

IHP news 858 : The coin is increasingly melting

(12 December 2025)

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

Dear Colleagues,

We start this week's intro with the [Call for IHP correspondents 2026](#). If you fit the criteria, we hope you apply! **Deadline: 15 January.**

The global health week started with the [UHC High-Level Forum](#) in Tokyo (6 Dec), [featuring](#) among others the launch of a **UHC knowledge hub** and a bunch of **national health compacts**. The day before, however, all eyes had been on the [2026 World Cup Football draw](#) ceremony in Washington DC, where **FIFA's Gianni Infantino** [handed](#) the inaugural **"FIFA peace prize"** to Trump. While some observers were slightly carried away, claiming ["The world comes together and fútbol is a 'bridge to peace'"](#), we reckon WHO staff must by now be "super proud" of the **WHO-FIFA partnership**.

Also end of last week, **the new US national security strategy** was launched, painting Europe as weak and facing 'civilisational erasure'. Brought back some memories of that cheerful [Tiffany song](#) from the 80s, *"I think we're alone now..."* :) Anyway, I don't want to spend too much time on the Donald, the way things are going with him, I guess we increasingly have to get ready for the Vance era (*could turn out even more creepy, in my opinion*). If Republicans can still stretch it, perhaps just after the midterms?

In this week's issue, we naturally also pay quite some attention to the **first US-Africa bilateral health deals** (*four so far*) and come back on **last week's PABS round** in Geneva. Speaking of the latter, after going through some top-notch [investigative reporting by Geneva Health Files](#), we'll probably never look again with the same eyes at the **swans in Lake Geneva**: *"... "Anyone familiar with Lake Geneva will also know the white swans that dot the shores. These birds are deceptively calm. They are dry on the outside but are really furiously paddling underneath. And sometimes they can be aggressive. The mood in Geneva at the PABS talks brought these birds to mind." ... "*

On Monday, an [Abu Dhabi Summit on polio eradication](#) led to some nightmarish visions of a **"reimagined" global health ecosystem in the not too distant future**, mainly comprising philanthropic foundations (*including a few from shady regimes*), some peanut "catalytic" commitments from former donor countries (*increasingly 'like-minded' in this respect*) and for the rest 'blended finance till we drop' (*with no doubt some 'agile' Boston Consulting Group staff lurking in the backdrop*). We ain't there yet, but a quote from Kelley Lee's [recent blog on the Collective](#) certainly came to mind: *"... Global Health is now seen by many as a rarified world occupied by elites ..."*. As a way forward to rebuild public trust in global health, Lee argues, correctly, *"... Global Health scholars should ... play an important role, not only in advancing our own research agendas among policymakers, but in advocating for good governance as a starting point for rebuilding public trust."*

By the way, if global health wants to do something about this ‘elite’ perception, the ongoing, apparently [ever expanding](#) ‘Reimagining’ exercises better have a proper look at the latest [World Inequality report](#). As whoever thinks global health can be ‘re-imagined’ while continuing to allow [“just 0.001% to hold three times the wealth of the poorest half of humanity”](#) should probably think again.

On the **planetary health** front, **UNEP’s latest Global Environment Outlook [report](#)** (GEO7), ‘**A Future we choose**’, argued *“the accelerating climate crisis is now a major driver of global instability”*. By the way, gone are the days that UN reports would lay out the road towards ‘**sustainable development**’. For several years now, framing has been rather ‘*the **SDGs are off track***’, and increasingly, it’s about the [‘risk of collapse’, no less](#).

Finally, today (12 Dec) is [UHC Day](#). The **theme** this year: *“Unaffordable health costs? We’re sick of it!”* The latest [UHC monitoring report](#), which in spite of the updated indicators was [not all that different from the previous ones](#) (*ahum*), provides some of the backdrop.

But let me end with a small suggestion. Although the health community rightly pays a lot more attention to the climate-health intersection than a few years ago, including in power corridors, I think the mantra *“health security & UHC are two sides of the same coin”* needs an update in times of planetary emergency, permacrisis and [‘hyper-prioritized’ crises](#). As while I won’t deny [some positive trends ten years after the Paris agreement](#), [the coin is increasingly melting](#). In some ways, [the new Lancet Commission on improving population health post-COVID-19](#) also hints at this this morning.

Over to you, speechwriter of Tedros! :)

Enjoy your reading.

Kristof Decoster

Featured Articles

On Omelas, cynicism, and the hard work of reimagining Global Health

[Fatuma Guleid](#)

My problem is that I have become a cynic. And not in the charming, world-weary way of a philosopher. I simply no longer believe that the world will get better in any fundamental way. Between climate change, antimicrobial resistance, deepening inequality, and whatever geopolitical crisis is trending this week, we seem to be running a full buffet of existential threats. If ever there was a time for global solidarity and collective action to reform global health in ways that can tackle these threats, this would be it. So naturally, we’ve chosen this moment to also experience what I consider to be a crisis of global leadership.

I realise this commentary sounds rather dramatic; but perhaps my cynicism is indeed warranted? My work has nurtured this cynicism. I spend my days in the space between research and policy, where evidence and reason are apparently supposed to lead to better health policy decisions. But years of working and studying this space have shown me how little evidence matters when set against power, interests, and values. Watching that up close can hollow your optimism. After a while, it becomes difficult to believe that anything really changes.

Cynicism is seductive. It feels like honesty. It feels smart seeing the world “as it really is”, particularly when you work in global health and witness how reforms fall in the gap between press releases and practice. But cynicism is also a constraint.

- Do read the full article on IHP: [On Omelas, cynicism, and the hard work of reimagining Global Health](#)

Global health architecture reform must be anchored in UHC

[Arush Lal](#), PhD and [Katri Bertram](#)

As a new UHC Knowledge Hub is launched in Japan ahead of international UHC Day, global health reform initiatives should align behind UHC as a country-led, sustainable global health model if they want to stay relevant.

Momentum for global health reform is at a peak. The [Accra Reset](#), the [Lusaka Agenda](#), [Wellcome Trust's commissioned proposals](#), and regional governance discussions (e.g., AU and EU) all recognize that national health and international aid systems are deeply strained by overlapping crises and financing cliffs. Yet this proliferation of initiatives risks reproducing fragmentation and process fatigue. A coherent, unifying vision is essential if global health reform is to finally succeed - a prerequisite for global health's legitimacy and survival. Universal Health Coverage (UHC) offers this vision, bringing together demands for sovereignty, a need to deliver more equity, and the necessity to strengthen resilience....

- To read on, see IHP - [Global health architecture reform must be anchored in UHC](#)

Highlights of the week

Structure of the Highlights section

- UHC High-Level Forum in Tokyo (6 Dec)
- UHC Day (12 Dec)
- PPPR -on PABS negotiations and more
- AMR
- Health Emergencies

- Reimagining Global Health (& Development Cooperation)
- Abu Dhabi polio pledging moment
- Bilateral health agreements US-African countries
- More on Global Health Governance & Financing
- Global Tax Justice & Debt crisis
- Trump 2.0
- NCDs & Commercial Determinants of Health
- Mental Health
- SRHR
- Planetary Health
- Access to medicines, vaccines & other health technologies
- Conflict/War/Genocide & Health
- More reports & publications of the week
- Miscellaneous

UHC High-Level Forum in Tokyo (5-6 Dec)

With some of the main news from Japan, and also some analysis.

WHO - Most countries make progress towards universal health coverage, but major challenges remain, WHO-World Bank report finds

<https://www.who.int/news/item/06-12-2025-most-countries-make-progress-towards-universal-health-coverage-but-major-challenges-remain-who-world-bank-report-finds>

“Since 2000, most countries—across all income levels and regions—have made concurrent progress in expanding health service coverage and reducing the financial hardship associated with health costs, according to a new joint report from the World Health Organization (WHO) and the World Bank Group. These two indicators are the foundation of Universal Health Coverage (UHC)—the global commitment that everyone, everywhere can access the care they need without financial hardship by 2030.....”

“The [UHC Global Monitoring Report 2025](#) shows that health service coverage, measured by the Service Coverage Index (SCI), rose from 54 to 71 points between 2000 and 2023. Meanwhile, the share of people experiencing financial hardship due to large and impoverishing out-of-pocket (OOP) health payments declined from 34% to 26% between 2000 and 2022.”

“However, the report cautions that the poorest populations continue to bear the greatest burden of unaffordable health costs, with 1.6 billion people further pushed into poverty. Overall, an estimated 4.6 billion people worldwide still lack access to essential health services and 2.1 billion people experience financial hardship to access health care, including the 1.6 billion people living in poverty or pushed deeper into it due to health expenses.....”

“... Without faster progress, full-service coverage without financial hardship will remain out of reach for many: the global SCI is projected to reach only 74 out of 100 by 2030, with nearly 1 in 4

people worldwide still facing financial hardship at the end of the Sustainable Development Goals (SDG) era.....”

PS: “Despite positive direction, **global progress rate has slowed since 2015, with only one-third of countries improving in both increasing health coverage and reducing financial hardship.** All WHO regions have improved service coverage, but only half—Africa, South-East Asia, Western Pacific—also reduced financial hardship. Low-income countries achieved the fastest gains in both areas but are still facing the largest gaps..... “

“The global increase in health service coverage has been driven largely by advances in infectious disease programmes. Coverage for noncommunicable diseases (NCDs) has shown steady improvement, while gains in reproductive, maternal, newborn, and child health have been modest...” **“Inequalities are getting starker: Despite progress, persistent gaps and inequalities are on the rise.** In 2022, 3 out of 4 people among the poorest segment of the populations faced financial hardship from health costs, compared with fewer than 1 in 25 among the richest.....

“... The report underscores the critical role of political commitment in every country and community, and calls for action in six core areas: Ensure essential health care is free at the point of care for people living in poverty and vulnerable situations; Expand public investments in health systems; Address high OOP spending on medicines; Accelerate access to essential NCD services, especially as the disease burden rises; Strengthen primary health care to promote equity and efficiency; and Adopt multisectoral approaches, recognizing that determinants of health and UHC drivers extend beyond the health sector....”

WB (press release) – Reforms focus on expanding primary care, improving affordability, and supporting job-rich growth

<https://www.worldbank.org/en/news/press-release/2025/12/06/national-health-compact-reforms-expand-affordable-care-create-jobs-boost-economic-growth?cid=HNP TT health EN EXT>

“Countries and partners today reported continued progress toward the World Bank Group’s goal—set in April 2024—to help deliver affordable, quality health services to 1.5 billion people by 2030. Building on that momentum, **15 countries introduced National Health Compacts**, outlining practical, **five-year reforms** that aim to expand primary health care, improve affordability, and support job-rich economic growth.....”

“Since the goal was announced, the World Bank Group and partners have helped countries reach 375 million people with quality, affordable care. Work is now **underway with roughly 45 countries to scale proven primary care approaches** that strengthen health outcomes while generating employment across health workforces, local supply chains, and supporting industries.....”

“In Tokyo, the 15 participating countries presented National Health Compacts endorsed at the highest levels of government. These Compacts align Health and Finance Ministries behind measurable targets, provide a roadmap for coordinated action, and guide support from development partners around country-led priorities. **The reforms focus on three main areas: expanding the reach and quality of primary care, improving financial protection, and strengthening the health workforce....”**

- PS: “**Philanthropic partners—working through the Global Financing Facility and the Health Systems Transformation and Resilience Fund**—are working to mobilize up to \$410 million of philanthropic support to galvanize far greater commitments to critical health areas.
- ... **Japan, a long-standing champion of universal health coverage, along with the United Kingdom and others, is providing technical assistance to help countries implement reforms.**

“To strengthen knowledge sharing, Japan, WHO, and the World Bank Group launched the Universal Health Coverage Knowledge Hub, which will support countries with practical, evidence-based solutions and peer learning.....”

- For more on the **country compacts**: <https://www.worldbank.org/en/programs/health-works/country-reform?cid=HNP TT health EN EXT>
- **Two-pager**: [Fact sheet national health compacts](#)
- **Two pager on UHC Knowledge hub** - <https://documents1.worldbank.org/curated/en/099744012042539742/pdf/IDU-4977a0d1-df35-4a83-9fb1-5e8407abcea6.pdf> (check out the UHC Knowledge Hub First Cohort Countries)

HPW - More than Half the World’s Population Lacked Access to Basic Health Services in 2023

<https://healthpolicy-watch.news/130282-2/>

Some coverage & analysis.

PS: “... On a related note, **domestic public health spending, per capita, exceeded pre-pandemic levels in all income groups except low-income countries in 2023. It also showed slight increases over 2022 levels.** This according to the latest WHO global expenditure data, which was presented at a webinar last week. **However, in the lowest income countries, public health capita spending in 2023 was in fact below pre-pandemic levels,** while donor aid, per capita, reached an unprecedented high of 32% of total spending. ...”

PS: “...In October, the World Bank also launched a [Health Works Leaders Coalition](#), co-chaired by the Government of Japan, and bringing together business leaders, heads of global health organizations, foundations and civil society to coordinate investment and share innovations. ...”

As a reminder, via the World Bank: “...**The [Health System Transformation & Resilience Fund \(HSTRF\)](#) is the World Bank’s primary Trust Fund vehicle for achieving the goal and supporting countries to provide quality, affordable health services for 1.5 billion people by 2030.** By pooling contributions from donors and consolidating external financing, the HSTRF reduces duplication and aligns investments with developing countries’ national plans so ministries can focus on delivering care. ...”

For more on **Health Works**, see <https://www.worldbank.org/en/programs/health-works/overview>

PS: “At Saturday’s UHC conference **some 15 low-income countries are announcing new “national health compacts,”** that aim to boost progress, and **which are endorsed at the highest level of government, including health and finance ministries.**”

“New financial commitments to UHC are also being made by the Coalition’s members. This includes two new memorandum of understanding between the World Bank and GAVI and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Each agreement aims to mobilize \$2 billion in additional funding for health care systems and services – along with their targeted vaccines and disease portfolios. “ “... Philanthropies are also involved in implementation of the country compacts, mobilizing \$410 million in grant funding to the Children’s Investment Fund Foundation (CIFF) and the Gates Foundation, among others. Key donors such as the United Kingdom and Japan will also provide financing for technical assistance.”

