governments around the world will respond to the US announcement by supporting existing medication plans, **“what we're really concerned about is that...governments will focus right now on keeping people on treatment rather than preventing new infections”** she explained....”

GFO – Trump administration’s decisions threaten global health

<https://www.linkedin.com/pulse/trump-administrations-decisions-threaten-global-health-aids-2jenf/?trackingId=svFuji6MSlqtXvLgwnb7FQ%3D%3D>

(3 Feb) Listing **immediate** impacts on HIV programs, the **medium-term impact and long term impact**.

But the article concludes: “...**On the eve of the 8th replenishment of the Global Fund**, in which the United States contributes about 30% of the funding, concerns are more urgent than ever about our ability to eliminate HIV, tuberculosis, and malaria as major public health threats by 2030, as initially envisioned under the Millennium Development Goals (MDGs). The potential U.S. disengagement threatens decades of progress and jeopardizes access to vital treatments for millions of people. However, **as concerning and regrettable as this decision may be, it brings to the forefront an unavoidable urgency: the need for African states to strengthen domestic financing for health.** It is imperative that governments across the continent increase their investments in public health by allocating a larger portion of their national budgets to programs aimed at combating HIV and other infectious diseases. Beyond financial support, **this crisis must also spur closer regional cooperation:** pooling resources, sharing expertise, and implementing coordinated strategies are crucial levers to ensure the continuity of care, improve prevention efforts, and reinforce the resilience of health systems. **Rather than being at the mercy of international political decisions...**”

The Conversation – Healthcare in Africa on brink of crisis as US exits WHO and USAid freezes funds: health scholar explains why

C Kyobotungi; <https://theconversation.com/healthcare-in-africa-on-brink-of-crisis-as-us-exits-who-and-usaid-freezes-funds-health-scholar-explains-why-248906>

“Catherine Kyobotungi, executive director of the African Population and Health Research Center, outlines which countries are most at risk and which health programmes will suffer the most damage.” Well worth a read. Also for her final paragraphs, on the ‘way forward’.

“..... Countries which will be most affected are those with a high burden of HIV, TB and malaria and those with large populations of refugee and internally displaced people. ... **Currently the top eight USAid recipients in Africa are: Nigeria, Mozambique, Tanzania, Uganda, South Africa, Kenya, Zambia and the Democratic Republic of Congo.....”**

CGD (blog) – Which Countries Are Most Exposed to US Aid Cuts; And What Other Providers Can Do

I Mitchel et al; <https://www.cgdev.org/blog/which-countries-are-most-exposed-us-aid-cuts-and-what-other-providers-can-do>

Must-read.

“...If USAID funding were paused for a year, the resulting shock would exceed 1 percent of GNI in 23 economies, with eight experiencing a devastating hit of 3 percent or more. **Eight low-income countries and eight lower-middle income countries face losing over a fifth of the total foreign assistance they receive.** With USAID freezing funds and repatriating staff, **there is an immediate need for other donors—particularly Germany but also Canada, Japan and Sweden—to take the US’s place as lead provider in the most exposed countries.** Others, including China, Spain and the UK should bring forward their plans to increase assistance to prevent lives from being lost and fragile states from further destabilisation.”

“Should the US fully turn away from the world’s poorest countries, the effect on extremely poor people will be devastating. **For governments prepared to commit a modest share of taxpayer revenue to saving lives, averting malnutrition, and maintaining stability, this is a moment to step up. Aid budgets must be reoriented towards the poorest countries—before the cost of inaction becomes irreversible....**”

Do read the detailed analysis.

Devex – How USAID dismantling could impact noncommunicable diseases

<https://www.devex.com/news/how-usaid-dismantling-could-impact-noncommunicable-diseases-109365>

Must-read. “**The major halt in funding is expected to have “a ripple effect on all different health issues,”** says Katie Dain, the CEO of the NCD Alliance. **This could include a move from integrated health care back to vertical programming.”**

Interview with Dain **ahead of the NCD Alliance conference in Kigali.** (*I assume the NCD Alliance is not aware of the ongoing war nearby*)

NYT - With Aid Cutoff, Trump Halts Agency’s Legacy of ‘Acting With Humanity’

<https://www.nytimes.com/2025/02/08/health/trump-usaid-health-aid.html>

“Shock and grief rippled through the health community as lifelines for care were abruptly severed.

PS: “...**The damage extends not just to the health of people abroad but to Americans and American businesses.** Along with the roughly 100,000 positions cut overseas, an [estimated 52,000 Americans](#) in 42 states have lost their jobs. ...**The global [health care supply chain market](#) was valued at nearly \$3 billion in 2023 and was expected to grow.** Each year, about \$2 billion in [American agricultural products](#) were purchased as food aid. The abrupt halt risks more than \$450 million worth of corn, lentils, rice and other commodities that are in transit [or in warehouses](#) and ports....”

PS: **“The ecosystem of global health is so closely interwoven that the pause has frozen the work even of organizations that receive no money from the U.S. government.The nonprofit IPAS works with hundreds of organizations in dozens of countries to provide access to contraception, abortion and other reproductive health services. Many of the clinics have shuttered, some permanently, said Anu Kumar, the organization’s president....”**

“... After one week of the freeze, more than 900,000 women and girls will have been denied reproductive care, a figure that will [grow to 11.7 million](#) over the 90-day pause, according to the Guttmacher Institute. As a result, the institute estimated, 4.2 million girls and women will experience unintended pregnancies, and 8,340 will die from complications during pregnancy and childbirth.....”

“Many H.I.V. programs were focused on “key populations” at highest risk, including transgender people and men who have sex with men, who are marginalized and even [criminalized](#) in some countries. Childhood immunizations, malaria prevention and treatment and malnutrition programs are also stalled. So are programs on education, economic empowerment, preventive health services and family planning. ... Some U.S.A.I.D.-funded organizations provided clean water and sanitation, particularly for refugee populations. Others helped governments protect against diseases like polio and measles in conflict zones and among nomadic groups. Still others provided expertise in containing outbreaks of dangerous pathogens like Ebola and Marburg, which are smoldering in Uganda and Tanzania....”

Bhekhisa - Pefar projects are exempted from Trump’s ban on aid for SA

<https://www.news24.com/news24/southafrica/news/pepfar-projects-exempt-from-donald-trumps-ban-on-aid-for-sa-20250210>

“Projects funded through Pefar, are exempted — at least until the end of April — from the executive order that US President Donald Trump issued on Saturday. The order halts all foreign aid that the United States government provides to South Africa. According to a high ranking US Embassy official in Tshwane, who asked not to be named, “the order does not impact lifesaving and humanitarian programmes such as Pefar”. Such programmes therefore still qualify for a limited waiver, which will expire towards the end of April, but only for approved activities. “

Lancet - PEPFAR under review: what's at stake for PEPFAR's future

J Ratevosian et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00258-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00258-2/fulltext)

Have a hunch the first draft of this viewpoint was written a while ago... **“... Although there is an understandable focus among advocates and implementers on the specifications of the current PEPFAR waiver, serious questions remain about the programme's future, particularly with its re-authorisation due on March 25, 2025. The outcome of the 90-day review will also shape how PEPFAR evolves to sustain its long-term impact and effectiveness. Additionally, foreign aid, including PEPFAR funding, is increasingly expected to face substantial reductions....”**

“PEPFAR's long-term viability hinges on the urgent implementation of important reforms, including a rapid transition of its operations to country-led programmes, reduction of operating costs, expanding partnership approaches, and new financing strategies. Despite past debate on the

need for changes, **progress on reforms has been hindered** by resistance to change in the global health community, little consensus on the required changes, and insufficient political will. **With time running out, stakeholders from academia, implementing organisations, civil society, and government must come together to advance these reforms and safeguard PEPFAR's future impact.**"

"... A top priority is preserving PEPFAR's long history of bipartisan support in US Congress and securing a 5-year authorisation this year. The programme's future depends on maintaining this political coalition through a shared set of facts rather than misconceptions, a willingness to embrace new implementation strategies, emphasising the direct benefits to the USA, and ensuring that all populations served by PEPFAR-funded programmes continue to receive essential support. The private sector is an important partner in this effort, with US businesses having a vested interest in PEPFAR's success, including the health and wellbeing of the populations it serves. Additionally, maintaining cost-effective access to ART through licensing agreements with generic manufacturers is crucial to sustaining these health gains in the long term...."

BMJ - Abandoning research participants is an unconscionable betrayal

K Bachynski & M McKee; <https://www.bmj.com/content/388/bmj.r289>

"....Trump has placed many thousands of people across the world at risk of some of the most profound violations of their fundamental rights as research participants. And in doing so, he has thrown down a challenge to the global research community, given that the **executive order is incompatible with Article 10 of the Declaration of Helsinki:** "No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research participants set forth in this Declaration". **How can or should we respond to what is, unequivocally, a gross breach of the most fundamental ethical principles?"**

With **six recommendations.**

- Related: Science Insider - [Researchers face impossible decisions as U.S. aid freeze halts clinical trials](#)

Nature News - Scientists globally are racing to save vital health databases taken down amid Trump chaos

<https://www.nature.com/articles/d41586-025-00374-y>

"The mass-archiving effort is in response to the US Centers for Disease Control and Prevention removing some of its web pages."

Lancet Letter - Gender removal by fiat: impacts of new Trump administration edicts

Nancy Krieger & Sofia Gruskin; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00243-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00243-0/fulltext)

“We write to alert *Lancet* readers that, as of Feb 1, 2025, all US research and websites published by federal scientists and agencies are now subject to new edicts issued by the Trump administration that are contrary to established norms, and contradict the guidelines of *The Lancet* and the International Committee of Medical Journal Editors (ICMJE). In this moment of unprecedented political interference in the conduct, publication, and dissemination of federally supported science in the USA, we ask that everyone in the global scientific community be attentive to these threats to accuracy, and to possible suppression of scientific evidence involving US federal agencies and consequently authors employed by these agencies.”

FT (oped) - US scientists must resist Trump’s efforts to tear down research

[US scientists must resist Trump’s efforts to tear down research](#)

“It is misguided for academics to pre-emptively self-censor, tempting though that may seem.”

“... The assault on science and public health is a litmus test for compliance by a regime that seems to care little for either — and researchers must consider carefully how to respond. While it is right to trim profligate spending, it would be wrong for science to remould itself according to ideological whim. Academics must resist the temptation to pre-emptively self-censor to avoid falling out of favour, hard though that is in an intimidatory political climate where dissent can lead to public reprisals. That means those with clout must speak out, as several Nobel laureates, including former US health agency head Harold Varmus, have done. The American Association of University Professors also urged demoralised colleagues to avoid the trap of “anticipatory obedience” ...”

“In any case, all these issues distract from the bigger trick hiding in plain sight: promoting the belief that erasing DEI initiatives from American life restores a meritocracy. That belief is anti-scientific nonsense, argues social psychologist Keon West, author of *The Science of Racism*, which reveals up-to-date evidence on racial disparities in all walks of life: “The executive order pretends that DEI is subverting meritocracy instead of seeing things how they really are, which is that there is no meritocracy and DEI is an attempt to get closer to one.” “

- Related: **Stat oped by D Reinhart - [Health workers face a stark choice: become collaborators or resisters](#)**

Geneva Solutions – Trump orders push humanitarians to brink of ‘aid politicisation’, alerts aid chief Jamie Munn

<https://genevasolutions.news/peace-humanitarian/trump-orders-push-humanitarians-to-precipice-of-politicisation-of-aid-alerts-icva-aid-chief-jamie-munn>

“As the aid sector scrambles to adapt to the sudden disruption in US donor funding, the director of a Geneva-based network of humanitarian organisations warns of political leaders commanding aid at the expense of vulnerable communities. ... In an interview with Geneva Solutions, Munn warned of the risk of humanitarians delivering aid only to populations that fit political narratives in donor countries. “We sit right now at this precipice of politicisation of aid,” he said. “It could be worrying if humanitarian assistance was dictated to the political leaders of the day.” “

“... Dunn said that while a long conversation was already underway with philanthropic donors on providing long-term reliable humanitarian funding, he described it as “challenging”. While

philanthropy is still limited in international crisis funding, the Bloomberg Foundation recently pledged to support the UNFCCC. **Data collected from the US non-profit consultant The Bridgespan Group suggested that the world's top philanthropic foundations control nearly \$1 trillion in funds.** "Whether or not there's a willingness to release more philanthropic funding is up to the philanthropists to decide." "

Devex – How the USAID freeze hit the agency's biggest partners

(gated) <https://www.devex.com/news/how-the-usaid-freeze-hit-the-agency-s-biggest-partners-109302>

"Many organizations are dependent on USAID for most of their income. Some even rely almost 90% of their income on USAID. Devex crunched the numbers to see how dependent the top grantees and contractors of USAID actually are." ".... **USAID funding went to three main groups: U.N. agencies, international nongovernmental organizations, and international development contractors....**"

"...One question we sought to answer is **how many organizations will be affected.** In short, a lot. **USAID works with over 1,600 prime awardees and almost 2,500 prime contractors**, many of whom derived most of their income from the agency. On top of that, thousands more organizations partner with those primes. **USAID lists roughly another 9,500 subcontractors and subawardees.** However, the actual consequences may be much wider because many of those organizations partnered with local NGOs or have other organizations in their supply chain...."

