

IHP news 857 : Cold December days

(5 Dec 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,

In this week's newsletter we first come back on **World AIDS Day** (1 Dec), and linked HIV discussions and publications (including a [Lancet Global Health/Lancet HIV Series on Sustainable HIV prevention in Africa](#), launched at the [ICASA conference](#)). The **theme of this year's World AIDS Day** was "Overcoming disruption, transforming the AIDS response." Easier said than done in the current cold world. With the polycrisis worsening, "[Equity in decline: fair distribution in a worse-off world](#)" (a read from 2023) feels [ever more urgent](#).

The **fourth meeting of the [Intergovernmental Working Group \(IGWG\) on the Pandemic Agreement](#)** took place in Geneva this week (1-5 Dec), with [the ongoing US bilateral negotiations on MoU](#) as the worrying backdrop. The first deal was signed [yesterday](#) in Kenya. In total, Marco Rubio plans "[50 planned bilateral agreements with partner countries in the coming weeks](#)". Also in Geneva, [WHO issued its first guideline on the use of GLP-1 medicines in treating obesity](#). In the words of Tedros: "[The new guidance recognizes that obesity is a chronic disease that can be treated with comprehensive and lifelong care...](#)" ... "[While medication alone won't solve this global health crisis, GLP-1 therapies can help millions overcome obesity and reduce its associated harms.](#)"

This issue will also feature a number of **global health governance & financing reads**, including continued '**re-imagining**' exercises of global health, development and health systems (research). Speaking of reimagining, this year's stark **Gates Foundation [Goalkeepers report](#)** "[...urges Global Leaders to Target Scarce Resources Where They Save the Most Lives](#)". By the way, I have some "free" advice for the new [senior communications strategy people](#) about to be hired by the Gates Foundation: tell your bosses Gates & Suzman to please **stop talking about 'rich countries'** that need to fund global public goods for health, **and instead zoom in on [ultra-rich people](#), multinationals & the financial industry**. Trust me, a big part of the answer to try turn around the current negative trend in [public opinion](#) on 'global solidarity' lies there. And you better hurry up. Moreover, the last one to lecture the world '[we should do more with less](#)' is probably somebody with 200 billion to be spent by 2045 :)

Anyway. We also already want to flag here the announcement of a new [Lancet Commission on Health Systems Performance Assessment](#). Keeping in mind what happened last time (*when a ranking was published*), I can't wait till this one comes out.

Last but not least, tomorrow (6 December), the **UHC Global Monitoring report 2025** will be launched at the [UHC High-Level Forum \(5-6 Dec\)](#) in Tokyo. The forum is hosted by the Government of Japan, the WB Group and WHO and will also celebrate the official **launch of the UHC Knowledge Hub**. "[Health Works](#)" seems to be one of the new mantras of the World Bank & partners. Great

timing, now that the new Japanese prime minister confessed her deep love for [“work, work, work, work, and work”](#) :)

Enjoy your reading.

Kristof Decoster

Featured Articles

A Call to Action to Train Antimicrobial Stewardship Leaders to Combat AMR Globally, Especially in Resource-Limited Settings Like Sierra Leone

[Dr Ibrahim Kamara](#)

Antimicrobial resistance (AMR) is a [current crisis that is claiming lives worldwide, with sub-Saharan African \(SSA\) countries being disproportionately affected](#). Since Alexander Fleming discovered penicillin in September 1928, [he warned that misuse could render antibiotics ineffective, leading to deaths from infections that were once treatable](#). Today, this is a reality in regions like West Africa, particularly in Sierra Leone, [where AMR mortality exceeds that of HIV, tuberculosis, cardiovascular diseases, and maternal and neonatal deaths](#). The main driver of AMR is improper use of antimicrobial agents, particularly antibiotics. Global efforts should prioritize antimicrobial stewardship (AMS) initiatives, such as establishing national and facility-based AMS programmes, training healthcare professionals, and promoting research and innovation. Furthermore, global initiatives like [World Antimicrobial Resistance Awareness Week](#) should be prioritized to educate the healthcare workers and the general public on the benefits of rational use of antimicrobial agents, especially antibiotics.

In recent decades, global initiatives have focused mainly on [AMR surveillance](#). However, this approach alone will not slow progress because it does not address the root cause: inappropriate antimicrobial use, especially antibiotics. A paradigm shift is needed to emphasize AMS as a key strategy in the fight against AMR, especially in SSA countries, which struggle with limited diagnostic resources, financial constraints, and high infectious disease burdens.....

- To continue reading, see IHP - [A Call to Action to Train Antimicrobial Stewardship Leaders to Combat AMR Globally, Especially in Resource-Limited Settings Like Sierra Leone](#)

The Patchwork Workforce: Locum Doctors in Portugal

[Teresa Alberto dos Santos](#)

Portuguese national healthcare system providers are not unfamiliar with a constant influx of new, temporary team members. These new members may be there for the whole day, the whole week,

forever, or even for just a few hours, who knows? They are mostly junior, unspecialized doctors, earning plenty of money with very high hourly wages. These [locum doctors](#) have increasingly become part of everyday life in the Serviço Nacional de Saúde (SNS).

[Locum doctors](#) provide clinical services on a short-term, temporary basis, and are used worldwide as a rapid response to staff shortages and seasonal demand and supply fluctuations. However convenient, locum doctors result in higher costs for the healthcare system and reduce continuity of care, as these doctors seldom get the chance to establish doctor-patient relationships, provide follow-up care, or perform clinical handovers in a structured way. Locum doctors' unfamiliarity with local protocols and teams also disrupts care and hampers long-term quality-improvement. Finally, locum doctors have also been accused of [inconsistent clinical standards](#) and [limited accountability mechanisms](#), which can lower the standard of care.

The (over)use of locum doctors in Portugal has been widely discussed in the media, with concerns ranging from the SNS dependence on locums, to inappropriate accountability mechanisms, and wage disparities between permanent and temporary staff....

- To continue the read, see IHP - [The Patchwork Workforce: Locum Doctors in Portugal](#)

Highlights of the week

Structure of the Highlights section

- World AIDS Day
- Gates Foundation annual Goalkeepers report
- Reimagining global health and health systems
- More on Global Health Governance and Financing
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- Global Tax Justice & Debt crisis
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- PPPR
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- Human Resources for Health
- Planetary Health
- Access to Medicines, Vaccines and other Health Technologies
- Conflict/War/Genocide & Health
- More reports of the week
- Miscellaneous

World AIDS Day (1 Dec)

Guardian – How the cuts have shaken HIV/Aids care to its core and will mean millions more infections ahead

<https://www.theguardian.com/global-development/2025/dec/01/global-health-hiv-aids-funding-cuts-infections-prevention>

“Reports highlight devastating impact of slashed funding, especially in parts of Africa, that could lead to 3.3m new HIV infections by 2030.”

“Stories of the devastating impact of US, British and wider European aid cuts on the fight against HIV – particularly in sub-Saharan Africa – continue to mount as 2025 comes to an end, and are set out in a series of reports released in the past week.” *(ps: last week we already covered the new UNAIDS report in IHP)*

“... A separate series of [country-level reports from the British charity Frontline Aids](#), covering Angola, Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda and Zimbabwe, highlights similar issues.”

“The full figures will take time to collate, but in some places there are already signs that new HIV cases, or Aids-related deaths, are rising after years of heading downwards.....”

WHO – New prevention tools and investment in services essential in the fight against AIDS

<https://www.who.int/news/item/01-12-2025-new-prevention-tools-and-investment-in-services-essential-in-the-fight-against-aids>

“On World AIDS Day, the World Health Organization (WHO) calls on governments and partners to rapidly expand access to new WHO-approved tools including lenacapavir (LEN) to drive down infections and counter disruption to essential health services caused by cuts to foreign aid.....”

PS: “...Marking [World AIDS Day](#) under the theme **“Overcoming disruption, transforming the AIDS response”**, WHO is urging a dual track approach – solidarity and investment in innovations to protect and empower communities most at risk.....”

PS: **“Integrating HIV services into primary health care:** WHO emphasizes that ending the AIDS epidemic depends on a fully integrated, evidence-based and rights-driven approach under the umbrella of primary health care.....”

- See also [UN News – HIV and AIDS: Despite funding setbacks, prevention sees progress](#)

“the global HIV response for the over 40 million people living with the disease is facing its most serious setback in decades, [UNAIDS said](#) last week – which is fighting to end the epidemic by 2030 – with funding cuts disrupting prevention and treatment.

... **"We face significant challenges, with cuts to international funding, and prevention stalling,"** said Tedros Adhanom Ghebreyesus, WHO Director-General. **"At the same time, we have significant opportunities, with exciting new tools with the potential to change the trajectory of the HIV epidemic."** Despite dramatic funding setbacks, the global HIV response has gained momentum in 2025, according to WHO."

"The organization prequalified LEN, a highly effective twice-yearly injectable for HIV prevention, in October this year. This was followed by national regulatory approvals to increase access in South Africa, Zimbabwe and Zambia. **WHO is also working closely with partners to enable affordable access to LEN in countries...."**

UN News – World News in Brief: Children hit by HIV funding gaps

<https://news.un.org/en/story/2025/11/1166473>

"Children and adolescents living with HIV continue to be left behind in access to early diagnosis, life-saving treatment and care, as shrinking funding threatens to reverse decades of progress, the UN Children's Fund (UNICEF) warned on Friday, ahead of World AIDS Day."

"[New modelling](#) shows that if programme coverage falls by half, an additional 1.1 million children could acquire HIV and 820,000 more could die of AIDS-related causes by 2040 – pushing the total toll among children to three million infections and 1.8 million deaths...." **"Even maintaining current service levels would still result in 1.9 million new infections and 990,000 AIDS-related deaths among children by 2040 due to the slow pace of progress."**

Foreign Policy –The End of Ending AIDS

Andrew Green; <https://foreignpolicy.com/2025/12/01/trump-malawi-global-health-hiv-aids-prevention-treatment/>

"As the Trump administration pledges to meet global health targets, it has terminated some of its best tools for doing so." With focus on Malawi in this story.

Excerpts:

"In countries like Malawi, the progress made toward ending AIDS over the past two decades is now being reversed...."

"In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) outlined a series of steps to guide countries toward ending their AIDS epidemics by 2030. At the heart of this plan were the "95-95-95" targets: By the end of 2025, 95 percent of all people living with HIV should know their status; 95 percent of those diagnosed should be on lifesaving anti-retroviral treatment; and 95 percent of those on treatment should have their virus suppressed, making them virtually unable to transmit HIV. By 2022, the United States had fully aligned PEPFAR with these goals, and last year, UNAIDS estimated that the world reached 87-89-94, respectively—the closest it has ever come to meeting the UNAIDS targets...."

“...In the new America First Global Health Strategy, the Trump administration affirms its commitment to the 95-95-95 targets. That came as a relief to many. UNAIDS even welcomed the plan as evidence of “the continued support of the American people and the US Government in the historic effort to end AIDS.” **But the strategy also signals that Washington will not restore many of the PEPFAR programs that were cut, including the outreach to vulnerable and remote communities. Without them, experts say the pledge to support the 95-95-95 targets is a hollow one....”**

Plos Med (Perspective) - Treatment and prevention of HIV/AIDS: Unfinished business

Anthony S. Fauci et al ;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004806>

« Since the inception of World AIDS Day in 1988, advances with antiretroviral drugs have revolutionized the landscape of HIV/AIDS treatment and prevention. **In 2025, we reflect on progress made, highlight promising therapeutic developments, and look ahead to what is needed to end the AIDS epidemic. »**

PS: « ...**UNAIDS has set an aspirational goal for 20 million people in high-need populations to have access to long-acting HIV prevention medicines, including LEN, by 2030.** Current manufacturing capacity, together with further procurement investments, could allow LEN to reach 5 million people over the next 3 years. Recent agreements to produce generic versions of LEN for \$40 per person per year promise much greater future access. **With additional generic manufacturers of LEN, greater price reductions, and well-designed and funded programs for PrEP distribution, it might be possible to reach >7 million people with LEN by 2030....”**

Lancet Global Health Series – Sustainable HIV prevention in Africa

<https://www.thelancet.com/series-do/sustainable-hiv-prevention-africa>

The series **outlines a roadmap for sustainable, nationally led HIV prevention across the continent.**

“Despite more than four decades of progress, HIV remains a global health challenge, with 1.3 million new infections a year. **The six-paper Series on Sustainable HIV Prevention in Africa argues that epidemic control depends on shifting from fragmented, donor-led programmes to nationally led, integrated health systems.** Countries that adopt an integrated health systems approach to the HIV response will be better able to achieve sustainable prevention outcomes and withstand external funding shocks. **Examples from Rwanda, South Africa, Malawi, Zambia, Eswatini, Ghana, and Kenya** show feasibility and impact. A sustainable approach to HIV prevention will require resilient supply chains and workforce capacity, aligning partners to national plans, meaningful community involvement, and a focus on health equity.”

See also **the George Institute** - [African Experts and Global Partners Launch The Lancet HIV & The Lancet Global Health Joint Series on Sustainable HIV Prevention in Africa, Calling for a New Era in HIV Response](#) (press release)

And some links:

- [UNAIDS, WHO and the Global Fund call for political leadership, international cooperation, and community-led approaches at a joint World AIDS Day event](#)
- [WB \(Data blog\) - Reading the data on HIV and AIDS: progress and persistent challenges](#) (by H Kashiwase et al)

Annual Goalkeepers report Gates Foundation

With Child Deaths Projected to Rise for the First Time This Century, Gates Foundation Urges Global Leaders to Target Scarce Resources Where They Save the Most Lives

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2025/12/goalkeepers-child-deaths-rising-high-impact-solutions>

“New Goalkeepers Report models impact of global health funding cuts, offers roadmap of best buys and most effective investments to slow this reversal.”

“The number of children dying before their 5th birthday is projected to rise for the first time this century, reversing decades of global progress, according to [new data](#) published today in the Gates Foundation’s 2025 Goalkeepers Report. In 2024, 4.6 million children died before their 5th birthday. According to modeling in the report, conducted by the Institute for Health Metrics and Evaluation (IHME), that number is projected to rise by just over 200,000—to an estimated 4.8 million children this year. At the same time, global development assistance for health fell sharply this year—26.9% below 2024 levels. Beyond this year’s drastic funding cuts, countries face mounting debt, fragile health systems, and the risk of losing hard-won gains against diseases like malaria, HIV, and polio....”

“The [report](#), *We Can’t Stop at Almost*, warns that if global health funding cuts persist, up to 16 million more children could die by 2045. It offers a roadmap for how targeted investments in proven solutions and next generation innovations can save millions of children’s lives, preventing a reversal in progress in today’s constrained budget environment.....”

“... In the report, Gates identifies investments with the greatest potential to save millions of young lives. He calls for doubling down on the most effective interventions—primary health care, routine immunizations, better vaccines, and new uses of data—to stretch every dollar. For example:

- For less than \$100 per person per year, strong primary health care systems can prevent up to 90% of child deaths.
- Every \$1 spent on vaccines returns \$54 in economic and social benefits. Through Gavi, the Vaccine Alliance, more than 1.2 billion children have [received lifesaving vaccines since 2000.....”](#)

Related analysis : GFO - [Goalkeepers New York 2025: Protecting Gains, Accelerating Breakthroughs and Putting Child Survival Back at the Center of the Global Agenda](#) Great analysis of the event on Sept 22.

“...This article analyzes Goalkeepers New York 2025, the flagship event of the Bill & Melinda Gates Foundation, which has placed child survival back at the center of the global agenda. **In a context of reduced international aid to health, the message is clear: do more with less by focusing resources on the most cost-effective interventions—immunization, newborn health, large-scale innovations, and strengthening primary care.** By awarding Spain for its financial commitment, the foundation also sent a strong political signal in favor of multilateralism and sustainable financing. The 2025 edition thus serves as a plea for proactive realism, calling for immediate budgetary decisions to prevent the progress made since 2000 from being permanently stalled.”

Reimagining Global Health & health systems

WHO's Alliance for HPSR - Exploring the future of health systems: Alliance convenes HS2050 expert meeting in Accra

<https://ahpsr.who.int/newsroom/news/item/01-12-2025-exploring-the-future-of-health-systems-alliance-convenes-hs2050-expert-meeting-in-accra>

“The Alliance for Health Policy and Systems Research convened a three-day expert meeting in Accra, Ghana, to explore how global trends and evolving health sector dynamics are reshaping health systems today and will influence their future trajectories. The meeting is part of **Health Systems 2050 (HS2050)**, the Alliance’s new initiative to understand how economic, technological, environmental and political forces will shape what health systems could – and should – look like in the decades ahead....”

“What health systems actors are saying: findings from an online consultation: Ahead of the meeting, the **Alliance conducted an online consultation to gather perspectives from health systems actors around the world.** This feedback helped frame the discussions in Accra.....”