PS: (... The World Bank’s) “Vledder said that **the “compact” countries would be prioritizing “five proven solutions” that come together in digitally enabled Primary Health Care systems – supported by more local manufacturing of vital medicines and diagnostics.**”

World Bank Group and the Global Fund Join Forces to Strengthen Health Systems and Expand Sustainable Health Financing

<https://www.theglobalfund.org/en/news/2025/2025-12-06-world-bank-group-global-fund-join-forces-strengthen-health-systems-expand-sustainable-health-financing/>

“World Bank Group and Global Fund sign a new Memorandum of Understanding to strengthen primary healthcare and the fight against HIV, tuberculosis, and malaria.”

“The World Bank Group and the Global Fund to Fight AIDS, Tuberculosis and Malaria have signed a Memorandum of Understanding (MoU) to help developing countries build stronger, more resilient health systems and secure sustainable financing for primary health care and the fight against HIV, tuberculosis, and malaria. Working together, the two organizations plan to mobilize at least US\$2 billion over the next three years in joint financing, aligned with country priorities, to strengthen primary healthcare and expand access to essential services. The partnership will boost progress toward the World Bank Group’s goal of helping countries provide quality, affordable health services to 1.5 billion people by 2030, and advance the Global Fund’s mission to end HIV, TB, and malaria and reinforce health systems worldwide.”

“... The MoU will enhance cooperation in three key areas: affordable health services, sustainable financing, and reliable access to quality-assured health products....”

Gavi and World Bank Group deepen collaboration to boost health system resilience and regional vaccine manufacturing

<https://www.gavi.org/news/media-room/gavi-world-bank-group-deepen-collaboration-boost-health-system-resilience>

“World Bank Group and Gavi sign a new Memorandum of Understanding (MoU) to strengthen immunisation, primary healthcare and regional vaccine manufacturing. Working together, the two

organizations plan to mobilize at least US\$ 2 billion over the next five years in joint financing, aligned with country priorities....”

WHO - Tracking universal health coverage: 2025 global monitoring report

<https://www.who.int/publications/i/item/9789240117815>

“The window to 2030, the SDG target year, is closing. Without accelerated and sustained progress, hard-won UHC gains risk being lost. **Using revised and improved UHC indicators** the report presents the latest available UHC data and concludes with a call to shared action.”

PS: “The SDG global monitoring framework adopted two relevant indicators (SDG indicators 3.8.1 and 3.8.2) in 2015. **In 2025, the United Nations Statistical Commission approved proposals for revisions of the SDG UHC indicators, made jointly by the World Health Organization and the World Bank, as part of a comprehensive review of all SDG indicators.** The revised global UHC monitoring framework uses the following two indicators: **1. SDG indicator 3.8.1 is the UHC service coverage index**, a composite index with a score from 0 to 100, composed of 14 tracer indicators in the four broad health domains of reproductive, maternal, newborn and child health (RMNCH); infectious diseases; noncommunicable diseases; and service capacity and access. **2. SDG indicator 3.8.2 tracks the proportion of the population facing financial hardship in health**, reflecting out-of-pocket (OOP) health spending that reduces households’ ability to meet basic needs (impoverishing OOP) or that substantially reduces ability to consume other goods and services (large OOP). **This Global monitoring report 2025 marks the first round of UHC tracking to use these updated metrics**, with reproduction of all country, regional and global results since 2000.....

- Related: CESM: [UHC High-Level Forum 2025 in Tokyo: Civil Society Statements – by CSEM for UHC2030 and the Japan CSO Network on Global Health](#)

“Ensuring Meaningful Civil Society Engagement in the “Health Works” Initiative and the UHC Knowledge Hub.”

Universal Health Coverage: The Emperor has no clothes

Peter Singer; [Substack](#);

Singer **assesses the latest Global Monitoring report.** A bit harsh perhaps, but well worth a read.

“In the 1837 fairy tale, “The Emperor’s New Clothes,” everyone refuses to state an obvious truth — that the Emperor is naked. This is **an important parable for the 2025 Universal Health Coverage (UHC) Global Monitoring Report released recently by the World Health Organization and the World Bank.** The headline in the press release accompanying the report says, **“Most countries make progress towards Universal Health Coverage, but major challenges remain...”** While this may be technically true, as I explain below, it doesn’t reflect the true picture.”

“Since 2015, this report has been released every two years and said the same thing: only about half the world has access to UHC, and we need to do better. No one has stated the obvious: hey, you have said the same thing every two years for the last 10 years — what gives?”

“So the Emperor has no clothes in the sense that there has been virtually no progress on UHC since 2015. But the more important sense in which the Emperor has no clothes is *what to do about it* – the ‘we have to do better’ bit....”

“...Could we expect one or more of the 34 members of WHO’s Executive Board to say at their February meeting, ‘hey, we see no progress – it’s time to really rethink our approach!’ Not likely. In a recent conversation I had with Katri Bertram on leadership in global health (and UHC), she described that as ‘peeing in the pool.’

In our conversation, Katri identified three key issues in UHC accountability:

1 many leaders speak in “aspirational goals,” but in practice are tracking and (held) accountable for very “narrow” and “shifting goalposts.”

2 advocates fail to track and call for real results, and instead celebrate that a term is even listed on an agenda, or mentioned in a paper or speech.

3 catchy soundbites such as “health is a political choice” quickly become meaningless, and shift agency and accountability to “the other.” ...”

PS: “At the launch of the report in Tokyo on December 6th, my friend Senait Fisseha from the Susan Thompson Buffett Foundation emphasized **the critical role of country-level, just-in-time data**. Building on this, Nigerian Health Minister Muhammad Pate emphasized **accountability at the country level, saying ‘without it we cannot hold ourselves accountable and we cannot hold others accountable.’** When it comes to UHC, **the Emperor’s robes are sewn from accountability for results.”**

CGD – One-Sided Compacts: Why the World Bank’s National Health Compacts Need to be a Two-Way Deal

A Demeshko & P Baker; <https://www.cgdev.org/blog/one-sided-compacts-why-world-banks-national-health-compacts-need-be-two-way-deal>

“.... The compacts represent high-level government support for a five-year sectoral plan. They take a valuable health systems approach, as well as open a window to resolve common criticisms in development assistance for health, such as fragmented financing, weak coordination, and parallel structures that bypass national systems. But **in their current design, they are essentially one-way agreements: governments commit to reforms, while donors face no clearly articulated responsibilities, no expectations on how they channel funds, and no mutual accountability for changing their own behaviour.”**

“If they are to be real compacts, they must become two-way deals. That means defining roles and responsibilities for donors, not just governments. This includes agreements on financing modalities and alignment behind a national plan, as we have articulated in our “New Compact” proposal. Donors, global health initiatives, and other multilateral development banks (MDBs) must now get behind the National Health Compacts, and help transform them from promising frameworks into shared, two-way agreements that finance more effective and coordinated health services..... “

“...while an exclusively domestic focus may be appropriate in upper-middle-income countries like Mexico, where health services are overwhelmingly financed by domestic governments, it’s a major and striking omission for all low-income and many low- and middle-income countries, which still rely on external health financing to provide basic health services....”

PS: “What is remarkable is that 15 countries—during a moment of health financing crisis—took considerable time and effort to develop these compacts, and followed Bank-set deadlines and guidance, despite already having national plans and strategies. Why would they do this? For countries, the clearest additional advantage of the National Health Compacts is surely the potential to get World Bank funding and technical assistance. ... Viewed in this cynical light, the National Health Compacts appear less like a compact, and more like public funding requests to donors (or to the Bank) for funds. The published compacts include a direct request for funding from international partners. **However, no new money appears to be promised by the Bank (or their funders) for the compacts**, so this will presumably be drawn from existing allocations, as well as a MOU with [Gavi](#) and [Global Fund](#). The flip side of this is that non-National Health Compact countries would presumably have to get less funding. But how this can happen is unclear, given IDA, Gavi and Global Fund allocations are unlikely to be substantially influenced by the compacts.....”.

The authors then **list three steps to achieve genuine two-way compacts**.

GFF strategy 2026-2030: Transform 2030

<https://www.globalfinancingfacility.org/strategy>

This new strategy was also launched on the sidelines of the Tokyo HL Forum.

Tweet: “As global health and finance leaders assemble in Tokyo for the 2025 Universal Health Coverage ([hashtag#UHC](#)) High-Level Forum, the **Global Financing Facility for Women, Children, and Adolescents (GFF)** is pleased to launch its new five-year strategy, **TRANSFORM 2030: Transforming Health Systems, Saving Lives**. The strategy was **unanimously endorsed by the GFF’s two governing bodies at their annual in-person meetings last month in Dakar, Senegal.....**”

“Building on a decade of strong results helping hundreds of millions access lifesaving care through its country-led model, **the new GFF strategy for 2026–2030** reaffirms the GFF’s vision to end preventable deaths of women, children, and adolescents. **Through the new strategy, the GFF will enable partner countries to accelerate and scale up delivery of health and nutrition services, mobilize additional and sustainable financing, and transform their health systems to achieve UHC, self-reliance, and resilience to future shocks — becoming engines of job creation and inclusive growth.**”

- Related: [Wemos – The new 2026-2030 GFF strategy: wins and missed opportunities](#)
- Related: [The GFF Welcomes Renewed Commitment from the Gates Foundation to Accelerate Health Progress for Women, Children, and Adolescents](#)

(6 Dec) “The Global Financing Facility (GFF) today **welcomed a US\$100 million pledge from the Gates Foundation** to help deliver on [the GFF’s new five-year strategy \(2026–2030\)](#)...”

UHC Day (12 Dec)

ONE – Africa’s health paradox

[ONE's Aftershocks newsletter](#)

Today's newsletter is dedicated to UHC Day. With **three messages**: "Africa's health spending is both rising and stagnating..... African citizens provide 37% of health financing out of pocket. Only two countries have achieved Africa's promised health spending....."

Lancet Editorial – Universal health coverage: necessary, but not enough

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02511-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02511-5/fulltext)

Including: "...The **Lancet Commission** on population health post COVID-19 identifies three converging threats (non-communicable diseases, infectious diseases, and environmental degradation) that are largely driven by determinants outside the health sector. These threats fall hardest on those with the least power and fewest resources. **Without confronting upstream drivers, UHC risks producing coverage without improvement—access without health.....**" (for more on this new Commission, see below).

The editorial also points to: "...The **Global Health 2050 Commission** shows the potential of a **strategic focus. Concentrating on just 15 priority conditions**—eight infectious and maternal health conditions, seven non-communicable diseases and injuries—could halve the number of premature deaths by 2050. ..."

But it concludes:" ... **UHC alone cannot secure resilient health systems or sustained population health. The task is not to broaden UHC endlessly, but to ground it in the priorities that strengthen systems and improve population health.**"

Devex - Africa has made bold health commitments. Now it must finance them

W N A Menson, **Justice Nonvignon** et al ; <https://www.devex.com/news/africa-has-made-bold-health-commitments-now-it-must-finance-them-111470>

"Across Africa, the belief in universal health care is not new, and neither are the declarations, compacts and strategies that promise to deliver it. But as the proverb says, "A chattering bird builds no nest."

Enough rhetoric. It's time to get it done. The authors offer a number of suggestions.

PPPR: on PABS negotiations & more

With some analysis of **last week's IGWG round in Geneva.**

WHO - Countries to reconvene sooner to accelerate progress on WHO Pathogen Access and Benefit Sharing system negotiations

<https://www.who.int/news/item/05-12-2025-countries-to-reconvene-sooner-to-accelerate-progress-on-who-pathogen-access-and-benefit-sharing-system-negotiations>

(press release after the latest round of negotiations) “...**WHO Member States today ended their latest round of intensive negotiations on the world’s first Pathogen Access and Benefit Sharing (PABS) system. Countries decided to resume deliberations in January** in a reflection of the shared commitment and urgency needed to help make the world safer from future pandemics....”

“Countries convened for the fourth meeting of the [Intergovernmental Working Group \(IGWG\) on the WHO Pandemic Agreement](#) in Geneva from 1–5 December 2025. They requested to extend the current fourth round of negotiations, agreeing to resume from 20–22 January 2026.

PS: “...Before this fourth session, the IGWG Bureau organized [informal dialogues](#) with stakeholders, including representatives from the private sector, academia, laboratories and sequence information databases. **Similar focused dialogues will continue over the following weeks, in preparation for the resumed session in January. The fifth IGWG meeting will take place on 9–14 February 2026....**”

GHF - Developing Countries Push for Contractual Obligations for Pathogen Access & Benefit Sharing, As Africa-America Realpolitik Gathers Steam With Bilateral Deals

[Geneva Health Files](#);

(5 Dec) **Top-notch investigative reporting** by Priti Patnaik. “....Read our story today to understand **how an emerging U.S.-Africa axis intersects with multilateral efforts in Geneva, and how this might shape the PABS talks directly or indirectly.** We also discuss implications for other actors relative to these developments....” “In this story, **we note the implications of the first bilateral agreement signed between the U.S. and Kenya yesterday,** and also examine developments at the IGWG. ...”

A few excerpts to provide you with a flavour:

“...This week, more than 80 countries, representing 75% of the world’s population, also submitted draft contracts for the consideration of the Intergovernmental Working Group (IGWG) set up to negotiate the PABS - an annex to the Pandemic Agreement. The submissions led by the Equity Group, among others, included contracts on data access, and two contracts governing transfer of material and sequence information with labs and with participating manufacturers. **These countries are pushing for negotiations on these standard contracts that they see as integral to the PABS annex. Developing countries believe that contracts will provide legal certainty to the PABS mechanism....**”

“...By the time the negotiations concluded today, senior officials associated with the process noted “urgency” and recognized that “multilateralism was at stake” in the PABS talks....”

“... In time, some of the conditions in the U.S. bilateral contracts with African countries might clarify and contribute to the real-time discussions on the PABS system including on the merits and demerits of having an exclusive mechanism, for example. At this point, countries are mostly veering towards an open system with some proposed safeguards, and binding criteria to enable participation in the PABS system. Details are yet to be negotiated and will be contentious to agree on.....”

“... African experts hesitant to speak on the record, said that despite talks on sovereignty and greater self-reliance, African countries were choosing short term interests by going the bilateral way. ...”

HPW - US-Africa Bilateral Deals Steam Ahead as WHO Struggles to Finalise Global Pathogen Agreement

<https://healthpolicy-watch.news/us-africa-bilateral-deals-steam-ahead-as-who-struggles-to-finalise-global-pathogen-agreement/>

(for more on the first bilateral deals, see also the section ‘**More on Global Health Governance & Financing**’ below);

“As World Health Organization (WHO) member states decided to hold a new round of talks in January on establishing a global pathogen access and benefit sharing (PABS) system, the US signed its first bilateral health agreements, which include pathogen-sharing arrangements, with [Kenya](#) and [Rwanda](#) late last week.”