"... Colleagues identified that [around \\$56 billion had been obligated to USAID partners but not yet paid](#) — with **the likelihood that there's more money not recorded** — on top of another [estimated \\$4 billion](#) that would likely have been obligated this quarter. Some of that money will be spent, but **the majority of it now seems unlikely to be delivered.**"

"Among the largest implementers, the blow has been severe. A study by Devex found that [USAID's largest partners had lost around a fifth of their income](#); **the worst affected organizations lost more than 80% of their revenue overnight.** ... It's hard to track the total number of jobs that will be lost worldwide, but what we do know is staggering. Just at USAID alone, **more than 10,000 jobs are at risk or have been lost.** Furthermore, **the largest USAID implementers have announced furloughs, with thousands of cuts across just four organizations:** the two largest contractors, [Chemonics International](#) and [DAI Global](#), and the two largest INGO grantees, [Catholic Relief Services](#) and [FHI 360](#)."

Devex - Opinion: LGBTQ+ inclusion is imperative for effective aid and development

<https://www.devex.com/news/opinion-lgbtq-inclusion-is-imperative-for-effective-aid-and-development-109349>

"To development organizations that survive the Trump administration aid purge: Please remember to leave no one behind, not even LGBTQ+ persons."

LinkedIn- Why Dr Tedros could consider calling Trump's withdrawal from WHO a PHEIC

<https://www.linkedin.com/pulse/why-dr-tedros-could-consider-calling-trumps-from-who-pheic-bosman-yucde/>

By M Bosman et al. Cfr the **three questions raised in the PHEIC definition.**

NYT - Trump's W.H.O. Exit Throws Smallpox Defenses Into Upheaval

<https://www.nytimes.com/2025/02/12/health/smallpox-who-cdc-bioweapons.html>

"Health experts see his retreat from international cooperation as disrupting the safe-keepers of one of the world's deadliest pathogens."

"President Trump's order that the United States [exit](#) the World Health Organization could undo programs meant to ensure the safety, security and study of a deadly virus that once took half a billion lives, experts warn. His retreat, they add, could end decades in which the agency directed the management of smallpox virus remnants in an American-held cache. Health experts say discontinuation of the W.H.O.'s oversight threatens to damage precautions against the virus leaking into the world, and to disrupt research on countermeasures against the lethal disease. They add that it could also raise fears among allies and adversaries that the United States, under a veil of secrecy, might weaponize the smallpox virus....."

Devex - Unceremonious sacking may preview the future of privatizing US aid

<https://www.devex.com/news/unceremonious-sacking-may-preview-the-future-of-privatizing-us-aid-109239>

"If the future of USAID is privatizing the workforce, workers' experiences with one contract in the agency's global health bureau may forecast what's to come."

".... **"perma-lancing,"** is increasingly common in the United States. It **allowed employers to reap many of the benefits of treating employees as direct hires while contractually keeping them at arm's length in terms of benefits and legal protections.** They're employed "at will," which allows employers to suddenly terminate their employment."

"The Trump administration is expected to expand this trend of privatizing the workforce with fewer direct hires with federal benefits, and more contracted to carry out the government's work. In a letter to the U.S. Congress last week, Secretary of State Marco Rubio wrote that moving forward, USAID's activities may include "contracting out or privatizing functions or activities performed by Federal employees."...."

Devex - At Vatican meeting, HIV advocates vow to fight past USAID setbacks

<https://www.devex.com/news/at-vatican-meeting-hiv-advocates-vow-to-fight-past-usaid-setbacks-109364>

“Players in the global response to **pediatric** HIV and tuberculosis used a meeting last week to commit to continue services despite the U.S. foreign aid freeze.”

ECDPM (viewpoint) - Turmoil in USAID and the challenge for the EU's response

A Sheriff; <https://ecdpm.org/work/turmoil-usaid-and-challenge-eus-response>

“The Trump administration’s dismantling of USAID carries deep consequences for the EU’s foreign and development policy goals. Andrew Sherriff argues that the EU should grab this opportunity if it wants to strengthen its global relevance and show that it can be a more useful and reliable partner.”

Recommended read. Re the **‘four M’s’ (Momentum, Money, Mess & Message)**.

NEJM (Perspective) – The Consequences of Silencing the “Voice of CDC”

S Rasmussen et al ;

https://www.nejm.org/doi/full/10.1056/NEJMp2501622?query=TOC&cid=DM2386439_Non_Subscriber&bid=-1497469080

Focusing on the weekly version of CDC’s **Morbidity and Mortality Weekly Report (MMWR)**.

Stat – As officials prepare for WHO-led flu vaccine meeting, many wonder: Will the U.S. show?

<https://www.statnews.com/2025/02/13/who-flu-vaccine-strain-selection/>

“Lack of American involvement could lead to less effective flu vaccines, experts fear.”

“Later this month influenza experts from around the world will gather at the Crick Worldwide Influenza Center in London to pour over data in a multi-day effort, led by the World Health Organization, to decide which specific viruses next winter’s flu shot should target. For now, the WHO doesn’t know if U.S. government representatives will show up. Whether they do so could have an impact on the composition, and ultimately the effectiveness, of flu vaccines throughout the Northern Hemisphere and beyond.....”

“The decision on which flu vaccine strains are recommended to manufacturers is normally made by the heads of seven WHO influenza collaborating centers and three key regulatory laboratories. Traditionally, U.S. government agencies have two of the 10 votes in the room; the Centers for Disease Control and Prevention is one of the collaborating centers and the Food and Drug Administration is one of the essential regulatory labs. But with the Trump administration planning to withdraw the U.S. from the WHO and its prohibition on government employees interacting with the global health agency, it is currently unknown whether there will be a U.S. presence at this year’s meeting. If the CDC and FDA do not attend, that would leave the United States without a voice at the table, or the power to influence the strains the group advises flu vaccine manufacturers to include in the 2025-2026 Northern Hemisphere influenza vaccines.....”

Telegraph – US aid freeze could set back Africa’s fight against HIV by years, researchers warn

<https://www.telegraph.co.uk/global-health/climate-and-people/usaaid-africa-funding-freeze-set-back-africas-hiv-fight/>

Focus here on the impact on ongoing HIV research. “Trump’s pause in USAID spending has **put major African HIV vaccine and prevention trials on hold**, leaving the research world in shock.”

With an overview.

Cidrap News - USAID funding freeze disrupts global tuberculosis control efforts

<https://www.cidrap.umn.edu/tuberculosis/usaaid-funding-freeze-disrupts-global-tuberculosis-control-efforts>

“The Trump administration's freeze on foreign aid delivered through the US Agency for International Development (USAID), and the subsequent shutdown and dismantling of the agency altogether, has sent shockwaves throughout the community of people working on tuberculosis (TB) treatment, diagnosis, and prevention. The 90-day funding freeze, which sources tell CIDRAP News came with no warning or ability to make contingency plans, has left no parts of the global TB control community untouched. That's because, **as the lead implementing agency for US funding for global TB control—an amount that reached \$406 million in 2024—USAID is the leading bilateral donor for global TB efforts, accounting for roughly one third of international donor funding for the disease.** The money flows to TB services through a network of nongovernmental organizations, contractors, faith-based groups, and other partners....”

TGH – A "Defining Moment" for Global Health Funding

<https://www.thinkglobalhealth.org/article/defining-moment-global-health-funding>

“Track how President Trump's executive orders have jeopardized global health programs that rely on the United States.” With the view of **J Dieleman (IHME)**.

CGD (blog) – A Critical Moment for US Global Health Leadership: Priorities for Secretary Robert F. Kennedy Jr.

J Guzman et al; <https://www.cgdev.org/blog/critical-moment-us-global-health-leadership-priorities-secretary-robert-f-kennedy-jr>

“.... **To uphold and strengthen the US role in global health—and safeguard decades of progress while protecting Americans from emerging health threats—Secretary Kennedy should prioritize two key areas: global immunization efforts and the role of US federal agencies in global health security....**”

More in particular, he should:

1. *"Sustain US support for immunization efforts, particularly through continued investment in Gavi.*
2. *Enhance FDA transparency to ensure global regulators and the public can trust its decision-making.*
3. *Maintain CDC leadership in global disease surveillance, regardless of whether the US withdraws from the WHO."*

ITM – When health data go dark: A call to restore DHS Program funding

<https://www.itg.be/en/health-stories/articles/call-to-restore-dhs-program-funding>

"The suspension of USAID funding for the DHS Program halts vital health data collection and archiving, undermining global health monitoring and policymaking. Urgent action is needed to restore funding and prevent the loss of critical data, say researchers in a pre-print commentary published today."

"The suspension and threatened closure of USAID has severe short- and long-term negative impacts on the health of people worldwide. [In a pre-print commentary published today](#), we draw attention to a consequence of the new US administration's actions on our ability to understand the levels and changes in population health outcomes and behaviours. This is through **co-financing and provision of technical support to the DHS Program**, which includes nationally-representative surveys of households (Demographic and Health Surveys [DHS], Malaria Indicator Surveys [MIS]) and health facilities (Service Provision Assessments) in over 90 low- and middle-income countries (LMIC). These surveys capture high-quality data to track health-related Sustainable Development Goals (SDG) indicators and beyond....."

Devex – Thousands of African health workers lose jobs due to US aid funding freeze

<https://www.devex.com/news/thousands-of-african-health-workers-lose-jobs-due-to-us-aid-funding-freeze-109384>

"As USAID's funding freeze leads to mass layoffs of African health workers-around 54,000 in Kenya alone- experts warn of an escalating crisis in healthcare access and a potential surge in brain drain."

"USAID has long been a critical player in global health, funding tens of thousands of health workers across Africa. In 2019, [USAID said it provided](#) \$8.3 billion in assistance to sub-Saharan Africa, a significant portion of which went to health programming. The agency has been a key contributor to PEPFAR's \$1 billion annual investment, which supports over 200,000 health workers worldwide. Much of PEPFAR's work is focused on Africa...."

- And finally, Devex re [Mark Dybul's view](#):

"Mark Dybul — a renowned global health expert who helped usher in [PEPFAR](#), the landmark U.S. HIV/AIDS initiative — [presented a more self-critical perspective for the aid community](#) in a recent Devex Pro event — reflecting alarm bells he's been sounding long before Trump took a wrecking ball to USAID. **His wish? A less fragmented sector that collaborates with the private sector and governments not just to dole out money, but to create a self-sustaining development plan that**

drives economic growth, ensuring mutually beneficial success for donor and recipient. “And you can’t do that with 1,000 organizations all siloed within individual activities that aren’t connected, that burden the countries with an enormous weight of bureaucratic responsibility, where they’re called out of the country or to a meeting every third day from a different organization,” he said.”

“Dybul said the aid community needs to support a restructuring “that focuses on development — not individual projects, not individual organizations, not individual diseases, not individual anything. “And if we can do that together, I think the administration and certainly Congress will respond. But if we don’t, and if the arguments are we need things to be the way they were ... you won’t just be furloughing. You’ll be closing the doors.”

And some links:

- Annals of Internal Medicine - [Potential Clinical and Economic Impacts of Cutbacks in the President’s Emergency Plan for AIDS Relief Program in South Africa: A Modeling Analysis](#)
- NPR: [How the gutting of USAID is reverberating around the world: Worry, despair, praise \(praise mostly from Latin America, it seems\)](#)
- Stat - [Trump policies spark fears of brain drain, threatening to undermine U.S. dominance in biomedicine](#)

Run-up to African Union Meeting (15-16 Feb)

“The 38th Ordinary Session of the African Union Summit is taking place in Addis Ababa between February 15-16, 2025...”

High Level Meeting on Domestic Financing on the margins of the AU Summit (14 Feb)

<https://au.int/en/newsevents/20250214/high-level-meeting-domestic-financing-margins-au-summit-sheraton-hotel-addis>

Taking place today in the Sheraton hotel, in Addis.

“Organized under the leadership of the Government of Rwanda, the High-Level meeting will bring together Heads of State, Health Ministers, Finance Ministers, African and Global Philanthropies. Other participants include Financiers, Investors, and Partners, Privet Sector and other key stakeholders, to discuss actionable strategies to enhance domestic investment in health systems and align partner investment in the health sector with continental priorities. **The strategic objective of this high-level gathering is to strengthen domestic health financing mechanisms in Africa by fostering high-level political commitment, driving country-led investments, aligning partner contributions with continental health priorities, and mobilizing diverse resources to build sustainable, resilient, and innovative health systems across the continent.** In addition to fostering commitments from stakeholders, **the meeting will also provide a platform to evaluate the implementation status of the Abuja Declaration, reigniting the pledge by AU Member States to allocate at least 15% of their national budgets to health.** The event also aims to build momentum for greater commitments from African leaders, the private sector, and international partners.”

Check out the [concept note](#). (5-pager)

Devex - 5 things to watch at the African Union Summit

<https://www.devex.com/news/5-things-to-watch-at-the-african-union-summit-109392>

“The 55-member organization is set to vote for a new chairperson, who will inherit challenges ranging from conflicts to **crafting a continent-wide stance on climate change.**”

Plus: **“Reparations take center stage:** “African leaders will also seek reparations for slavery, colonialism at the summit. Leaders plan to shape a ‘unified vision’ of what reparations may look like, from financial compensation and formal acknowledgment of past wrongs to policy reforms,” Vines told Devex. **Reparations, as defined by the AU**, encompass a broad framework aimed at addressing historical injustices stemming from colonization, slavery, and systemic discrimination. This includes historical acknowledgment, financial compensation, land restitution, cultural preservation, and policy reforms to correct past harms. It also involves international accountability, community empowerment, and continued advocacy to ensure long-term systemic change and justice for African nations and communities. **This effort is being closely watched, as it aligns with similar initiatives by CARICOM, the 15-member Caribbean organization which has long advocated for reparations from European nations.** The AU’s stance could set a precedent for global discussions on historical accountability and economic redress.”