“Respondents identified technological advances and economic shifts as having the greatest impact on health systems functioning. However, they identified **transitions in social order** as having a greater potential impact on **health systems equity and inclusivity....”**

PS: **“The consultation also revealed some regional differences:** for example, climate change was seen as a central operational threat in some regions, but a more distant or abstract driver in others. These results reinforced the **need for HS2050 to explore not only what futures are possible, but whose futures are being imagined, and who is at risk of being left out of these visions....”**

“...Across the three days, participants repeatedly emphasized that the next decades will be marked by rapid, non-linear change. Many observed that **current disruptions** – from the digital revolution to climate change to geopolitical instability – **are unfolding faster than health systems can adapt....”**

PS: **“While AI attracted considerable attention, participants stressed that climate change, insecurity and geopolitical realignments will also be transformative.** Some described climate impacts not as future risks but current lived realities: extreme droughts affecting power grids, environmental degradation reshaping livelihoods and climate shocks driving displacement. **Dr Davide Ziveri**, Environmental Health Specialist at Humanity & Inclusion in Belgium, argued that the **natural and built environment “should be treated as a new building block of the health system.”** “

“...A powerful theme across the meeting was the need to centre people and communities in defining future health systems. Discussions explored intersectionality, exclusion and epistemic justice.....”

Next up: “... The **Alliance will now synthesize insights from the meeting to refine the HS2050 framework, shape country-focused work and develop future scenarios.** The aim is to **continue to consult widely beyond the expert group to ensure diverse voices contribute to this work,** as the initiative is an opportunity to ensure that the futures of health systems are not left to chance, but are shaped deliberately around equity, inclusion and the lived realities of people and communities around the world.” “ Dr **Kumanan Rasanathan, Executive Director of the Alliance,** concluded that, **“health systems are struggling to adapt to a world changing rapidly along multiple dimensions – but there is no choice. We hope that this work can inform the crucial choices to move health systems towards the futures we want – and away from the dystopian possibilities we fear.”**

HEAR CSO - Health Architecture Reimagined Civil Society Organizations (HEAR CSO) Consortium.

<https://mailchi.mp/0cf8429ef1fe/hear-cso-newsletter-1-consultation-summary-and-upcoming-survey-3572429?e=cfc03fb78f>

Check out the **themes emerging so far.** (and an (8-page) **synthesis document** of the discussions so far)

PS: **Analysis across regions was organized using HEAR CSO’s four domains of global health architecture:** guidance and governance, coordination of global public goods access, financing, and implementation and delivery.

GFO - Between Retrenchment and Renewal: Rethinking Multilateralism in Global Health

<https://aidspan.org/Blog/view/32595>

Editorial of the new GFO issue. **“This new issue of the GFO shows how, in a context of declining funding, global health is oscillating between budgetary realism and strategic renewal.** Between the Global Fund’s defensive refocusing, the uncertainties surrounding PEPFAR, the ethical tensions highlighted in Geneva, and WHO’s initiatives to strengthen community engagement and the One Health approach, **this issue underscores that 2025 may well be the year in which the sector - forced to ‘do more with less’- has learned to reinvent itself from the ground up without abandoning its essential ambitions.”**

Lancet Letter – Global health after USAID cuts

Daniel Krugman, Seye Abimbola et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02018-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02018-5/fulltext)

“.... Amid this upheaval, The Lancet has published an Article by Daniella Medeiros Cavalcanti and colleagues that predicts that the “dissolution of [USAID] could lead to more than 14 million additional deaths by 2030.” This Article is an example of potent narrative formation using

seemingly objective statistics. The simulation methodology used assumes that country-level and global-level funding patterns and structures will not fundamentally change in the wake of this seismic shift, and that past dynamics can simply be mapped onto the future, by which time millions of people will simply succumb without aid from the USA. **This assumption collapses under minimal scrutiny and is readily disproven by the situation already unfolding in many countries that formerly hosted USAID programmes. People, institutions, and governments in several countries have responded to the moment with new arrangements for domestic budget allocation, manufacturing of previously internationally sourced products, and sourcing of international assistance from other countries.** This statistic-driven narrative reinforces the US-exceptionalism and western-centrism that prefigured the current crisis. By using aggregated data of aggregate data to show how many lives USAID has saved, the over-simplified assumption is that USAID is needed for these deaths not to occur. **By ignoring domestic and regional response capacity, and the potential to form new constellations of care, blame is redirected away from longstanding systems of conditional charity and dependency, onto the actions of a single political administration. ...”**

- Check out also the [Author's reply](#) (in which they also react to a second letter).

Lancet Commission on Health Systems Performance Assessment

Julio Frenk & Christopher J L Murray; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02316-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02316-5/fulltext)

“...The Lancet Commission on Health Systems Performance Assessment will bring together researchers with leaders of health systems, non-governmental organisations, and international organisations **to examine the conceptual basis and empirical practicalities for performance assessment.** Commissioners have been drawn from all regions of the world to ensure a diversity of regional views. **The work of the Commission will be four-fold: revise as needed the 2000 WHO health systems framework; propose and implement improved measurements of health system goals and functions; estimate performance for all health systems with sufficient data on inputs, outputs, and outcomes; and derive evidence-based insights on the correlates of performance that can be modified through innovations implemented on the ground....”**

PS: **“... Many macrorends are unfolding that make this re-assessment timely: population ageing, the rise of non-communicable diseases, population declines in some countries, pressure on government revenues for other priorities, and the potential impacts of climate change,** among others. Although these factors may change demand for health services, **citizens' expectations are also changing rapidly,** so the gap between such expectations and the ability to provide advanced high-quality care might widen in many places. In addition to these profound drivers, **the fast development of artificial intelligence tools in the health space** is expected to transform service delivery in all systems. A deeper understanding of what makes up a high performing health system can help navigate this complex landscape...”

- Link to a [webinar recording from this week: Global Health After the Breakpoint: Evidence for What Comes Next](#) (jointly sponsored by the Duke Center for Policy Impact in Global Health, Itad and PLOS Medicine)

With J-A Röttingen, Ebere Okereke, N Schwalbe & others. Moderated by Gavin Yamey.

More on Global Health Governance & Financing

Hefty section again.

GAVI - A new era dawns for Gavi, as Board underlines strategic shift towards country ownership and increased support for the most vulnerable

<https://www.gavi.org/news/media-room/new-era-dawns-gavi-board-underlines-strategic-shift-towards-country-ownership-and>

(4 Dec) “Board decisions place country ownership at the heart of a new operating model, reflecting key elements of the Gavi Leap transformation agenda. Despite funding constraints, Gavi will increase investment in fragile & humanitarian settings by 15%.”

“The Board of Gavi, the Vaccine Alliance today concluded its final meeting before the start of Gavi’s next strategic period from 2026 to 2030 (Gavi 6.0), taking a series of decisions that will further place country ownership at the heart of the Gavi model, increase focus on protecting the most vulnerable despite financial constraints, and support expanding equitable access to key vaccines. In a major strategic shift that further centers country ownership, nearly 90% of the budget available to Gavi for vaccine procurement in its next strategic period will be allocated directly to countries through “country vaccine budgets” ...”

Morocco pledges US\$5 million to Gavi, debuts as a donor to global immunisation efforts

<https://www.gavi.org/news/media-room/morocco-pledges-us-5-million-gavi-debuts-donor-global-immunisation-efforts>

“... The Kingdom of Morocco has announced a pledge of US\$ 5 million to support Gavi, the Vaccine Alliance during its next strategic period, 2026–2030. This marks Morocco’s first-ever contribution to Gavi and the largest pledge by a North African nation....”

Gavi and Global Polio Eradication Initiative Boards convene for second joint session

<https://www.gavi.org/news/media-room/gavi-and-global-polio-eradication-initiative-boards-convene-second-joint-session>

“The Boards of Gavi, the Vaccine Alliance (Gavi) and the Global Polio Eradication Initiative (GPEI) convened to further strengthen collaboration and accelerate progress toward shared goals: reaching zero-dose and under-immunized children with critical vaccines and achieving polio eradication.”

Development Today – No Swedish pledges for global health at last three replenishments: WHO, Gavi, Global Fund

Ann Danaiya Usher; <https://www.development-today.com/archive/2025/dt-9-10--2025/no-swedish-pledges>

(gated) “The World Health Organisation, the vaccine alliance Gavi and the Global Fund held replenishments over the last year. **In a break with the past, the Swedish government pledged no money at these events.** Swedish global health experts express concern about **the government’s shift away from long-term commitments.**”

Reuters – US Signs pact with Kenya under America First global health plan

Reuters

(4 Dec) “The U.S. will provide more than \$1.6 billion to Kenya's health system under a new five-year agreement signed on Thursday, the first such agreement reached under the Trump administration's overhaul of foreign aid.”

- Related: UNAIDS - [UNAIDS welcomes new agreement between the United States and Kenya to advance progress to end AIDS and strengthen health systems](#)

NEJM – The New U.S. Global Health Strategy — A Reset of America’s Health Cooperation

J Ratevosian, G Yamey et al ; <https://www.nejm.org/doi/full/10.1056/NEJMp2514898>

“The strategy introduces risks that, if not well managed, could threaten global health progress. These risks could be mitigated by better balancing support for bilateral and multilateral mechanisms, phasing in shifts to domestic financing, and embedding metrics to evaluate program integration from the outset...”

PS: “....The strategy affirms the U.S. government’s commitment to maintaining funding for **frontline health care workers and commodities at current levels for 6 months.** The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) funds antiretroviral therapy for more than 20 million people, and protecting core services should reduce treatment interruptions. **Beyond this initial bridge phase, the strategy envisions multiyear, bilateral compacts with 71 supported countries.** The proposed timeline is ambitious — **completion of agreements by December 31, 2025, with implementation beginning in April 2026** — which makes the next several months a critical stress test for U.S. diplomacy....”

“Translating the strategy’s intent into results will require confronting several challenges:A **retreat from multilateralism, a geopolitical emphasis, and rushed transitions threaten the success of the new U.S. global health strategy.** Renewed commitments to reformed regional and global partnerships and thoughtful transitions could strengthen shared defenses and shore up improvements in health outcomes resulting from years of investment. **Whether this strategy evolves to support pragmatic cooperation and more resilient health systems or leads to a zero-sum contest for influence** will determine the fate of U.S. global health leadership.”

Bloomberg - Trump’s Assault on the WHO Is Forcing Radical Reform

A Furlong et al; [Bloomberg](#);

“The UN agency that responds to Ebola outbreaks and other health emergencies is in turmoil. But its leaders say it could emerge stronger.”

Tweet A Furlong: **“Bloomberg has been investigating the World Health Organization, speaking with dozens of current & former staff, diplomats, experts & Tedros himself. We looked at: • Covid-19 missteps • What's being cut at the WHO • A potential regional model shakeup.”**

A few excerpts:

“It’s all but certain, then, that the WHO will have to shrink its operations, the scope of its programs or both. Some veterans question whether it should even be in the business of delivering on-the-ground emergency response—something also done by other UN bodies—rather than focusing on its traditional role of setting technical standards. “WHO should not be everything to everybody,” says Marie-Paule Kieny, who spent 16 years at the organization, almost half of that time in a top leadership role. **Tedros takes a different view, arguing that the WHO undertakes field operations only when other organizations have left gaps to fill. “Otherwise,”** he says, **“we don’t want to be operational.” ...”**

Re senior jobs at WHO & in regional offices: **“....In the view of some observers, such dramas are made likelier by the WHO’s process for selecting the occupants of senior jobs and supervising their work. Regional directors, elected through secret ballots by the member states for which they’re responsible, have substantial autonomy from Geneva. The director-general is chosen in a vote of all member governments; typically, he or she then doles out appointments for the next tier of roles to candidates proposed by friendly countries. “The stories of brown envelopes being pushed under hotel bedroom doors at the InterContinental in Geneva are legion,”** says **Richard Horton**, the editor-in-chief of the *Lancet* medical journal. **“And once you go to the regions, even more so.” Tedros acknowledges that the WHO’s current, region-based structure may have outlived its usefulness. “I agree that it’s time to reconsider,”** he says—though that **will ultimately be a decision for member governments, not for WHO administrators....”**

“...“I think the direction of travel, generally, is a slimmer HQ, slimmer regional offices and more focus on our country offices,” says **Chikwe Ihekweazu**, the head of the Emergencies Programme. Meanwhile, **staff are finalizing plans to save cash; the emergencies team, for example, intends to halt in-house development of data tools and detailed guidance on certain diseases,** according to an internal presentation *Businessweek* reviewed. The sudden collapse of funding **“has cost and will cost many lives,”** Ihekweazu says....”

“Nonetheless, like Tedros, he says he views the crisis as a chance for improvement. Proposals for reform range from the straightforward—paying more attention to chronic disease, a preoccupation of Kennedy’s that nonetheless represents a major global health challenge—to the fraught, like finding new sources of revenue to offset large donors. The most visible change of all could come in 2027, when Tedros’ term ends and member states elect his successor. The likely front-runners include Hans Kluge, the WHO’s regional director for Europe, and Hanan Balkhy, who oversees the Eastern Mediterranean region, including much of the Middle East....”

PS: in spite of Tedros’ relative continued openness to working with the US government, **“...the Trump administration’s rejection of the principles that underpin the WHO, and of the agency itself, is likely to remain nearly total. “**

Devex - Money Matters: New data on the world's biggest development philanthropies

<https://www.devex.com/news/money-matters-new-data-on-the-world-s-biggest-development-philanthropies-110996>

“Which countries did the Gates Foundation and other philanthropies fund the most?”

“The Gates Foundation remains by far the biggest funder in the world of development, according to new **data from the Organisation for Economic Co-operation and Development**. In 2023, **Gates gave a total of \$5.5 billion**, followed by **the Mastercard Foundation**, with \$1.3 billion, and **Wellcome**, with \$887.7 million. “

“Africa received the most philanthropic funding. Among countries, **Kenya, Ethiopia, and India** received the most support. For more information, [check out our exclusive analysis of the figures](#). (gated) “

BMJ GH – Avoidable pitfalls on the path to health financing self-reliance in low-income and middle-income countries

E Barasa, J Nonvognon, O O Adeyi et al ; <https://gh.bmj.com/content/10/11/e021270>

Important read. « **Low-income and middle-income countries (LMICs) are facing an urgent and complex challenge: how to transition to greater self-sustainability in health financing amid declining donor support**. While this shift is inevitable, the policy responses it elicits carry significant implications for health system equity and access. **This commentary highlights four policy choices increasingly observed in LMICs that we argue are unacceptable in the pursuit of sustainability**. These include: (1) shifting the financial burden to out-of-pocket payments; (2) over-reliance on contributory health insurance schemes; (3) displacement of basic primary healthcare services; and (4) abandoning community-based service delivery in favour of facility-centric models, undermining the integrity of people-centred health systems. We argue that while short-term fiscal pressures may push countries towards these decisions, they ultimately erode health gains, exacerbate inequities and threaten progress towards universal health coverage. «

Lancet HIV (Feature) – Proposal to sunset UNAIDS in 2026

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(25\)00328-5/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(25)00328-5/fulltext)

“In the face of global aid funding cuts, a UN restructure looks likely to bring UNAIDS to an abrupt and premature end.”

Quote: “.... **Michel Kazatchkine**, former Executive Director of the Global Fund to fight AIDS, Tuberculosis and Malaria, repeated this call; however, **he also said that we must accept that UNAIDS will eventually sunset**. The emergency context in which UNAIDS was created has changed, we are now in a context of reform, he stated. **“But let's do it in a carefully planned process over the next 4 years. Let's not rush it.”** As the UN enters this major reform process, **Kazatchkine says it will be important for member states to reflect on how they view the UNAIDS model**. Is it a model that carries a high risk of duplications, additional bureaucracy, or something that's indirectly

detrimental to other health priorities? Or did it work? And what about it worked and should be used again? “I think it's worth reflecting on that.” “

ODI (Expert Comment) - Real crises, false choices: rethinking aid efficiency

J Labeille et al ; <https://odi.org/en/insights/real-crises-false-choices-rethinking-aid-efficiency/>

“The dust is settling on an uncomfortable truth that **the global aid budget has been approximately halved and will remain precarious.**” “... Amidst this calamitous freefall, **discourse around the need to do more with less is proliferating. This is coupled with a drive for efficiency – too often a euphemism for draining the swamp of supposed aid waste.** ... Despite our different vantage points and even conflicting views on certain topics, **we here jointly set out how donors and the broader humanitarian system should rethink how humanitarian efficiency is defined and pursued.**

Concluding: “...**Donors and operational actors could take a different approach by designing five-year, evidence-informed integrated plans for protracted crises, which now make up more than 90% of humanitarian contexts.** This would allow for greater stability, clearer collaboration and, ultimately, more lasting results for the communities we all aim to serve....”