“The WHO talks on PABS, the last remaining outstanding item of the Pandemic Agreement, will resume on 20-22 January but the two main groupings remained far apart by the close of the fourth round of talks on Friday (6 December).... Yet the US Memorandums of Understanding (MOU) with the two African countries – and up to 48 others in the pipeline – potentially undercut any global agreement by giving the US early access to information on dangerous pathogens....”

“Few parameters for pathogen-sharing are set out in the MOUs, so any agreement reached by WHO member states could still guide African countries when they meet US officials in the coming months to nail down the terms of the MOUs. However, “no common ground was found on key issues – particularly around benefits predictability and legal certainty in the PABS system” at the WHO talks, [according to](#) the Resilience Action Network International (RANI), previously known as the Pandemic Action Network.... “

“During last week’s WHO negotiations, 51 African countries and the Group of Equity, which cuts across all regions, called for the PABS agreement to include model contracts – and submitted three [draft contracts](#) for consideration dealing with the obligations of the recipients of pathogen information, the providers of this information, and laboratories. Africa and the Group of Equity want legal certainty in the PABS system, while the group, mostly developed countries with pharmaceutical industries, cautions against provisions that may hamper private companies or innovation. “At the centre of this tension lies open access versus traceability,” according to RANI, a key civil society observer of pandemic talks. “Some favour unrestricted access to pathogen data and sequences (for example, without registration), noting it speeds up research and development. Others argue that benefits can only be enforced if use is traceable — and users visible.”....”

- See also **some tweets** from a Politico Pro article (via [@Thirugeneva](#)) :

“STUCK IN A MOMENT: As the May 2026 deadline to conclude the World Health Organization’s pandemic agreement nears, **negotiators are stuck at the starting line. pro.politico.eu/news/the-pan...**

"With just three scheduled sessions left, higher- and lower-income countries are still debating fundamental issues of principle." "The details of a highly complex system to share pathogen samples and data, and ensure access to the resulting vaccines, diagnostics and therapeutics, remain mostly unsolved." "Where we are: The latest text, distributed to negotiators Friday and obtained by Rory, gives a snapshot of where things stand." **"It reveals wide divergence between the two camps: higher-income countries, including the EU, on the one hand and the lower- and middle-income Group for Equity bloc on the other."**

- And a link: Science Editorial – [Pandemic security needs national leadership](#) (by M Van Kerkhove & C Ihekweazu)

"Although pandemic preparedness is often framed as a global endeavor, readiness can only be successfully realized through strong national approaches that work alongside global strategies. The tools and networks already exist to help countries achieve this. What remains is the sustained commitment of governments to finance and implement those tools..." **"...Since the peak of the COVID-19 pandemic, governments have reduced investments in public health, while increasing military defense spending. These reductions are short-sighted. Governments must embed preparedness in their health systems. A shift toward continuous, country-led readiness is critical to national stability."** Do read on.

AMR

Stat – New antibiotic can effectively treat gonorrhea, study finds

<https://www.statnews.com/2025/12/11/new-oral-antibiotic-zoliflodacin-effective-against-gonorrhea/>

"A single-dose oral antibiotic from a new class of drugs was as effective as the previous standard of care at treating uncomplicated urogenital gonorrhea, a study published Thursday in The Lancet reported. If approved for use, **zoliflodacin** would be a welcome addition to an armamentarium that contains precious few tools to treat *Neisseria gonorrhoeae*, the wily bacterium that causes the infection.

In fact, the world should learn soon if zoliflodacin, which is being developed as part of a private-public partnership, will be deployed in the fight against gonorrhea. **The Food and Drug Administration set a decision date of Dec. 15 to tell the drug's developers — Innoviva Specialty Therapeutics and the Global Antibiotic Research & Development Partnership, or GARDP — whether it will approve zoliflodacin...."**

- See also Science News - [New antibiotic for gonorrhea could help beat back drug-resistant infections](#)

"Two treatments for the sexually transmitted disease are expected to become available soon."

Health Emergencies

Sabin Vaccine Institute's Investigational Marburg Vaccine Delivered to Ethiopia for Outbreak Response

<https://www.sabin.org/resources/sabin-vaccine-institutes-investigational-marburg-vaccine-delivered-to-ethiopia-for-outbreak-response/>

“ The Sabin Vaccine Institute (Sabin) has sent more than 640 doses of its investigational cAd3-Marburg Vaccine to Ethiopia to support the country's response to its first-ever outbreak of Marburg virus disease. Marburg is a highly contagious hemorrhagic fever disease and can have a high case fatality rate of up to 88%. **There are currently no licensed vaccines or treatments for Marburg.** Soon after Marburg was confirmed as the virus causing a hemorrhagic fever outbreak in Ethiopia's southern region, the Ethiopia Ministry of Health engaged Sabin and the U.S. government to request access to Sabin's investigational cAd3-Marburg Vaccine. The U.S. government approved this request. The [Biomedical Advanced Research and Development Authority](#) (BARDA), part of U.S. Department of Health and Human Services' Administration for Strategic Preparedness and Response (ASPR), funds the development and manufacture of Sabin's investigational vaccine candidate....”

- Via [Stat : Ethiopia eyes experimental Marburg vaccine after outbreak](#)

“Ethiopia, which is battling its first outbreak of Marburg disease, has agreed to conduct a Phase 2 trial of an experimental vaccine aimed at protecting against the virus. The Washington-based Sabin Vaccine Institute [has sent nearly 650 doses](#) of its experimental Marburg vaccine to the country, which has recorded 13 confirmed cases so far, eight of which have been fatal. The open label trial will give a dose of vaccine to some people at high risk of contracting Marburg — health care and front-line workers and contacts of cases who've been in contact with a patient within the past 21 days, the incubation period for the virus. Other similar workers will be given a dose of the vaccine on a delay, so they can serve as a comparator group. **The vaccine, which is also in Phase 2 trials in Uganda and Kenya, was designed by scientists at the National Institutes of Health....”**

Reimagining Global Health (& development cooperation)

Lancet Regional Health Africa - Reimagining global health architecture: the way forward to ensure global health security

J Kaseya, N Ngongo et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00005-7/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00005-7/fulltext)

The [Lancet Regional Health Africa](#) has published its **first (online) Comments**. By way of example, this one by Africa CDC authors.

“... Reimagining global health architecture is not merely a technical exercise; it also requires **political will and commitment**. Africa CDC's leadership, grounded in the Lusaka Agenda, offers a **bold and actionable framework** for building a more equitable and resilient global health system. Implementation will require political will, sustained investment, and reform of global institutions to reflect new and evolving dynamics. Partnerships must be based on mutual respect and shared responsibility. The future of global health depends on our ability to learn from the past and build a system that serves all....”

The Collective – Beyond research and policy engagement: Rebuilding public trust in global health

Kelley Lee; <https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/kelley-lee/beyond-research-and-policy-engagement-rebuilding-p.html>

“How can global health scholars address waning trust in global health? Collective member Kelley Lee offers her reflections.”

“Beyond policy influence, a [Carnegie Endowment for International Peace](#) report warns that, for expertise to matter, nonpartisan institutions need new communication strategies. **In a world seeking resonance, immediacy, emotional connection and authenticity, facts alone are no longer sufficient. What is now clear is that global health scholars must not only be better at working with policymakers. They must also engage in social innovation and master new skills to engage with the public.**”

“Overall, as global health scholars, we must continue to ensure our research has meaningful impact in the policy world. This remains an ongoing challenge. However, our engagement efforts must also extend beyond, to the people impacted by global health policies and practices. **Global health is now seen by many as a rarified world occupied by elites making decisions that are out of touch with everyday realities.** The academic and policy worlds need to be demystified through greater transparency and accountability including the research-policy interface. **Global health scholars thus play an important role, not only in advancing our own research agendas among policymakers, but in advocating for good governance as a starting point for rebuilding public trust.**”

CGD (blog) - A Reflection on Lions: The New Future of Development Cooperation Coalition

A Latortue; <https://www.cgdev.org/blog/reflection-lions-new-future-development-cooperation-coalition>

The author announces “the formation of the independent [Future of Development Cooperation Coalition](#), a **broad partnership co-hosted by the African Center for Economic Transformation and the Center for Global Development, supported by 17 countries and backed by five major philanthropic institutions** to shape a bold, pragmatic vision for the future of development cooperation at a moment of enormous challenges—and genuine opportunity.” (ps: the **Gates Foundation** is one of them)

- Check out the **press release** - [Global Leaders Announce Independent Coalition to Reimagine the Future of Development Cooperation](#) With 4 goals. And time-bound (1 year)

HP&P – Decolonising Global Health in an Age of Fragmentation: Reimagining Equity for Universal Health Coverage

E K Afriye et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf109/8377146?searchresult=1>

“.... This commentary argues that the current geopolitical fragmentation, while a crisis, also presents a critical opportunity to dismantle colonial legacies and reimagine global health equity not as a donor-driven ideal, but as a practice of shared power and sovereignty. We first document the rise of alternative pathways, critically examining China's health diplomacy and India's pharmaceutical disruption, while highlighting robust, LMIC-led initiatives like the African Medicines Agency and local mRNA vaccine production in Rwanda and Thailand. **In response to the fractured status quo, we then propose a new global health compact built on four interdependent pillars:** 1) Epistemic Justice, valuing local knowledge systems; 2) Structural Audacity in Financing, such as taxing multinational corporations for reparative funding; 3) Governance for Agency, ceding decisive power to LMICs; and 4) Open Knowledge and Innovation, by dismantling restrictive intellectual property regimes....”

Abu Dhabi polio pledging moment

GPEI - Global Leaders pledge US\$ 1.9 billion in Abu Dhabi to End Polio and protect children worldwide

<https://polioeradication.org/news/global-leaders-pledge-us-1-9-billion-in-abu-dhabi-to-end-polio-and-protect-children-worldwide/>

“ International leaders, philanthropists, and global health partners **announced** today in Abu Dhabi a collective US\$ 1.9 billion to advance polio eradication. This includes approximately \$1.2 billion in newly pledged funds that will reduce **the remaining resource gap** for the Global Polio Eradication Initiative's (GPEI) 2022-2029 Strategy to \$440 million. The funds will **accelerate vital efforts to reach 370 million children each year with polio vaccines**, alongside strengthening health systems in affected countries to protect children from other preventable diseases.”

“The global pledging event, ‘Investing in Humanity: Uniting to End Polio’, was hosted by the Mohamed bin Zayed Foundation for Humanity in partnership with GPEI, and took place at Abu Dhabi Finance Week. **Pledges** were made from a diverse group of donors and countries, including: \$1.2 billion from the Gates Foundation; \$140 million from the Mohamed bin Zayed Foundation for Humanity; \$450 million from Rotary International; \$100 million from Bloomberg Philanthropies; \$154 million from Pakistan and \$62 million from Germany; **\$46 million from the United States of America**; \$6 million from Japan; \$4 million from the Islamic Food & Nutrition Council of America (IFANCA); and \$3 million from Luxembourg.....”

- See also [HPW – \\$1.9 Billion in Pledges to Polio Eradication by Gates and Other Donors Narrows Funding Gap](#)

“Global leaders pledged US\$ 1.9 billion to advance polio eradication on Monday, including a new \$1.2 billion commitment by the Gates Foundation. **The pledges, made on the margins of Abu Dhabi Finance Week, reduce [the remaining budget gap](#) for the Global Polio Eradication Initiative’s (GPEI) to just \$440 million through 2029.** That’s in comparison by the **\$2.3 billion funding gap that had been faced in May, at the time of the World Health Assembly**, following the withdrawal of the United States from WHO, a major GPEI partner in early 2025.”

PS: “....\$46 million from the United States. Smaller amounts were pledged by Japan, Luxembourg and other foundations. **The pledge by the US, traditionally GPEI’s second largest donor, was only a fraction of past years contributions.** In 2023 alone, for instance, the US contributed some \$230 million – funneling roughly half of the funds directly to GPEI as well as through WHO....”

- Some other Abu Dhabi related news: [WHO Director-General's remarks at the "Better beginnings: partnering for healthier mothers and children" event – 8 December 2025](#)

“... let me propose three concrete pathways forward for everyone in this room: **First, invest together in high-impact acceleration packages, beginning with postpartum haemorrhage** – the single largest cause of maternal death. We have the tools. We need them everywhere. Our public-private partnership with the private sector on heat-stable carbocin has demonstrated what could be achieved. We anticipate building similar partnerships for hypertensive disorders of pregnancy – the second leading cause of maternal death. **Second, finance the systems that make solutions real:** Midwives. Referral and transport. Oxygen and commodities. Small-and-sick newborn units. Real-time data to guide decisions. These are the levers of survival, especially in fragile settings. **Third, commit to predictable, multi-year financing aligned to national and global priorities.** Pooled mechanisms like the proposed Beginnings Fund demonstrate what is possible: catalytic capital, aligned with governments, scaling tools that work. **And we have another opportunity before us – the child health coalition currently under discussion with France, South Africa, and the Gates Foundation.** This coalition can be the bridge between **maternal and child survival agendas**, uniting partners behind scale-ready interventions, supply chain strengthening, and workforce expansion.....”

Bilateral health agreements US-African countries

With among others, besides an overview of what they entail, some **early analysis of the first bilateral agreements between the US and African countries.**

Devex – The US signs first bilateral health deal with Kenya for \$1.6 billion

https://www.devex.com/news/the-us-signs-first-bilateral-health-deal-with-kenya-for-1-6-billion-111510?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky

“U.S. Secretary of State Marco Rubio called the East African nation a "perfect partner" to serve as a **proof-of-concept in efforts to create "a sustainable U.S. health assistance model."** Kenya's Ministry of Health called it "quite a departure from the past."....”

“.... The agreement includes a **gradual transition of management of procurement of health commodities from the U.S. to Kenya**, as well as a transition of U.S.-funded front-line worker

salaries onto the Kenyan government's payroll. Additionally, the U.S. will support the scale-up of Kenya's health data systems. In the "America First" strategy, the U.S. outlined its intentions to leverage the private sector and [faith-based organizations](#). As part of the agreement, the U.S. will support the Kenyan government in developing reimbursement mechanisms for working with them...."