Africa CDC - Stakeholders Gather to Strengthen Health Data Governance in Africa

<https://africacdc.org/news-item/stakeholders-gather-to-strengthen-health-data-governance-in-africa/>

“.... decision-makers and **stakeholders will meet on the sidelines to discuss regional collaboration and advance plans for health data governance on the continent....** Africa CDC, Transform Health, Health Informatics in Africa (HELINA), and other regional partners are convening stakeholders for a discussion on health data governance, co-hosted by the Ministries of Health of Ethiopia, Rwanda, Zambia, Cameroon, Senegal and Uganda.....”

More on Global Health Governance & GH (+ Dev) Financing

Lancet – Offline: Telling the truth about WHO

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00287-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00287-9/fulltext)

Must-read. Towards the end, he argues: “.... **The DG should consider a flight to Mar-a-Lago. Tedros is the world's chief global health diplomat: although difficult, talking with Trump is necessary.** He might also consider reaching out to Robert F Kennedy Jr (RFK). Some kind of relationship between the DG and America's official representative to WHO must be established. RFK's interest in chronic diseases—“Our ship is sinking”, he said at his US Senate confirmation hearing, “something is poisoning the American people”—is an opening for Tedros to forge a collaboration with the future Secretary of Health and Human Services. **Trump's assault against WHO, USAID, and medical**

research threatens to bring the entire global health architecture crashing down. The community is in shock. Many are terrified to speak out. Now is the moment, not for concession or compromise, but for negotiation and agreement. A deal must be done.”

PS: I’m not going to comment on the need for a deal, but please, do not go to Mar-a-Lago, Tedros!
(instead, let the Donald come to you in Geneva :))

Devex - WHO chief eyes idea of a \$50B endowment fund to plug resource gaps

<https://www.devex.com/news/who-chief-eyes-idea-of-a-50b-endowment-fund-to-plug-resource-gaps-109388>

“While WHO has made some progress in broadening its donor base, it still requires more flexible resources, especially with the exit of its biggest donor.”

“The idea, Tedros said, is that it could generate between 3% to 5%, or about \$1.5 billion to \$2.5 billion annually for WHO, which has long struggled with its finances The idea of an endowment fund was discussed during the meeting of WHO’s Programme, Budget and Administration Committee, and was mentioned by some member states during the agency’s recently concluded executive board meetings.....”

Devex – Gavi cervical cancer campaign aims to reach African girls through sports

<https://www.devex.com/news/gavi-cervical-cancer-campaign-aims-to-reach-african-girls-through-sports-109283>

“The Union of European Football Associations (UEFA) and the Confederation of African Football (CAF) have united with Gavi to campaign for HPV vaccination and cervical cancer prevention through soccer.”

“.... Eight African countries are set to introduce the human papillomavirus, or HPV, vaccine this year to battle worsening cervical cancer infections in the continent, according to [Gavi, the Vaccine Alliance](#). Gavi has not named the beneficiary countries yet, but they will be distributed in seven African regions, as part of the alliance’s target to vaccinate 86 million girls globally in 2025, Emily Kobayashi, the head of the HPV vaccine program at Gavi, told Devex... Gavi will also be introducing jabs through a creative approach — a partnership with the global sports community, aiming to capitalize on Africa’s love for sports to educate communities and their leaders on the importance of early vaccination for girls under the age of 17 years.....”

Guardian - Dismay as UK poised to cut funding for global vaccination group Gavi

<https://www.theguardian.com/society/2025/feb/10/dismay-as-uk-poised-to-cut-funding-for-global-vaccination-group-gavi>

“Aid charities alarmed as decision would come in wake of Donald Trump’s decision to freeze USAid activities.”

“... Questioned by MPs last week, **the international development minister, Anneliese Dodds, said funding for Gavi from the next financial year would depend on the government’s wider spending review, and talked about trying to “broaden the donor base” for the alliance.** Officials say a **significant reduction is expected**, but they point to other major aid efforts, such as the announcement in November of nearly £2bn in UK funding for the International Development Association, a World Bank fund for the lowest income countries.”

“Aid charities and campaigners argue that Gavi, to which the US has also previously been a major funder, along with the Bill and Melinda Gates Foundation, has proved to be hugely cost-effective and is heavily focused on UK aid priorities such as ending gender disparities and helping developing nations support themselves.....”

PS: As a reminder: **Gavi’s High-Level Pledging Summit takes place in Brussels (March 19-20)**, Gavi already shared its [2026-2030 Investment Opportunity](#), calling for world leaders to commit [US\\$ 9 billion](#) to protect 500 million more children by 2030.

A Vision for PAHO/WHO from and for Latin America

I Torres et al; <https://latinoamerica21.com/en/a-vision-for-paho-who-from-and-for-latin-america/>

“We should welcome the opportunity to decentralize the PAHO from Washington, D.C., reimagining its core functions to better address the priorities of the countries where it is most needed.”

Excerpt: “....Recently, [academics alerted us](#) about the influence that the US may lose by leaving the WHO; we view this reaction as a greater source of concern for the LAC region than the possibility of seeing PAHO funding reduced, especially since the same academics make it clear that they worry about the future of [US-based WHO collaborating centers](#) (72 out of the 180 in total). **Shouldn’t those advocating for equity seek a greater balance among countries? At least in the Americas, we should welcome the opportunity to decenter PAHO from Washington, D.C., reimagining its core functions to more adequately address the priorities of countries where it is most needed.** Besides, relocating PAHO/WHO headquarters and some collaborating centers to the [LAC region would reduce operational costs](#) and bring a shift in the background and experience of PAHO experts and external collaborators, allowing for more regionally relevant contributions....”

Global Policy - The Elephants in the Room: Uncomfortable Perspectives on the Fourth Financing for Development (FfD) Conference

S Klingebiel; <https://www.globalpolicyjournal.com/blog/11/02/2025/elephants-room-uncomfortable-perspectives-fourth-financing-development-ffd>

Must-read. **“The Fourth Financing for Development (FfD) Conference is a crucial platform for tackling sustainable development financing. Yet, it faces mounting challenges: shrinking public resources, waning multilateral consensus, and rising geopolitical competition.”**

“...This op-ed sheds light on key but often overlooked issues that will shape FfD4, including the decline of Official Development Assistance (ODA), its use as a geopolitical tool, and debates over shifting ODA governance from the OECD to the UN. It also examines the potential fallout from Donald Trump’s return to the White House, particularly his freeze on U.S. development cooperation.

Amid global crises and shifting power structures, the FfD4 process appears less about ambitious innovation and more about damage control for global development cooperation....”

EU to review its multi-billion euro foreign aid allocations

<https://www.luxtimes.lu/europeanunion/eu-to-review-its-multi-billion-euro-foreign-aid-allocations/39964579.html>

“The EU is the biggest donor for international aid in the world **providing €96 billion in 2023.**”

“**The European Union will conduct a review of its multi-billion euro external aid to more closely align the bloc’s funding allocation with its foreign policy interests in the midst of a challenging international environment.** The move comes as the European Commission wrestles with a growing list of priorities including defence, amid the backdrop of the Ukraine war - now in its third year - and hostile posturing from US President Donald Trump in his first weeks in office.”

“**The Commission, the EU’s executive arm, wants to become more transactional by revamping foreign aid and making it more “targeted for our partners,”** according to a draft document seen by Bloomberg News. **The bloc aims to restructure its external aid to secure its strategic interests** including cementing alliances with like-minded nations, securing access to raw materials and stemming the arrival of migrants.....”

“... **The EU wants to leverage the growing perception of the bloc as a reliable partner** compared with Beijing or the Trump Administration **while avoiding the role of “donor of last resort.”**”

- See also a very neat **CGD blog** - [Should a Simplified, Flexible and Interest-Driven Budget Define the Future of EU Development Cooperation?](#) (by M Gavvas et al)

“...In this blog, **we focus on the EU’s primary instrument for development cooperation—the “Neighbourhood, Development and International Cooperation Instrument (NDICI)-Global Europe”** explore emerging positions on future development financing; and caution against an over-simplified, overly flexible and an interest-driven budget.”

Lancet Editorial – Philanthropy for health: past, present, and future

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00291-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00291-0/fulltext)

Weak stance I’m afraid, given what we’re currently facing...

After **providing the two visions on philanthropy** the Editorial argues:

“**These [questions are not new](#), but they are more pressing than ever, because philanthropy in health is here to stay.** As concerns over the willingness of national governments to fund global health programmes have grown in recent years, organisations are turning to private institutions, including philanthropy, to make up the shortfall. For its upcoming replenishment, The Global Fund to Fight AIDS, Tuberculosis and Malaria is calling for US\$2 billion from businesses, philanthropic leaders, and foundations—an increase of 50% compared with its [previous funding round](#). The WHO

Foundation was founded in 2020 to channel philanthropic contributions to WHO and its partners. As reported in a World Report in this issue, WHO is facing a substantial financial shortfall following the USA's withdrawal and many countries are reluctant to fill the gap. **A world in which philanthropy is not needed may be the ideal, but we live in a far from ideal world.** Nearly four people per week became [billionaires in 2024](#). Many will have sincere wishes to put that money to good use for society and health. The Giving Pledge, established by Warren Buffett, Bill Gates, and Melinda French Gates, is a commitment to give the majority of an individual's wealth to address some of society's most pressing problems. The number of signatories has grown from the initial 40, in 2010, to more than [240 from 30 countries](#). They promise to “hold conversations around legacy, governance and approaches for involving family in giving”. These conversations must be translated into ethical responsible practices.”

HPW - China Has Invested Heavily in Rwanda's Healthcare and USAID's Closure Opens More Doors

<https://healthpolicy-watch.news/china-has-invested-heavily-in-rwandas-healthcare-and-usaids-closure-opens-more-doors/>

China's 'Health Silk Road': “China appears reluctant to step up at a multilateral level to fill the gap left by the US, [balking at the 20% increase](#) in WHO membership fees at the recent executive board meeting – even though that had been agreed to by members in 2022. **But it is likely to assist countries left in the lurch by the US on a bilateral level**, particularly those like Rwanda where it has invested substantially over a long period....”

“....The dismantling of USAID has opened doors all over the world for China – not just in Africa.....”

T Schwab - "Oligarch" shouldn't be a partisan term

<https://timschwab.substack.com/p/oligarch-shouldnt-be-a-partisan-term>

“When liberals pretend their billionaire supporters are philanthropists, not oligarchs, Trump gains power.”

- Related blog T Schwab: [Climate activists disrupt Bill Gates's book tour, chanting "Tax the motherfucking rich!"](#) (among others focusing on billionaire Bill from a “climate” angle)

PS: While I think ‘our billionaires’ have somewhat better values and also a better track record than some on “the other side”, I quite like the sound of “**Oligarchs**” **Gates & Bloomberg** 😊. As Schwab is damned right about the politics (see also the Vatican event this week) – billionaires shouldn’t have that much influence in our political systems. Full stop. Which probably means: (high) time to move towards a ‘beyond billionaires’ global economic system.

NPR – Bill Gates is optimistic about the global future

<https://www.npr.org/2025/02/06/g-s1-46868/microsoft-bill-gates-trump-musk>

Good at least somebody remains upbeat in our polycrisis times.

“In a wide-ranging interview with NPR, **Microsoft co-founder Bill Gates expressed concern about the new administration's recent steps to pull back from public health efforts and said he hoped USAID's work on diseases like HIV and polio "will be preserved."** ... Still, **Gates expressed optimism the foundation can find "common ground" with the White House on why it's critical to support public health efforts.** "In talking to the people in the government, including President Trump himself, and saying, no, even if we make it somewhat more efficient, this fits your value system. This fits morality, geopolitics. And if we innovate, you know, we eventually can cure AIDS. So let's stay the course." ... **Gates is also still bullish on the future of vaccine development,** even with the appointment of Robert F. Kennedy Jr. all but sewn up..... **Gates says that his foundation's work to lower the cost of creating vaccines for poorer countries will likely be attractive to government officials....”**

CGD Notes - A New Compact for Health Financing: Insights from Policymakers Across Africa

A Demeshko et al; <https://www.cgdev.org/publication/new-compact-health-financing-insights-policymakers-across-africa>

“The Center for Global Development (CGD) and the Addis Center for Ethics and Priority Setting in Health (ACEPS) co-hosted a roundtable with 15 leaders from 14 African countries, in mid-January. The aim of the roundtable was to discuss the [New Compact for health financing](#), a proposal for reforming the way countries and donors work together based on three core steps (i) locally led evidence-informed priority-setting, (ii) domestic-first resource allocation; (iii) consolidated supplementary aid.

Key messages: “ • There was broad, cautiously optimistic support for the New Compact, with participants seeing potential in its key pillars, but doubting donor commitment. • Challenges in coordinating the approach were emphasised, as fragmented aid and weak donor alignment remain major barriers, compounded by fiscal pressures, shifting donor priorities, and geopolitical disruptions. • Participants noted that technical solutions alone are insufficient and that political will, governance reforms, and shifts in donor behavior are critical. • Participants urged further work on strengthening country capacity, improving donor accountability, and integrating the New Compact into G20 discussions.”