WHO - WHO and African health ministries set global benchmark for preventing sexual exploitation in joint health operations

<https://www.who.int/news/item/29-11-2025-who-and-african-health-ministries-set-global-benchmark-for-preventing-sexual-exploitation-in-joint-health-operations>

“WHO, in partnership with 42 African Member States, has launched a landmark initiative to embed accountability for **Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)** in joint health operations. The **African Strategic Conference on Prevention and Response to Sexual Misconduct in Joint WHO–Member State Operations**, held from **17–20 November in Pretoria**, is shaping a global model for safeguarding reforms.”

“This effort builds on WHO’s **PRSEAH Accountability Framework for Member States, endorsed at the 78th World Health Assembly in May 2025.** The framework provides a voluntary, adaptable starting point for ministries of health to institutionalize safeguarding in joint operations with WHO. **It is aligned with UN system-wide standards but goes further by addressing sexual harassment alongside exploitation and abuse – critical gaps in existing global clauses.** **The framework focuses on three mutually reinforcing areas:** establishing clear policies and codes of conduct that set minimum standards for preventing and responding to sexual misconduct; equipping health personnel and partners with mandatory and specialized training, including modules for emergency responders and victim support teams; and ensuring robust incident management through safe reporting channels, survivor-centered assistance, and timely investigations backed by disciplinary or legal action....”

Andrew Harmer - Does global health have a future? Some reflections on the present.

<https://andrewharmer.org/2025/11/28/does-global-health-have-a-future-some-reflections-on-the-present/>

“Quite out of the blue, I was contacted a couple of weeks back by the Secretary-General of the **Swiss Association for Science Journalism** who invited me to deliver a **keynote speech** at the Association’s yearly ‘Fall Seminar’. ... “The title of this blogpost is the **title of my keynote: *Does global health have a future? Some reflections on the present....***” A few excerpts to provide you with a flavour:

“There are **two basic challenges to achieving health for all: money and politics ...**”

“I make a basic point: ***IF you think that equality – or inequality to be precise – is a problem for global health; IF you believe that rights are important, and that the right to health is fundamental; and IF you believe – as all the evidence suggests you should – that community-driven health care is best, THEN you are going to – very quickly – face two fundamental challenges – money and politics. People often ask me what global health is all about and I always come back to these two drivers: money and politics....***”

Harmer then zooms in on **WHO (funding) and the new US Global Health Strategy, respectively**. Checking to what extent they can be considered ‘global health’ or not.

“... At the end of the day, the WHO is asking for \$4.2bn over a two year period to cover all the things it has to do to lead the world’s multilateral response to health. That is – to quote Voltaire – fuck all! Scholars such as myself like to draw comparisons with money spent on other things to illustrate just how little this amount is, comparatively speaking. **Historically, we’ve equated it as being comparable to the budget for Geneva’s main hospital; more recently it’s been a luxury Boeing jet or – if you prefer – 2/3rds of a nuclear submarine...**”

“The US America First Global Health Strategy fails the ‘global health’ test because it’s not global and its not about everyone’s health”

PS: Harmer also explores how **Kaseya’s and Rubios’s worldviews** compare.

Aidspan - "Public Finance Management" is at the heart of the meeting between the Global Fund and Francophone Africa in Dakar.

<https://www.linkedin.com/pulse/public-finance-management-heart-meeting-between-global-fund-francophone-qlr9f/>

“In early November 2025, the Global Fund and fifteen Francophone African countries met in Dakar to discuss single treasury accounts, spending chains, public audits, and transition pathways. This was quite revealing at a time when health budgets are shrinking and donor fatigue is becoming palpable. In other words, budgetary power.”

Excerpts: **“Behind the polished language of "public financial management" (PFM), the very concept of health sovereignty is being redefined, and Francophone Africa has become the strategic testing ground....”**

“.... the Dakar agenda begins with the clear observation that **if the Global Fund truly wants to align its grants with national systems, the Francophonie represents both the weakest link and the greatest potential for progress....**”

“For the Global Fund, the success of this endeavor is crucial to the legitimacy of its discourse on “sovereignty.” One cannot proclaim alignment with national systems while controlling the majority of flows through parallel channels. For Francophone countries, the challenge is to seize this political opportunity to consolidate often-fragile reforms, strengthen oversight institutions, and establish health as a lasting budgetary priority despite the looming macroeconomic storm....”

“Finally, for communities, public health management (PHM) must not remain a debate among technical experts. In Dakar, the message was clear: Without transparency regarding budgets, accessible public audits, and informed parliamentary debates, the promise of health sovereignty risks remaining just a slogan. “

Devex – State Dept taps African faith groups for bilateral health deal consults

(gated) “ African Christian faith leaders gathered in Nairobi this week. While the U.S. State Department said it will leverage faith-based organizations in its new approach to global health, there’s concern over whether African governments will funnel money to them.”

“The [United States Department of State](#) is on a tour of African countries where its teams are negotiating bilateral health agreements — and local faith-based organizations are being brought in for consultations. This isn’t surprising, given the State Department’s new ‘[America First](#)’ [global health strategy](#), which outlines its intention to leverage faith-based organizations. But given that the memorandums of understanding are signed directly with governments, it leaves questions on a country-by-country basis of what role local faith-based communities will ultimately play when the new bilateral agreements are rolled out. Some country governments have directly engaged faith-based actors, while others haven’t.”

- See also [Devex](#) :

“... parts of the strategy unfold at the African Faith and Health Leaders Consultation in Nairobi, where Christian faith leaders from across the continent — including bishops, reverends, and NGOs — gathered. Part of their message was to ensure faith-based communities are prioritized in negotiations and future U.S.-funded health care delivery. And at least on the surface, it appears their pleas are being heard by [State Department](#) officials such as Brad Smith, the senior adviser for the Bureau of Global Health Security and Diplomacy..... Several leaders say that while African faith-based networks were included in previous American administrations, they **would often get sidelined by larger American-based organizations — “the middleman,” as Karen Edvai Sichali Sichinga of the Churches Health Association of Zambia put it....”**

GFO - PEPFAR at a crossroads: The United States’ “Bridge Planning” spark concern among global health advocates

<https://aidspace.org/Blog/view/32592>

“This article highlights a U.S. plan that could greatly affect PEPFAR, the biggest HIV program in the world. On 17 September 2025, over 360 health advocates met online to talk about the “Bridge Plan,” which will run from October 2025 to March 2026. The plan consists of significant budget reductions, reduced services, and less input from local communities. Civil society assert they were not part of the planning, whereas key populations are worried about losing crucial prevention

services. Advocates caution that these changes might undo years of advancement. Communities are currently advocating for transparency, participation, and safeguarding of at-risk individuals.”

WHO - Responding to the health financing emergency: immediate measures and longer-term shifts

<https://www.who.int/publications/i/item/9789240117587>

Reminder - in case you missed this.

“This guidance paper provides a set of health financing-related actions and analytics for countries to consider as they respond to rapid changes in funding and set new directions for their systems to ensure sustained progress towards UHC. **It outlines immediate actions**, including protecting essential services, reprioritizing budgets, integrating previously donor-funded programs and addressing inefficiencies, as well as rapid analytics to guide those decisions. **The paper then sets out medium- to long-term reforms** across revenue raising, public financial management, pooling, strategic purchasing and priority setting to build more sustainable, domestically driven health financing systems. It also highlights the analytical capacities countries need to support these reforms and sustain progress toward universal health coverage.”

Devex - How data helped Nigeria mitigate the impact of US cuts on TB

<https://www.devex.com/news/how-data-helped-nigeria-mitigate-the-impact-of-us-cuts-on-tb-111417>

“One key lesson Dr. Obioma Chijioke-Akaniro, monitoring and evaluation manager at the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme in Nigeria, shares for other countries: **Build your own data system and ensure you’re in control.**”

LSE - The Global Health Community Needs to Take Domestic Politics More Seriously

<https://blogs.lse.ac.uk/activism-influence-change/2025/12/03/the-global-health-community-needs-to-take-domestic-politics-more-seriously/>

“**Will Klemperer & Douglas Mushing** of Kivu International argue that while aid cuts should lead to a focus on funding health services with local taxation, **those decisions are being determined more by local political realities than by aid debates.**”

Focus on **Zambia**.

“**...We are not suggesting that ODA cuts cannot resonate politically in Zambia.** Impacts on citizens will emerge more strongly as service delivery weakens and supply chains falter. **But for these cuts to become a useful tool with which to advocate for health tax increases, further work – by both international and local actors – to monitor and communicate the impacts of the cuts in a politically salient way will be needed.** Raising the profile of the issue will be key to building a political base for meaningful health financing reform...”

HPW - Regional Investment in Health is Key for Sustainable Development

M Weinstein et al; <https://healthpolicy-watch.news/regional-investment-in-health/>

“Around the world, regional agencies like the Africa CDC, CARPHA, the European Centre for Disease Prevention and Control (ECDC), the Gulf CDC and the, yet to be established, ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), are emerging as powerful models for tackling cross-border health challenges and fostering regional countries’ cooperation and a **platform for future south-south collaboration** – through shared responsibilities, knowledge exchange, data-sharing, and pooled resources.”

UHC & PHC

Coming up (6 Dec): UHC High Level Forum 2025 (Tokyo)

https://live.worldbank.org/en/event/2025/healthworks-universal-health-coverage-high-level-forum?cid=HNP_TT_health_EN_EXT

Hosted by MOF Japan, WHO & World Bank.

“ **The Universal Health Coverage (UHC) High-Level Forum 2025** in Tokyo brings together governments, international organizations, the private sector, and civil society to advance health for all, hosted by the Government of Japan with the World Bank Group and WHO. The Forum focuses on sustainable health financing, national ownership, and stronger collaboration between health and finance leaders. Countries **will launch National Health Compacts** to build resilient, equitable systems, while **the new UHC Knowledge Hub** will support capacity-building, partnerships, and evidence-based policies to deliver more money for health and more health for money.

PS: “**Health Works**” promotes quality health services that improve lives, create jobs, and support growth. “Health Works is a new initiative led by the World Bank Group (WBG) and partners to help countries expand access to better healthcare - boosting human capital, creating jobs and driving economic growth. It contributes to the World Bank Group’s broader goal to help developing countries provide quality, affordable health services to 1.5 billion people by 2030. Health Works is a collective platform for action.....” It **mobilizes action through three key pillars: national health compacts, Leaders’ coalition, UHC knowledge hub.**

For more, check out the [Health Works fact sheet](#).

P4H: Highlights from 2023 health expenditure data

“On **26 November**, [World Health Organization](#) launched the updated **Global Health Expenditure Database (GHED)** with data for **190+ Member States and territories (2000–2023)**.

“The new GHED update offers detailed breakdowns across health care functions, primary health care, provider types, diseases and conditions, the under-5 population, and health capital investments. https://lnkd.in/e_zM7YN7

The **webinar presentation** is now available: <https://lnkd.in/e8jAYdDj>

Updated Health Expenditure Visualizations and Country Profiles provide interactive dashboards to explore revenue sources, government spending, out-of-pocket expenditure, and service-specific allocations. <https://lnkd.in/eG5As9bq> “

ORF - Health Financing in an Era of Eroding Global Health Solidarity

Oommen C Kurian; <https://www.orfonline.org/expert-speak/health-financing-in-an-era-of-eroding-global-health-solidarity>

Coming back on the **recent World Bank report**, [At a Crossroads: Prospects for Government Health Financing Amidst Declining Aid](#). Interesting read.

International Day of Persons with Disabilities 2025 (3 Dec)

<https://www.who.int/campaigns/international-day-of-persons-with-disabilities/2025>

“Every year, on 3 December, the world marks international day of persons with disabilities. **In 2025, WHO focuses on how inclusive financing can make a real difference** to the lives, health and well-being of persons with disabilities, their families and society at large....” Check out the **call to action**.

- Related: [Disability inclusion and universal health coverage go hand in hand](#)

“A **joint statement from UHC2030 and WHO** on the occasion of International Day of Persons with Disabilities.”

BMJ GH Supplement - WHO: Governance of the Private Health Sector

https://gh.bmj.com/content/8/Suppl_5

Via **David Clarke** (on LinkedIn): “.... **The real question is no longer whether the private sector should be involved, but whether governments have the governance capability to shape that involvement toward public goals.** This special edition is about **moving from talking about good governance to practising it.** Beyond slogans and principles, it focuses on governance as a set of daily, concrete actions — how decisions are made, incentives set, rules enforced, relationships managed, and trade-offs navigated — so that private sector engagement delivers measurable results....”

Also with an **overview of the papers**:

<https://www.linkedin.com/feed/update/urn:li:activity:7400916703515402240/>

- For the **background & origin** of this supplement, see the **Editorial by David Clarke**: [Steering, not drifting — a fresh approach for navigating private sector engagement for Universal Health Coverage](#):

“...In 2020, Dr Peter Salama, former Executive Director of Universal Health Coverage at WHO, issued a call to action to reframe the private sector’s contribution to UHC as ‘a partnership in health for shared health outcomes’. Recognising the need to refresh and update the stewardship concept from the World Health Report 2000, the call to action aimed to build consensus around the means and strategies for engaging the private sector in healthcare service delivery for UHC as part of the Sustainable Development Goals (SDGs) agenda.... The formal mandate for this work comes from the 63rd World Health Assembly, which adopted a resolution to engage the private sector in providing essential health services....”

“... The desire for a new approach led WHO to establish the Technical Advisory Group on the Governance of the Private Sector for Universal Health Coverage (the TAG) and commission a Strategy Report called ‘Engaging the Private Health Service Delivery Sector through Governance in Mixed Health Systems’ The Strategy Report introduced a theory of change for new ways of doing governance, envisioning a system that aligns the heterogeneous private sector service delivery to public sector service delivery. Six key governance behaviours drive this theory of change focused on performing the practice of governance.....”

“This Supplement responds to the World Health Assembly (WHA) resolution, calling for WHO support for private sector engagement and aligns with Dr Salama and Dr Dalil’s collective call to action. In this Supplement, we aim to highlight the importance of WHO’s work programme on private sector engagement for UHC and advocate for a fresh approach to ensure that governments have the tools and knowledge needed for private sector engagement....”

- Check out also [Governance in practice: building national capacity for stewardship beyond the SDGs](#) (by D Clarke)

“As the Sustainable Development Goal era concludes, the need for effective stewardship is more urgent than ever. The six WHO governance behaviours, initially designed to guide private sector engagement, now provide a flexible framework for strengthening governance across entire health systems, helping transform stewardship from an externally defined idea into a nationally owned practice.....”

Clarke: “With declining external financing, tighter public budgets, and increasingly complex health systems shaped by private actors, digital platforms, and fragmented supply chains—countries can no longer rely on externally driven frameworks or episodic reform efforts. Progress now depends on national stewardship capacity: the ability of governments to direct, align, and hold diverse actors accountable in the public interest....”

Global Tax Justice & Debt crisis

GPF - Tax capacity building for the Global North?

<https://www.globalpolicy.org/en/news/2025-12-01/tax-capacity-building-global-north>

“Three takeaways from the third round of negotiations on the UN tax convention in Nairobi.”

“The Global South is in the driver's seat... Political decisions are needed... The dangers of protocolization....”

PS: “Civil society, organised in the Global Alliance for Tax Justice (GATJ), has already developed a comprehensive proposal for what a strong convention could look like:

<https://globaltaxjustice.org/wp-content/uploads/2025/11/Catalogue-version-5-27-November-2025-final.pdf> “

- Related: **Tax Justice Network - [UN inches towards flipping “Rule 1” of global tax system and ending tax abuse era](#)** “Rule 1 of the global tax system is you tax multinational corporations where they SAY their profits are, not where they MAKE profit. Most countries backed flipping this 100-year-old rule in recent UN tax talks, to finally end the era of global tax abuse.”

Tax Justice Network - Multinationals’ IP tax break like 7-month tax break for workers

M B Mansour; <https://taxjustice.net/press/multinationals-ip-tax-break-like-7-month-tax-break-for-workers/>

Blog related to the release of the new **Tax Justice Network’s Corporate Tax Haven Index**.

“Countries are giving multinational corporations an average 63% tax discount on profits generated from intellectual property. The size of the discount is proportionally the same as allowing workers to not pay income tax for seven months of the year.”

“Countries offering the tax discount are giving away at least US\$29 billion of their own tax revenue each year. At the same time, they globally cost other countries US\$84 billion in tax losses a year, as multinationals respond to the tax discount with abusive profit shifting out of countries where they have their real operations... .. The large tax discounts are a result of special tax rules known as “patent box” rules. .. An example is pharma company GSK, which registered drugs it developed, manufactures and markets largely outside the UK under the UK’s patent box rules....”