"Rubio said the money his country plans to commit won't be spent solely on providing medicine and health care services, but also on efforts to improve broader domestic health care infrastructure so that in five to eight years, countries will no longer need these levels of foreign assistance, if any....."

PS: ".... the "America First" global health strategy is more narrowly focused than that of previous administrations. It focuses on specific diseases, including HIV, polio, tuberculosis, and malaria. While family planning was absent from the strategy, the [Associated Press reported](#) that Jeremy Lewin and Brad Smith, two State Department officials involved in the negotiations, said that family planning programs that comply with U.S. restrictions on the provision of abortion services will also be eligible, and they also said the agreement wouldn't discriminate against LGBTQ+ individuals or sex workers....."

"The strategy also emphasises creating plans to shift responsibility from the U.S. to partner governments annually and ensuring those governments commit to coinvest from their own national budgets as opposed to using funds from other donors or multilateral organizations...."

Devex – Kenya limits US access to disease outbreak data in new bilateral deal

<https://www.devex.com/news/kenya-limits-us-access-to-disease-outbreak-data-in-new-bilateral-deal-111519>

With some more info on the bilateral agreement. "“We did not negotiate a specimen-sharing agreement,” said Kenyan Ministry of Health's Dr. Ouma Oluga. “This is something that they really wanted but we said: ‘Wait a minute, we will not do it.’”

“ The Kenyan government said it didn't sign a specimen-sharing agreement with the United States but will share data on request if regulators sign off and the data relates to U.S.-supported work. ...”

Reuters - US signs \$228 mln deal with Rwanda for health under new aid model

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-signs-228-mln-deal-with-rwanda-health-under-new-aid-model-2025-12-06/>

“The United States and Rwanda have signed a deal for the provision of \$228 million for the health sector in the East African nation, the State Department said, the second such pact under the Trump administration's new approach to overseas aid....”

- See also [Pulse of Africa - U.S. and Rwanda Sign Five-Year Health Cooperation Agreement Worth \\$228 Million](#)

“Through the arrangement, and subject to congressional consultation, the United States intends to provide up to \$158 million to support programs addressing HIV/AIDS, malaria, other infectious

diseases, and the strengthening of disease surveillance and outbreak response. In parallel, the **Government of Rwanda has committed to increasing its domestic investment by \$70 million**, expanding its financial responsibility as U.S. support gradually tapers.”

“**The partnership also advances American commercial engagement in Africa. It builds upon the Department’s recent award to Zipline International Inc., supporting the production of U.S.-made advanced robotics for delivering essential medical supplies.** Rwanda—an early adopter of Zipline’s technology—will operate and maintain the U.S.-funded infrastructure.....”

“Additionally, the agreement includes \$10 million for U.S.-based Ginkgo Bioworks to expand disease surveillance capabilities in Rwanda, creating a regional “biothreat radar” to monitor emerging outbreaks. **The framework also identifies areas for expanded U.S. private sector involvement, including research into next-generation HIV treatments and the development of artificial intelligence tools for healthcare delivery...**”

Emily Bass - Lessons from America's Health Agreements with Kenya and Rwanda

<https://emilysbass.substack.com/p/lessons-from-americas-health-agreements>

Very insightful blog with some early lessons. “**What America politicians are paying for, what they want, and what countries and civil society can own.**”

“... **The summary** of everything else is this: Based on the information available about these two MoUs, **America knows what it wants (market access, economic and military cooperation), what it hates (a fact-based account of how the President’s Emergency Plan for AIDS Relief country helped turn the tide of global AIDS), and what it could care less about (whether the money saves lives).** There are many reasons to tune out this noise and **only one reason to pay attention: There is real money at stake that could still make a difference, if and only if, impacted communities, their elected officials and health providers in the countries receiving the funds are in charge of, and accountable for, results that matter....**”

“**Country ownership** is one of those feel-good phrases that means everything and nothing, so let me say what I mean a bit more clearly. **America is paying for health care but it isn’t buying healing. It’s buying economic markets, political cooperation and military presence in conflict zones and fragile states where America has interests.....**”

PS: “**Let’s look first at the Kenyan negotiation process that happened before signing.** This process demonstrates that: **Affirmative changes to the Memoranda text are possible when civil society moves quickly, boldly and publicly to invoke pre-existing statutes and laws relevant to the contents of the agreement.....**”

Bass concludes: “.... On Friday December 5, the Department of State promised that “The United States will continue to sign agreements with “dozens of countries receiving U.S. health assistance in the coming weeks.” With my current sense of the countries that the US State Department visited in November, I can’t get to ‘dozens,’ but the fact remains—**there will be more of these agreements before the holiday break. For every country that has not signed, there is still time to ask the questions I suggested—and your own. There is a precedent for leaving data sharing agreement details for the implementation phase (more on that in my next post), and for legal arguments generated by national members of civil society to generate attention that leads to change. There is**

a risk in using gross calculations of percent funding reductions as an assessment of the damage done or assets gained. And there is an opportunity to re-define country ownership to take control of a situation in which the US government is putting up real money, with little visible interest in driving real change....”

America First Global Health Strategy – Joint Statement between the United States of America and the Government of Uganda on the Bilateral Health Cooperation Memorandum of Understanding (MOU)

[US Embassy;](#)

(10 Dec) “The Government of the United States and the Government of Uganda today signed a **five-year, \$2.3 billion bilateral health cooperation Memorandum of Understanding (MOU)** that outlines a comprehensive vision to save lives, strengthen Uganda’s health system, and make America safer, stronger, and more prosperous. ... Under the MOU, the United States plans to support priority health programs, including HIV/AIDS, TB, malaria, maternal and child health, polio eradication, global health security, human resources, disease surveillance, and emergency preparedness. **Over the five-year period, the United States Government plans to provide up to \$1.7 billion of support and the Government of Uganda pledges to increase domestic health expenditures by more than \$500 million to gradually assume greater financial responsibility** over the course of the framework. The agreement includes support for faith-based healthcare providers in Uganda....”

Devex - Rapid US health deals spark concerns over lack of public consultation

<https://www.devex.com/news/rapid-us-health-deals-spark-concerns-over-lack-of-public-consultation-111540>

(10 Dec) “Many are concerned that the State Department is signing these agreements with countries too fast and without public participation. In the past week, it’s inked deals with Kenya, Rwanda, Liberia, and Uganda....”

“But concerns around this process are mounting. Forty-six civil society organizations [published a letter](#) to African government leaders on Wednesday expressing wide-ranging concerns around the deals in areas such as data sovereignty — and stating the terms are dictated by the U.S. and not by African interests. They wrote that the agreements have a “**rushed timeline and extremely limited inclusion of civil society**.” “Bilateral partnerships should be co-developed, mutually beneficial, aligned with national interests, and consistent with regional and international efforts to strengthen health systems and disease response,” the letter stated. **The lack of public participation is particularly concerning for many because the agreements involve African countries putting forward their own taxpayer dollars for cofinancing.**”

“... Many are also concerned that African nations are [losing collective bargaining power](#) by negotiating directly with the U.S. instead of as a continental bloc — and that this could leave some countries that have less geopolitical clout with less leverage at the negotiating table....”

- Do read the full letter: [African and Global Civil Society Call on African Heads of State and Government to Demand Fair Terms in U.S. Health Agreements](#)

HPW - Kenya's High Court Suspends US Health Deal as Civil Society Urges African Leaders to Ensure 'Fair Terms'

<https://healthpolicy-watch.news/kenyas-high-court-suspends-us-health-deal-as-civil-society-urges-african-leaders-to-ensure-fair-terms/>

(11 Dec) **"Kenya's High Court suspended the implementation of the country's Memorandum of Understanding with the United States on Thursday after two separate court challenges by the Consumer Federation of Kenya (COFEK) and local Senator Okiya Omtatah. COFEK argues that the agreement contravenes Kenya's Data Protection Act, Digital Health Act, Health Act, and new data regulations that protect citizens' health data. Meanwhile, Omtatah petitioned the court to halt the agreement on the grounds that it undermines the principles of public participation, parliamentary oversight and binds Kenya to terms that could strain the country's budget...."**

PS: **"...Meanwhile, World Health Organization (WHO) Director General Dr Tedros Adhanom Ghebreyesus told a media briefing in Geneva on Thursday that the bilateral MOUs are agreements between two sovereign nations with their own national interests. He added that the MOUs did not threaten the global pathogen-sharing agreement currently being negotiated at the WHO, as they would cover 50 countries maximum (according to the US) in comparison to the 194 WHO member states. "How many countries, maximum target, do they have? They say 50 countries. This cannot replace an agreement of an international nature. That means 194 countries. So the multilateral system, the common platform, fills almost every space...."**

More on Global Health Governance & Financing

GHF - Who Speaks For Africa in Global Health?

Paul Adepoju; [Geneva Health Files](#);

"...Paul Adepoju (senior journalist based in Nigeria) analyzes the role of key African institutions on the continent as they hold the mantle of leadership and sovereignty in the backdrop of ever-evolving geopolitics and trade pressures. " "Africa's public health map lit up like a warning signal. Mpox in West and Central Africa. Cholera from the Sahel to the south. Marburg alerts in the Horn. Ebola winding down in the Congo River basin. In that crowded landscape, Africa CDC says it is not only fighting outbreaks. It is trying to redefine Africa's place in global health.

"... In November 2025, African leaders meeting at the AU–EU Summit in Luanda signaled support for Africa CDC's new Africa Health Security and Sovereignty agenda. The Africa Health Security and Sovereignty (AHSS) Agenda is now the agency's long-term strategy. It centers sovereignty, domestic financing, digital transformation and local manufacturing as the foundation for future systems...."

Quote: **"Chikwe Ihekweazu, Executive Director of WHO's Health Emergencies Programme and former head of Nigeria's Centre for Disease Control, described Africa CDC's role as anchoring member states rather than speaking above them. He said the agency "hooks countries together" during emergencies, aligning decision making and linking national systems to continental processes, in an online interview...."**

“... The mpox response and AHSS launch have revived an old question: who speaks for Africa globally? Africa CDC’s presence in international negotiations has increased. During pandemic treaty discussions, the agency presented positions that reflected concerns of public health leaders across the continent, but countries continued to hold their own in the negotiations. African diplomats continue to represent member states, but Africa CDC’s growing influence is also contributing to how those positions are formed.....”

PS: Adepoju also discusses Africa CDC’s (cautious) position vs the **US bilateral deals with African countries**.

Africa CDC and Zipline Partner to Advance Health System Responsiveness and Epidemic Preparedness Across Africa

<https://africacdc.org/news-item/africa-cdc-and-zipline-partner-to-advance-health-system-responsiveness-and-epidemic-preparedness-across-africa/>

(11 Dec) “The Africa Centres for Disease Control and Prevention (Africa CDC) and Zipline International, Inc. have signed a Memorandum of Understanding (MoU) to improve health outcomes and expand economic opportunities across Africa through drone-enabled health logistics....”

BMJ Opinion – UNAIDS: to dissolve or evolve?

Kent Buse et al ; <https://www.bmj.com/content/391/bmj.r2610>

“As the UNAIDS board meets next week to decide the agency’s future, it should focus on a strategic transition that safeguards progress.”

Buse: “Is the UN about to kill its most innovative health model?”

Excerpts: “...Before any decision is taken on sunseting UNAIDS, a fully independent panel should be established to assess the implications for rights, treatment continuity, prevention for key populations, community leadership, and UN system accountability—areas for which no comprehensive analysis yet exists. The UNAIDS board should therefore bring forward its planned 2027 review and establish a panel comprising independent experts nominated by HIV stakeholders and other global health specialists from beyond the AIDS field. Its mandate would be to examine all viable options for the programme through to 2030 and provide evidence informed recommendations to the key stakeholders involved, namely the UNAIDS board, the secretary general, and the UN Economic and Social Council....”

“The panel could consider several options. It could look at paring back UNAIDS over time, until at least 2030, so that UNAIDS focuses solely on rights, accountability, community engagement, and coordination, and WHO takes over its biomedical functions. A second option is to close it completely, with WHO or the UN Development Programme taking over its essential functions. This is widely seen as a risk given the need to consolidate the gains we’ve made in tackling AIDS and position these approaches as pathfinders to achieving the sustainable development goals. Other possibilities include widening its mandate to encompass tuberculosis and malaria, making it the unitary interface with the Global Fund to Fight AIDS, Tuberculosis and Malaria, or absorbing the programme, with a

wider remit, into the UN headquarters. **An abrupt dismantling of the agency, without a considered plan, risks undermining hard-won gains in one of global health's most notable collective efforts. A deliberate redesign, by contrast, could preserve the rights based, community centred, and multisectoral capacities that will be essential not only to achieving sustainable development goal 3.3 but to tackling other health threats."**

UNAIDS calls on African leaders to resource the HIV response, protect human rights, and seize the opportunity of new innovations to end AIDS

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/december/20251210_icasa

"The Executive Director of UNAIDS Winnie Byanyima made the call during the African AIDS conference ICASA in Accra, Ghana saying "ending AIDS is a political choice"."

HPW - Gavi Cuts Staff and Support to WHO and UNICEF – Gives More Freedom to Countries to Decide Vaccine Priorities

<https://healthpolicy-watch.news/gavi-cuts-staff-and-support-to-who-and-unicef-gives-more-freedom-to-countries-to-decide-vaccine-priorities/>

"Gavi, the Vaccine Alliance has pared down its staff in its Geneva headquarters, Washington DC and New York by 33% – from 643 to 440 people, the agency confirmed today, following a June replenishment drive that fell about \$2 billion short of a [\\$11.9 billion fundraising goal for 2026-2030](#)...."

"Beginning in 2026, the agency will also rollback support to partner agencies, The World Health Organization and UNICEF for their vaccine initiatives. "As part of the package of trade-offs agreed by Gavi's Board, WHO and UNICEF will see approximately a 30% reduction in funding," a Gavi spokesperson confirmed of plans for the next five-year period, 2026-2030...."

"The new Gavi strategy, approved by its Board Thursday, also vests greater power in countries to determine their own vaccine priorities – beyond the most essential child and youth regimens – and withing a pared-down budget of \$10 billion for the next five years...." "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"," said the organization in a press statement after the four-day board meeting concluded. "In a time of financial constraints, countries will have full control of how to optimise and prioritise immunisation programmes per their national strategies and context." Gavi said. The new budget will also increase it's support for fragile and conflict-settings by 15% – alongside cuts in support to lower-middle income countries. ..."