GFO – Challenges facing the Global Fund at the dawn of 2025

<https://aidspace.org/challenges-facing-the-global-fund-at-the-dawn-of-2025/>

(31 Jan) “As we enter 2025, As we look ahead to 2025, this issue of GFO highlights key challenges and opportunities in global health, from the Trump administration's decisions, to evolving financing, to issues of governance and equity. **With the Global Fund's Sixth Replenishment driving co-financing efforts, countries must now demonstrate investments in key populations, raising transparency demands.** We examine **HIV resource tracking in Africa, a roadmap to strengthen community engagement in Country Coordinating Mechanisms (CCMs),** and the exclusion of African voices from major health conferences. ...”

- See eg. [Aidspace - African Countries, Global Fund, Affirm the Essential Role of HIV Resource Tracking in Sustaining the Response](#)

“The US\$14 billion raised for the Global Fund’s Sixth Replenishment seeks to spur domestic investment of US\$46 billion through co-financing. **HIV resource tracking at country level** is essential to both **make and monitor these domestic commitments**. ... These and other topics were discussed **at a recent workshop of countries involved in HIV resource tracking in Cape Town, South Africa**, co-convened by UNAIDS and the Global Fund. “

“**From 2-4 October 2024**, delegations from 10 countries in East and Southern Africa (Botswana, Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Namibia, South Africa, Uganda and Zimbabwe), alongside technical and funding partners, dwelt on **the transformative power of HIV financial data, primarily generated by their National AIDS Spending Assessments (NASA) for their own national planning and budgeting purposes**, but also for **co-ordination of, mobilization with, and reporting to, development partners, not least, Global Fund.**”

Reuters - Kenya has begun talks with IMF for new lending program, finance minister says

<https://www.reuters.com/world/africa/kenya-has-started-talks-with-imf-new-program-finance-minister-says-2025-02-05/>

“**Kenya has already started talks with International Monetary Fund officials to secure a new lending program when the current one expires in April**, its finance minister told Reuters on Wednesday. The East African nation needs continued support from the Washington, D.C.-based lender to keep its economy on track after its debt-servicing costs surged due to a borrowing spree over the past decade. The government abandoned a plan to raise revenue via tax hikes last year in the wake of deadly protests. ... The **decision by the administration of U.S. President Donald Trump to freeze foreign aid could hit Kenya hard, as it lacks the fiscal space to replace the funding**, Mbadi said, adding that he hoped the United States would reconsider....”

Devex - Why RFK Jr.’s nomination worries Bloomberg Philanthropies health chief

https://www.devex.com/news/why-rfk-jr-s-nomination-worries-bloomberg-philanthropies-health-chief-109324?utm_source=twitter&utm_medium=social&utm_campaign=devex_social_icons

“**Dr. Kelly Henning worries RFK Jr.’s confirmation will have implications for the many health programs Bloomberg Philanthropies is supporting, such as polio eradication.**”

Global Tax Justice & debt crisis

Eurodad - An important step forward for UN Tax Convention negotiations

https://www.eurodad.org/an-important-step-forward-for-un-tax-convention-negotiations?utm_campaign=newsletter_07_02_2025&utm_medium=email&utm_source=eurodad

(7 Feb) “**UN Member states clarify decision-making rules ahead of negotiating the substance of the new Convention**; New rules will prevent any single Member States from blocking negotiations.”

“Despite the withdrawal of the United States, the process to negotiate a new UN Convention on International Tax Cooperation continues, with the conclusion of the Organisational Session. The process now moves to negotiating the substance of the new Convention along with two early protocols, which should be finished by the end of 2027. Despite calls from the US delegation for other countries to follow their example and leave the process, all other UN Member States remain engaged in the negotiation....”

Tax Justice Now - Pope, Lula, Sanchez, top economists to call for taxes to protect democracy

<https://taxjustice.net/press/pope-lula-sanchez-top-economists-to-call-for-taxes-to-protect-democracy/>

“The Vatican host[ed] an event this Thursday (13 February) together with the Independent Commission for the Reform of International Corporate Taxation (ICRICT), where Pope Francis, along with current and former heads of state, including Spanish Prime Minister Pedro Sánchez, Brazilian President Lula (TBC) and former South African President Thabo Mbeki, and renowned economists, including Joseph Stiglitz, Gabriel Zucman and Jayati Ghosh, and philanthropist Abigail Disney, [called] for international tax reform to protect democracy from extreme wealth.”

PS: **“New research from the New Economics Foundation and Patriotic Millionaires International has called for the introduction of an “extreme wealth line” – the point at which the concentration of wealth becomes harmful to democracy, society, the economy and the environment....”**

For more (concept note), see <https://www.icrict.com/international-tax-reform/talking-tax-justice-at-the-vatican/>

- Related: Oxfam - [Oxfam echoes call to end “oligarchic rule” at Vatican tax justice summit](#)

PS: **““2025 is not just another year —it is a last-ditch opportunity to stop runaway inequality. With South Africa chairing the G20, Brazil hosting COP30, and Spain driving the Fourth International Conference on Financing for Development, the world has a rare, historic chance to shatter the grip of billionaire power.”**

CGD (blog) - Pen’s Parade: The Stratospheric Heights of Inequality

J Beynon; <https://www.cgdev.org/blog/pens-parade-stratospheric-heights-inequality>

“.... The sheer scale of this inequality can be hard to grasp. Dutch economist [Jan Pen](#) famously illustrated this in his 1971 book *Income Distribution* with a striking visualization: a parade of people arranged by income, with their heights proportional to their earnings, marching past over the course of an hour. He used incomes in Britain as an example. At the start of the parade, the marchers are tiny, only gradually reaching average height after about 45 minutes. In the final six minutes—the top 10 percent of earners—their heights begin to rise dramatically, soaring to 20, 100, even 500 feet tall. In the last few seconds come the most successful stars and entrepreneurs, so immense that their knees are barely visible. Finally, at the very end, stands oil baron [Jean Paul Getty](#), the soles of whose shoes alone are hundreds of feet thick. Scroll forward to today and apply this globally, and Pen’s Parade looks even more extreme....”

“... No wonder that [proposals](#) for a minimum tax on the world’s richest (a two percent tax on the wealth of billionaires for example could raise \$200-250 billion annually, with a further \$100-140bn if extended to centimillionaires) have attracted interest. In a [warmly received](#) move, the [G20 agreed](#) last November “to engage cooperatively to ensure that ultra-high-net-worth individuals are effectively taxed”. But that was then. Whether and how rapidly that will now proceed remains to be seen. The growing power and influence of the super rich is [generating](#) a lot of attention, and concern: a threat to global stability according to this [poll](#) (of millionaires). Five of the world’s seven [richest men](#) were at President Trump’s inauguration. **Other reforms such as regulating harmful tax practices, improving transparency and sharing tax information, addressing tax avoidance and tacking illicit financial flows will all help.** But the [evidence](#) suggests that **global minimum taxation levels would be the most effective.** All, however, face stronger headwinds. Trump’s planned [withdrawal](#) from the global deal on a minimum corporation tax does not bode well.”

“.... . **The stratospheric scale of inequality demands a response.** Commitments to strengthen the taxation of high-net-worth individuals are still on the [table](#) for this **year’s International Conference on Financing for Development (FfD4)**. Now is not the time to give up trying.”

- And a link: **Global Citizen’s Call to action:** [FfD4 Co-Chairs: Lead on Fair Taxes](#)

“.... **Right now, the aviation, fossil fuel & financial sectors are escaping fair taxation.** Aviation is one of the fastest-growing CO2 emitters, yet jet fuel is barely taxed. Fossil fuel giants made \$281 billion in just two years, while everyday consumers pay more in taxes than financial traders. A Financial Transaction Tax alone could raise \$433 billion annually — money that could support climate action and a just transition....”

“The FfD4 co-chairs must step up and ensure solidarity levies stay in the negotiations.”

Tony Blair institute (report) – A new debt deal for Africa: breaking the vicious cycle

[Tony Blair institute;](#)

“ We propose a path out of the growing debt crisis through a five-pillar plan: a New Debt Deal for Africa.....” Read what it entails.

Health Emergencies

Reuters - Threat of disease in DRC "multiplied" by conflict, WHO says

[Reuters;](#)

(from last weekend) **“Conflict in the eastern Democratic Republic of the Congo has "multiplied" the risk of the spread of diseases, including cholera, malaria, tuberculosis and the deadly mpox virus, the World Health Organization warned on Friday.”**

“Fighting between [Rwandan-backed M23 rebels](#) and Congolese armed forces has exacerbated an already "dire situation" for millions of people, **Dr Boureima Hama Sambo, WHO representative for**

the DRC told reporters in Geneva via video link from the capital Kinshasa. The WHO reported 600 suspected cholera cases and 14 deaths in the last month in North Kivu province, where disrupted water supplies have heightened the risk of the spread of the disease. The **fighting has also affected the WHO's vaccine rollout for the mpox virus in eastern DRC**. "Ninety percent of mpox patients in isolation units in Goma had to flee" and vaccination programs were paused for ten days, Sambo said...."

- See also [WHO – Dire health and humanitarian crisis in eastern Democratic Republic of the Congo prompts escalation of efforts by WHO, partners](#)

HPW - US Funding Freeze Hits Mpox Response in DRC; Ebola Trial Progresses in Uganda

<https://healthpolicy-watch.news/us-funding-freeze-hits-mpox-response-in-drc-ebola-trial-progresses-in-uganda/>

With **key messages** from yesterday's Africa CDC press briefing.

"As Africa battles a relentless mpox outbreak, a sudden freeze in U.S. funding is crippling containment efforts, threatening vaccine distribution, and leaving the hardest-hit regions scrambling for solutions, the Africa Centres for Disease Control and Prevention (Africa CDC) warned on Thursday. **In conflict-ridden Democratic Republic of Congo, the epicentre of the outbreak, mpox testing has plummeted** due to the freeze in USAID activities. **In Uganda, an experimental new vaccine trial for the Sudan variant of Ebola offers a glimmer of hope** of a means to prevent the deadly Sudan variant from spreading – one bright spot on the horizon. "

"For years, U.S. government funding—particularly through USAID and the President's Emergency Plan for AIDS Relief (PEPFAR)—has been a cornerstone of Africa's disease surveillance and outbreak response. However, **the recent political shifts in Washington DC dealt a significant blow to Africa CDC's ability to manage the ongoing mpox outbreak.** However, **with multiple outbreaks raging and resources dwindling, Africa CDC warns that without urgent intervention, the situation could "spiral out of control."**...."

Also with an overview of the current state of affairs on **the Mpox outbreak**.

Al Jazeera - Uganda battles new Ebola outbreak – and a vaccine hesitancy crisis

<https://www.aljazeera.com/features/2025/2/10/uganda-battles-new-ebola-outbreak-and-a-vaccine-hesitancy-crisis?s=09>

"Amid sixth outbreak of Sudan Ebola virus, Ugandans bemoan lack of official communication and fears for the economy."

Quote: **"....The current outbreak, however, has come with new challenges.** Key among them appears to be **a lack of clear communication from government authorities about the outbreak; pushback from businesses, especially in the tourism sector, who argue that the way the outbreak was announced hurts the industry; and hesitancy among some people exposed to the virus to accept a new vaccine, which has been offered for trial...."**

PS: **"Freddie Ssengooba, a public health professor at Makerere School of Public Health, said while the competence of the government to handle the epidemic is not in question, the public deserves more information, especially on measures and how they should behave. "There is an information gap, we are all anxious to know what is happening."**...."

- Related: [Reuters - Number of confirmed Ebola cases in Uganda rises to nine](#)
- AP - [Ebola cases in Uganda rise to 9, while 265 others are being monitored under quarantine.](#)

WHO – Multi-country outbreak of mpox, External situation report #47

<https://hq.who.int/departmentofcommunications/cmail19.com/t/d-e-stysdl-ikudkhluul-j/>

Latest update.

Government of Canada and Gavi deliver 200,000 doses of donated mpox vaccine to DRC

<https://www.gavi.org/news/media-room/government-canada-and-gavi-deliver-200000-doses-donated-mpox-vaccine-drc>

“A shipment of 200,000 mpox vaccine doses donated by Canada and facilitated by Gavi, the Vaccine Alliance has arrived in the DRC. The doses – allocated based on an agreed Access and Allocation Mechanism (AAM) – bring the number of mpox doses facilitated by Gavi to 1,215,460 from various donors and 500,000 funded directly by Gavi....”