“... Exploiting patent box rules is just one instance of how multinational corporations exploit the 100-year-old “pay-where-you-say” approach at the heart of the global tax system, which the Tax Justice Network argues must be replaced with a “pay-where-you-play” approach.... .. The Tax Justice Network finds that 42 countries have patent box rules, or are fully exempting multinational corporations from paying tax, out of the sample of 70 countries monitored on the Tax Justice Network’s Corporate Tax Haven Index – which is a ranking of countries most complicit in helping multinational corporations underpay tax. The findings are part of the latest rolling update to the index, which saw little change in countries’ regulations and standings since 2024. The top 10 ranking jurisdictions today are: British Virgin Islands (1st), Cayman Islands (2nd), Switzerland (3rd), Bermuda (4th), Singapore (5th), Hong Kong (6th), Netherlands (7th), Jersey (8th), Ireland (9th) and Luxembourg (10th)....”

World Bank International Debt Report 2025

<https://www.worldbank.org/en/programs/debt-statistics/idr/products>

Cfr related [World Bank blog: International Debt Report 2025: When relief isn't enough — LMICs face their largest external debt outflows in 50 years](#)

Quote: "A paradox is playing out in developing economies. On the bright side, inflation is abating. The oppressive interest rates of the last five years have begun to ease, which implies that the crushing debt service burdens of the last few years might start to shrink. For the right price, foreign bond investors are willing to provide financing again, enabling many countries to stave off default. **For most countries, however, these are small consolations—not enough to overcome the grave setbacks of this decade. As this report documents, the upheavals of the early 2020s produced a financial riptide like no other: between 2022 and 2024, about US\$741 billion more flowed out of developing economies in debt repayments and interest than flowed into them in the form of new financing. It was the largest debt-related outflow in more than 50 years.** The human toll has been steep: among the 22 most highly indebted countries, one out of every two people today cannot afford the minimum daily diet necessary for lasting health."...."

Ahead of Human Rights Day (10 Dec)

Lancet Comment – Legitimate expectations and the abrupt cessation of US aid: a human rights issue?

Chris Beyrer; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02379-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02379-7/fulltext)

"... On Human Rights Day on Dec 10, it is necessary to ask if the kind of global unilateral act relating to USAID by a major donor is a violation of human rights. And if so, does the international human rights framework offer ways forward for redress and accountability?...."

(I think you know the answer.)

"....In many domains of the law, including in international human rights law, there has been increased use of the doctrine of legitimate expectation. This doctrine posits that in a contractual relationship, for example, the parties have a legitimate expectation that all players are acting in good faith. It also applies to relationships with public authorities.... it could be argued that the abrupt cessation of assistance, with no transition planning, no advance notification or negotiation, and no opportunity for recipient countries to make cases for exceptions, has constituted a grave violation of multiple countries' rights to legitimate expectations.... In a recent report on the abrupt cessation of US global health assistance to Uganda and Tanzania, **Physicians for Human Rights made a further human rights case**, arguing that the abrupt funding cuts to global health have grave implications for the rights to life and to health...."

Trump 2.0

Devex – Where do the USAID legal battles stand?

<https://www.devex.com/news/where-do-the-usaid-legal-battles-stand-111484>

“Ten months after USAID fell apart, many of the most consequential cases challenging Trump’s foreign aid agenda are still unfolding.”

“... Together, these cases trace the same story: a development apparatus thrown into crisis, and the growing coalition of partners, employees, and grantees fighting to stabilize it. Some have secured early wins, but most remain locked in procedural battles that may still take months to resolve. These cases are just a sliver of the hundreds lodged against the Trump administration since early this year. But for the world of foreign aid, their outcomes are charting the limits of the administration’s authority — and the sector’s capacity to push back....”

The Intercept - Trump Wants to Make African Countries Share Abortion Data to Get AIDS Funding

<https://theintercept.com/2025/12/01/pepfar-hiv-abortion-health-data-trump/>

“An aid agreement template would require countries to share vast amounts of health data, including on abortion, to receive funds to combat HIV and other infectious diseases.”

Bloomberg – Trump’s aid cuts are hitting the world’s largest refugee camps

https://www.bloomberg.com/news/features/2025-11-28/trump-s-aid-cuts-are-hitting-the-world-s-largest-refugee-camps?utm_source=website&utm_medium=share&utm_campaign=twitter

“US and Western aid cuts have left hundreds of thousands of refugees in Kenya’s Kakuma camp facing hunger, disease, and rising violence — a stark sign of how Trump’s policies are rippling through the world’s most vulnerable communities.”

Devex – US aid cuts shrink Uganda’s civic space ahead of 2026 elections

https://www.devex.com/news/us-aid-cuts-shrink-uganda-s-civic-space-ahead-of-2026-elections-111398?utm_source=twitter&utm_medium=social&utm_campaign=devex_social_icons

“The termination of USAID governance programs has hollowed out civic education networks that once reached rural and first-time voters. The move threatens public trust and could “undermine the U.S.’s strategic interest in the region,” experts tell Devex.”

PPPR

This week, the **fourth meeting of the [Intergovernmental Working Group \(IGWG\) on the Pandemic Agreement](#)** took place (1-5 Dec). The goal: developing a PABS system.

HPW – Africa is Stuck Between Global Pathogen-Sharing Talks and Conflicting US Bilateral Agreements

<https://healthpolicy-watch.news/africa-stuck-between-global-pathogen-sharing-talks-and-conflicting-us-bilateral-agreements/>

Coverage & analysis of the **opening day**. Excerpts:

“African countries affirmed their commitment to a global agreement to share information about pathogens that may cause pandemics on Monday – yet several of these countries are also in talks with the United States to conclude conflicting bilateral deals on pathogen access in exchange for the resumption of US health aid. The onerous US demands on countries may even face court challenges, with a legal opinion from Kenya describing that country’s draft Memorandum of Understanding (MOU) with the US as “not legally compliant, [posing] critical constitutional and sovereignty risks””

“Zimbabwe, speaking for 51 of the 54 African countries, told the resumption of negotiations on a pathogen access and benefit-sharing (PABS) system at the World Health Organisation (WHO) headquarters in Geneva that this week’s talks should start to reach consensus on the [draft PABS text](#).....”

“...Zimbabwe, supported by Zambia and Uganda, made a strong call for the PABS negotiations to include “standardised contracts” on Monday. These would cover the “details of benefit-sharing obligations” and “the rights and responsibilities of providers of PABS materials and sequence information, as well as users of the PABS system, including terms of access and terms of use”. “This important work cannot be deferred to the Conference of the Parties,” said the Zimbabwean delegate, who also spoke on behalf of the Group of Equity, 80-plus countries across all WHO regions. She added that “entering into PABS contracts will, of course, be voluntary, but access to PABS materials would be granted only upon acceptance of terms and conditions in the contracts”. “This is key to ensuring respect to countries’ sovereign rights over their genetic resources, preventing free riders and building a trusted ecosystem in which all actors understand and uphold their obligations,” she concluded.”

“However, the 10 pharma companies that the US could share the pathogen information with could well be “free riders””

PS: **“The legal opinion submitted by Dr Mugambi Laibuta, a Kenyan advocate and data governance expert, to his government argues that its draft MOU with the US violates both the country’s Constitution and various laws and it must be “significantly renegotiated before Kenya can lawfully sign or operationalise it”. The MOU is also “construed in accordance with US federal law”, which subordinates Kenya’s Constitution and law to a foreign legal system” – “an arrangement that is unconstitutional and cannot validly govern activities taking place within Kenya”, Laibuta contends. Other countries may well face similar legal problems with their MOUs, most of which are expected to be signed by the end of this year in order for grants to start being disbursed in April 2026....”**

- See also TWN - [Developing countries call for standard PABS contracts under Pandemic Agreement](#)

“The Africa Group and the Group for Equity plus Egypt, Libya, Somalia and Sudan, representing more than 80 countries and around 75% of the world’s population, have called on the Intergovernmental Working Group (IGWG) negotiating the Pathogen Access and Benefit Sharing (PABS) Annex to the Pandemic Agreement to begin negotiations on standardized PABS contracts, emphasizing that this “important work cannot be deferred to the Conference of the Parties”.

Following the statement on 1 December, **the coalition presented three standard contracts for the consideration of the IGWG the following day:....”**

GHF – Snare of Bilateral Deals Hangs Over The Multilateral Effort On The Pathogen Access & Benefit Sharing System

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

“Developing Countries Push for Negotiations on Contracts Underpinning PABS system.” Must-read analysis from Tuesday.

“... In this story we discuss first, how African countries are assessing the American offers. We also look at the PABS talks unfolding in light of geopolitics...”

“Overall, many negotiators seem to have contented with bilateral pressures, but appear to remain committed to the multilateral process at WHO, according to several interviews at the onset of this week’s meetings..... In fact, unconfirmed reports indicated that more than 70 countries worldwide – implementers of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) program, were on a list that the Washington was reaching out....” “Senior officials associated with the PABS process suggest that according to their assessment, about 40 countries in Africa alone may consider signing the bilateral MoUs with the U.S. We were not able to independently verify this assessment....”

PS: “Some legal experts view these bilateral MoUs as effectively prioritizing access for the U.S. to pathogen information, directly undermining the intent of the PABS system.... “

Global Policy – Pathogens, Power and the Price of Aid: Why Africa Must Stand United

<https://www.globalpolicyjournal.com/blog/04/12/2025/pathogens-power-and-price-aid-why-africa-must-stand-united>

“Nelson Aghogho Evaborhene argues that Africa must choose between fragmented dependency or sovereign cooperation. “

Excerpt: **“...technical capability is insufficient without consolidated governance. In an era where data is power, leverage comes from authority. Africa CDC, the African Medicines Agency, and the African Union Commission must consolidate these under a continental PABS Secretariat or an equivalent regional body. At the same time, African negotiators must insist on its explicit inclusion within the PABS annex, with joint oversight by these continental institutions. Whether the Secretariat becomes operational first or is legally codified first is irrelevant. What matters is securing a body with binding authority under the Pandemic Treaty to coordinate pathogen access and benefit sharing and anchoring it in AU legal instruments to lock alignment with continental priorities. Functioning as a**

regional hub, the Secretariat would integrate Africa's scientific, regulatory, and manufacturing capabilities into the global PABS system. ...”

“By acting as the interface between Africa’s regional capacities and the global PABS framework, the Secretariat would foster local ownership and safeguard continental interests. Aligning its work with systems such as the Global Supply Chain and Logistics Network under the Pandemic Agreement, together with continental bodies like the AfCFTA, the Africa Medical Supplies Platform, the Africa Pharmaceutical Technology Foundation, and the Regional Economic Communities, would anchor Africa’s leadership in pandemic governance, equitable countermeasure distribution, and integrated value chains. This alignment also advances Agenda 2063 goals related to inclusive growth and industrial development. ...”

Geneva Health Files - How Data Companies Profit from Pathogen Information: The PABS Blind Spot

Vineeth Penmetsa; [Geneva Health Files](#):

From end of last week. Priti Patnaik introduces this very interesting article by V Penmetsa: **“Governance and regulation lags innovation. ... In global health, this near-impossible race of laws trying to keep pace with the brave new reality is playing out in spectacular ways in the negotiations on the Pathogen Access Benefit Sharing negotiations at the WHO.** My colleague Vineeth has put together a comprehensive mapping of how data companies already benefit from monetizing pathogen information. Will health, trade and environmental experts negotiating the PABS instrument, **classify data and AI companies as users of PABS information?** Will they frame benefit sharing obligations for such actors? Can international law keep up? “

“... The fundamental problem: negotiators are writing rules for pharmaceutical companies circa 2007 while trying to regulate AI companies in 2025. Four categories of data-economy actors illustrate why PABS negotiators must look beyond traditional pharmaceutical manufacturers: AI-powered protein structure prediction platforms, cloud computing infrastructure providers, synthetic biology companies, and public-private partnerships developing computational vaccine design systems.....”

“The structural mismatch between negotiating frameworks and commercial reality manifests in which entities face benefit-sharing obligations. Article 12 of the Pandemic Agreement defines **“participating manufacturers” as entities producing vaccines, therapeutics, and diagnostics.** The 20% production allocation, licensing and technology transfer commitments could apply to traditional pharmaceutical actors. Yet **modern pandemic response increasingly depends on actors who never manufacture medical products:** bioinformatics platforms analyzing sequences to identify vaccine targets, AI models predicting viral evolution and antibody escape mutations, cloud infrastructure hosting and processing petabytes of genomic data, synthetic biology manufacturers producing DNA constructs for vaccine development, and digital surveillance systems detecting emerging variants. These **data-economy actors** capture substantial commercial value through service fees, platform licensing, proprietary data accumulation, and competitive advantages without corresponding benefit-sharing responsibilities.....” **“ The convergence of AI and intellectual property creates unprecedented challenges. ...”**

AMR

HPW - Infection Prevention and Control Falters Post-Pandemic – Increasing AMR Risks

<https://healthpolicy-watch.news/infection-prevention-and-control-falters-post-pandemic-increasing-amr-risks/>

“At a recent panel discussion hosted by the Geneva Health Forum (GHF), leading experts from WHO, academia, biotech, and patient advocacy warned that national AMR plans are stalling in the absence of funding. And pipelines for new drug development remain desperately underfinanced. ...”

Health Emergencies

WHO Afro - Democratic Republic of the Congo declares end of 16th Ebola outbreak

<https://www.afro.who.int/countries/democratic-republic-of-congo/news/democratic-republic-congo-declares-end-of16thebola-outbreak>

(1 Dec) **“The Democratic Republic of the Congo today declared the end of the Ebola virus disease outbreak in Kasai Province**, after no new cases were reported in the past 42 days since the last patient was discharged from treatment centre on 19 October 2025.”

- Link: Cidrap News - [Death toll climbs in Ethiopia's Marburg outbreak](#)

NCDs

WHO issues global guideline on the use of GLP-1 medicines in treating obesity

<https://www.who.int/news/item/01-12-2025-who-issues-global-guideline-on-the-use-of-glp-1-medicines-in-treating-obesity>

“To address the growing global health challenge of obesity, which affects more than 1 billion people, the World Health Organization (WHO) has released its first guideline on the use of Glucagon-Like Peptide-1 (GLP-1) therapies for treating obesity as a chronic, relapsing disease....”

- Cfr [JAMA - Special Communication: World Health Organization Guideline on the Use and Indications of Glucagon-Like Peptide-1 Therapies for the Treatment of Obesity in Adults](#) (by F Celletti, J Farrar et al)

Politico – Ozempic-style drugs should be available to all, not just the rich, says WHO

<https://www.politico.eu/article/ozempic-style-drugs-available-to-all-not-just-the-rich-says-world-health-organization/>

Coverage & analysis. “The WHO compared the need to expand access to weight-loss drugs with the push for HIV drugs access in the 1980s.”

“The World Health Organization has recommended the use of novel weight-loss drugs to curb soaring obesity rates, and urged pharma companies to lower their prices and expand production so that lower-income countries can also benefit. The WHO's new treatment guideline includes a conditional recommendation to use the so-called GLP-1s — such as Wegovy, Ozempic and Mounjaro — as part of a wider approach that includes healthy diet, exercise and support from doctors. The WHO described its recommendation as “conditional” due to limited data on the long-term efficacy and safety of GLP-1s. The recommendation excludes pregnant women.”

“While GLP-1s are a now well-established treatment in high-income countries, the WHO warns they could reach fewer than 10 percent of people who could benefit by 2030.... The WHO wants pharma companies to consider tiered pricing (lower prices in lower-income countries) and voluntary licensing of patents and technology to allow other producers around the world to manufacture GLP-1s, to help expand access to these drugs....” “Jeremy Farrar, an assistant director general at the WHO, told POLITICO the guidelines would also give an “amber and green light” to generic drugmakers to produce cheaper versions of GLP-1s when the patents expire.

PS: “Key patents on semaglutide, the ingredient in Novo Nordisk’s diabetes and weight-loss drugs Ozempic and Wegovy, will lift in some countries next year, including India, Brazil and China....”

Guardian - WHO says weight loss drugs are ‘new chapter’ in fight against obesity

<https://www.theguardian.com/society/2025/dec/01/who-says-weight-loss-drugs-are-new-chapter-in-fight-against-obesity>

With some more coverage. “The WHO set out its thinking on the drugs for the first time in a “special communication” aimed at health professionals....

“GLP-1 therapies mark more than a scientific breakthrough. They represent a new chapter in the gradual conceptual shift in how society approaches obesity – from a ‘lifestyle condition’ to a complex, preventable and treatable chronic disease,” its statement in the Journal of the American Medical Association said. However, limits on global production capacity mean that now only at most about 100 million people could receive the drugs – only 10% of the 1 billion who could benefit – it adds. The number of people deemed obese – based on a body mass index of 30 or more – is due to double from 1 billion to 2 billion by 2030, and the costs worldwide to hit \$3tn by the same date, it warned....”