PS: "The changes are part of the new [Gavi Leap](#) strategic plan for 2026-2030. "As a result, more than a third of Gavi's overall funding for countries will be focused on the 25% most vulnerable children. Allocations for country vaccine budgets will also prioritise the lowest income countries with the highest number of deaths amongst children under five. A new agile funding mechanism, called the Gavi Resilience Mechanism, will provide flexible support to countries and partners in fragile and humanitarian settings around the world," the organization said."

“.. Since the June pledging event, Gavi has now raised \$9.5 billion. And with other new commitments still pending, that Gavi officials expressed **confidence that they could meet the \$10 billion target for 2026-30 with ease.....**”

Devex - Malaria No More taps Trump insider for ‘new era’ of global health

[Devex](#);

“**Bill Steiger** is a Republican global health insider and **former USAID chief of staff.**”

Lancet Comment - Global tuberculosis response off track: urgent priorities to end the world's top infectious killer

D Hui, L Ditiu et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02433-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02433-X/fulltext)

“....Ending tuberculosis will now require a new paradigm change of innovation, one that is structural, operational, and social, rather than solely biomedical.... ” The authors list seven points.

And conclude: “....Achieving End TB by 2030 requires moving away from incrementalism and embracing the structural redesign that characterised successful HIV and COVID-19 responses. This entails a **comprehensive reorientation of tuberculosis services towards proactive case finding, integrated prevention, equitable access to innovation, sustainable financing, and stronger governance.** If implemented at scale, these shifts could accelerate declines in global tuberculosis incidence and restore long-stalled momentum, **even if End TB targets remain out of reach for now...**”

P4H – African nations turn to health taxes as aid declines

<https://p4h.world/en/news/african-nations-turn-to-health-taxes-as-aid-declines/>

“With shrinking aid, African nations are adopting taxes on tobacco, alcohol, and sugary drinks to fund health systems and fight non-communicable diseases. **Experts at a regional forum highlighted the promise and pitfalls of health taxes**, urging transparent, context-based policies that balance health goals, equity, and economic realities.” “As foreign aid dwindles, **African countries are turning to “sin taxes” on tobacco, alcohol, and sugary drinks** to fund healthcare and curb lifestyle-related diseases. **At a roundtable *Beyond Aid Dependency: Unlocking Domestic Health Financing Through Health Taxes***, experts emphasized the **need for African-led solutions suited to local contexts.**

Brookings - Bridging Africa’s health financing gap: The case for remittance-based insurance

<https://www.brookings.edu/articles/africa-health-financing-remittance-based-insurance/>

“Remittance-based health insurance represents one critical, underused tool for reducing out-of-pocket spending and strengthening health system resilience in an era of constrained development finance. To unlock the potential of this intervention, **this policy memo proposes the need for an**

ecosystem-building platform to transform remittances into structured health protection. This “HealthBridge” platform would address coordination failures between diaspora senders, insurers, remittance providers, and regulators through three core functions: a technical advisory “product lab” to develop compliant, affordable insurance products; policy engagement to overcome cross-border regulatory barriers; and partnership brokerage and ecosystem coordination to align diverse stakeholder incentives.”

CGD - What PEPFAR’s 2024 Data Reveal About the Mounting Risks For Women and Children

E Kandpal et al; <https://www.cgdev.org/blog/what-pepfars-2024-data-reveal-about-mounting-risks-women-and-children>

“In this blog, we use PEPFAR’s monitoring data for 2024—the last year made publicly available—to delve into who and how many PEPFAR served...”

Cfr a tweet: “...PEPFAR treated 14.4 million women in 2024—the largest share of individuals served. As the program faces major uncertainty, new analysis by @eeshani.bsky.social and Brian Webster shows who relies on PEPFAR and what disruptions could mean for women and children: [go.cgdev.org/4aaa44f...](https://www.cgdev.org/4aaa44f...)”

Africa CDC - Communiqué: Outcome Statement by Africa CDC’s Primary Health Care (PHC) Digitalization Expert Committee

<https://africacdc.org/news-item/communique-outcome-statement-by-africa-cdcs-primary-health-care-phc-digitalization-expert-committee/>

Addis Ababa, Ethiopia, 27th November 2025 “A bold call for African Union Heads of State to commit to digitalizing at least 90% of Africa’s Primary Health Care systems, including community health systems, by 2035 as a cornerstone of Africa’s Health Security and Sovereignty (AHSS) Agenda.”

“On November 26–27th, 2025, Africa CDC convened the PHC Digitalization Experts Committee (PHC-DEC) at its Headquarters in Addis Ababa, Ethiopia to initiate the development of the continental framework for a full digitalization of the Primary Health Care system.....”

UNITAID - Unitaid concludes 48th Executive Board in Japan with renewed focus on access and innovation

<https://unitaid.org/news-blog/unitaid-concludes-48th-executive-board-in-japan-with-renewed-focus-on-access-and-innovation/>

“Gathering in Tokyo, Executive Board members reflected on the shifting global health landscape and aligned on the urgent steps needed to protect access to lifesaving health products at a time of growing pressure and constrained resources.”

Launch of Health Impact Coalition

<https://www.healthimpactcoalition.org/>

The **Health Impact Coalition** is an international partnership and brings together eight Belgian NGOs with many years of experience in international health: Action Damien, Chaîne de l'Espoir, Handicap International, Light for the World, Médecins du Monde, Médecins Sans Vacances, Memisa and Viva Salud. Focus: **health systems strengthening**.

For more, see the **press release** – via [LinkedIn](#).

Lancet – Offline: Watching the watchers (part 2)

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02510-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02510-3/fulltext)

“The chief threat to health systems, according to Global Health Watch 7 (GHW7), comes from privatisation, financialisation, and corporatisation, trends that have only accelerated in recent decades, especially in Majority World settings... . GHW7 does not provide a comprehensive counter-narrative to these threats. Instead, it offers some tools for analysing these disruptions....”

Hortons ends with this slightly baffling final paragraph: **“... While there is much in GHW7's diagnosis to applaud, one omission seems to me serious and surprising. The only means to check the power of corporations, defend universal values of health and health equity, and to strengthen the ability of governments to maintain sovereignty over their health sector is a strong rules-based international system.** The attack on multilateral organisations by the US Government and those who seek to dismantle global mechanisms underpinning rules-based systems presents the best opportunity for commercial actors to colonise, fragment, and exploit health systems for private gain. And it is not only the Trump administration leading this anti-globalist movement. **Perhaps in deference to a presumed realpolitik in international affairs, the intellectual case for globalism, expressed as support for the Sustainable Development Goals (SDGs), is showing signs of strain, even fracture.** Writing in Foreign Policy recently, Adam Tooze argued that the SDGs have “delivered so little that it raises the question of whether it was ever anything more than a self-serving exercise on the part of global elites”. “The age”, he writes, “of a politically neutral, universally endorsed development agenda is over...The bland box-ticking vision of 2015 is no longer our world.” **A true people's health movement should surely see transnational solidarity among citizens, based on Amartya Sen's notion of a shared global identity among us as the best means to avert the insidious effects of privatisation, financialisation, and corporatisation.”**

UNU symposium report - Strengthening Global Health Governance(GHG) Defending the Public Interest and Holding Powerful Private Actors Accountable

https://collections.unu.edu/eserv/UNU:10390/Symposium_Report_Dec_25.pdf

This report represents a **high-level synthesis of the key themes, conclusions, and recommendations emanating from a three-day symposium held in Kuala Lumpur, Malaysia in April 2025.**

Global Tax Justice & Debt crisis

Guardian - Just 0.001% hold three times the wealth of poorest half of humanity, report finds

<https://www.theguardian.com/inequality/2025/dec/10/just-0001-hold-three-times-the-wealth-of-poorest-half-of-humanity-report-finds>

“Data from World Inequality Report also showed top 10% of income-earners earn more than the other 90%.”

“Fewer than 60,000 people – 0.001% of the world’s population – control three times as much wealth as the entire bottom half of humanity, according to a report that argues global inequality has reached such extremes that urgent action has become essential....”

“The authoritative **World Inequality Report 2026** is based on data compiled by 200 researchers.... “ and is produced every four years in conjunction with the United Nations Development Programme.

“Wealth – the value of people’s assets – was even more concentrated than income, or earnings from work and investments, the report found, with the richest 10% of the world’s population owning 75% of wealth and the bottom half just 2%....”

“... Reducing inequality was “not only about fairness, but essential for the resilience of economies, the stability of democracies, and the viability of our planet”. They said such extreme divides are no longer sustainable for societies or ecosystems.....

PS: “.... **Inequality was also fuelled by the global financial system, which is rigged in favour of rich countries,** the report said, with advanced economies able to borrow cheaply and invest abroad at higher returns, allowing them to act as **“financial rentiers”**.... **About 1% of global GDP flows from poorer to richer countries each year through net income transfers associated with high yields and low interest payments on rich-country liabilities,** it said – almost three times the amount of global development aid.....”

“...The report also highlighted the critical role played by capital ownership in the inequality of climate-changing carbon emissions. “Wealthy individuals fuel the climate crisis through their investments even more than their consumption and lifestyles,” it said....”

“... The evidence shows that inequalities can be reduced, particularly by public investment in education and health and by effective taxation and redistribution programmes. It notes that in many countries, the ultra-rich escape taxation.....”

- Related: [The Guardian - ‘The patriarchy runs deep’: women still getting a raw deal in the workplace as equality remains a dream](#)

“Women work longer and per hour earn a third of what men are paid, in figures that have changed little in 35 years, UN report shows.”

CESR - A turning point for global tax justice: what the Nairobi negotiations revealed

<http://www.cesr.org/a-turning-point-for-global-tax-justice-what-the-nairobi-negotiations-revealed/>

“Last November, governments gathered in Nairobi for the third session of negotiations on what is poised to become the world’s first UN Framework Convention on International Tax Cooperation. For the first time, the **deliberations moved away from New York and took place on the African continent: a shift that carried both symbolic and substantive significance**. Nairobi brought into sharper focus the underlying political choices that will determine whether the new Convention can advance equality, expand fiscal space, and strengthen the public systems people rely on....”

“The **negotiations highlighted both progress and deep divisions**, with disagreements concentrated around taxing rights, transparency, capacity building, taxation of rich or high-net-worth individuals, and the purpose and scope of dispute resolution....”

Tax Justice Network - Bled dry: The gendered impact of tax abuse, illicit financial flows and debt in Africa

L Hofman et al; <https://taxjustice.net/2025/12/09/bled-dry-the-gendered-impact-of-tax-abuse-illicit-financial-flows-and-debt-in-africa/>

“The **Alternative Information Development Center**, the **Center for Economic and Social Rights**, and the **Tax Justice Network** have launched a paper today that shows how the global financial architecture affects women and girls, exacerbating the feminisation of poverty and further entrenching systemic gendered inequalities. In *Bled Dry: How tax abuse, illicit financial flows and debt affect women and girls in Africa*, we explore **how tax abuse and illicit financial flows, and the resulting loss of public revenue**, have pushed states towards regressive tax policies, debt, and austerity measures.....”

- And a link: **Tax Justice Network - [Admin Data for Tax Justice: A New Global Initiative Advancing the Use of Administrative Data for Tax Research](#)**

Project Syndicate - Building an Effective Sovereign Borrowers’ Club

Homi Kharas et al; <https://www.project-syndicate.org/commentary/borrowers-club-for-global-south-countries-would-improve-debt-sustainability-by-homi-kharas-and-mahmoud-mohieldin-2025-12>

“.... This is not the first attempt at borrower coordination, and lessons should be drawn from past efforts, which began during the Latin American debt crisis of the 1980s. **These piecemeal initiatives, which have largely disappointed, should inform the design of a borrowers’ club under the Seville Commitment.**”

“... Such a club should not be a confrontational bloc, but rather a mechanism for mutual capacity-building in four main areas. First, **debt restructuring must emphasize preserving market access. ... Second, long-run sustainable growth must be integrated into financial programming**, as required by the Global Sovereign Debt Roundtable’s three-pillar approach. Given that current models do not capture climate-transition risks or opportunities, borrowers need shared analytical tools that allow

them to articulate credible, comparable, and climate-aligned growth strategies. **Third, capital for restructuring must support high-quality, externally validated investment programs and be paired with mechanisms that ensure timely, predictable disbursement** – long-standing weaknesses for many developing countries. **Lastly, debt transparency must be improved....”**

Trump 2.0

Devex - Money Matters: How much has the US State Dept spent on aid in 2025?

<https://www.devex.com/news/money-matters-how-much-has-the-us-state-dept-spent-on-aid-in-2025-110997>

“\$32.5 billion was disbursed in fiscal year 2025, but with little going to new projects initiated since the transfer of aid to the State Department.”

“The U.S. fiscal year came to a close in September, and most of the **data on what was spent is now available** from a U.S. government site, foreignassistance.gov. The figures are still labeled as provisional, so new spending could be added, but it’s in a sufficiently finished state [that we’re able to analyze](#). Unfortunately it’s not possible to identify the dates that aid was disbursed, so we can’t draw definitive conclusions, but we can see that **\$32.5 billion was disbursed in fiscal year 2025. That’s a lot less than the figure of \$68 billion for the prior year, but it’s still a lot of money**, so on the face of it, **things look better than we might expect. But a closer look suggests that the vast majority of the funding went to projects agreed under the Biden administration, with little going to new projects initiated since the transfer of aid to the [State Department](#)....”**

HPW - CDC Vaccine Panel Delays Hepatitis B Vaccine for Newborns in Critical Guidelines Shift

<https://healthpolicy-watch.news/cdc-panel-revises-hep-b-vaccine-recommendation/>

“A United States vaccine advisory panel, recently reformed to include known vaccine skeptics, voted to eliminate a three-decade-long recommendation that all newborns in the US receive a vaccine to protect against hepatitis B (Hep B) at birth – a change that was denounced immediately by medical groups like the [American Academy of Pediatrics](#) and the American College of [Physicians](#). The recommendation must be approved by the acting director of the Centers for Disease Control and Prevention (CDC). **The Advisory Committee on Immunization Practices (ACIP), [voted 8-3](#) to revise the US’s childhood immunization schedule for Hep B for the first time since 1991, saying that the shot is no longer necessary for babies born to mothers who test negative for the virus. Instead, ACIP recommended that parents delay the first dose to no earlier than two months – and consult with their doctors about whether and when to receive the vaccine...**”

NCDs & Commercial Determinants of health

Guardian - Millions of children and teens lose access to accounts as Australia's world-first social media ban begins

https://www.theguardian.com/australia-news/2025/dec/09/australia-under-16-social-media-ban-begins-apps-listed?CMP=Share_iOSApp_Other

"Accounts held by users under 16 must be removed on apps that include TikTok, Facebook, Instagram, X, YouTube, Snapchat, Reddit, Kick, Twitch and Threads under ban."