Run-up to INB 13 re pandemic agreement (17-21 Feb)

Programme: https://apps.who.int/gb/inb/pdf_files/inb13/A_inb13_2-en.pdf

Thread via @ThiruinGeneva (on a Politico Pro article):

"SCOOP: PANDEMIC DEAL DRAFT: Right-wing leaders may be withdrawing from the World Health Organization (WHO), leaving behind major questions over where badly-needed funds will come from, but its work goes on." pro.politico.eu/news/countries/ **"Delegates will resume talks over a new pandemic agreement in Geneva next week and, according to the latest draft obtained by Rory, there is some real bargaining at play."**

"The story so far: Discussions are stuck on two broad areas — access to drugs, vaccines and therapeutics; and pandemic prevention." #INB13 **"What does the latest text say? It's all about the finer points and definitions. Developing countries have been pushing for a treaty that would promote the transfer of technology from wealthier to lower-income countries so they can produce vitally-needed medical countermeasures themselves."** #INB13

"Rich countries have insisted tech transfer must be on voluntary and mutually agreed terms. In the latest draft, the bureau — WHO-speak for the officials mediating the talks — has come up with a new definition of tech transfer that they hope will bridge the gap." #INB13 **"Here it is, bear with us: "For the purposes of this Agreement, Transfer of Technology is understood to be on fair and most favourable terms, including on concessional and preferential terms, and in accordance with mutually agreed terms and conditions."** #INB13

"Countries with pharmaceutical companies targeted for tech transfer, mainly the U.S. and Europe, will use this definition “against governments that mandate tech transfer through both soft and hard mandates, and regardless of the justification for the policy to compel the transfer,” **James Love**". "Pithy review: One legal expert following the talks, when shown the new definition by POLITICO, replied with a series of bin emojis." **"On the other hand, the definition has dropped the word “voluntary” — perhaps a trade off to please developing countries in return for extra obligations on prevention.** But less emphasis on voluntary tech transfer would be a climbdown for European countries such as Germany." #INB13

PS: “The latest text **adds considerable detail to what countries’ national pandemic prevention and surveillance plans should look like....**”

"Next steps: Negotiators [will] meet Wednesday and Thursday for another of Prince Zeid Ra’ad Al Hussein of Jordan’s retreats at Mont Pèlerin. Rory got hold of the agenda, which reveals where the sticking points in negotiations are. **Formal talks resume Monday, Feb. 17.**" #INB13

GHF – Technology Transfer in Global Health – A Post-Pandemic Reckoning for WHO Member States

P Patnaik & N Sirohi [Geneva Health Files](#)

“Technology transfer – the process of sharing intellectual property (IP), know-how, and technology to enable the production and dissemination of essential medical products, including vaccines, therapeutics, and diagnostics, is critical in ensuring equitable access to life-saving interventions, particularly in low- and middle-income countries (LMICs).... ..”

“In this story, we first review proposed new text suggested by the Bureau of the Intergovernmental Negotiating Body on this provision that will be discussed next week. We then look at the **historical and contemporary discussions on technology transfer at WHO and at the WTO,** and how they come into inform and bear upon the current moment in these negotiations....”

- Link: **Pandemic Action Network** (11 Feb) - [Achieving a Pandemic Agreement in 2025](#)

“On why the pandemic agreement is important in 2025 and what it will do.”

“**Time to get it done**”, the PAN says.

More on PPPR

CGD - Aligning the Pandemic Fund and the Resilience and Sustainability Facility for Better Pandemic Preparedness

S Gupta et al; <https://www.cgdev.org/blog/aligning-pandemic-fund-and-resilience-and-sustainability-facility-better-pandemic-preparedness>

“Since its launch in November 2022, the Pandemic Fund, housed at the World Bank, has committed \$885 million in grant financing to strengthen pandemic prevention, preparedness, and response (PPR) in developing countries. In December 2024, it invited new proposals for an additional \$500 million in financing. ...During its first call for proposals in March 2023, demand for Pandemic Fund financing exceeded supply by a staggering factor of 24. Meanwhile, the International Monetary Fund (IMF) has a parallel resource—the Resilience and Sustainability Facility (RSF)—designed to provide long-term concessional financing to 143 countries, including all low-income countries, developing and vulnerable small states, and lower-middle-income countries. The RSF is designed to support both climate transition and pandemic preparedness, and since its lending operations began in October 2022, it has committed over \$11 billion to 22 countries. However, while three countries have already completed their RSF programs, pandemic preparedness has not been included as a condition in any RSF program to date.”

“So, why the mismatch? Why is the Pandemic Fund oversubscribed while the RSF remains untapped for pandemic preparedness?....”

“Previous blogs ([here](#) and [here](#)) have speculated about the reasons why countries have not sought RSF financing for pandemic preparedness. **Possible explanations** include the IMF staff’s lack of health policy expertise, insufficient collaboration between the IMF and institutions with health policy expertise, and a lack of interest from ministries of finance, which typically negotiate IMF programs, in addressing health concerns. **Given that RSF is significantly better funded than the Pandemic Fund, this discrepancy raises important questions. In this piece, we dive deeper into this puzzle—and suggest potential ways forward.”**

“....If the issue lies in a lack of health and pandemic expertise among IMF staff, strengthening collaboration between the Pandemic Fund, the IMF, and the World Health Organization (WHO) could provide a path forward... “.... **Going forward, it is vital to focus RSF and Pandemic Fund resources on countries that are high-risk hotspots for infectious disease outbreaks.** Nations like the DRC, which face recurring health crises, require targeted pandemic preparedness efforts. To achieve this, the RSF and the Pandemic Fund must work together to allocate resources more effectively to high-risk countries....”

“... The scheduled 2026 comprehensive review of the RSF presents a key opportunity to clarify the facility’s role in global health financing. If the RSF continues to exclude pandemic preparedness, the review should seriously consider removing this mandate from the facility. Alternatively, the review could serve as a chance to substantially expand, refine, and implement fit-for-purpose guidelines on World Bank-IMF-WHO collaboration...”

- And via [Devex](#):

“In the wake of the aid freezes and stop-work orders, I asked several health-focused organizations how they are impacted. One response stood out from **the Pandemic Fund. Priya Basu, head of its secretariat**, tells me that pandemic prevention, preparedness, and response **“is a good investment now”** and that the **Pandemic Fund’s third call for proposals announced in December “is moving ahead as planned.” “[W]e are looking forward to receiving proposals by the end of May,”** she says.

HPW - US Response to Bird Flu Requires Global Collaboration – But CDC Updates Remain on Hold

<https://healthpolicy-watch.news/response-to-bird-flu-requires-global-collaboration-open-communication/>

“The US Centers for Disease Control has not updated its bi-weekly bird flu (H5N1) [situation summary](#) since 17 January – even if it finally published a limited edition of its Mortality and Morbidity Weekly Report (MMWR) on Thursday, [6 February](#). In the wake of the CDC information flow shutdown and the US withdrawal from WHO, Dr Lynn Goldman, Dean of the Milken Institute School of Public Health, spoke with Health Policy Watch about **how public health communications and global health collaboration remains all the more critical.**”

AMR

Gates Foundation – Philanthropic Partnership Launches New Initiative Tackling Antimicrobial Resistance, the Third-Leading Cause of Death Globally, By Fast-Tracking Discovery of New Treatments

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2025/02/amr-bacteria-treatment-discovery>

“ The Gates Foundation, Novo Nordisk Foundation, and Wellcome today announced the launch of the **Gram-Negative Antibiotic Discovery Innovator (Gr-ADI)**, a **\$50 million investment** that will focus on combatting antimicrobial resistance (AMR) caused by a specific range of bacteria that are among the leading contributors to AMR-associated deaths. The Gr-ADI will function as a consortium where multiple funders, research institutions, and industry partners share data and work collectively to drive [innovation](#) in the discovery of urgently needed new drugs.”

“The Gr-ADI is the first investment of the \$300 million [global health research and development partnership](#) launched by these three philanthropic organizations last year. The broader partnership will support science and innovation to advance solutions to health challenges that disproportionately impact people in low- and middle-income countries (LMICs), including climate and sustainability; infectious diseases; and the interplay between nutrition, immunity, infectious diseases, cardiometabolic and other noncommunicable diseases and developmental outcomes....”

UHC & PHC (& social protection)

WHO – New WHO document highlights the role of compassion in primary health care

<https://www.who.int/news/item/07-02-2025-new-who-document-highlights-the-role-of-compassion-in-primary-health-care>

“The World Health Organization has released a new report, [Compassion and primary health care](#), which explores the vital role compassion plays in primary health care (PHC). The document synthesizes findings from a five-year exploration. **Compassion – characterized by awareness, empathy and action – is identified as a transformative force for primary health care, driving quality care and health system transformation.** The document connects compassion to the **WHO-UNICEF Operational Framework for Primary Health Care**, describing its relevance across both strategic and operational levers. Drawing from insights gathered through twelve Global Health Compassion Rounds, it highlights the relationship between compassion and various health-care themes.....”

Lancet Comment – The Lancet Commission on Transforming Primary Health Care in the Post-COVID-19 Era

W Chi-Wai Wong et al (on behalf of Lancet Commission on Transforming Primary Health Care in the Post-COVID-19 Era); [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00198-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00198-9/fulltext)

“**The impacts of the COVID-19 pandemic have challenged the resilience of PHC systems, especially in low-income and middle-income countries (LMICs),** underscoring the need for tailored approaches to address the unique contexts of each country's health system. ... **Simultaneously, the COVID-19 pandemic created new opportunities for reforming PHC systems....”**

“... To devise effective strategies for addressing these issues and challenges in PHC systems **the Lancet Commission on Transforming Primary Health Care in the Post-COVID-19 Era has been established,** comprising leading researchers and international experts in PHC sciences, health policy and systems, family medicine, nursing, pharmacy, and public health from across Africa, the Asia–Pacific region, Europe, the Middle East, North America, South America, and South Asia. **The objectives of this Commission** are to explore the challenges faced by PHC systems throughout the COVID-19 pandemic and the ongoing post-pandemic reforms needed to support the transformation of PHC to better meet future community needs.”

“... **A cohesive strategy will address six areas of focus:** improving equity in access to health services; maintaining person-centred care in the post-COVID-19 era; promoting the safe and responsible adoption of digital health innovations and AI; integrating community-based medical and social care; building the future PHC workforce; and enhancing PHC preparedness for future health emergencies. “

Devex - Opinion: \$300B yearly to wipe out poverty is affordable. Here's how

O De Schutter; <https://www.devex.com/news/opinion-300b-yearly-to-wipe-out-poverty-is-affordable-here-s-how-109219>

“**This amount, estimated as the amount needed to set up basic social protection schemes in the world's lowest-income countries, is affordable for the international community.”**

“.... **We know it would cost the world's lowest-income countries** (26 of them, accounting for 9% of the global population) **\$308.5 billion a year to provide their populations with the basic social rights that form the stepping stones out of poverty: namely, essential health care and basic income security.** This price tag (equivalent to 52.3% of their GDP), is entirely out of the reach of

countries [squeezed](#) by a heavy debt burden and therefore particularly hard hit by the rise in interest rates since 2022. As a result, social protection coverage for low-income countries has hardly increased [since 2015](#). ...”

“But \$308.5 billion is more than affordable for the international community. And it is a modest sum when compared to the [potential impact](#) and its role as an investment in future prosperity....”

“[New research](#) from my team, as the U.N. special rapporteur on extreme poverty and human rights, shows just how feasible financing this social protection gap would be. Through a mix of existing and new financing sources, **the international community could raise \$759.6 billion a year;** more than double what is needed to lift at least 700 million people in the world out of poverty....”
Read how (among others: via debt for social security swaps & the issuance of 500 billion new Special Drawing Rights by the International Monetary Fund and allocated according to need rather than quotas)

PS: **“A [global fund for social protection](#), as advocated for by the [International Labour Organization](#) and the U.N. secretary-general, could facilitate these negotiations and coordinate the many financing tools needed to raise reliable and predictable funds.... 2025 is a critical year to address the woeful underinvestment in social protection** which has led low-income countries down a poverty-stricken and debt-ridden path. **Negotiations are well underway ahead of the [Fourth International Conference on Financing for Development](#), or FfD4, which will take place in Seville, Spain, at the end of June;** a unique opportunity to commit to closing the social protection financing gap. Concrete pledges should be made at FfD4 that **put strengthening social protection at the heart of international development efforts.** ...”

Global NCD Alliance Forum in Kigali

HPW – NCD Advocates Mobilise in Rwanda Ahead of UN High-Level Meeting

<https://healthpolicy-watch.news/ncd-advocates-mobilise-in-rwanda-ahead-of-un-high-level-meeting/>

“...Over 700 NCD advocates from 66 countries have gathered in Kigali for the Global NCD Alliance Forum to press for meaningful targets to be adopted at the United Nations High-Level Meeting (HLM) on NCDs in September....”

“Describing the last five years as a “policy success but an implementation failure”, Katie Dain outlined the NCDA’s five priorities for the HLM. The first is the accelerated national implementation of evidence-based NCD policies. Breaking down silos in global health, sustainable financing, accountability for delivery and community engagement make up the other priorities....”

NTDs

The African Union Commission Strengthens Collaboration with the Drugs for Neglected Diseases initiative

<https://dndi.org/press-releases/2025/african-union-commission-strengthens-collaboration-with-dndi/>

“In a **landmark partnership** to bolster Africa’s fight against neglected tropical diseases (NTDs), the **African Union (AU) Commission’s Department of Health, Humanitarian Affairs, and Social Development** signed a **Memorandum of Understanding (MoU)** with the medical research non-profit organisation **Drugs for Neglected Diseases Initiative (DNDi)** on **Monday, February 10, 2025**. This collaboration aims to advance policy advocacy, research and development (R&D), and access to treatments for NTDs across the continent....”

Impact Global Health - Global health R&D makes a strong investment case for Team Europe

<https://www.impactglobalhealth.org/insights/report-library/the-impact-of-global-health-rd-european-union->

“This report evaluates the health and economic impact of Team Europe’s contribution to the global effort in developing new products for neglected diseases as well as the benefits it brings to the EU’s domestic economies and scientific infrastructure.”