“... Three “major barriers” must be overcome to ensure that everyone globally whose health would benefit from GLP-1s can get them: lack of production capacity, availability and affordability; health systems’ preparedness to provide them; and universal access to healthcare....”

- Link: [Devex - WHO issues recommendations for weight-loss drugs to treat obesity](#)

“The guideline also recommends behavioral therapy as an aid to treatment, but **lacks recommendations on discontinuation due to limited evidence.**”

HPW – US City Sues Ultra-Processed Food Companies, Seeking ‘Restitution’ for Health Costs

<https://healthpolicy-watch.news/us-city-sues-ultra-processed-food-companies-seeking-restitution-for-health-costs/>

“The City of San Francisco has filed [a historic lawsuit](#) against 10 ultra-processed food (UPF) manufacturers, seeking “restitution and civil penalties” to help local governments to “offset astronomical health care costs associated with UPF consumption”. **The 10 companies are** Kraft Heinz Company, Mondelez International, Post Holdings, The Coca-Cola Company, PepsiCo, General Mills, Nestle USA, Kellogg, Mars Incorporated, and ConAgra Brands, which make the bulk of UPF in the US....”

SRHR

WHO issues first global guideline on infertility

(28 Nov) “The World Health Organization (WHO) today **called on countries to make fertility care safer, fairer and more affordable for all** in its first-ever [global guideline for the prevention, diagnosis and treatment of infertility](#). ...”

“Infertility is estimated to affect 1 in 6 people of reproductive age at some point in their lives....”

- Related: [HPW – Tedros: Infertility is One of the Most Overlooked Public Health Challenges](#)
“One in six people of reproductive age will be affected by infertility, yet **health services to address this are “severely limited” and largely funded out-of-pocket**, according to the first ever [global guideline](#) on the issue by the World Health Organization (WHO). “In some settings, even a single round of in vitro fertilization (IVF) can cost double the average annual household income,” WHO notes. **“Infertility is one of the most overlooked public health challenges of our time and a major equity issue globally,”** said Dr Tedros Adhanom Ghebreyesus, WHO Director-General....”

Telegraph – UK to end flagship anti-FGM programme

<https://www.telegraph.co.uk/global-health/women-and-girls/fgm-uk-aid-cuts-flagship-women-fcdo-development/>

“Britain has long been regarded as a global leader in efforts to end FGM and activists say the cuts will put women’s lives at risk.”

“Britain has long been regarded as a global leader in efforts to end FGM, investing at least £85 million in prevention efforts over the past decade under conservative governments – the most any

single country has ever contributed to tackling the issue. **Much of this funding has been channelled through The Girl Generation, a programme launched by the government in 2014** to support grass-roots organisations across Africa and educate communities on the harms of FGM, advocate for policies to ban it, and support survivors....”

“... However, the Foreign, Commonwealth & Development Office (FCDO) has now confirmed that **the programme will end in October 2026, and that there are “currently no plans for future funding”**. The announcement came in a government response to a report by the Women and Equalities Committee, which had urged ministers to protect funding for FGM prevention initiatives in the UK and abroad....”

Devex – How UNFPA’s Match Fund spurs additional domestic funding

<https://www.devex.com/news/how-unfpa-s-match-fund-spurs-additional-domestic-funding-111476>

(gated) “UNFPA's matching fund has been successful in getting 36 governments to allocate additional domestic resources for reproductive health commodities. A Gates Foundation-funded pilot is looking at how that can be replicated for maternal, newborn, and child health.”

“Launched in 2022, the UNFPA Match Fund provides \$2 worth of commodities for every \$1 a country spends on reproductive health products, including various contraceptives and essential items to help mothers during pregnancy and childbirth. The model encourages governments to put more of their own resources into ensuring the availability of these products for their populations — an action that has become even more urgent and relevant with recent donor cuts. **Since its launch, the fund has provided \$56 million in commodities to 36 countries. These countries, in turn, contributed an additional \$33 million of their own....”**

- And a link: Lancet Comment - [Reducing term pre-eclampsia by 30%: is it possible?](#) (linked to a new study in the Lancet)

Human Resources for Health

Lancet Primary Care (Comment) – Time to prioritise community health workers: a decade of cost-effectiveness evidence

L S Katzen et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00076-7/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00076-7/fulltext)

“...The Community Health Impact Coalition’s series of five [scoping reviews](#), spanning 130 studies and 380 scenarios, provides evidence that CHWs are a cost-effective strategy to expand essential services and reinforce health systems. Building on the 2015 review by Vaughan and colleagues, these reviews summarise economic evidence published since 2015, spanning five major service areas: horizontal (ie, addressing more than one disease) programmes; HIV, tuberculosis, and malaria; non-communicable diseases (eg, hypertension, diabetes, and human papillomavirus infection or cervical cancer) and mental health ...; reproductive, maternal, newborn, and child health ...; and neglected tropical diseases **We included both partial and full economic evaluations and**

reported the authors' conclusions on the cost-effectiveness (ie, the comparison of costs and health outcomes, relative to defined thresholds or alternative services) and affordability of CHW programmes ([figure](#))."

"CHW programmes consistently delivered strong health outcomes more cost-effectively than facility-based care or other modalities, making them a sound investment, especially in resource-limited settings....."

PS: **"Not all CHW programmes were equally cost-effective, and comparative studies show that programme design matters. Our review found that integrated approaches**, such as linking CHWs to primary care facilities, using digital tools, formalising employment, or running multidisease campaigns, **tend to be more cost-effective than standalone models that are not integrated into the primary health care system and are focused on one disease only...."**

International Journal of Health Planning & Management - Health Worker Strikes in Africa: Tactical Reactions Are Not Enough

Alexandre Lourenço Jaime Manguela, Isabel Craveiro, Paulo Ferrinho et al;
<https://onlinelibrary.wiley.com/doi/10.1002/hpm.70037>

"Strikes by health workers have become a recurring feature of many health systems across sub-Saharan Africa. Although often framed as isolated national crises, these events expose deeper structural deficiencies in the governance of public health systems and labour relations. **Based on the case of Mozambique, this editorial argues that both governments and health professionals tend to favour tactical responses, such as legal threats, dismissals, public appeals, or one-off negotiations, instead of adopting long-term strategies that could promote stability and trust.** Overreliance on tactics, while politically expedient, perpetuates fragility and fails to break the cycle of confrontation. **The Mozambican experience is not unique. Similar reactive and fragmented responses were documented during the prolonged health worker strikes in Kenya and Nigeria, where institutional weaknesses and the absence of structured dialogue exacerbated the crisis."**

Four strategic shifts are proposed.

Planetary Health

New Humanitarian - COP30 Editor's take: Why climate policy needs to move beyond consensus

W Worley; <https://www.thenewhumanitarian.org/analysis/2025/12/01/cop30-editors-take-why-climate-policy-needs-move-beyond-consensus>

"Climate change is too time-sensitive to be left to incrementalism. That's why the main process for dealing with it requires a radical re-think."

Guardian - Africa's forests transformed from carbon sink to carbon source, study finds

<https://www.theguardian.com/environment/2025/nov/28/africa-forests-transformed-carbon-sink-carbon-source-study?s=09>

“Alarming shift since 2010 means planet’s three main rainforest regions now contribute to climate breakdown.”

“Africa’s forests have turned from a carbon sink into a carbon source, according to research that underscores the need for urgent action to save the world’s great natural climate stabilisers. The alarming shift, which has happened since 2010, means all of the planet’s three main rainforest regions – the South American Amazon, south-east Asia and Africa – have gone from being allies in the fight against climate breakdown to being part of the problem...”

“... Scientists found that between 2010 and 2017, African forests lost approximately 106bn kg of biomass per year, which is equivalent to the weight of about 106m cars. The worst affected were the tropical moist broadleaf forests in Democratic Republic of Congo, Madagascar and parts of west Africa ... The study, published on Friday in Scientific Reports, was led by researchers at the National Centre for Earth Observation at the Universities of Leicester, Sheffield and Edinburgh.”

Development Today - US obstructed World Bank role in Brazil forest fund, Norway doubled down on USD 3b pledge

Exclusive: US obstructed World Bank role in Brazil forest fund, Norway doubled down on USD 3b pledge

(gated) **“ Days before COP30, the World Bank board rejected a request to act as Treasury Manager for Brazil’s flagship Tropical Forest Forever Facility (TFFF), after strong US resistance, and the fund saw its potential Triple A credit rating implode. A confidential report by Pareto Securities which advised Norway’s Climate ministry on the financial realism of the fund viewed AAA rating and a wider World Bank role as crucial for its success. Despite this, Norway pledged USD 3 billion to TFFF.”**

Access to medicines, vaccines & other health technologies

UNITAID – Lenacapavir use kicks off in South Africa and Brazil through Unitaid partnership with Wits RHI and Fiocruz

[UNITAID](#);

“The first individuals have begun using lenacapavir for HIV prevention in South Africa as part of a study funded by Unitaid led by Wits RHI at the University of the Witwatersrand. In Brazil, a similar study led by Fiocruz is also underway. These achievements occur in record time – just 5 months after lenacapavir was first approved by the US FDA for HIV prevention – making it among the first real-world use of the 6-monthly injectable in low-and middle-income countries....”

PS: **“Today’s milestone will help make the lenacapavir scale-up more impactful by informing and complementing national rollout plans.** In South Africa, where lenacapavir rollout is planned to start in early 2026, the Wits RHI study will provide the Department of Health with the evidence they need to adapt quickly and in real time as they integrate lenacapavir into existing HIV prevention programs....”

Science News -Antiviral drug abandoned by pharma shows promise against dengue

<https://www.science.org/content/article/antiviral-drug-abandoned-pharma-shows-promise-against-dengue>

“A daily pill can prevent the crippling disease, but its maker won’t bring it to market.”

“Two years ago, the pharmaceutical company Johnson&Johnson (J&J) announced some rare good news about dengue, a crippling viral infection that threatens half of the world’s population. A clinical trial had shown that an antiviral compound could prevent the disease in people deliberately exposed to the virus. “The development of a dengue antiviral is critically important to global health,” [the company said in a press release at the time](#). Now, the full data from that trial have been [published in the New England Journal of Medicine](#), and encouraging data from two other trials are under review at journals as well. And yet the drug, called mosnodenvir, is in limbo. Last year, Johnson&Johnson abruptly stopped all of its work on infectious diseases, including dengue, bringing its development of the compound to a halt. ...”

“Negotiations are underway to find another company to adopt mosnodenvir and try to bring it to market...”

PS: **“Three dengue vaccines exist, but one of them, produced by Sanofi, has a [troubled history](#) and the company has decided to stop production, citing low demand. A second vaccine, made by Japanese manufacturer Takeda, came on the market in 2022 and is approved for use in 41 countries, including those of the European Union. But the two-dose vaccine is not licensed in the United States, and Takeda has been unable to keep up with global demand. On 26 November, Brazil [approved a one-dose vaccine](#) developed by the Butantan Institute in São Paulo, but it is not clear how quickly production can ramp up or when the shots might be available outside Brazil. Because the vaccines all contain weakened, live virus, they can’t be given to people who are immunocompromised or pregnant.....”**

“... A fast-acting drug to prevent dengue would be a welcome addition, scientists say. Using mosnodenvir to protect large populations during dengue epidemics—which can last for months—would likely be too expensive, but the drug could be very useful when an outbreak emerges and is spotted fast.... A few other dengue treatments are in development.”

GAVI - New vaccines could help us consign tuberculosis to history: here’s how we can do it

Sania Nishtar ; <https://www.gavi.org/vaccineswork/new-vaccines-could-help-us-consign-tuberculosis-history-heres-how-we-can-do-it>

“New tuberculosis vaccine candidates are currently going through the final stages of clinical trials. We need to work together to ensure they reach the millions who need them quickly and effectively.”

“...At Gavi, the Vaccine Alliance, we have a mandate to ensure these vaccines, if they are approved, are made accessible to those that need them and we are acting decisively: **in December 2024 we sent a signal to vaccine manufacturers by including TB in our vaccine investment strategy for the next five years.** Since then, **we have worked with our partners to forecast demand, estimating that it will peak at about 120 million courses per year for the first five years of introduction.** Next we **will publish a roadmap to shape TB vaccine markets and forecast TB vaccine demand.** To ensure we are able to meet this demand **I have directed my team – as a matter of priority – to design a time-bound package of support to accelerate the development of and access to new TB vaccines.** We will use innovative financing tools, and draw on every one of our partnerships, to deploy the financial firepower required to ensure TB vaccines are rolled out efficiently and at pace....”

Stat - U.K. pledges to boost pharma payments, will avoid U.S. tariffs on drugs

https://www.statnews.com/2025/12/01/uk-us-pharma-deal-payments/?utm_source=bluesky&utm_campaign=bluesky_organic&utm_medium=social

“Deal marks a win for Trump administration effort to get other nations to pay more for medicines.”

“In exchange for agreeing to increase payments going forward, the U.K. will be spared from pharmaceutical tariffs being considered by the Trump administration. ...”

- Related: **BMJ News - [UK-US pharmaceutical deal: NHS will pay £3bn more for new drugs](#)**
- **BMJ Opinion: [Who are the winners and losers of the UK-US pharma deal—it depends which side you believe](#)** (by Els Torreele & Martin McKee)

Conflict/War/Genocide & Health

Germany’s Top Research Institute Confirms What Critics Said All Along About Gaza

https://hannohauenstein.substack.com/p/gaza-genocide-germanys-top-research?utm_source=activity_item

“For two years officials in Germany dismissed Gaza’s death toll as propaganda. Now the Max Planck Institute released estimates that make such denial impossible – and echo the patterns of past genocides.”

“A new estimate by the Max Planck Institute paints a devastating picture of the death toll in Gaza. According to its findings, *at least 100,000* Palestinians were killed in the first two years of the Gaza genocide; the real number is likely far higher, according to the study. The research team gives a range of 100,000 to 126,000 deaths – with a midpoint of roughly 112,000.... The study also stresses that this distribution bears no resemblance to “classic” conflicts. Instead, it explicitly states that the demographic profile mirrors patterns the United Nations documented in previous cases of genocide such as the genocide in Rwanda in 1994....”

Plos GPH - Access to essential medicines for noncommunicable diseases during conflicts: The case cardiovascular diseases, diabetes and epilepsy in Northern Syria

S Aljadeeah et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004744>

By some of my colleagues.

- And a link: **Lancet - [US public health resistance must include Palestine – Author's reply](#)** (by A E Yamin, G Gonsalves et al)

Some more reports & publications of the week

WHO - Measles deaths down 88% since 2000, but cases surge

<https://www.who.int/news/item/28-11-2025-measles-deaths-down-88--since-2000--but-cases-surge>

From end of last week. **“Global immunization efforts have led to an 88% drop in measles deaths between 2000 and 2024, according to a [new report](#) from the World Health Organization (WHO). Nearly 59 million lives have been saved by the measles vaccine since 2000. However, an estimated 95 000 people, mostly children younger than 5 years of age, died due to measles in 2024. While this is among the lowest annual tolls recorded since 2000, every death from a disease that could be prevented with a highly effective and low-cost vaccine is unacceptable.”**

“Despite fewer deaths, measles cases are surging worldwide, with an estimated 11 million infections in 2024 – nearly 800 000 more than pre-pandemic levels in 2019....”

HPW - Measles is Surging as Vaccination Coverage Dips Below 95%

<https://healthpolicy-watch.news/measles-is-surging-as-vaccination-coverage-dips-below-95/>

Coverage & analysis.

“Although global immunisation efforts have led to an 88% drop in measles deaths in the past 25 years, measles cases are surging worldwide, according to a new report from the World Health Organization (WHO). ... Last year, 59 countries reported large or disruptive measles outbreaks – almost triple that in 2021 and the highest since the onset of the COVID-19 pandemic....”

“There were an estimated 11 million infections in 2024, which is nearly 800,000 more than pre-pandemic levels in 2019....” “ ... However, the African Region experienced a 40% decline in cases and 50% decline in deaths over this period, partly due to increased immunisation....”

PS: “... The WHO also highlighted that “deep funding cuts” to country immunisation programmes and the Global Measles and Rubella Laboratory Network (GMRLN), which tests samples, may “drive further outbreaks in the coming year”.

“... The Immunization Agenda 2030 (IA2030) Mid-Term Review, also released on Friday, stresses that measles is often the first disease to resurge when vaccination coverage drops. ... Growing measles outbreaks are exposing weaknesses in immunization programmes and health systems globally, and threatening progress towards IA2030 targets, including measles elimination.”