- See also **Nature (News)** - [Australia's world-first social media ban is a 'natural experiment' for scientists](#)

Guardian - Synthetic chemicals in food system creating health burden of \$2.2tn a year, report finds

<https://www.theguardian.com/environment/2025/dec/10/synthetic-chemicals-food-system-health-burden-report>

"Scientists have issued an urgent warning that some of the synthetic chemicals that help underpin the current food system are driving increased rates of cancer, neurodevelopmental conditions and infertility, while degrading the foundations of global agriculture. The health burden from phthalates, bisphenols, pesticides and Pfas "forever chemicals" amounts to up to \$2.2tn a year – roughly as much as the profits of the world's 100 largest publicly listed companies, according to the [report published on Wednesday](#)...."

Mental Health

The Lancet Psychiatry: Slow tapering plus therapy most effective strategy for stopping antidepressants, finds major meta-analysis

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(25\)00330-X/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(25)00330-X/abstract)

Cfr the **press release**:

"Slow tapering of antidepressants combined with psychological support prevents depression relapse to a similar extent as remaining on antidepressants, and is much more effective than fast tapering or sudden stopping of the medication, finds the most rigorous review and meta-analysis on the topic to date, involving over 17,000 adults. The researchers estimated that slow tapering of antidepressants plus psychological support could prevent one relapse in every five individuals compared with abrupt stopping or fast tapering – offering a clinically meaningful benefit. However, the authors caution that the evidence for psychotherapy is limited, of relatively low-certainty and requires confirmation in further studies. Additionally, **they stress that the evidence for anxiety is less robust compared with depression, therefore requiring confirmation from dedicated trials. The**

authors highlight that plans to stop taking antidepressants should be made jointly by patients and their doctors, with patients being guided through a gradual, individualised taper with appropriate support...”

- And a link: **Lancet Psychiatry** - [Programmes for people who are homeless and have severe mental illness in low-income and middle-income countries: a systematic review](https://www.thelancet.com/journal/S0143816219400000)

SRHR

BMJ – Sexual and reproductive health and rights is at the edge—restoring it will require courage

R Khosla et al; <https://www.bmj.com/content/391/bmj.r2603>

« Improving sexual and reproductive health and rights means confronting problems that are inherently social and political, say **Rajat Khosla and colleagues**. »

Excerpts:

“Global health stands at a crossroads. The deliberate dismantling of comprehensive, rights-based approaches to sexual and reproductive health and rights (SRHR) is accelerating under the guise of efficiency and innovation. In their place, narrow technocratic models dominate, which claim to prize metrics and “scalability” while neglecting the structural, legal, and social determinants of health. This shift must be seen for what it is: a political retreat from the foundational principles of gender justice, health equity, and human rights. Decades of progress is being reversed as funding collapses, research and advocacy are defunded, and institutions reshape themselves to appease donor agendas. We’re left with a hollowed-out agenda, which is politically anaemic, morally disengaged, and incapable of achieving the long term health outcomes we claim to seek.”

« ... Rights language is quietly vanishing from global frameworks, replaced by instrumentalist narratives about “investing in women” to fuel economic growth. In this version, women are no longer seen as autonomous rights-holders but as a means to an end. Many institutions, constrained by shrinking budgets, sanitise their mandates by replacing words such as sexuality, choice, autonomy, and justice with “health outcomes” and “value for money” ...

« ... The 1994 International Conference on Population and Development (ICPD) redefined reproductive health as a matter of rights, choice, and equality. Three decades later, that vision is being dismantled. Under the banner of “women’s health,” we are witnessing a re-centring of reproduction as women’s defining social role, and other aspects of SRHR are increasingly ignored....”

« ... Perhaps most troubling is how, increasingly, funding is justified only when reproductive health can be linked to security concerns such as migration control, terrorism prevention, and pandemic preparedness, framed through the lens of Global North interests...”

« ... **The financial collapse of SRHR is both cause and consequence of this regression. Donors increasingly earmark funds for narrow “innovation” or “security” priorities**, forcing institutions to rebrand or risk extinction. Research and advocacy, which are the backbone of the SRHR ecosystem, are among the first casualties. »

The authors conclude : « ... **The SRHR community must remain vocal. We need to demand transparency in funding flows, accountability for policy reversals, and renewed investment in advocacy, research, and systems that centre rights and justice.** Restoring SRHR requires courage: to confront the politics of inequality, to **resist the drift towards technocracy and securitisation**, and to reassert that health is a right and not a privilege or a tool of control. »

Guardian - Meta shuts down global accounts linked to abortion advice and queer content

<https://www.theguardian.com/global-development/2025/dec/11/meta-shuts-down-global-accounts-linked-to-abortion-advice-and-queer-content>

“More than 50 organisations report sites being restricted or removed, with abortion hotlines blocked and posts showing non-explicit nudity triggering warnings.”

“The takedowns and restrictions began in October and targeted the Facebook, [Instagram](#) and WhatsApp accounts of more than 50 organisations worldwide, some serving tens of thousands of people – in **what appears to be a growing push by Meta to limit reproductive health and queer content across its platforms**. Many of these were from Europe and the UK, however the bans also affected groups serving women in Asia, Latin America and the Middle East....”

Planetary Health

Project Syndicate - The Critical-Minerals Race Is Putting the Planet at Risk

J Sydow et al ; <https://www.project-syndicate.org/commentary/a-fairer-mineral-development-regime-is-still-within-reach-by-johanna-sydow-and-nsama-chikwanka-2025-12>

“As governments weaken environmental protections to promote new mining projects, the global scramble for critical minerals is deepening social divides and harming vital ecosystems. Only reduced consumption and **robust, enforceable rules** can prevent long-term harm and protect basic human rights.” Excerpts:

“These environmental crises are exacerbated by deepening inequality and social divides in many mining-dependent countries. **The Global Atlas of Environmental Justice** has [documented](#) more than 900 mining-related conflicts around the world, about 85% of which involve the use or pollution of rivers, lakes, and groundwater.... ”

“... We should be worried that the companies and countries which helped drive global warming, environmental degradation, and human-rights abuses now seek to dominate the mineral sector. Allowing them to do so will put all of humanity, not just vulnerable populations, at risk. **Only robust legal frameworks, backed by effective enforcement, can create the conditions for stable**

and rights-respecting development. That means safeguarding Indigenous rights; ensuring the free, prior, and informed consent of all affected communities; protecting water resources; undertaking spatial planning, establishing no-go zones; and conducting independent, participatory, and [transparent social and environmental impact assessments....](#)”

“... At a time when clean drinking water is growing scarcer, glaciers are melting, and agriculture is increasingly under threat, coordinated international action is no longer optional. **A resolution that Colombia and Oman introduced for December’s UNEA (United Nations Environment Assembly, calling for a binding minerals treaty,** represents an important step toward fairer global standards.....”

Guardian - ‘Food and fossil fuel production causing \$5bn of environmental damage an hour’

<https://www.theguardian.com/environment/2025/dec/09/food-fossil-fuel-production-5bn-environmental-damage-an-hour-un-geo-report->

“UN GEO report says ending this harm key to global transformation required ‘before collapse becomes inevitable’.”

“The unsustainable production of food and fossil fuels causes \$5bn (£3.8bn) of environmental damage per hour, according to a major UN report. Ending this harm was a key part of the global transformation of governance, economics and finance required “before collapse becomes inevitable”, the experts said. The [Global Environment Outlook \(GEO\) report](#), which is produced by 200 researchers for the UN Environment Programme, said the climate crisis, destruction of nature and pollution could no longer be seen as simply environmental crises. “They are all undermining our economy, food security, water security, human health and they are also [national] security issues, leading to conflict in many parts of the world,” said Prof Robert Watson, the co-chair of the assessment.”

“.... One of the biggest issues was the \$45tn a year in environmental damage caused by the burning of coal, oil and gas, and the pollution and destruction of nature caused by industrial agriculture, the report said. The food system carried the largest costs, at \$20tn, with transport at \$13tn and fossil-fuel powered electricity at \$12tn. These costs – called externalities by economists – must be priced into energy and food to reflect their real price and shift consumers towards greener choices, Watson said: “So we need social safety nets. We need to make sure that the poorest in society are not harmed by an increase in costs.” The report suggests measures such as a universal basic income, taxes on meat and subsidies for healthy, plant-based foods. There were also about \$1.5tn in environmentally harmful subsidies to fossil fuels, food and mining, the report said. These needed to be removed or repurposed, it added....”

- See also [HPW – Still Possible to Divert from Disastrous Climate Path to Sustainable, Healthy Planet, says UNEP](#)

“A sustainable, transformative path is still possible with a whole-of-government and whole-of-society approach, according to the report, the most comprehensive assessment of the global environment ever undertaken, and the product of 287 multi-disciplinary scientists from 82 countries. It will require massive investment now that will pay back exponentially, according to

UNEP's 7th Global Environment Outlook (GEO 7), **launched this week at the seventh session of the United Nations Environment Assembly (UNEA) at the UNEP headquarters in Nairobi, Kenya.....**"

"... The upfront costs are about \$8 trillion annually until 2050 (far more than the \$1.3 trillion negotiated currently). But the long-term return is immense. The global macroeconomic benefits start to appear around 2050, grow to \$20 trillion a year by 2070, and could boom to \$100 trillion per year thereafter....."

PS: **"To navigate these shifts, the report models two "transformation pathways". One is behaviour-led: societies choose to place less emphasis on material consumption, adopting lower-carbon lifestyles, travelling differently, using less energy and wasting less food. The other is technology-led: the world relies more heavily on innovation and efficiency – from renewable power and electric mobility to advanced recycling and precision agriculture – while still curbing the most wasteful forms of consumption. ..."** **"Both pathways assume "whole-of-government" and "whole-of-society" approaches, with policies aligned across ministries and meaningful participation by civil society, business, scientists and Indigenous Peoples....."**

- And via [Devex](#):

"Even if the scientific pathway were clear, the politics are not. The report states plainly that continued fossil fuel extraction will intensify environmental harm, yet it stops short of a unified prescription for what governments must do. **The absence of a negotiated summary for policymakers — a standard component of previous GEO reports — underscores divisions amongst countries about what to say about the path forward."**

Guardian (Editorial) - The Guardian view on solar geoengineering: Africa has a point about this risky technology

<https://www.theguardian.com/commentisfree/2025/dec/08/the-guardian-view-on-solar-geoengineering-africa-has-a-point-about-this-risky-technology>

"Sun-dimming risks putting the planet's thermostat under Donald Trump's control. Better to adopt the precautionary principle with high-stakes science."

"... African governments' call for a non-use agreement for solar geoengineering – echoing the precedents of landmine and chemical weapons bans – is a recognition that some technologies shift power so sharply that they create unmanageable risks. A line has to be drawn..."

Guardian – Economic growth no longer linked to carbon emissions in most of the world, study finds

<https://www.theguardian.com/environment/2025/dec/11/economic-growth-no-longer-linked-to-carbon-emissions-in-most-of-the-world-study-finds>

The once-rigid link between economic growth and carbon emissions is breaking across the vast majority of the world, according to a study released ahead of Friday's 10th anniversary of the [Paris climate agreement](#). The analysis, which underscores the effectiveness of strong government

climate policies, shows this “decoupling” trend has accelerated since 2015 and is becoming particularly pronounced among major emitters in the global south.”

“Countries representing 92% of the global economy have now decoupled consumption-based carbon emissions and GDP expansion, according to the report by the Energy and Climate Intelligence Unit (ECIU). Using the latest [Global Carbon Budget](#) data, it finds that decoupling is now the norm across advanced economies, with 46% of global GDP in countries that have expanded their economies while cutting emissions, including Brazil, Colombia and Egypt. The most pronounced decouplings occurred in the UK, Norway and Switzerland. More important is the spectacular shift in China....”

Lancet Planetary Health – The Lancet Commission on Sustainable Health Care measurement framework for advancing sustainable health care transformation

H Singh et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00276-1/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00276-1/fulltext)

“The Lancet Commission on Sustainable Health Care convened a working group to develop a measurement framework to support data-driven and evidence-based indicators in comprehensively assessing health-care system performance across environmental and health outcomes dimensions....” “...In this Personal View, we describe the conceptual development of this measurement framework; the indicators for performance measurement by health-care organisations and countries will be presented in companion papers. The framework aims to address all three aspects of performance measurement—namely, research, improvement of health-care system performance, and accountability to external entities....”

Access to Medicines, vaccines & other health technologies

WHO Afro - Africa sets course for affordable, quality medicines with new 10-year roadmap

<https://www.afro.who.int/news/africa-sets-course-affordable-quality-medicines-new-10-year-roadmap>

(3 Dec) “African leaders and global partners have agreed on a bold 10-year regional vision to redesign how essential health products are financed, produced, and delivered, marking a major step toward ensuring that everyone in the African Region can access affordable, quality-assured medicines and health technologies. Meeting at the Blue-Sky Visioning and Think Tank Workshop in Johannesburg from 25 to 27 November 2025, policy-makers, technical experts, and development partners co-created the foundations of a Regional Strategy on Market Shaping and Supply Chain for Essential Health Products (2025–2035). This forward-looking strategy sets out 14 strategic pillars to renovate Africa’s fragmented systems and build resilient, efficient supply chains that can withstand global shocks....”

Generics Bulletin – David And Goliath: How A Parent-Led Buyers’ Club Challenged Cystic Fibrosis Giant Vertex

<https://insights.citeline.com/generics-bulletin/leadership/interviews/david-and-goliath-how-a-parent-led-buyers-club-challenged-cystic-fibrosis-giant-vertex-XO5PRQWAPVBB3JSJDSJRXGLU3U/>

“A **Generics Firm** Will Manufacture A More Affordable Version Of Trikafta.”

Conflict/War/Genocide & Health

GAVI - Gavi statement on protecting health workers and vaccine access in armed conflict settings

<https://www.gavi.org/news/media-room/gavi-statement-protecting-health-workers-and-vaccine-access-armed-conflict-settings>

“ Gavi, the Vaccine Alliance condemns in the strongest terms the targeting, harm and obstruction of health workers, and the disruption of essential health and immunisation services, in areas affected by armed conflict and violence.....”