Planetary Health

The Global Climate and Health Alliance - Report: As Deadline Looms, Countries Must Seize Opportunity to Plug Health Gaps in National Climate Commitments

<https://climateandhealthalliance.org/press-releases/report-as-deadline-looms-countries-must-seize-opportunity-to-plug-health-gaps-in-national-climate-commitments/>

“...**New research** published today by the Global Climate and Health Alliance (GCHA) demonstrates that while governments are giving greater priority to health when setting national climate policies, many have yet to close crucial gaps on whole-of-economy emissions reductions, health metrics, financial commitments, and transparency.”

“GCHA’s **Healthy NDCs 3.0: Embedding Health in National Climate Plans for 2035** examines “**third generation**” **Nationally Determined Contributions (NDC 3.0s)**, the 2035 climate plans submitted to the United Nations Framework Convention on Climate Change (UNFCCC) by **COP30** host **Brazil**, the **United States, United Kingdom, New Zealand, Switzerland, United Arab Emirates** and **Uruguay**, ahead of a February 10th UNFCCC deadline (*see below for key findings on each of these countries*)....”

Access to medicines, vaccines & other technologies

WHO, St. Jude launch groundbreaking international delivery of childhood cancer medicines

<https://www.who.int/news/item/11-02-2025-who-st.-jude-launch-groundbreaking-international-delivery-of--childhood-cancer-medicines>

“The World Health Organization (WHO) and St. Jude Children’s Research Hospital have commenced distribution of critically-needed childhood cancer medicines in 2 of 6 pilot countries, through the [Global Platform for Access to Childhood Cancer Medicines](#). Currently, these medicines are being delivered to Mongolia and Uzbekistan, with next shipments planned for Ecuador, Jordan, Nepal and Zambia. The treatments are expected to reach approximately 5000 children with cancer across at least 30 hospitals in these countries within this year....”

“The Global Platform is a first initiative of its kind. Countries in the pilot phase will receive an uninterrupted supply of quality-assured childhood cancer medicines at no cost. In low- and middle-income countries (LMICs) countries, childhood cancer survival rates are often below 30%, significantly lower than those in high-income countries. Six additional countries have been formally invited to join the platform. The initiative is poised to become the largest, with the goal of reaching 50 nations in the next 5 to 7 years. It aims to eventually provide medicines for the treatment of approximately 120 000 children with cancer in LMICs, significantly reducing mortality rates.”

- Via UN News - [Meds platform launch gives children with cancer a fighting chance](#)

“The launch of the platform has been made possible by a \$200 million investment by St. Jude’s – marking the largest financial commitment ever made for childhood cancer medicines globally.”

“The initiative also draws on the experience of the UN Children’s Fund (UNICEF) and the Pan American Health Organization Strategic Fund, which procure and distribute the medicines. “... The platform is not a donation programme, but rather a joint venture involving governments, the pharmaceutical industry, non-governmental organizations and local stakeholders such as hospitals.”

Stop TB - New Price Reductions for Medicines to Treat Drug-Resistant TB

<https://www.stoptb.org/news/stop-tbs-global-drug-facility-announces-38-price-decrease-bpalm-regimen-and-newly-available>

“The Stop TB Partnership’s Global Drug Facility (GDF) today announced a massive 54% price reduction for bedaquiline produced by Lupin and Macleods, now available via GDF at \$90 per treatment course, down from an August 2023 price of \$194. The bedaquiline (B) price decrease, along with price decreases up to 13% for pretomanid (Pa), linezolid (L), and moxifloxacin (M) resulting in an all-time lowest price of \$364 per treatment course for the most commonly-used, 6-month BPaLM regimen.....”

Africa CDC - Communiqué: The 2nd Vaccines and other Health Products Manufacturing Forum for African Union Member States

<https://africacdc.org/news-item/communique-the-2nd-vaccines-and-other-health-products-manufacturing-forum-for-african-union-member-states/>

Do scan the communiqué. Re the **meeting in Cairo, 4-6 Feb.**

- Link: Africa CDC - [Africa's Progress Towards Sustainable Local Manufacturing Health Products](#)

Guardian - Dirty water and endless wars: why cholera outbreaks are on the rise again

<https://www.theguardian.com/global-development/2025/feb/11/dirty-water-and-endless-wars-why-cholera-outbreaks-are-on-the-rise-again>

“The number of cases globally has surged since 2021, as war and the climate crisis pile pressure on vaccine supplies.”

Good update, also on **the vaccine (manufacturing) situation & supply**, and **rapid testing and preventative campaigns**.

Guardian – ‘It’s a cowboy show out there’: the deadly lottery of the snakebite antivenom industry

<https://www.theguardian.com/global-development/2025/feb/13/its-a-cowboy-show-out-there-the-deadly-lottery-of-the-snakebite-antivenom-industry>

“Investigation reveals ineffective products being sold across Africa, with poor regulation and shortage of effective medication leading to needless deaths.”

“In sub-Saharan [Africa](#), patients face a “wild west” of antivenoms, with many badly made and poorly regulated in an area where there is a shortage of reliable medicine, experts say. Some antivenoms are about as useful as injecting water. **The Bureau of Investigative Journalism (TBIJ)** bought samples of antivenoms in three countries and had them tested, and found that more than 70 vials of some of the antivenoms would be needed to treat some bites effectively.....”

Conflict & Health

US proposal to ‘take over’ Gaza would shatter fundamental rules of international order, warn UN experts

<https://www.ohchr.org/en/press-releases/2025/02/us-proposal-take-over-gaza-would-shatter-fundamental-rules-international>

By B Saul, F Albanese and other experts.

Miscellaneous

BMJ – Clampdown on NGOs strangles India’s public health services

<https://www.bmj.com/content/388/bmj.r36>

“Government tightening of regulations on charities and non-governmental organisations receiving foreign funding is having a devastating effect on India’s public health landscape. Charu Bahri reports.”

Quote: “...**Prashanth N S, senior fellow at the Institute of Public Health Bangalore—which was refused renewal of its FCRA in 2016 and has a fresh application made in 2019 still under process—can see how it makes sense to distinguish between political causes where overseas funders intend to interfere with policies and practices, and collaborative public health research, where Indian institutions can compete on the global stage. But, he says, “it is high time a group of scientists such as those at the Indian Council of Medical Research be entrusted with decisions regarding the authenticity of health research programmes funded from overseas,”** rather than have the decisions taken out of their hands by federal red tape....”

Devex- Exclusive: Donors commit \$10M to include African languages in AI models

<https://www.devex.com/news/exclusive-donors-commit-10m-to-include-african-languages-in-ai-models-109044>

“**The Gates Foundation and other donors from the AI for Development Funders Collaborative are pledging \$10 million to ensure AI models are more inclusive of African languages.** Devex spoke with experts on why that matters.”

“... **a growing coalition of donors** — including the [Gates Foundation](#), and donors from Germany, the United Kingdom, and Canada — **is working to ensure that AI models are trained on the languages spoken by most of the world.** They call themselves the [AI for Development Funders Collaborative](#). They want to ensure that the 1.3 billion people across the African continent, where many languages are primarily spoken and not written, can benefit from the transformative potential of AI tools, from strengthening health care delivery to improving educational outcomes and expanding access to financial services....”

UNAIDS urges countries to invest in HIV prevention as key to ending AIDS

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/february/20250213_condoms

“Despite proven effectiveness, **UNAIDS is alarmed by a decrease in condom use in several countries.**” On International Condom Day (13 Feb).

Lancet Comment - Identifying key randomised clinical trials that could transform clinical care and public health

V Moorthy & J Farrar; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00210-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00210-7/fulltext)

“...WHO has established a Global Clinical Trials Forum that is meeting in April, 2025, in Geneva, Switzerland, and will bring together stakeholders from patient organisations, funders, regulators, bioethics, clinical researchers, and the private sector to launch a Global Action Plan for Clinical Trial Strengthening. This plan will encompass three key elements: improving efficiency of what has become an excessively complex regulatory and funding system for clinical trials; developing key patient-centred ethical research platforms for sustained trials linked to health systems; and adopting innovations in trial design that can accelerate trials further, such as through artificial intelligence (AI) applications....”

A few key papers & reports of the week

Lancet GH - Action towards connecting knowledge translation and implementation research

Olivia Bierman, Meike Schleiff et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00522-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00522-9/fulltext)

“... Knowledge translation and implementation research play important roles in bringing research to policy, and policy to practice. These two movements are similar in their goals to improve policy and practice and thus health outcomes, and their engagement of stakeholders. Possible distinctions include the focus of knowledge translation on the use of research findings, whereas implementation research focuses on the generation of research findings on what works, how, why, and where. **Still, knowledge translation and implementation research seem to work in parallel with different actors, activities, and scientific tradition...**

“... In March, 2024, WHO and Karolinska Institutet convened a virtual dialogue about knowledge translation and implementation research with key stakeholders from countries of all income levels and regions and from diverse sectors and disciplines, **to take stock of, explore, and promote interlinkages between knowledge translation and implementation research and chart the way forward.”**

“... Moving forward, we must consider knowledge translation and implementation research in the broad and multilayered context and evidence ecosystem they exist in, engaging a broad range of stakeholders. **We invite readers to join the movement to jointly take forward concrete actions such as:** encouraging cross-evidence ecosystem collaboration and a community of practice to improve evidence-informed decision making, in particular the implementation research and knowledge translation workstreams as outlined by WHO and requested at the WHO Global Evidence-to-Policy Summits 2021 and 2023; further integrating knowledge translation and implementation research, conceptually and practically, striving to provide a complete toolkit and roadmap for evidence-informed decision making, covering multiple dimensions of decision-making and all evidence workstreams; moving an implementation research and knowledge translation learning agenda forward by offering joint training sessions at country level, including the

development of implementation research and knowledge translation competency catalogues; and continuing joint platforms for dialogue and exchange as a continuation of this virtual dialogue, the next one being scheduled for 2025....”

Munich Security report 2025 – Multipolarization

https://securityconference.org/assets/02_Dokumente/01_Publikationen/2025/MSR_2025/Multipolarization_%E2%80%93_Munich_Security_Report_2025.pdf

- Coverage via the Guardian – [Trump’s proposed ‘land grabs’ mean US now seen as a risk, says Munich security report](#)

“Report published before international summit suggests US is moving away from a global leadership role.”

“[The report](#), which takes as its theme the shift from a US-led, unipolar post-cold war era towards a multipolar world in which no single ideological outlook dominates, will form the backdrop to this year’s conference. ... The authors also say the US president’s effort to assert a new form of US primary will be undermined by the “multipolarisation” trend. Their report includes survey data showing the trend is more likely to be welcomed as a force for good in countries such as Brazil, India, South Africa and China....”

“... The MSC report predicts a world in which “a greater number of states are vying for influence”, meaning “the future order may be much messier”. It says: “We may be living in a world where multiple orders coexist or compete and where little is left of near-universal rules, principles, and patterns of cooperation. In such a ‘multi-order’ or ‘multiplex’ world, the liberal order may not necessarily disappear. But its reach will increasingly be restricted to the west, or what is left of it....”

- Related: [Project Syndicate - The Age of Multipolarization](#) (by Tobias Bunde and Sophie Eisentraut)

“The shift to a multipolar world has been accompanied by deepening polarization within and between countries. Unless a way to mitigate these divisions is found, the hopes and aspirations that many – particularly in the Global South – have for multipolarity will go unmet.”

Journal of Epidemiology & Community Health - Twenty-first century alienation and health: a research agenda

Fran Baum, A Schram et al ; <https://jech.bmj.com/content/early/2025/01/16/jech-2024-223112.long>

“...This paper sets out an Alienation, Health and Well-being research agenda. We propose two hypotheses: (1) that processes of production and consumption in 21st century capitalism leads to alienation which underpins a significant degree of mental illness and non-communicable disease; and (2) reductions in prevalence of mental illness and non-communicable disease requires public policies which regulate market behaviour in favour of measures which reduce the alienating impacts of processes of production and consumption....”

Global health events

Some more snippets from WHO's EB meeting

HPW - Russia Opposes Updated WHO Assessment of Health Effects of Nuclear Weapons

<https://healthpolicy-watch.news/russia-opposes-new-who-study-of-health-effects-of-nuclear-weapons-tests/>

"Russia has rejected a World Health Organization initiative to [update its assessment of the health effects](#) of nuclear weapons use, breaking with nations still grappling with the devastating legacy of Cold War-era explosions. The opposition comes as Russia has threatened to resume nuclear testing amid its war in Ukraine."

"In regions known as "sacrifice zones," where thousands of nuclear tests have left the soil poisoned and communities ravaged, residents continue to face elevated rates of cancer and birth defects decades after the last Soviet-era detonations. ... "The Russian delegation is not in favour of discussing this topic," Russia's representative told the WHO Executive Board on Saturday, arguing that "the negative impact of the destructive factors of nuclear explosions on humans and the environment, on which we have sufficient scientific data, is already obvious."

"The proposed [initiative](#), which needs to be approved by the EB in order to go before the entire World Health Assembly in May, would update WHO's guidance on the "Health effects of nuclear weapons and nuclear war on health and health services", [last revised in 1993](#)."

Global health governance & Governance of Health

Reuters – South Africa's G20 ambitions bump up against reality of Trump

[Reuters](#);

"Trump administration assails South Africa's G20 agenda; Top U.S. diplomat Rubio to snub Johannesburg meetings; Analysts see opening for China, Russia to show strength; **Without U.S. support, G20's usefulness in doubt."**

Quote: **".... The U.S. stance "seems to be aimed at making sure that South Africa doesn't hold a successful G20",** said Ongama Mtimka, acting director at the Raymond Mhlaba Center for Governance and Leadership at the country's Nelson Mandela University...."