- See also [Stat – Global measles vaccinations are nearly back to pre-pandemic levels, WHO report finds](#)

WHO launches new, unified plan for countries to manage coronaviruses: COVID-19 and beyond

<https://www.who.int/news/item/03-12-2025-who-launches-new-unified-plan-for-countries-to-manage-coronaviruses-covid-19-and-beyond>

“The World Health Organization (WHO) has released a new strategic plan for the management of coronavirus disease threats, including COVID-19, Middle East respiratory syndrome (MERS), and potential new coronavirus diseases. This is the first such unified plan for coronavirus disease threats, marking a turning point in the transition from the COVID-19 emergency response to sustained, long-term, and integrated management. ...”

“Building on the lessons of the past five years of COVID-19 response and ongoing work on MERS and other respiratory diseases, the Strategic plan for coronavirus disease threat management: advancing integration, sustainability, and equity, 2025–2030 guides national health authorities and partners in taking a coherent, action-oriented approach to managing coronavirus disease threats in the broader context of infectious disease management....”

WHO - New tools saved a million lives from malaria last year but progress under threat as drug resistance rises

<https://www.who.int/news/item/04-12-2025-new-tools-saved-a-million-lives-from-malaria-last-year-but-progress-under-threat-as-drug-resistance-rises>

“Wider use of new tools against malaria, including dual-ingredient nets and WHO-recommended vaccines helped to prevent an estimated 170 million cases and 1 million deaths in 2024, according to WHO's annual [World malaria report](#).”

“WHO-recommended tools are increasingly being integrated into broader health systems. Since WHO approved the world's first malaria vaccines in 2021, 24 countries have introduced the vaccines into their routine immunization programmes. Seasonal malaria chemoprevention has also been expanded and is now being implemented in 20 countries, reaching 54 million children in 2024, an increase from about 0.2 million in 2012..... Progress is also being made in eliminating malaria. To date, a total of 47 countries and 1 territory have been certified malaria-free by WHO....”

PS: **“An estimated 95% of(malaria) deaths were in the WHO African Region, with most occurring among children under 5. The report shows that antimalarial drug resistance is growing and stands**

in the way of achieving malaria elimination....” “ ... **The *World malaria report* spotlights evidence on partial resistance to artemisinin derivatives**, which became the backbone of malaria treatments after failures of chloroquine and sulfadoxine-pyrimethamine. Antimalarial drug resistance has now been confirmed or suspected in at least 8 countries in Africa, and there are potential signs of declining efficacy of the drugs that are combined with artemisinin....

“Progress in reducing the malaria deaths – a key target of the [Global technical strategy for malaria 2016-2030](#) – remains far off track. In 2024, there were 610 000 deaths. This corresponds to 13.8 malaria deaths per 100 000 population, **more than 3 times the global target of 4.5 deaths per 100 000....”**

- Coverage via [HPW - Global Malaria Threat Deepens as Drug Resistance Rises](#)

“Global malaria programmes have helped to save an estimated 14 million lives between 2000 and 2024, but growing drug resistance is threatening to undermine years of hard-won gains, a new World Health Organization (WHO) report has shown....”

“Last year, the world recorded 280 million malaria cases and more than 600,000 deaths, with Africa accounting for 95% of the total burden. Nearly two-thirds of all infections and deaths occurred in just 11 African countries, underscoring the concentration of the disease in the world’s most vulnerable regions.....”

“At a WHO press briefing on Tuesday, officials stressed that malaria elimination remains achievable even as the path narrows..... “ Nevertheless, “ ... global momentum is slowing as multiple crises converge. Once-steady progress has stalled, driven by drug resistance, climate change, conflict, inequity and weakening health systems, according to the report. One of the most serious threats highlighted in the report is rising drug resistance, particularly to artemisinin, the backbone of first-line malaria treatment....”

“... Funding shortfalls remain one of the biggest threats to malaria control. In 2024, an **estimated \$3.9 billion was invested in malaria prevention, less than half of what is required** under WHO’s Global Technical Strategy for 2025. This underfunding, combined with reductions in official development assistance, disruptions to health services, stockouts and delays in routine surveillance, **poses “a severe risk” of increased outbreaks this year and next.** “The main risk with the funding cuts is affected surveillance,””

Miscellaneous

Global Solidarity in 2025: Trends in public opinion

<https://globalnation.substack.com/p/global-solidarity-in-2025-trends>

“Each year, Global Nation assesses the strength of global solidarity in its [Global Solidarity Report](#), published last week. Its assessment includes global polling by Ipsos to track public attitudes over time.” *(dataset of 31 countries)*

“This briefing provides a summary of the polling for this year and shows **there has been a clear decline in public support for global solidarity across all indicators: funding global solutions is becoming less acceptable; support for international enforcement is slipping; the share of people identifying as global citizens is also eroding....**”

Lancet Offline – Watching the watchers (part 1)

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02437-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02437-7/fulltext)

Horton assesses *Global Health Watch 7: Mobilizing for Health Justice* (2025) by the People’s Health Movement, and Jodi Dean’s *Capitalism’s Grave: Neofeudalism and the New Class Struggle* (2025).

He arrives at the following conclusion: “... **If neoliberalism is dead and capitalism is destroying itself, perhaps the wellbeing economy is not such a ludicrously utopian idea after all.**”

BMJ Editorial – Health information in age of social media and influence

<https://www.bmj.com/content/391/bmj.r2419>

“**Improving health discourse needs attention to information environments where trust can grow.**”

“**Social media influencers have entered the healthcare conversation. Raffael Heiss and colleagues’ analysis highlights the growing trend of medical advice shared by social media influencers and raise vital concerns.** The article describes how health conversations now unfold in commercialised spaces that mix expertise, entrepreneurship, and entertainment, exposing users to bias and potential harm. **They identify four overlapping biases—limited expertise, industry influence, entrepreneurial interests, and personal belief**—and call for stronger governmental regulation, platform moderation, and improved digital literacy.”

“**These are essential steps, but health discourse cannot improve without attention to the architectures of influence that structure our information environment.** Digital platforms, clinical encounters, and community spaces, both online and offline, shape what people see, believe, and do, including how evidence is negotiated in clinical consultations. Recognising this helps explain why interventions must consider online architectures, user behaviour, and offline encounters. **Developing “influence literacy”** clarifies how visibility, affect, and credibility circulate across digital platforms, clinical encounters, and community spaces. **The power of influencers extends beyond persuasion to the ecosystems of influence that arise from the interplay of technology, commerce, and collective sensemaking and can reinforce or undermine shared understandings....**”

- Related: [BMJ \(Analysis\) - Responding to public health challenges of medical advice from social media influencers](#)

“Social media influencers are a growing source of medical advice but can be misleading. **Influencers’ reliability is often undermined by four key biases: lack of expertise, industry influence, entrepreneurial interests, and personal beliefs.** Such biased or misleading advice—amplified by parasocial bonds and direct engagement—can cause physical, psychological, financial, and systemic harm. **Coordinated action by governments and platforms is essential to protect users and to strengthen users’ ability to evaluate medical advice from influencers....**”

Lancet - Safeguarding research integrity: SAGER guidelines, research ethics, and the politics of evidence

Shirin Heidari et al (on behalf of the SAGER-Ethics Working Group);

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02210-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02210-X/fulltext)

“Over the past decade, science has progressively confronted persistent gender biases and androcentrism that normalise the exclusion of women and non-heteronormative gender identities and overlook sex differences and gendered determinants. Funders increasingly expect proposals inclusive of sex and gender. Publishers advance transparency through **Sex and Gender Equity in Research (SAGER) guidelines, codifying standards for design, analysis, and reporting. Many editors, by reaffirming commitment to the SAGER guidelines and encouraging adherence, resist ideological intrusion. An increasing amount of professional bodies (eg, WHO) likewise adopt these guidelines. However, research ethics committees (RECs) and institutional review boards (IRBs) remain largely silent. ...”**

“... Building on a 2023 multistakeholder dialogue co-convened by GENDRO and the Council for International Organizations of Medical Sciences (CIOMS), the international [SAGER-Ethics Working Group](#) (established in March, 2025) aims to harmonise and institutionalise practices responsive to sex and gender within research....”

Global health events

7th Montreux Collaborative on Fiscal Space, Public Financial Management and Health Financing (1-5 December, Geneva)

<https://www.pfm4health.net/>

Via LinkedIn (Felix Obi):

The **theme for this 2025 Global Forum** is "**Accelerating public financial management reform in health through joint action**", bringing together participants from global organizations and officials from national governments with the **key objectives** of : 1. Deepening global understanding of the critical links between public financial management (#PFM) and #HealthFinancing reforms; 2. Promoting country-led good practices to accelerate the adaptation of PFM systems to better support #PHC- oriented reforms and #UHC; 3. Enhancing alignment and coordination among key health development partners towards a more coherent, efficient and harmonized support for #PFM reforms in health. ...”

PS: eleven years after its launch (2014), the **#MontreuxCollaborative** is now a joint initiative of **6 organizations, World Health Organization, UNICEF, Gavi, the Vaccine Alliance, The World Bank , Global Financing Facility (GFF) @GlobalFund for AIDS, HIV & TB**, with **technical collaborators** such as OECD - OCDE , PEFA Secretariat, Results for Development , Health Systems Insight (formerly Thinkwell) & ODI Global.....”

Global health governance & Governance of Health

UN News - UN chief warns unpaid dues near \$1.6 billion, as budget cuts deepen

<https://news.un.org/en/story/2025/12/1166480>

“With nearly \$1.6 billion in unpaid dues, the UN Secretary-General warned on Monday that chronic late payments are hampering the world body’s ability to function, even as sweeping cuts move forward through the General Assembly’s main budget committee.”

- See also [Reuters](#): Guterres proposed a 15% cut to the organization’s 2026 core budget, including an 18% reduction in staff.

Devex – G20 agenda

<https://www.devex.com/news/devex-invested-adb-makes-a-shift-toward-nuclear-energy-111468>

“The United States assumed the presidency of the Group of 20 largest economies yesterday. In a statement from the State Department, the Trump administration [laid out its plans](#) for the year ahead, which it says will include some “much-needed reforms.” The U.S. will “return the G20 to focusing on its core mission of driving economic growth and prosperity to produce results,” the State Department says. It also outlines three priorities: limiting regulatory burdens to unleash economic prosperity, unlocking affordable and secure energy supply chains, and pioneering new technologies and innovations..... This marks an abrupt change of direction from the focal areas of the G20 under previous presidencies — most recently India, Brazil, and South Africa — which have focused on issues such as inequality, debt reduction, and fair taxation....”

- Related: US State Department - [America Welcomes a New G20](#) (by Marco Rubio)

IISD - Beyond 2030: Advancing Social Development, UN80 Initiative, 2027 GSDR

<https://sdg.iisd.org/commentary/policy-briefs/beyond-2030-advancing-social-development-un80-initiative-2027-gsdr/>

“Over the next two years, governments and stakeholders will be developing, sharing, and refining ideas in the lead up to the 2027 SDG Summit, which will kick off the official discussion on what sustainable development might look like beyond 2030. The SDG Knowledge Hub is tracking these discussions and reports, to help our readers understand the direction they are taking. Following up on our [Beyond 2030 Policy Brief](#), this update outlines some key developments in the Beyond 2030 space.”

Devex – After USAID exit, China hasn’t moved to fill Asia’s funding gap

<https://www.devex.com/news/after-usaid-exit-china-hasn-t-moved-to-fill-asia-s-funding-gap-111405>

“Despite expectations that Beijing would expand its influence after USAID’s withdrawal, China has shown little interest in taking over U.S.-funded programs, leaving a development divide across Southeast and South Asia.”

China Daily - Experts advocate increasing scope of BRI to include soft power sectors

<https://www.chinadaily.com.cn/a/202512/01/WS692ccdaaa310d6866eb2c238.html>

“Experts speaking at a recent forum in Shanghai emphasized the importance of expanding the scope of the Belt and Road Initiative beyond infrastructure to include soft power sectors. The experts said collaborations in areas such as science, culture, heritage, sports, education and health, among others, would help countries collectively tackle global challenges....”

“The ninth International Academic Forum on the Belt and Road and Global Governance focused on exploring new developments and opportunities for the initiative in the contemporary era. The forum was jointly hosted by Fudan University and the Silk Road Think Tank Association.”

With a quote from Erik Solheim among others: “... **“In my opinion, a new direction for the BRI in the new era is what's called the 'small and beautiful projects' in the soft sectors.** China has been very strong on hard infrastructure, environment, railroads and roads, and **can do more in areas like global health and education,**” said Solheim, who is also a former undersecretary-general of the United Nations and executive director of the UN Environment Programme....”

CGD - Building Better Partnerships: How Development Agencies Are Navigating the Changing Development Landscape

R Calleja et al; <https://www.cgdev.org/blog/building-better-partnerships-how-development-agencies-are-navigating-changing-development>

“This October, representatives from the development agencies of nine countries—Australia, Colombia, Indonesia, Mexico, Norway, South Korea, Sweden, Türkiye, and the UAE—met in Seoul, South Korea for the fourth in-person meeting of the [Rethinking Development Cooperation Working Group](#). The two-day meeting, which was held alongside the [18th Seoul ODA Conference](#), the [2025 Busan Partnership Forum](#), and the [MIKTA Foreign Minister’s Meeting](#), provided an opportunity to explore how agencies are responding to the financial and political challenges that have reshaped the development landscape over the past year.

In this blog, we recount the RDC’s discussion on navigating the changing development landscape and extrapolate three main approaches—engaging in triangular cooperation, leveraging networks and relationships within multilateral organizations, and exploring ways to engage with private finance. Underlying each is a common attempt to better leverage the resources available across the development system to enhance impact through partnership....”

Review of International Political Economy - Partners and rivals? The AIIB’s cooperation with preexisting multilateral development banks

Benjamin Daßler et al;
<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2589948?src=>

“The Asian Infrastructure Investment Bank (AIIB) is often seen as a challenger to established Multilateral Development Banks (MDBs) like the World Bank (WB) and the Asian Development

Bank (ADB), which support the US-led liberal international order. However, project-level data reveals that the AIIB cooperates with these MDBs far more than previously recognized. **Approximately half of its portfolio involves collaboration. Why does the AIIB choose to partner in some projects but not others?** We argue that new international organizations have both functional and legitimacy-driven incentives to cooperate. Specifically, we hypothesize that the AIIB is more likely to collaborate in contexts where it (1) lacks operational experience, (2) corruption risks are high, (3) China's legitimacy is limited, and (4) China has no established development presence. Using original data on AIIB projects (2016–2023), **we find that AIIB-WB cooperation is less pronounced in countries with pre-existing Belt and Road Initiative (BRI) ties to China. In contrast, AIIB-ADB cooperation increases with corruption levels and is more common in BRI-affiliated countries...**

Global health financing

CGD - The Untapped Power of Health Taxes in Sub-Saharan Africa

S Gupta et al; <https://www.cgdev.org/blog/untapped-power-health-taxes-sub-saharan-africa>

“... many sub-Saharan African (SSA) countries collect less than 15 percent of GDP in tax revenue—a level widely regarded as the minimum threshold for sustained growth and effective state capacity. Falling below this point often signals deeper structural challenges: weak institutions, limited fiscal space, and persistent reliance on external aid. Today, roughly two-thirds of SSA economies—34 out of 49 countries—remain below this threshold, with average tax revenue hovering around 10 percent of GDP. At such low levels, governments struggle to finance even basic public services without continued dependence on foreign support....”

“... Given that traditional, broad-based tax reforms are often politically and administratively difficult to implement quickly, health taxes (taxes on products like tobacco, alcohol, and sugary drinks) emerge as one of the few realistic near-term options for many governments seeking to boost revenue and address fiscal constraints....”

They conclude: **“... Health taxes represent one of the few reforms available to governments operating below the 15 percent tax-to-GDP threshold. The findings highlight the potential for some countries to raise taxes on so-called “sin goods,” assuming they have the necessary administrative capacity to do so.... For many countries, a practical starting point is to introduce automatic indexation of specific excises and to extend taxation to SSBs—two reforms that can generate fast, durable revenue gains with relatively limited administrative burden. Ultimately, the optimal level of health taxation is country-specific and should be assessed in light of administrative capacity....”**

CGD (blog) – The UK Must Avoid Deadly Cuts to Health Aid in Sierra Leone

K Klemperer & P Baker; <https://www.cgdev.org/blog/uk-must-avoid-deadly-cuts-health-aid-sierra-leone>

“.... In this blog, we consider the case of Sierra Leone which is set to lose the vast majority of its UK aid. This includes a £35 million Saving Lives in Sierra Leone Phase 3 (SL3) grant on reproductive, maternal, newborn, and child health, which will be reduced to under £1 million in 2026. We argue that aid to Sierra Leone should not end for three key reasons: high health needs, insufficient

alternative funding, and the cost-effectiveness of interventions. The only case against continuing UK aid to Sierra Leone is limited government political will to build health systems.”