UN News - Global atrocity risks rising, warns new UN adviser on genocide prevention

<https://news.un.org/en/story/2025/12/1166537>

“The world is witnessing an alarming erosion of respect for international law, with conflicts increasingly targeting civilians and heightening the risk of atrocity crimes, warns the United Nations’ newly appointed Special Adviser on the Prevention of Genocide. In his first interview since assuming the post in August, Chaloka Beyani reflected on the origins of his mandate, created by the UN Security Council in the wake of the genocides in Rwanda and Srebrenica, and drew sobering parallels with the crises unfolding today. ...”

“We are seeing massive violations of international human rights law, direct attacks on civilians, and blatant noncompliance with international humanitarian law,” Mr. Beyani told UN News recently. “The risk of atrocities, and the actual happening of atrocities, is very, very high.” ...**The Office on the Prevention of Genocide and the Responsibility to Protect** functions as an **early warning system within the UN**. It alerts the Secretary-General, the Security Council and the wider UN system – in that order – when the risk of atrocity crimes, including genocide, is detected.”

MSF - South Sudan: Gaps in healthcare threaten lives as violence escalates

<https://www.doctorswithoutborders.ca/south-sudan-gaps-in-healthcare-threaten-lives-as-violence-escalates/>

“People in South Sudan are facing a deteriorating humanitarian situation, while international interest and support continue to decline, according to a **new report by Doctors Without Borders/Médecins Sans Frontières (MSF).** “

“The report, **“Left behind in crisis: Escalating violence and healthcare collapse in South Sudan,”** shares the human impact of the faltering health system and humanitarian response. It draws on routine medical data as well as testimonies from patients, caretakers, community members and healthcare staff living in areas where we work. ...”

Some more reports & publications of the week

The Lancet Commission on improving population health post-COVID-19

H Rutter et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02061-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02061-6/fulltext)

“An increasing number of national and international commitments have failed to reduce **three intimately interconnected major global threats to population health: non-communicable diseases, outbreaks of infectious diseases, and environmental degradation.....**”

.... **The Lancet Commission on improving population health post-COVID-19** was established to draw attention to the interactions between these three threats, the frequently shared structural factors underpinning them, and the opportunities for synergistic actions to address them. Having identified that the three systems of physical environment and transport, agriculture and food, and energy, underpin the three primary threats to population health, **the Commissioners agreed upon three aims for the Commission to generate and synthesise evidence on actions needed to achieve:** (1) healthy and sustainable physical environment and transport systems; (2) healthy and sustainable agriculture and food systems; and (3) healthy and sustainable energy systems.

“... **This Commission provides a set of recommendations** that, if implemented, could have a major impact on increasing both the scale and speed of action necessary to address some of the greatest threats to population health ...” Check out the whole Commission.

Lancet - Disease burden attributable to intimate partner violence against females and sexual violence against children in 204 countries and territories, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Intimate Partner Violence and Sexual Violence against Children Collaborators; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02503-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02503-6/fulltext)

“Violence against women and against children are human rights violations with lasting harms to survivors and societies at large. **Intimate partner violence (IPV) and sexual violence against children (SVAC) are two major forms of such abuse.** Despite their wide-reaching effects on individual and community health, these risk factors have not been adequately prioritised as key drivers of global health burden. **Comprehensive and reliable estimates of the comparative health burden of IPV and SVAC are urgently needed to inform investments in prevention and support for survivors at both**

national and global levels. We estimated the prevalence and attributable burden of IPV among females and SVAC among males and females for 204 countries and territories, by age and sex, from 1990 to 2023, as part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2023.....”

Among the findings: “... **Globally, in 2023, we estimated that 608 million (95% uncertainty interval 518–724) females aged 15 years and older had ever been exposed to IPV, and 1.01 billion (0.764–1.48) individuals aged 15 years and older had experienced sexual violence during childhood.**”

Lancet Global Health (Comment) – Moving beyond catastrophic health expenditure for financial protection in West Africa

Annie Haakenstad et al; [Moving beyond catastrophic health expenditure for financial protection in west Africa](#)

Comment linked to a **new study in the Lancet Global Health**: “Mamadou Selly Ly and colleagues contribute to the literature on financial protection by **introducing a novel measure adapted for populations exposed to high poverty**. The **researchers focused on the West African Economic and Monetary Union (UEMOA) region**—ie, Benin, Burkina Faso, Côte d’Ivoire, Guinea-Bissau, Mali, Niger, Senegal, and Togo—where 35% of the 153 million residents live below the poverty line. The authors **combine foregone care, impoverishing health expenditure (IHE), and catastrophic health expenditure (CHE) into a single measure, representing the multidimensionality of financial hardship due to health-care costs**. This measure simultaneously accounts for high out-of-pocket spending, financial costs posing a barrier to health-care access, and the sacrifice of essential living expenses for health-care costs among the poorest households. **Based on this combined metric, nearly 40% of the UEMOA population does not have financial protection, with IHE proving to be the dominant challenge. This estimate is four times higher than that of financial hardship calculated with the CHE measure in the Sustainable Development Goals.** This large divergence in measures reinforces the need to move beyond CHE in assessing financial protection worldwide.....

- The [Lancet GH study – Financial protection in health care across the West African Economic and Monetary Union: a multidimensional analysis](#)

“Our findings suggest that absence of financial protection in the UEMOA is four times higher than conventional estimates, confirming the inadequacy of standard indicators in African contexts. The paradox of effective yet minimal and pro-rich insurance coverage substantiates the failure of contributory models in informal economies. These findings call for adopting indicators that integrate financial access barriers, massively increasing public financing through non-contributory fiscal approaches, and ensuring the inclusion of essential medicines in protection mechanisms.....”

Miscellaneous

Geneva Solutions - UN human rights branch ‘in survival mode’ as funding dries up

<https://genevasolutions.news/human-rights/un-human-rights-branch-in-survival-mode-as-funding-dries-up>

“As the world celebrates Human Rights Day, the system meant to protect people’s rights worldwide is reeling from a funding crisis resulting in 300 job cuts, shrinking operations and leaving defenders on the ground exposed.”

“The United Nations human rights pillar is at risk of crumbling amid steep aid cuts and a cash crunch at the UN that shows no signs of easing next year. “We’re in survival mode,” the high commissioner for human rights, Volker Türk, told reporters on Wednesday in Geneva. The UN rights chief said his office failed to receive \$90 million of its \$246m approved budget, leading to 300 job cuts – mostly temporary contracts. Investigations, country visits by UN-backed experts and operations, including in Colombia and Myanmar and Tunisia, have all been scaled back as a result, Türk warned. Periodic evaluations of countries’ compliance with human rights treaties were also reduced by nearly a third this year.....”

“... Türk contrasted this with the rise of “anti-rights and anti-gender movements”, which “are increasingly coordinated and well funded and operating across borders”. He cited a report by the European Parliamentary Forum that found that anti-rights groups in Europe spent about \$1.2 billion between 2019 and 2023 to roll back sexual and reproductive rights....”

PS: “The crisis comes as countries deliberate in New York about the 2026 regular budget, including for the human rights pillar, which covers part of the Human Rights Office’s budget and the Human Rights Council. The UN secretary general António Guterres has suggested budget cuts for next year as part of his UN80 reform initiative, including a 15 per cent reduction to the human rights branch....”

UN News – Traditional medicine is now a global reality: WHO

<https://news.un.org/en/story/2025/12/1166563>

“The vast majority of World Health Organization (WHO) member States say 40 to 90 per cent of their populations now use traditional medicine. That’s according to Shyama Kuruvilla, director of WHO’s [Global Traditional Medicine Centre](#), established in 2022 to tap into the potential of these systems for healthcare and well-being.... Ms. Kuruvilla said global demand for traditional medicine is rising due to chronic diseases, mental health needs, stress management and the search for meaningful care....”

“Despite widespread use and demand, however, less than one per cent of global health research funding currently supports it, she added....”

“[The Second WHO Global Summit on Traditional Medicine](#) will take place from 17 to 19 December and will bring together policy makers, practitioners, scientists and Indigenous leaders from around the world. It will be held in New Delhi, India, and online.... Participants will discuss how to implement the [WHO Global traditional medicine strategy through 2034](#), which aims to advance evidence-based [traditional, complementary and integrative medicine](#) and provides guidance on regulation and multi-stakeholder collaboration. Simultaneously, WHO is launching a global traditional medicine library — the first-of-its-kind digital platform with over 1.6 million scientific records on the topic, a traditional medicine data network and a Framework on Indigenous Knowledge, Biodiversity and Health, among other initiatives.”

Lancet Letter – WHO's category mistake

S Bewley et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02307-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02307-4/fulltext)

“WHO's new global traditional medicine strategy aims “to advance the contribution of evidence-based traditional, complementary, and integrative medicine to the highest attainable standard of health and wellbeing”, as “traditional medicine is more than a collection of therapies; it represents a worldview in which health is harmony within and between individuals, communities and ecosystems. Restoring this balance is a scientific, rights-based and sustainability imperative.” Is this well meaning word assortment trend-following, cynical appeasement, or something else?....”

The authors argue: **“...humanity does need to urgently make peace with nature. We must respect and learn from the lives, experiences, and knowledge of Indigenous communities. But only applying the concepts of health and medicine to the planet's ills—rather than those of human bodies—is a messy, philosophical trap. “**

“WHO's constitution suggests it values more than mere medicine, but the concept of health is inherently medicalised. **Flourishing might be a better choice of word**—this requires changes outside WHO's remit that are obviously non-medical, such as preventing large corporations from mining dangerously and polluting land and water supplies, opposing attacks on the Amazon rainforest, ending wars, and paying businesses in low-income countries a fair price for their goods. **WHO could be more explicit that medicine (which has been shown to work) refers to human illnesses only and that it cannot salve all other issues. Reorienting our focus to human flourishing** changes the global onus to **demand that all people, non-healers, businesses, and institutions step up.**”

UN News - Humanitarians launch \$33 billion appeal for 2026

<https://news.un.org/en/story/2025/12/1166526>

“The UN and partners are seeking \$23 billion to provide lifesaving support next year to 87 million people worldwide affected by war, climate disasters, earthquakes, epidemics and crop failures. This is the immediate priority of the \$33 billion Global Humanitarian Overview 2026, launched on Monday, which aims to reach 135 million people overall in 50 countries.”

“... Mr. Fletcher recalled that the 2025 appeal received only \$12 billion – the lowest funding in a decade. As a result, humanitarians reached 25 million less people than during the previous year....”

- Related: [New Humanitarian – Five takeaways from the UN's aid plans for 2026](#)

“The top-line details are stark: UN-led appeals will aim to reach 87 million people while asking for \$23 billion, under a so-called **“hyper-prioritised” plan driven by cuts.** UN relief chief Tom Fletcher described it as a **realistic approach**, in launching what's known as **the Global Humanitarian Overview – a summary of 29 individual response plans and budgets**, from crises in Sudan to Gaza and beyond....”

PS: **“...In launching this year's response plans, Fletcher is also trying to reframe this narrative around aid, while speaking more to the voting public. “I know budgets are tight right now. Families**

everywhere are under strain,” Fletcher said. **“But the world spent \$2.7 trillion on defence last year, on guns and arms. And I’m asking for just over 1% of that.”**”

“...We’re asking for just over 1% of what the world is spending on arms, defence right now. So I’m not asking people to choose between a hospital in Brooklyn and a hospital in Kandahar,” Fletcher said. “I’m asking the world to spend less on defence and more on humanitarian support.” This may also include trying to leverage the public when their politicians don’t step up. Opinion polls tend to show that voters in several countries, including the US, support foreign aid. **Fletcher said he planned to take the humanitarian appeals to governments and other donors in the coming weeks – then speak publicly about which governments have contributed.** “Did your governments show up to this plan, or not?,” he said. “The answer to that question will define who lives and who dies.”

PS: **“... Fletcher’s Trump appeal: Part of the narrative change seems to mean appealing to Donald Trump’s conspicuous bids to be seen as a peacemaker.** Trump, who has openly campaigned to be awarded the Nobel Peace Prize (and was dubiously given a new gong on 5 December by FIFA), **has spent recent weeks touting supposed peace deals** from Gaza to Thailand and Cambodia to Rwanda and the Democratic Republic of the Congo. **Fletcher is attempting to position the international humanitarian response as complementary.** **“I want to link this plan to the potential for 2026 to be a year of peacemaking,”** Fletcher said. “I think we’ve heard that clear message from the US president. We’re seeing it from many of the key players across the Middle East and Africa that they want to engage to end as many of these conflicts as possible. And that gives me more hope.”

New Humanitarian - Abrupt transitions: The Global Humanitarian Overview pushes a dangerous trend

<https://www.thenewhumanitarian.org/analysis/2025/12/11/abrupt-transitions-global-humanitarian-overview-pushes-dangerous-trend>

“It’s not “hyper-prioritised” crises that should raise red flags, but those at risk of a rushed exit.”

- See also a Lancet World Report - [Humanitarian groups hyper-prioritise amid funding squeeze](#) (by John Zaracostas).

“Facing substantial aid cuts by the USA and other major donors, the UN and the International Committee of the Red Cross (ICRC) have sharply lowered their financial requests for 2026 for assisting people hit hardest by conflict, climate disasters, epidemics, and hunger. Humanitarian diplomats and charity leaders warn, however, that securing the necessary funds for these hyper-prioritised appeals will be extremely difficult amid fiscal austerity and geopolitical tensions that are shifting resources towards defence spending....”

PS: **“...The UN’s 2026 Global Humanitarian Overview details the severe health consequences of underfunding in 2025.** Health services for 52.6 million people were shuttered or reduced due to underfunding, significantly increasing the risk of preventable death. More than 6600 health facilities across 22 countries were affected, a third forced to suspend operations....”

UN News - UNICEF warns of deepening global crisis for children

<https://news.un.org/en/story/2025/12/1166562>

“Children caught in conflict, disasters, economic turmoil and other emergencies face unprecedented dangers as funding shortfalls force lifesaving projects to close. The warning comes from UN Children’s Fund (UNICEF), which appealed on Wednesday for more than \$7 billion to support 73 million vulnerable boys and girls in the coming year....”

Global health governance & Governance of Health

Global Policy - Solidarity, equality and sustainability?