Africa CDC - \$1.6m Allocated to Nine National Public Health Institutes Centers of Excellence

<https://africacdc.org/news-item/1-6m-allocated-to-nine-national-public-health-institutes-centers-of-excellence/>

“The Africa Centers for Disease Control and Prevention (Africa CDC) has set aside \$1.6million for nine newly designated National Public Health Institutes (NPHIs) across Africa as regional Centers of Excellence. “As a Center of Excellence, your NPHI will serve as a regional hub for peer-to-peer technical assistance, training, and mentorship. It will also support Member States in developing or strengthening core NPHI functions, including disease surveillance, outbreak response, public health research, and workforce development,” said Africa CDC Director General, Dr Jean Kaseya, in a letter to the selected organisations on 31 January 2025. The selection of institutes in Ethiopia, Burkina Faso, Burundi, the Democratic Republic of Congo, Liberia, Mozambique, Nigeria, South Africa and Rwanda follows a rigorous assessment of NPHIs across Africa and aligns with Africa CDC’s mission to enhance disease control policies and strengthen public health capacities in Member States.”

France's proposed budget cuts set to slash overseas development aid

[Yahoo:](#)

“France is planning to reduce public development aid by up to 40 percent as part of its €32 billion budget cuts for 2025. French NGOs engaged in international solidarity are deeply concerned about the impact this will have on the world’s most vulnerable populations, especially as the United States – the largest provider of overseas aid – prepares to withdraw its support entirely.....”

Development Today – As Trump guts USAID, Europe is ill-equipped to step up

<https://www.development-today.com/archive/2025/dt-1--2025/as-trump-guts-usaid-europe-is-ill-equipped-to-step-up>

“Following the suspension of US foreign aid, the obvious expectation is that the European Union would step in to fill the void. But the levelling down of aid in country after country places huge constraints. This is a moment of reckoning for Europe’s approach to rights-based development assistance, writes Mar Logrono.”

LSE (blog) - Will the IMF survive Donald Trump’s presidency?

<https://blogs.lse.ac.uk/euoppblog/2025/02/11/will-the-imf-survive-donald-trumps-presidency/>

“Robert H. Wade examines what American disengagement and growing resentment among emerging market and developing countries mean for the future of the IMF.”

“... The Heritage Foundation’s detailed blueprint for the second Trump government, Project 2025, calls for the US to leave both the IMF and the World Bank, as well as the other multilateral development banks. A DOGE (Department of Government Efficiency) primer [lays out the rationale in the case of the multilateral development banks](#). It states that, “the articles of organisation of each of these organisations provide for members leaving... they get their money back. The US has more than \$70 billion in appropriated and expended donations to these institutions. Withdrawing from all of them would return to the US Treasury vast sums to make room for President Trump’s tax cuts. A second important issue to clarify is the fact that the [multilateral development banks] have failed at all aspects of their ever-evolving missions.””

“... Against this backdrop, can an organisation like the IMF hope to survive? For all the hostility the Trump government directs towards multilateral organisations in general and the multilateral development banks specifically, I argue there are good reasons to think it can. The Project 2025 and DOGE documents should be taken seriously, but not literally....”

Global health financing

K Bertram (blog) – Three take-aways beyond the official high-level dialogue summaries: The Case for Investing in Health – NOW

<https://katribertram.wordpress.com/2025/02/13/three-take-aways-beyond-the-official-high-level-dialogue-summaries-the-case-for-investing-in-health-now/>

“My personal reflections – and where I felt I had to speak up – from the **German Federal Economic Cooperation and Development Ministry’s high-level dialogue** that I moderated.”

Quote: “...If we ignore politics, it eats health for breakfast.”

Devex Pro - As US aid falters, development finance trends to watch in 2025

(gated) <https://www.devex.com/news/as-us-aid-falters-development-finance-trends-to-watch-in-2025-109355>

“From private capital mobilization, to MDBs, a key question in a year that features a pivotal Fourth International Conference on Financing for Development will be **how to do more with less.**”

- See also [Devex Invested: Amid decline in US aid, can private finance save the day?](#)

“The **development finance trends to watch in 2025** as U.S. aid falters...”

“... **One potential outcome is that countries will turn more to their development finance institutions and focus more on private capital mobilization**, Samantha Attridge, a principal research fellow at ODI Global, said during a Devex Pro event Monday....”

“... **the question becomes how to do more with less**, which is something many of the multilateral development banks have been asking themselves — with encouragement from their shareholders....”

“And one trend we’re likely to see more of this year is a shift among MDBs to move from an “originate to hold” model — where they retain loans on their books — to an “originate to share” strategy that brings in private investors... “ “...**Those efforts are partly aimed at building a development finance asset class.** But there are **a few things holding back private investment**, Arsalan Mahtafar, the head of the J.P. Morgan Development Finance Institution, said at the event. There needs to be a clear definition of development finance that aligns the definitions DFIs use with those that exist in the private sector, he said. ...”

“... Many of these issues will be on the agenda of the International Conference on Financing for Development in Seville, Spain, in late June. The debt crisis — also a key trend to keep an eye on — new financing models, climate investment, and reform of the global financial architecture will also be key points of discussion. What emerges could help set the foundation for development finance cooperation for years to come, Boggs Davidsen said...”

Eurodad - What should have been said at OECD-hosted conference on private finance for development: We need a UN-led change of course

https://www.eurodad.org/what_should_have_been_said_at_oecd_hosted_conference_on_private_finance_for_development_we_need_a_un_led_change_of_course

“In this blog, Eurodad's Matthew Simonds and Maria Jose Romero assess the key takeaways from this week's OECD conference 'Mobilising private finance towards 2030 and beyond’.”

“... If there is one thing that the conference should have tried to impress upon its participants, but did not, it is the developmental and regulatory role for the state. Without such a call it is difficult to see how private finance can align with the broader development agenda. The unquestioning pursuit of private finance across the SDG pillars is not the answer. ...”

“The UN Financing for Development process can provide the space where global economic and financial matters like these are discussed in a transparent and inclusive forum where all countries participate on an equal footing. FfD4, taking place in July in Sevilla, is the place to address the pitfalls of private capital mobilisation. What is needed at FfD4, is the creation of an inclusive and transparent intergovernmental process that will make it possible to build a comprehensive toolkit of policy measures that can regulate private sector financing in the public interest and towards the achievement of the SDGs.”

UHC & PHC

SS&M - Examining the Association between Service Coverage of UHC and Global Disease Burden: A Cross-Country Panel Analysis

T Chakma et al; <https://www.sciencedirect.com/science/article/pii/S0277953625001613>

« DALYs trend shows health loss is now mostly from non-communicable diseases. We found that UHC was significantly negatively associated with total DALYs. UHC mostly contributed to lowering DALYs from communicable diseases (UHC SCI was mostly associated with lowering DALYs from communicable, maternal, neonatal, and nutritional diseases but showed little to no significant association with non-communicable diseases or injuries.) Addressing NCDs and injuries is crucial for improving health outcomes. UHC benefits lower-income countries more considerably than higher-income ones.”

Reuters - Indonesia launches \$183 million free health screening to prevent early deaths

[Reuters](#);

“Indonesia launched an annual free health screening on Monday, a 3 trillion rupiah (\$183.54 million) initiative to prevent early deaths that the country's health ministry said was its biggest ever undertaking. Under the programme, all Indonesians will eventually be entitled to a free screening on their birthday, the ministry said. The screening, which is not mandatory, includes blood pressure, tests to determine the risk of heart problems or stroke, and eye tests, the ministry said....”

BMJ GH - The financial toxicity of cancer: unveiling global burden and risk factors – a systematic review and meta-analysis

<https://gh.bmj.com/content/10/2/e017133>

By T A Kitaw et al.

Journal of Community Systems for Health - The challenges of health reform in Senegal: qualitative analysis of the departmentalization of health mutuals

V Ridde et al; <https://journals.ub.umu.se/index.php/jcsh/article/view/1104>

Part of the second issue of this new journal.

Pandemic preparedness & response/ Global Health Security

International Journal for Equity in Health - Building evidences in Public Health Emergency Preparedness (“BePHEP” Project)—a systematic review

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02382-w>

By Michelangelo Mercogliano et al (*yes, wonderful name* 😊).

Nature Medicine - Pandemic monitoring with global aircraft-based wastewater surveillance networks

<https://www.nature.com/articles/s41591-025-03501-4>

By Guillaume St-Onge et al.

Planetary health

Lancet Planetary Health – The public health co-benefits of strategies consistent with net-zero emissions: a systematic review

Léo Moutet, Andy Haines et al ; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(24\)00330-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(24)00330-9/fulltext)

« This systematic review highlights the need for a standardised framework to assess and compare health impacts of climate mitigation actions across sectors and confirms that achieving net-zero goals supports far-reaching public health policies. »

New project to fortify health systems against climate change in West and Central Africa

<https://newsghana.com.gh/new-project-to-fortify-health-systems-against-climate-change-in-west-and-central-africa/>

“A new initiative is set to bolster health systems in West and Central Africa against the mounting threats of climate change.” Re the **CHINNOVA project**.

IPS - Shaping Conditions for Fair, Equitable and Enduring Climate Finance

<https://www.ipsnews.net/2025/02/shaping-conditions-fair-equitable-enduring-climate-finance/>

“The global commitment to fair climate finance is at a crossroads. COP29 concluded with a disappointing New Collective Quantified Goal on Climate Finance (NCQG), leaving developing nations at risk of being left behind. With the U.S. withdrawing from the Paris Agreement and slashing development aid, prospects for more ambitious fair climate finance are getting out of sight.”

“Decisions like these not only threaten global cooperation on climate change but will also fail to meet its core purpose in supporting the most affected communities in adapting to and mitigating climate change. **Now, more than ever, fair and equitable climate finance – such as increased grant-based funding and debt relief – is critical.**”

The challenge: “.... **climate response remains critically underfunded in Africa.** From the figures released by the **Climate Policy Initiative**, the continent will need approximately **USD 2.8 trillion between 2020 and 2030 to implement its Nationally Determined Contributions (NDCs) under the Paris Agreement.** However, current annual climate finance flows to Africa are only **USD 30 billion**, exposing a significant funding gap for climate adaptation and mitigation strategies....”

Nature Medicine - The visible and hidden mortality caused by flooding

Andrew P. Morse; <https://www.nature.com/articles/s41591-025-03491-3>

“A study advances our understanding of how different flood events affect direct and indirect causes of mortality — providing useful insights for disaster response and preparedness.”

Guardian - World's largely unprotected peatlands are ticking 'carbon bomb', warns study

<https://www.theguardian.com/environment/2025/feb/13/worlds-largely-unprotected-peatlands-are-ticking-carbon-bomb-warns-study>

"The world's peatlands are "dangerously underprotected" despite the colossal amount of climate-heating carbon dioxide already being emitted due to their destruction, a study has warned."

"Peatlands occupy just 3% of all land, but contain more carbon than all of the world's forests. However, farmers and miners are draining the peatlands, releasing so much CO₂ that if they were a country, they would be the **fourth biggest polluter in the world** after China, the US and India."

"The first global assessment found that **only 17% of the peatlands were within protected areas.** This contrasted starkly with other valuable ecosystems such as tropical forests, where 38% were protected, and mangroves (42%). **Protection was even lower than the 17% average in the three nations with the most peatlands: Canada, Russia and Indonesia.** The **US and Brazil** completed the top five nations, which contained almost three-quarters of all peatlands, and had higher proportions in protected areas. But the researchers cautioned that protected status on a map did not always translate to strong protection on the ground....."

The Journal of Climate Change and Health - Towards a net-zero healthcare system in Kenya: Stakeholder perspectives on opportunities, challenges and priorities

<https://www.sciencedirect.com/science/article/pii/S2667278225000070>

By Iris Martine Blom et al.

Scitech Daily - Unexpected Methane Surge: Clean Air Policies Could Be Backfiring

<https://scitechdaily.com/unexpected-methane-surge-clean-air-policies-could-be-backfiring/>

"Cleaner air's impact requires a steeper reduction in human-emitted methane to meet global targets."

"A new study reveals that reducing sulfur pollution in the air could unintentionally increase methane emissions from natural wetlands, including peatlands and swamps. Published in **Science Advances**, the research suggests that **declining global sulfur emissions—driven by clean air policies—**combined with the warming and fertilizing effects of carbon dioxide, **are fueling greater methane production in wetlands.** This additional release of 20–34 million tonnes of methane per year could make it more challenging to meet climate targets. **As a result, efforts to reduce human-caused methane emissions may need to be even more ambitious than those outlined in the Global Methane Pledge."**

Guardian - China's coal power habit undercuts 'unprecedented pace' of clean energy

<https://www.theguardian.com/world/2025/feb/13/china-coal-power-energy-production-quotas>

“Minimum quotas for purchase of coal power and new project approvals threaten major advances in renewable energy production, thinktanks say.”

“... The analysis of China’s 2024 energy production – released on Thursday by two thinktanks, the Global [Energy Monitor](#) and the Centre for Research on Energy and Clean Air (CREA) – found China’s major advances in energy production were being held back by a commitment to coal power.....”