“If aid to Sierra Leone does end, the harm should be minimised through a dedicated health financing transition programme to consolidate remaining donor and domestic financing, and to prioritise the highest value services.

ODI - Monitoring and reporting framework for the G20 Roadmap towards Better, Bigger and More Effective MDBs

A Prizzon et al; <https://odi.org/en/publications/monitoring-and-reporting-framework-for-the-g20-roadmap-towards-better-bigger-and-more-effective-mdbs/>

Backdrop: “... **Under the Brazilian Presidency in 2024, G20 Finance Ministers and Central Bank Governors endorsed a Roadmap towards Better, Bigger and More Effective MDBs.** The Roadmap is the first-ever strategic vision and set of recommendations for MDBs initiated, negotiated and agreed by G20 members, invited countries and global and regional MDBs themselves. It sets a clear pathway for reforming the finances, operational models, impact measurement and governance structures of these institutions, both individually and as a system, at the strategic level and for country-level operations. **The Roadmap sets out 13 overarching recommendations and 44 calls for action.** They are largely intended for MDB management, but some are specific to G20 members as shareholders. **These initiatives were external to the main technical-level decisionmaking body responsible for collective actions for the reform of MDBs within the G20: the International Financial Architecture Working Group (IFA WG).** Given this, **the South African G20 Presidency included in the programme of work of the IFA WG the development of a Monitoring and Reporting Framework (MRF) for the MDB Roadmap** to track progress, identify challenges and setbacks and ensure accountability for MDBs and G20 members as well as, ultimately, the full implementation of this agenda over time and Presidencies....”

Devex – The End Fund: A collaborative fund approach to health integration

<https://www.devex.com/news/the-end-fund-a-collaborative-fund-approach-to-health-integration-111258>

“In the wake of mass foreign aid cuts, the global health sector can learn lessons from The End Fund’s private sector, collaborative approach. “

“Neglected tropical diseases threaten 1.5 billion people globally with conditions such as blindness, stunted growth, swollen limbs, and chronic pain — yet they remain chronically underfunded. [The END Fund](#) is trying to change that through a collaborative fund model. The fund raises private capital from individuals, corporations, foundations, activist-philanthropists, and institutions — and channels it to national programs, nonprofits, and other organizations, cocreating grants with them. It also provides technical support to country partners who work in areas such as providing treatments, performing surgeries, and expanding access to clean water. **The End Fund is among a coalition of stakeholders in the NTD space working toward helping at least 100 countries reach the goal of eliminating one or more neglected tropical diseases by 2030.”**

HP&P - The impact of official development assistance for health on health outcomes: A rapid systematic review

Newton Chagoma et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf102/8363289?searchresult=1>

« ... Despite methodological differences, the weight of evidence indicates **a generally positive impact of DAH, particularly in countries with higher governance standards and better economic conditions**. Our findings underscore the **importance of contextual factors, such as governance and proximity to aid-funded projects**, in shaping the effectiveness of health aid.”

UHC & PHC

Lancet Primary Care – November issue

[https://www.thelancet.com/issue/S3050-5143\(25\)X0006-6](https://www.thelancet.com/issue/S3050-5143(25)X0006-6)

You might want to start with the Editorial, [A sustainable primary care approach for obesity](#).

Check out also the Health Policy article, [Integrating oral health into Kenya’s primary health care system: opportunities and challenges](#).

Daily Maverick - Financialisation is the last thing South Africa’s National Health Insurance needs

M Nkosi et al ; <https://www.dailymaverick.co.za/article/2025-11-30-financialisation-is-the-last-thing-south-africas-national-health-insurance-needs/>

“South Africa's National Health Insurance (NHI) aims to address healthcare inequities, but the rise of financialisation threatens its success. Treating health as an asset compromises universal health coverage, entrenching inequalities. To safeguard public health, **the focus must remain on equity and solidarity, not profit-driven motives.....”**

HP&P - Facilitators and barriers for public-private partnerships for universal health coverage in sub-Saharan Africa: A scoping review

By G Otchere et al. <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf100/8368975?searchresult=1>

“**Identified key facilitators of PPPs for UHC** included well-established institutional structures, robust accreditation systems, accountability mechanisms, and political will and support. These factors contributed to improving primary healthcare delivery which is a critical dimension for UHC. **Key barriers identified** were limited capacity of implementing partners, regulatory inadequacies, and insufficient funds. These barriers negatively affected the performance of healthcare PPPs, which translates into systemic inequities in access to essential health services, impeding progress towards

achieving UHC. Considering contract management capacity of implementers, sources and flow of funds, and regulatory frameworks are highly recommended for UHC to be realised using PPPs.”

P4H - Kenya Boosts Cancer Coverage and Advances Universal Health Reforms

<https://p4h.world/en/news/kenya-boosts-cancer-coverage-and-advances-universal-health-reforms/>

“President Ruto announced expanded cancer coverage and key UHC reforms, including improved medicine supply and a new hospital equipment model. The government now insures 2.3 million vulnerable citizens, with goals to enhance efficiency, quality, and equity in healthcare as part of Kenya’s broader social and economic transformation....”

International Journal of Health Planning & Management - Global Health Initiatives and Universal Health Coverage in Pakistan-Aligned for the Future?

<https://onlinelibrary.wiley.com/doi/10.1002/hpm.70038>

By Shehla Zaidi, Karl Blanchet, Valery Ridde, Sophie Witter, et al.

Pandemic preparedness & response/ Global Health Security

Telegraph - EU launches ‘pre-pandemic’ plan to stop bird flu jumping to humans

<https://www.telegraph.co.uk/global-health/science-and-disease/eu-pre-pandemic-plan-to-stop-bird-flu-jumping-to-humans/>

“A plan sent to EU health ministers urges heightened surveillance and capacity building as H5N1 spreads in birds.”

Health Research Policy & Systems - From pathogens to policy: using network analysis to map the knowledge base on human–zoonotic disease dynamics underpinning global pandemic policy

B de Paula Fonseca; G W Brown et al ; <https://link.springer.com/article/10.1186/s12961-025-01434-5>

« ...Zoonotic disease dynamics (ZDD), encompassing pathogen spillover, transmission pathways and host–pathogen interactions, are widely acknowledged as drivers of emerging infectious diseases. Yet, the extent to which recent pandemic prevention, preparedness and response (PPPR) policies – the integrated frameworks guiding international efforts to anticipate and manage infectious disease threats – are grounded in this expanding body of scientific research remains unclear. This study examines how research on ZDD is cited in six influential global policy reports published between 2021 and 2023.....” Check out the findings.

Planetary health

Lancet Planetary Health - Assessing public support for degrowth: survey-based experimental and predictive studies

D Krpan, J Hickel, G Kallis et al;

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00204-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00204-9/fulltext)

« First comprehensive investigation shows large support for core ideas of degrowth, but not the label. »

“Degrowth argues that high-income economies should reduce harmful production and prioritise wellbeing. Although degrowth is increasingly seen as essential to tackling climate change, the extent of public support for this economic approach remains unclear. **In this study, we aimed to investigate public support for the full degrowth proposal in the UK and USA—high-income, growth-oriented nations with substantial climate responsibility and political resistance to degrowth.** Our objectives were to distinguish support for the proposal itself from perceptions of the degrowth label and to examine the role of participants’ individual differences.”

Among the findings: “...Contrary to concerns from politicians and commentators that degrowth is broadly unpopular, **the core degrowth proposal received substantial support from UK and US participants in this study, regardless of whether the full proposal was accompanied by the degrowth label.** Therefore, negative perceptions of the degrowth label appear surmountable once people learn about the main principles behind degrowth...”

- Related **blog Jason Hickel**: [How popular is ecosocialist transformation?](#)

Development and Change - Political Economy of Renewables Capitalism: Moving beyond ‘Climate Change’ vs ‘System Change’

Murat Arsel et al; <https://onlinelibrary.wiley.com/doi/10.1111/dech.70033>

« There is a growing tendency to argue that the capitalist mode of production is fundamentally incompatible with climate stability and that ‘system change’ is needed to prevent apocalyptic ‘climate change’. This position overstates capitalism's dependence on fossil fuels. Rather than fossil fuels per se, capitalism requires abundant, secure and predictable energy sources. Furthermore, capitalism cannot postpone the stabilization of the earth's climate indefinitely, as doing so threatens core systemic imperatives: the generation and accumulation of profits and reproduction of capitalism across space and time. **The growth in renewable energy generation could bring about a transition from ‘fossil capitalism’ to ‘renewables capitalism’.** While this could potentially eliminate the ecological risks of climate change, it would most likely exacerbate existing socio-economic inequalities and environmental injustices associated with increased extraction and consumption of natural resources. **The role of counter-hegemonic movements remains crucial for the creation of a democratic and equitable system of production and distribution.** »

Health Promotion International - A call for a shared future vision for Planetary and One Health Literacy

Carmen Jochem, I Kickbusch et al;

<https://academic.oup.com/heapro/article/40/6/daaf200/8343084?login=false>

« **Global health is increasingly shaped by interlinked crises such as climate change, biodiversity loss, pollution, and social inequalities, all of which undermine the determinants of health.** At the same time, the **digital revolution and geopolitical instability** amplify misinformation and inequities. **Health literacy** has been recognized by the WHO Global Health Strategy as a key pillar of resilient health systems, while the Lancet One Health Commission highlights the urgent need for shared competencies across human, animal, and environmental health. **Against this backdrop, the concepts of Planetary Health Literacy and One Health Literacy provide complementary frameworks to extend health literacy into ecological systems and the interconnected health of humans, animals, and other species.** Planetary Health Literacy emphasizes sustainability and ecological boundaries, whereas One Health Literacy focuses on interspecies risks such as zoonoses and antimicrobial resistance. ...”

« ... **This article calls for a shared vision of Planetary and One Health Literacy to guide health promotion, education, and policy.** Key action priorities include embedding these literacies across all levels of education and professional training; developing and validating indicators for measurement; incorporating them into public health policies and climate-health frameworks; fostering cross-sectoral collaboration; and including indigenous and traditional knowledge. **By investing in Planetary and One Health Literacy, governments and institutions can empower societies to adopt healthier, more sustainable behaviours, build climate-resilient health systems, and advance a systemic response to today’s polycrisis.** »

Dev Policy - Multilateralism lives to fight on as dust settles on UN climate talks

A Wyns; <https://devpolicy.org/multilateralism-lives-to-fight-on-as-dust-settles-on-un-climate-talks-20251201/>

Assessment by Arthur Wyns of the past COP 30. Some quotes:

“The fact that 194 countries showed up in Brazil and managed to agree on anything at all is a miracle in and of itself; **multilateralism lives to fight another day.** **Progress at COP30 remained extremely limited, however.** ...”

Wyns also discerned “...a **visible shift in the political narrative, with leaders increasingly framing climate action around the consequences for people’s daily lives rather than the more abstract emissions.** Many leaders at COP described their climate commitments as central to energy security, people’s health and prosperity, jobs, and to addressing the cost of living and rising inequities.....”

Lancet Planetary Health – Different futures ahead: why does 1.5°C matter?

S Tong, A Woodward et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00266-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00266-9/fulltext)

“... with the withdrawal of the USA from the Paris climate accord (for the second time) by President Trump’s administration, a formidable challenge has arisen for other countries. Whether **the 1.5°C climate goal** can be achieved is uncertain. **In our view, this goal is still within reach, if there is decisive and strong global action, including state-based initiatives in the USA....”**

BMJ GH - ‘Climate Change and Health Indicators’ and ‘Surgical System Strengthening’: an opportunity for synergy

<https://gh.bmj.com/content/10/11/e020393>

By C Forbes et al.

BMJ Leader - Diversity in leadership: analysing representation in global committees on climate and health

M Barik, K Buse et al. <https://bmjleader.bmj.com/content/early/2025/04/30/leader-2024-001146>

Buse: “...When we looked at the membership of the leading #PlanetaryHealth committees globally, we found that is far too little representation of global south, #BRICS and most climate affected countries....”

Guardian – Reuse and return schemes could help eliminate plastic pollution in 15 years – report

<https://www.theguardian.com/environment/2025/dec/03/reuse-and-return-schemes-could-help-eliminate-plastic-waste-in-15-years-report>

“Pew Charitable Trusts finds plastic pollution will more than double globally by 2040 unless action taken.”

“The 66m tonnes of pollution from plastic packaging that enters the global environment each year could be almost eliminated by 2040 primarily by reuse and return schemes, significant new research reveals. In the most wide-ranging analysis of the global plastic system, the Pew Charitable Trusts, in collaboration with academics including at [Imperial College London](#) and the University of Oxford, said plastic, a material once called revolutionary and modern, was now putting public health, world economies and the future of the planet at risk....”

HPW - Children’s IQ Plummet by Almost 20 Points in Indian State with High Air Pollution

<https://healthpolicy-watch.news/childrens-iq-plummet-by-almost-20-points-in-indian-state-with-high-air-pollution/>

“Air pollution not only affects lung health but also brain development in children, according to two studies presented at the World Conference on Lung Health (WCLH) held in Denmark recently.”

“One study from India found that children living in highly polluted areas scored nearly 20 points lower on the intelligence quotient (IQ) than their peers in cleaner environments, immediately limiting their educational potential and life opportunities. These findings highlight air pollution as not merely an environmental issue but a global health emergency that threatens children’s futures and severely worsens existing lung disease.....”

PS: **“Separately, a direct link between air pollution and the severity of asthmatic conditions in adolescents has been reported in a [new study](#)** by the Centre Hospitalier et Universitaire de Pneumo-Phtisiologie (CNHUPPC) in Cotonou, Benin, in West Africa.”

Lancet Planetary Health – The evolution of news coverage about climate change as a health issue: a decadal analysis in China, India, and the USA

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00213-X/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00213-X/fulltext)

“By examining news media discourse surrounding climate change in health contexts, this study provides an assessment of how climate change is being presented as a public health issue to the global public. This study provides an assessment of how and how frequently the public health implications of climate change are being reported to the public by newspapers in the world’s three leading carbon-emitting nations. Although we found cross-national differences in the prevalence and type of reporting, **the most striking finding is the relative absence of such reporting in all three countries, although it has increased in the past few years.** This finding aligns with previous research, which notes that the **public health frame has historically been under-represented in climate change news...**”

BMC Environmental Science - Methods for assessing climate vulnerability in Africa across two decades: a scoping review

S A Onyango, P M Macharia et al. <https://link.springer.com/article/10.1186/s44329-025-00041-7>

The review outlines how climate vulnerability is measured in Africa and the gaps that remain.

IISD - OECD Report Calls for More Synergistic Responses to Triple Planetary Crisis

<https://sdg.iisd.org/news/oecd-report-calls-for-more-synergistic-responses-to-triple-planetary-crisis/>

“Climate change, biodiversity loss, and pollution have many drivers in common, according to the report. These are set to increase globally between 2020 and 2050. **The report puts forward six policy levers governments can use to support the development of more synergistic responses.**”

Review of International Political Economy -Overlap and fragmentation in the global governance complex of sustainable finance

<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2596161?src=>

By **S Renckens et al.** “Global governance initiatives addressing **sustainable finance**, whether for advancing climate risk disclosure or defining green bond standards, have proliferated for over 20 years.....”

Infectious diseases & NTDs

Science - How some treatments can lead to a ‘functional cure’ for HIV

[How some treatments can lead to a ‘functional cure’ for HIV | Science | AAAS](#)

“Specific class of immune cells help keep virus at bay for months or years—even in the absence of drugs.”

« Of the estimated 91 million people infected with HIV over the past 45 years, no one has fully defeated the virus, save for a dozen people who needed risky stem cell transplants to cure blood cancers. But **a small percentage of patients in experimental trials have achieved a “functional cure,”** in which the immune system contains the virus and patients can stop taking antiretroviral drugs (ARVs) for many months, or even years. »

« **Now, two independent research groups have shown that one particular class of immune cells appears to play a crucial role in these functional cures.** Finding ways to nurture those cells might make it possible to free more patients from the need to take drugs for life....”

BMJ GH - Policy analysis on drug-resistant tuberculosis in ASEAN member countries using a governance framework approach: a scoping review

<https://gh.bmj.com/content/10/11/e016346>

By N L Alberto et al.

Lancet World Report – Aid cuts hampering Nepal's tuberculosis care

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02469-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02469-9/fulltext)

“Nepal is raising domestic spending after the tuberculosis programme lost 30% of its budget, leading to job losses and restricted services. Samaan Lateef reports from Kathmandu.”

AMR

Congo hosts Africa's first simulation exercise on antimicrobial resistance surveillance

<https://www.afro.who.int/countries/congo/news/congo-hosts-africas-first-simulation-exercise-antimicrobial-resistance-surveillance>

(3 Dec) “Health officials from the Republic of the Congo and World Health Organization (WHO) experts today conducted a simulation exercise on antimicrobial resistance (AMR), making the country the first in the region to host such an activity to provide practical, hands-on experience on assessing how well countries can detect, report and respond to drug-resistant infections....”