Covid

Cidrap News - Survey shows nurses around the world suffered high levels of pandemic stress

<https://www.cidrap.umn.edu/covid-19/survey-shows-nurses-around-world-suffered-high-levels-pandemic-stress>

“A recent study in *International Nursing Review* shows that the first 3 years of the pandemic were hard on nurses around the globe, leading to increased stress, burnout, and other mental health challenges in nurses from both high-, middle-, and low-income countries. “ “Though pandemic-related healthcare worker stress and burnout have all been described in recent studies, most of that research is limited to high-income countries, the authors said. The study is based on respondents to a survey sent by the Global Consortium of Nursing and Midwifery Studies, and it includes nurses from 35 countries.”

Global Public Health - An opportunity for gender transformation? UN Women’s policy response to COVID-19

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2462626?src=>

By Asha Herten-Crabb, C Wenham et al.

Mpox

Nature Medicine - Epidemiological and genomic evolution of the ongoing outbreak of clade Ib mpox virus in the eastern Democratic Republic of the Congo

Leandre Murhula Masirika, M Koopmans et al ; <https://www.nature.com/articles/s41591-025-03582-1>

Data suggest **rapid spread mostly through sexual contact within densely populated areas.**

- Coverage via Cidrap News - [Clade 1b mpox outbreak in DR Congo linked to sex workers](#)

“New research on the epidemiologic and genomic evolution of the clade 1b mpox outbreak in the Democratic Republic of the Congo (DRC) suggests 83% of cases were linked to sex work, three healthcare workers contracted the disease, and infected pregnant women frequently miscarried....”

Infectious diseases & NTDs

Lancet Correspondence - Angola's cholera outbreak: a wake-up call for global action

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00240-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00240-5/fulltext)

“Angola's Ministry of Health has released alarming statistics regarding the ongoing cholera outbreak, highlighting a severe public health crisis that warrants immediate international attention. By Feb 3, 2025, Angola had recorded 1888 cases and 65 fatalities since the outbreak began...”

“... Cholera's resurgence in Angola and sub-Saharan Africa reflects broader systemic issues, including inadequate access to clean water, poor sanitation, and overstretched health-care systems. Although commendable efforts are underway, system-wide measures are urgently needed to control the outbreak. Given the cross-border nature of cholera, regional and international collaboration is imperative for coordinated responses and resource mobilisation. Today, the worsening situation in Angola is a wake-up call to the international community. Sub-Saharan Africa's urbanisation and climate challenges heighten cholera risks. Neglecting Angola's crisis risks regional instability. Cholera is preventable and treatable, yet its persistence in Angola highlights global health inequities. Collaborative, sustained efforts are essential to control cholera in Angola and prevent further crises across sub-Saharan Africa. Cholera cannot be an ignored pandemic.”

Devex - Niger becomes first African country to eliminate onchocerciasis

[Devex](#);

“The country’s elimination marks a milestone in Africa’s fight to control and end the disease, the second-leading infectious cause of blindness worldwide.”

“...The country’s elimination of human African trypanosomiasis brings the total to **55 countries that have eliminated at least one NTD....”**

Plos Med (Perspective) - Protecting mother and baby: Learnings from an Ebola vaccination campaign on the evolving landscape of vaccines and pregnancy

(by R F Grais) <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004530>

Linked to a new study in Plos Med - [Contraception use and pregnancy in women receiving a 2-dose Ebola vaccine in Rwanda: A retrospective analysis of UMURINZI vaccination campaign data](#)

“Rwandan individuals bordering the Democratic Republic of the Congo (DRC) are at-risk of Ebola virus disease. **A 2019 to 2021 vaccination campaign called UMURINZI offered a Janssen Vaccines & Prevention B.V. 2-dose heterologous Ebola vaccine regimen (Ad26.ZEBOV, MVA-BN-Filo) to Rwandan individuals aged ≥2 years and not pregnant.** In this region with high rates of pregnancy, preventing pregnancy until their second dose of the Ebola vaccine is essential to ensure full protection. **This analysis describes contraceptive use, pregnancy incidence, serious adverse events (SAE), and the effect of pregnancy and SAE on receipt of the second dose among women in the UMURINZI vaccination campaign....”**

AMR

Cidrap News - WHO identifies research priorities for boosting fight against antimicrobial resistance

<https://www.cidrap.umn.edu/antimicrobial-stewardship/who-identifies-research-priorities-boosting-fight-against-antimicrobial>

“The World Health Organization (WHO) last week released its **global research agenda for antimicrobial resistance (AMR) in human health.** Designed to fill the substantial knowledge gaps on AMR that have hampered development of evidence-based policies and interventions and contributed to the stalled progress on national AMR action plans, **the agenda includes 33 research priorities for bacterial and fungal infections organized into four themes: Prevention, diagnosis, treatment and care, and cross-cutting.** An additional seven research priorities focus on **drug-resistant tuberculosis (TB)....”**

Devex – Opinion: A new panel could be our best weapon against drug resistance

By Dr. Manica Balasegaram (executive director of the Global Antibiotic Research and Development Partnership, or GARDP); <https://www.devex.com/news/opinion-a-new-panel-could-be-our-best-weapon-against-drug-resistance-109221>

“The **Independent Panel on Evidence for Action against Antimicrobial Resistance** will gather scientific evidence to inform global health policymakers. **Here are five areas the panel must consider to be the transformative mechanism it is intended.** »

NCDs

The Conversation - Living with multiple chronic conditions cuts lives short – but Africans are overlooked in research

<https://theconversation.com/living-with-multiple-chronic-conditions-cuts-lives-short-but-africans-are-overlooked-in-research-241627>

By I Kisiangani et al.

BMJ GH - Health system governance for injury care in low- and middle-income countries: a survey of policymakers and policy implementors

<https://gh.bmj.com/content/10/2/e017890>

by L Ghalichi (the Equi-Injury group).

The Conversation - West Africans have a high risk of kidney disease – new study confirms genetic cause

S Ayayi et al ; <https://theconversation.com/west-africans-have-a-high-risk-of-kidney-disease-new-study-confirms-genetic-cause-245297>

Re a study that began over a decade ago in Africa, called Human Heredity and Health in Africa (H3Africa), by the Kidney Disease Research Network. “As part of this effort, our recently published study found that having APOL1 G1 or G2 significantly increased the risk of having kidney disease compared to those who do not have the gene variants.....”

Social & commercial determinants of health

BMJ - Learning from tobacco control to tackle gambling industry harms

<https://www.bmj.com/content/388/bmj-2024-082866>

“The use of tobacco industry tactics by the gambling and other health harming industries means governments must act to prevent large scale avoidable harm, argue **May van Schalkwyk and colleagues.**”

Mental health & psycho-social wellbeing

TGH - Inside TikTok's Mental Health Communities

N Y Sun ; <https://www.thinkglobalhealth.org/article/inside-tiktoks-mental-health-communities>

“Social media can offer much needed mental health support, but it still poses a variety of risks to users.”

Access to medicines & health technology

Drug Dealing: Making Public Pharma Work

Amy Kapczynski, M Barber et al ;; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5110781

Focus on some US states (like California).

Plos Med – Potential public health impacts of gonorrhea vaccination programmes under declining incidences: A modeling study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004521>

By Lin Geng et al.

The Equity Trap

by Siva Thambisetty; <https://www.theideasletter.org/essay/the-equity-trap/>

Re “ **The strategic use of 'equity' and 'equitable' in Treaty language** - in the Ocean treaty, Convention on Biological Diversity and **potential Pandemic Accord** - and **does it mean for the Global South?**”

Concluding: “... **It is understandable that developing countries would settle for “equity”-based language in treaties: At least, it is *something*. Yet it also represents a live-to-fight-another-day approach.** Stating open-ended objectives like “equitable outcomes” can be useful in presenting a problem and an approach to resolving it. But such terms should only be a framing device; they do not belong in a treaty’s operative provisions. There, too often they become stand-ins for tangible benchmarks and meaningful compliance measures, and they signal a failure of political will. **The antidote is programmatic work that is practical, expertise-led and that supports the know-how involved in negotiating multilateral agreements.** Only *this* can provide the basis for equitable global governance. “

BMJ GH - Impact of measles vaccination strategies on vaccination rates in low-income and middle-income countries: a systematic review and meta-analysis

<https://gh.bmj.com/content/10/2/e016647>

By K Yitbarek et al.

Global Public Health - Engage less, provide more: Community health workers’ perspectives on how to overcome opposition to polio vaccination in Pakistan

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2465645?src=exp-la#abstract>

By Arman Majidulla et al.

Plos GPH - Global availability of medications and health technologies for kidney care: A multinational study from the ISN-GKHA

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004268>

By Dearbhla M. Kelly et al.

Nature News - Dozens of new obesity drugs are coming: these are the ones to watch

<https://www.nature.com/articles/d41586-025-00404-9>

“Next-generation obesity drugs will work differently from Ozempic and Wegovy — aiming to deliver greater weight loss with fewer side effects.”

Global Health Research & Policy - A new phase of China-ASEAN health cooperation: the China-ASEAN Beijing Declaration on Cooperation in Innovation of Health Products and Technologies

<https://ghrp.biomedcentral.com/articles/10.1186/s41256-024-00401-x>

By J Qiao, Ming Xu et al. [on behalf of China-ASEAN Science and Technology Cooperation Center for Public Health.](#)

Miscellaneous

BMJ - Can WHO's new trials guidance challenge a lack of inclusivity in research?

<https://www.bmj.com/content/388/bmj.q2873>

“The World Health Organization wants to tackle inequity and bureaucracy relating to clinical trials. Will its latest guidance make a difference? Anna Volkmer reports.”

IDS - The political economy of agri-food systems and nutrition: why it matters

<https://www.ids.ac.uk/opinions/the-political-economy-of-agri-food-systems-and-nutrition-why-it-matters/>

“Despite ambitious policies and well-intended programmes, [food security and nutrition challenges persist](#) around the world and are becoming more complex. **Almost a third of the global population – 2.33 billion people – are food insecure, whilst at the same time we see rapidly rising rates of obesity and people being overweight (FAO, 2024).** Our [newly published report](#), led by the Institute of Development Studies (IDS) in collaboration with the Food and Agriculture Organization of the United Nations (FAO), illustrates how PEA can be used as a tool to strengthen food and nutrition policy decision-making, offering a practical guide for overcoming political, institutional and economic barriers to policy implementation within countries.”

“The key takeaway from this work is clear: **political economy matters for food security and nutrition policies to succeed.** Donors, development agencies and governments must move beyond technocratic solutions and confront the real-world political and economic forces at play.”

Lancet Public Health – Tackling the growing burden of nitrous oxide-induced public health harms

Safiya A Zaloum et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00298-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00298-6/fulltext)

« **Nitrous oxide** has been **increasing in popularity as a recreational drug in the past decade**, and with this an increase in health harms related to nitrous oxide use, particularly nitrous oxide-induced myeloneuropathy. In response, governments in many countries have adopted new laws that either target the end user, by criminalising possession, or target suppliers. The effect of these measures remains to be seen, but the potential to exacerbate harm by targeting the user and thus affecting health-care-seeking behaviour is a concern. **Education around the preventable harm from recreational use of nitrous oxide and tightening regulations on suppliers are essential in mitigating the increase in nitrous oxide-related health harms.** »

Papers & reports

Health Systems & Reform – Rethinking Trust and Public Health Compliance: Introducing a Trust Continuum for Policy and Practice

A Fox, V Fan et al ; <https://www.tandfonline.com/doi/full/10.1080/23288604.2025.2457239?src=>

« Trust in government has emerged as one of the strongest predictors of national performance in fighting COVID-19. **This commentary aims to take stock of the vast literature on trust and compliance with public health measures that has emerged during the pandemic to synthesize policy-relevant recommendations about: 1) How to conceptualize trust; 2) Whether trust is always deserved; and 3) How governments can earn (appropriate levels of) trust.** Based on a critical reading of the literature, we develop **a framework** that conceptualizes trust as falling along a continuum ranging from extreme distrust to blind trust with the ideal point— “informed” or “basic” trust—falling in the mid-point of the continuum... »

BMJ GH - The economic burden of ischaemic heart diseases on health systems: a systematic review

<https://gh.bmj.com/content/10/2/e015043>

By T Rittaphairoj, R Atun et al.

Links:

- SS&M - [The sociology of prescribing: A narrative review and agenda](#)

Tweets (via X & Bluesky)

Devi Sridhar

“When scientists estimated 300-400K deaths in Gaza, we were told it was unbelievable & too high. Now, US President Trump has several times estimated a similar number of lives lost, and barely a reaction from the world at the scale of death. Silence.”

M Pai

« I’m no longer sure what global health means in an era of dying democracy and growing fascism.”

“Even as we worry about the impact on people, we can all agree that the aid model is broken and has been since its colonial origins “an aid system that relies so heavily on American contractors and fosters a damaging culture of dependency among African governments”

D Krugman

“One of the saddest parts of the past few days has been seeing some “radical” senior Global Health scholars treating anything that’s not shilling for empire with glibness and condescension. You are the power that holds back change in the field you so righteously claim to want. “

Antoine de Bengyi

“WHO needs to be funded - but I don't think an endowment would be a good idea: 1) Susceptible to financial crises and market fluctuations 2) Conflicts of interests (will a WHO fund invest in harmful industries?) 3) Harder to control WHO secretariat / risk of bureaucratic push-back and inertia.”

Christian Montenegro

On LinkedIn: [“There’s a stark distinction between two broad camps in the current moment of global health. “](#)

L Gostin

“#RFKJrConfirmation is a slap in the face to science and public health. His assurances to Senators are meaningless. He has vast power to sow doubt over vaccines, water fluoridation, and so much more. He lacks the most basic qualification for HHS Secretary, fidelity to science.”