WHO Bulletin - Social science contributions to the global action plan on antimicrobial resistance

M JP Poirier, Steven J Hoffman et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294438.pdf?sfvrsn=8aaf6c7a_3

“.... In January 2025, the Global Strategy Lab convened leading antimicrobial resistance social scientists from a variety of disciplines to determine which new ways of understanding antimicrobial resistance could catalyse and incentivize action. Three conceptions stood out as important to revisions of the action plan: antimicrobial resistance as socio-ecological dynamics, antimicrobials as essential infrastructure and antimicrobial resistance as collective action problems. In this article, we propose that these three social sciences conceptions can be applied to global action plan revisions to improve how problems are defined and their solutions implemented. These three concepts can also engage important new partners to ensure antimicrobial resistance policies are sufficiently equitable, sustainable and multisectoral...”

NPJ Antimicrobials and resistance - Syria's intersecting crises exacerbate antimicrobial resistance

<https://www.nature.com/articles/s44259-025-00164-6>

By Aula Abbara et al.

Swansea University - New nanogel technology destroys drug-resistant bacteria in hours

<https://www.swansea.ac.uk/press-office/news-events/news/2025/11/new-nanogel-technology-destroys-drug-resistant-bacteria-in-hours.php>

“As the threat of antibiotic resistance grows, a Swansea University academic has led the development of a novel technology capable of killing some of the most dangerous bacteria known to medicine—with over 99.9% effectiveness against *Pseudomonas aeruginosa* (*P. aeruginosa*).”

NCDs

Plos GPH - Rethinking and transforming health systems for dementia care in low- and middle-income country settings

J. Jaime Miranda et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005419>

« There is a crucial need to rethink and transform dementia care in LMICs. In this article, we discuss some of the key challenges and highlight emerging opportunities for sustainable, equitable, and innovative progress. We will use Peru as an illustrative context, given its recent efforts to develop a comprehensive dementia response by establishing a dedicated legal framework and working towards its implementation, as well as integrating digital technologies and community-driven models within its constrained, fragmented health system.....”

Nature Africa (News) - Fake or faulty chemo threatens cancer care in Africa

<https://www.nature.com/articles/d44148-025-00375-z>

“Substandard and falsified chemotherapy found across four countries, prompting calls for pooled, procurement and tougher surveillance.”

“A study published in the **Lancet Global Health** has found that hospitals and private pharmacies in four African countries are dispensing substandard chemotherapy drugs....”

Stat (Opinion) - Public health should embrace GLP-1 drugs without abandoning obesity prevention

A C Stokes; <https://www.statnews.com/2025/11/28/weight-loss-drugs-obesity-prevention-importance/>

“Weight loss medication **doesn’t mean we can let go of upstream efforts.**”

TGH - To Tackle Obesity, India Needs More Than High Soda Taxes

R Tyagi; <https://www.thinkglobalhealth.org/article/to-tackle-obesity-india-needs-more-than-high-soda-taxes>

“New taxes and policy target soft drinks, but **they overlook other sugary beverages and the country's "obesogenic environment".**”

NYT - Different Type of Dementia Is Changing What’s Known About Cognitive Decline

<https://www.nytimes.com/2025/11/28/health/late-dementia-alzheimers.html>

“On its own, LATE dementia is less severe than Alzheimer’s, but in combination, it makes Alzheimer’s symptoms worse, scientists say.”

PS: LATE stands for **L**imbic-predominant age-related TDP-43 encephalopathy.

Annals of Global Health - Oral Cancer Disparities in Low- and Middle-Income Countries: A Global Health Equity Perspective on Prevention, Early Detection, and Treatment Access

<https://annalsofglobalhealth.org/articles/10.5334/aogh.5003>

By D L Francis et al.

Social & commercial determinants of health

Lancet World Report – Colombia: a pioneer in UPF taxes

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02465-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02465-1/fulltext)

“The country introduced a 10% tax on ultra-processed foods in 2023, rising to 20% this year. Joe Parkin Daniels reports from Bogotá.”

HP&P - Barriers to raising taxes on tobacco products in Uganda: a political economy analysis Open Access

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf098/8348291?searchresult=1>

By Henry Zakumumpa, F Ssengooba et al.

BMJ (Feature) - How a menopause campaign with industry ties became official US policy

<https://www.bmj.com/content/391/bmj.r2491>

“The removal of a warning label on menopausal hormone therapies has been hailed as a win for a US advocacy campaign. But the origins of that campaign suggest industry is laying the groundwork for a wider market by demonising menopause, says Jennifer Block.”

Global Public Health – Livelihoods as a key social determinant of malaria: Qualitative evidence from Uganda

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2593787?src=>

By Kevin Deane et al.

Mental health & psycho-social wellbeing

Stat - Top contributors to leading psychiatry journals fail to disclose industry payments, analysis finds

<https://www.statnews.com/pharmalot/2025/12/01/psychiatry-journals-conflicts-undisclosed-payments/>

“Study underscores long-standing concerns about conflicts of interest in the medical community.”

“Amid ongoing concern over conflicts of interest that may affect medical practice, **a new study found that 14% of the \$4.5 million paid to authors in two leading psychiatry journals was undisclosed and nearly all of the payments were made to researchers conducting randomized controlled trials for pharmaceuticals.** All totaled, \$206,000 paid to **American Journal of Psychiatry** authors, or 7.5% of total payments, was not disclosed, while \$439,000, or 25% of the payments made to contributors of **the Journal of the American Medical Association Psychiatry**, was not disclosed. Total undisclosed payments among the top 10 highest-earning authors accounted for 85% and 99.6% of all payments that were not disclosed in the AJP and JAMA Psychiatry, respectively...”

TGH - The Mental Health Effects of Ozempic and GLP-1 Drugs

C Egger; <https://www.thinkglobalhealth.org/article/the-mental-health-effects-of-ozempic-and-glp-1-drugs>

“As researchers decipher how GLP-1s affect mental health, experts worry access is outpacing the scientific investigation.”

Sexual & Reproductive health rights

BMJ GH - A knowledge translation toolkit for maternal health implementation planning in low- and middle-income countries: development and pilot evaluation in two countries

<https://gh.bmj.com/content/10/11/e018616>

By L M P Ritchie et al.

Globalization & Health – Continuity of maternal and newborn health service provision among private sector players following donor transition. Hope amidst challenging implementation experiences in Uganda

<https://link.springer.com/article/10.1186/s12992-025-01171-y>

Access to medicines & health technology

TGH - Lenacapavir Can Transform HIV Prevention—If Countries Support Access

Micheal Ighodaro (executive director of Global Black Gay Men Connect and president of Global Black Pride) ; <https://www.thinkglobalhealth.org/article/lenacapavir-can-transform-hiv-prevention-if-countries-support-access>

“By 2030, nearly 60% of global PrEP demand will be concentrated in historically underserved communities.”

“The America First strategy marks an important recommitment by the United States to global HIV prevention, but does not translate this political signal into the operational steps needed to roll out long-acting pre-exposure prophylaxis (PrEP) medication such as lenacapavir. The new U.S. strategy offers high-level direction but does not outline country-level targets, regulatory pathways, service delivery models, or guidance for integrating lenacapavir into national systems. These elements must be defined by countries themselves. National governments will need to set ambitious goals for scale-up because the widely cited figure of reaching 2 million people in three years is only the minimum required to maintain pre-2025 PrEP trajectories and prevent backsliding. Accelerated regulatory reviews, updated national guidelines, investment in community-led delivery models, and front-loaded procurement will all be essential to ensuring a timely and equitable introduction of long-acting PrEP. ...”

PS: “This year, Global Black Gay Men Connect (GBGMC) partnered with AVAC and Avenir Health to produce the **first global forecast** of long-acting PrEP demand across 172 countries. The findings are stark. By 2030, the world will require 11.5 million person-years of PrEP annually to meet prevention needs—a measure that reflects how many people are protected by PrEP and for how long. If long-acting modalities, that is, drugs that release slowly over time, become the dominant form of PrEP treatment, cabotegravir would account for 3.0 million person-years and lenacapavir for 2.4 million, oral daily and monthly pills making up the balance. ...

Global Public Health - Unpacking ‘irrational’ behaviours: Situating the antibiotic selling practices of drug sellers in East Africa

Olga Loza et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2589540?src=>

“...Its findings seem contradictory; sellers are aware of regulations and express a desire to comply, yet confirm non-compliance is common. The paper’s contribution is to demonstrate that such behaviour is ‘situationally rational’ when contextualised within a broader socio-material assemblage of unenforced regulation, fierce market competition, relational customer interactions and professional commitment to communities in resource-poor healthcare settings....”

MSF responds to Novo Nordisk's discontinuation of key insulin products in EU/EEA

<https://msfaccess.org/msf-responds-novo-nordisks-discontinuation-key-insulin-products-eueea>

(2 Dec) **“Novo Nordisk’s discontinuation of human insulin pens and older and more affordable analogue insulin pens, such as Lemevir, for commercial reasons is yet another unacceptable example of pharmaceutical corporations putting profits before people’s health.** Many people with diabetes will now be forced to change their medication, and will have to make the difficult decision of either paying more for newer analogue insulin pens which are the standard of care or switching to less expensive insulin in vials injected with difficult-to-use, often painful, and less accurate needles and syringes. **Pharmaceutical corporations should stop the unilateral discontinuation of lifesaving health products and, in parallel, drop the price of newer analogue insulin pens so that all lifesaving insulin treatments remain equally available and affordable to those who need them....”**

HPW – How South Africa Got Chronic Medicine to Millions of Patients and Why It’s Now at Risk

<https://healthpolicy-watch.news/how-sa-got-chronic-meds-to-millions-of-patients/>

Re the **Central Chronic Medicines Dispensing and Distribution (CCMDD) programme** – which was launched “in 2016 with seed money from the Global Fund. Later, it received support from the US President’s Emergency Plan for AIDS Relief (PEPFAR) and Project Last Mile. ...

Human resources for health

Health Policy - Health workforce resilience in the age of polycrisis: A framework to support health workforce policy and planning

Olivier Onvlee, M Dieleman et al;

<https://www.sciencedirect.com/science/article/pii/S0168851025002544?via%3Dihub>

The **Health Workforce Resilience framework** shows how shocks and systems interact.

BMJ GH - Three decades of community health workers in primary healthcare delivery in Rwanda: evolution, impact and policy lessons

<https://gh.bmj.com/content/10/12/e021339>

By E Hezagira et al.

Globalization & Health - GDP per capita and physician migration across world regions, 2000–2021

<https://link.springer.com/article/10.1186/s12992-025-01169-6>

by J Nwadiuko et al.

The Collective Blog - International migration of health workers: Ongoing neocolonial extractivism?

<https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/ramya-kumar/international-migration-of-health-workers-another-.html>

“How does the mass outmigration of healthcare professionals widen disparities between the global north and south? And how does this sustain (neo)colonialism in global health? **Collective Member Ramya Kumar reflects on the Sri Lankan context.**”

Decolonize Global Health

Critical Public Health - Epidemiology in the context of white supremacy: critical questions to align the discipline with health equity

<https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2590791?src=>

By Jessie Seiler et al.

Migration & Health

Guardian – Uganda stops granting refugee status for Eritreans, Somalis and Ethiopians

<https://www.theguardian.com/global-development/2025/dec/04/aid-cuts-africa-uganda-stops-refugee-status-eritreans-somalis-ethiopians>

“Government once seen as progressive on migration says aid cuts to blame for excluding countries ‘not experiencing war’.”

- Related, from earlier this week: **Reuters - Poor states hosting refugees could start shutting borders, warns NGO** [Reuters](#);

« Developing countries which host most of the world's refugees could close their borders if Western states persist with aid cuts, the **head of the Danish Refugee Council warned** on Tuesday.”

Miscellaneous

Reuters - AI could increase divide between rich and poor states, UN report warns

<https://www.reuters.com/technology/ai-could-increase-divide-between-rich-poor-states-un-report-warns-2025-12-02/>

"Artificial Intelligence could widen gaps between developed and developing countries, a U.N. report said on Tuesday, calling for policy measures to limit the impact. The report by the United Nations Development Programme (UNDP) warns of a possible "great divergence" emerging between nations in terms of economic performance, people's skill sets and governing systems. "We think that AI is heralding a new era of rising inequality between countries, following years of convergence in the last 50 years," Philip Schellekens, Chief Economist for UNDP Asia Pacific Regional Bureau told a Geneva press briefing....."

- UNDP's Flagship Report: [The Next Great Divergence](#)

Nature (News Explainer) – China wants to lead the world on AI regulation — will the plan work?

<https://www.nature.com/articles/d41586-025-03902-y>

"Having placed artificial intelligence at the centre of its own economic strategy, China is driving efforts to create an international system to govern the technology's use."

"....In October, at a meeting of the Asia-Pacific Economic Cooperation forum, Chinese President Xi Jinping reiterated his country's proposal to create a body known as the World Artificial Intelligence Cooperation Organization (WAICO), which would bring nations together as a step towards creating a global governance system for AI....." "The proposal is part of a wider drive to be at the helm of efforts to govern AI, in contrast to a US approach that is focused on deregulation...."

"Nature looks at China's approach, what a global AI governance body might look like and its chance of success..."

- Related AI read: Guardian - [‘The biggest decision yet’](#)

"Anthropic's chief scientist says AI autonomy could spark a beneficial 'intelligence explosion' – or be the moment humans lose control. Humanity will have to decide by 2030 whether to take the "ultimate risk" of letting artificial intelligence systems train themselves to become more powerful, one of the world's leading AI scientists has said....."

Papers & reports

WHO Bulletin – December issue

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+103%5BVolume%5D\)+AND+12%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+103%5BVolume%5D)+AND+12%5BIssue%5D)

IJHPM - What Defines an Age-Friendly Health System?; Comment on “Developing a Conceptual Framework for an Age-Friendly Health System: A Scoping Review”

https://www.ijhpm.com/article_4816.html

By M Wallhagen.

International Journal of Social Determinants of Health and Health Services - Addressing Power in Local-Level Policies and Programs to Reduce Health Inequities – A Systematic Review

<https://journals.sagepub.com/doi/full/10.1177/27551938251401131>

By Sally Schultz et al.

Plos GPH - Exploring a One Health approach to sustainability with international One Health and Global Health Security experts – differences, similarities and trade-offs between sectors

Osman Ahmed Dar, Mishal Khan et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005225>

“Sustainability in global health remains inconsistently defined and operationalised across human, animal, and environmental health sectors. As the One Health approach gains global traction—particularly in addressing complex, ‘wicked’ health problems such as pandemics, antimicrobial resistance, and ecosystem degradation—there is a growing need for shared conceptualisations of sustainability to support cross-sectoral collaboration and ultimately, long-term impacts. This study explores how One Health and health security experts from diverse disciplines understand and construct the meaning and determinants of sustainability....”

“... Participants offered multi-dimensional definitions of sustainability; they distinguished between process-oriented (e.g., institutional longevity, financing, local ownership) and outcome-oriented (e.g., ecological regeneration, intergenerational well-being) views. Human health experts emphasised health system continuity, while animal health participants highlighted economic and disease control outcomes. Environmental experts framed sustainability around planetary resilience and equity. Cross-sectoral convergence was found on key determinants: political commitment, stable financing, workforce capacity, community ownership, and adaptability. Our findings underscore that sustainability in One Health is a socially constructed and sectorally influenced concept....”

Lancet Comment - The *Lancet* Commission on the Future of Ukraine's Health System

A Murphy et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02375-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02375-X/fulltext)

“The ***Lancet* Commission on the Future of Ukraine's Health System** has been established to set out a bold vision for Ukraine's health system. It will do so by identifying priority areas for reform and generating ideas for how to approach these reforms amid multiple challenges....”

- And a link: **Health Research Policy & Systems - [Evaluating health organization readiness for implementing a learning health system: a scoping review](#)**

Tweets (via X & Bluesky)

Andrew Green

“In less than 10 months, thanks to Trump administration funding cuts, we have gone from talking about ending AIDS to worrying about a return to the days when an HIV diagnosis was a death sentence.”

“At the same time, I have met hundreds of people living with HIV, activists, nurses and officials in the months since the cuts began. **Each is determined this will not be their fate, no matter what Washington does.** That gives me hope this **World AIDS Day...**”

Kalypso Chalkidou

(Referring to article in the Jakarta Globe)

“**The key players in the Global South do have money, [in fact], many of them.** There are two Global South countries in the top 10 military spenders. **But there is not a single Global South country in the top 10 UN budget contributors. They can afford it.**”

Sridhar Venkatapuram

(In seminar on public health ethics)

“**Political philosophers** are taught that **politics is about who gets what**, but in today’s context, **politics is about who is living and dying.**”