Bodo Ellmers; <https://www.globalpolicy.org/en/news/2025-12-08/solidarity-equality-and-sustainability>

“A reality check on the G20 after South Africa’s Presidency.”

“The G20 Leaders’ Summit in Johannesburg in late November offered a once-in-20-years opportunity to promote a specific African agenda through the G20. The South African government set high expectations when it chose the theme “Solidarity, Equality, Sustainability” for its presidency. As the G20’s only African member, South Africa concluded a series of four consecutive Global South presidencies – beginning with Indonesia in 2022, followed by India and Brazil. It also concludes the first full cycle of G20 Leaders’ Summits, which began in 2008 in Washington, D.C., when the G20 was elevated to head-of-state level in response to the global financial crisis. ... “

“The outcome is a mixed bag at best, both when it comes to the 2025 South African presidency and to the “G20 era” in global governance overall. And, with the US taking over the next G20 presidency, the worst is yet to come for sustainable development....”

G20 countries should oppose ‘geopolitical bullying’ and refuse to participate in US-led G20 until South Africa invited, says Oxfam

<https://www.oxfamamerica.org/press/g20-countries-should-oppose-geopolitical-bullying-and-refuse-to-participate-in-us-led-g20-until-south-africa-invited-says-oxfam/>

(4 Dec) That’s exactly right.

CGD (blog) – G20 2026: Cohesion or Chaos?

Mary Svenstrup; <https://www.cgdev.org/blog/g20-2026-cohesion-or-chaos>

See above. Nevertheless:

PS: “... Ideally the G20 would also retain the “Sherpa Track” (or political track) working groups that have a global economic overlay, such as those related to health, especially pandemic preparedness; climate; and food security. In a revamped version of these working groups, the focus would be on financing these global challenges and implications for the trading system. But it is highly unlikely the Trump administration will do so, given its well-known views on these matters.

Other G20 members will need to grapple with how to keep up meaningful work that the United States eschews. That includes finding a permanent home for the Joint Health-Finance Task Force and teeing up long-overdue work to make the climate vertical funds more impactful. After the United States cuts the G20 to the bare bones—either intentionally or because of self-imposed chaos—the UK presidency in 2027 will be an opportunity to strategically rethink how the G20 should be restructured.”

Devex - Sweden cuts aid to 5 countries to free up financial support to Ukraine

<https://www.devex.com/news/sweden-cuts-aid-to-5-countries-to-free-up-financial-support-to-ukraine-111513>

“The move, which will close three embassies, is part of a "responsible" shift, the government says, but aid groups fear the humanitarian impact.”

“The Swedish government will phase out development aid to at least five countries in 2026 as part of an effort to significantly increase assistance to Ukraine. This announcement was made by Sweden's minister for international development cooperation and foreign trade, Benjamin Dousa, at a press conference on Friday. The funding shift will see aid to Ukraine increase to at least SEK 10 billion (\$1 billion), Dousa confirmed. To balance the budget, **aid will cease entirely for Zimbabwe, Tanzania, Mozambique, Liberia, and Bolivia.** The Swedish embassies in Bolivia, Liberia, and Zimbabwe will also close....”

Sustainable Development - Global Health Governance Cannot Keep Relying on the Development-Goals Model to Effectively Address Health Inequalities Around the World

Funom Theophilus Makama; <https://onlinelibrary.wiley.com/doi/full/10.1002/sd.70506>

“The Sustainable Development Goals (SDGs) are nearing their end in 2030, and it is highly unlikely that many of the SDGs would be met by the target date. This calls for the urgent need for an upgraded approach or a new strategy from the “development-goals” model. This study, hence, strongly suggests a more country-to-country context-specific approach that should cover the existing gaps in the “Development-Goals” model. This new framework promises to be an upgrade from the SDGs by being equitably collaborative, **enforcing the appropriate political will of participating member states, enforcing accountability and the “rights to development,”** which is more practical than the **individualistic human rights approach embedded in the Sustainable Development Goals framework.”**

Devex - Mounting questions over World Bank’s sweeping consultant purge

[Mounting questions over World Bank’s sweeping consultant purge | Devex](#)

“Insiders challenge the World Bank’s plan to eliminate 22,000 STC roles by 2027, citing operational challenges, U.S. visa politics, and mounting staff anxiety.”

International Studies Review - Does the System Work? Transnational Crises and the Resilience of Global Governance

Benjamin Faude et al; <https://academic.oup.com/isr/article/27/4/viaf020/8374767?login=true>

“... contemporary global governance takes place through institutional configurations that we call **hybrid institutional complexes (HICs)**. How effectively can HICs respond to the stresses of transnational crises? Drawing on the **concept of resilience**, we prepare the conceptual and theoretical ground for **analyzing the crisis responses of HICs-based governance**. To that end, we first **identify three dimensions along which the resilience of governance arrangements must be assessed**. (resp: **first**, the continued performance of central functions, such as inducing rule compliance; **second**, the generation of collaborative operations to address crisis-induced cooperation problems; and **third**, the preparation for future crises.) We then derive **two theoretical conjectures as to the conditions under which a HIC will be (more or less) resilient**. The first, institutional diversity, is *structural*; the second, the presence of intellectual and entrepreneurial leaders and bricoleurs, is *agentic*. **To probe the analytical utility of our approach, we assess the performance of the Global Finance HIC in response to the Global Financial Crisis and compare the performance of the Global Health HIC in responding to COVID-19....”**

Devex – Rethinking development funding means making it matter to the median voter

K Hornberger et al (Dalberg); <https://www.devex.com/news/rethinking-development-funding-means-making-it-matter-to-the-median-voter-111479>

“Opinion: **Development assistance that connects global impact with national interest** is a formula that voters can understand. “

Global Policy – Foreign Aid at a Crossroads: How Funding Cuts Reshape Global Development Cooperation

Steffi Hamann; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70116>

“Engaging with historical and critical development literature on aid cycles, donor motives, and the evolution of Official Development Assistance, **this paper addresses the question: Do these drastic funding cuts signal the demise of the international aid system?** Through a **historical-comparative analysis of past periods of aid expansion and retrenchment**, it argues that while current disruptions are profound, they represent not an end but a driver for transformation within the aid sector. The paper shows that foreign aid has consistently adapted to geopolitical shifts, alternating between enthusiasm and disillusionment, and that today's crisis is catalyzing structural changes, including the restructuring of aid agencies, a diversification of financing sources beyond traditional donors, and emerging localized and specialized implementation strategies. **These findings challenge the alarmist narratives by situating recent events within a historical pattern of adaptation, emphasizing that rather than heralding aid's demise, the present moment is spurring a new phase of evolution in the global aid landscape.**”

- And a link: CGD (Policy paper) - [How to Deprioritise? Selecting Themes, Countries and Instruments for German Development Policy](#) (with 3 recommendations)

Lancet (Perspective) – Is science diplomacy still possible?

I Kickbusch ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02471-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02471-7/fulltext)

Book review.

“In a world of strategic rivalry, fragmented multilateralism, and techno-nationalism, can science diplomacy still serve as a bridge for cooperation? There is an emerging consensus that global health must evolve as the scientific, technological, and geopolitical landscape is transformed. **The classic post–Cold War model of science as a universal language is giving way to polycentric, politically constrained, but still vital forms of scientific cooperation. But how exactly should science and diplomacy engage?”**

“In *Can Scientists Succeed Where Politicians Fail?* Peter Agre, who was a co-winner of the 2003 Nobel Prize in Chemistry, and his co-author Seema Yasmin give a range of examples from Agre's personal experiences and those of other US scientists over the past decades, spanning Cuba, North Korea, Iran, sub-Saharan Africa, and Libya...”

“Can Scientists Succeed Where Politicians Fail? makes it clear that many of the points raised for the renewal of science diplomacy in the new geopolitical environment need to start by maintaining and strengthening the integrity of science. Ultimately, the integrity of science and research is no longer something to delegate to universities and it requires a clear political commitment to a code of scientific integrity....”

- And via [RANI](#) :

“The Bretton Woods at 80 Initiative published a new report laying out an agenda for the future of the Bretton Woods Institutions. “

“At the heart of this report is the belief that the renewal of the BWIs require more than adjustment at the margins. **It demands a new compact - one anchored in country ownership and regional partnerships, scaled and strategic finance, and governance that is inclusive, transparent, and accountable....”**

Global health financing

Devex - Why a new partnership model is key to future of development finance

<https://www.devex.com/news/sponsored/why-a-new-partnership-model-is-key-to-future-of-development-finance-111521>

From the **Boston Consulting Group** – which is why you find this one deep down in the newsletter:)

“Qahir Dhanani, managing director and partner at **Boston Consulting Group**, reflects on development finance’s turbulent year, **where he sees momentum building, and what the evolution of cross-sector partnerships means for 2026 and beyond.”**

UHC & PHC

Lancet Primary Care - Artificial intelligence in primary care: frameworks, challenges, and guardrails

Luke Allen et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00079-2/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00079-2/fulltext)

“.... In this Viewpoint, we propose a functional framework for categorising AI applications in primary care, using WHO digital health interventions taxonomy as a foundation. We argue that adopting a system-level approach enables clearer identification of implementation gaps, regulatory needs, and maturity areas. Drawing on this system-level structure, we examine the technical, ethical, and operational challenges, and propose a set of high-level principles to guide the safe, equitable, and sustainable integration of AI....”

BMJ (Feature) - The decline of healthcare in Milei's Argentina

<https://www.bmj.com/content/391/bmj.r2284>

“In the two years since Javier Milei was elected president of Argentina he has slashed spending on health, education, and science. Martín De Ambrosio reports.”

Discover Health Systems - Co-developing pathways for community health system resilience through participatory action research in Sierra Leone

<https://link.springer.com/article/10.1007/s44250-025-00332-5>

By Haja Ramatulai Wurie, S Witter et al.

- And a link: [Trust and affordability in crisis: The troubling state of South Africa's private healthcare](#)

Related **tweet Rob Yates**: **“Just like the United States, the cost of South Africa's private health system is out of control.”**

Pandemic preparedness & response/ Global Health Security

Plos GPH - A rapid evaluation of the UK Health Security Agency's New Variant Assessment Platform global genomic surveillance programme

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005578>

By Koren Sanderson, et al.

Science News - U.S. military funds AI tools to speed modeling of viral outbreaks

<https://www.science.org/content/article/u-s-military-funds-ai-tools-speed-modeling-viral-outbreaks>

“DARPA program could yield models of disease spread in days instead of weeks.”

Re the **Automating Scientific Knowledge Extraction and Modeling (ASKEM)** project at the Defense Advanced Research Projects Agency (DARPA).

Planetary health

Climate Change News – Funding for protected areas fell in 2024, threatening global nature target

<https://www.climatechangenews.com/2025/12/11/funding-protected-areas-conservation-fell-2024-finance-nature-target-30x30/>

“While developed countries are expected to deliver \$6bn by 2030 to protect a third of the planet’s land and sea ecosystems, a new report shows they are far off track.” Leaving developing countries with a \$3 billion funding gap.

“...To achieve this target and as part of the landmark Kunming-Montreal biodiversity pact, developed countries agreed to mobilise \$20 billion directly to developing countries by 2025. About a fifth of this funding is estimated to reach protected areas, which means that developing countries should receive \$4 billion by 2025 for this purpose. By 2030, this figure should reach \$6bn. But a new report by Indufor – a forest intelligence group supported by nature NGOs – found that developed countries only delivered \$1 billion in 2024 for protected areas, falling \$3 billion short of the 2025 target.”

Covid

Nature News – Long-COVID research just got a big funding boost: will it find new treatments?

https://www.nature.com/articles/d41586-025-03904-w?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=23285300

“The German government has committed half a billion euros for research on long COVID and other post-infection syndromes.”

Mpox

BMJ GH - The 2024–2025 upsurge of mpox in Africa: another opportunity to accelerate global solidarity for a neglected disease

C Onyeaghala et al; <https://gh.bmj.com/content/10/12/e019553>

« In this commentary, we examine the 2024–2025 upsurge of mpox in Africa as a critical moment to accelerate the continent’s public health resilience through sustainable local innovations, strengthened epidemic preparedness and equitable regional solidarity. We argue that addressing mpox **requires more than medical interventions**; it demands integrated conflict-sensitive public health strategies, robust and intentional domestic financing and expanded local manufacturing capacity....”

GAVI – A new mpox variant has been identified in the UK. Should we be worried?

<https://www.gavi.org/vaccineswork/new-mpox-variant-has-been-identified-uk-should-we-be-worried>

“The new strain combines both currently recognised strains of the virus – clade I and clade II. Scientists are watching closely.”

- And a link: Cidrap News - [Spain reports first known human-to-human mpox clade 1b transmission outside Africa](#)

Infectious diseases & NTDs

FT Special report - FT Health: Communicable Diseases

(gated) <https://www.ft.com/reports/communicable-diseases>

“**Tuberculosis rethink; fears for HIV progress**; AI potential against resistant bacteria; UK boosts wastewater tests; rebuilding immunity to superbugs; insect-borne diseases threat; Chagas disease explainer.”

We’d recommend especially the articles on TB & HIV in this special report.

- [FT - Rethink on tuberculosis programmes forced by foreign aid gaps](#)

“**Focus switches to domestic funding and innovation** after donors pull out.”

- [Fears for HIV programmes’ future sparked by funding retreat](#)

“**Governments have kept treatments going** since the demise of USAID but **resources for prevention are scarce.**”

Plos GPH - ‘We cannot just keep it in our palm’: A policy analysis of the integration of the case management of neglected tropical diseases into the health system of Liberia

Anna Wickenden, S Theobald et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004328>

“... **Guided by the Policy Analysis Triangle**, this study examines the dynamics shaping policy development and translation. ...”

Global Public Health - HIV epidemic control in South Africa: An analysis of shifting responsibilities between 2011 and 2019

Hanlie Myburgh; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2576752?src=>

“This paper examines how shifting global health agendas focused on controlling the global HIV epidemic shape responsibilities among health system actors within a national HIV response. **Focusing on South Africa**—the country with the largest number of people living with HIV in the world—I examine two moments where such responsibilities were negotiated. First, the **shift from a largely donor-funded programme to one of full government ownership**, highlighting the tensions between donor and government implementers in this moment of change. Second, **the shift in HIV treatment guidelines from eligibility based on disease progression to a 'treat all' approach** in which all people living with HIV are immediately eligible for treatment. Drawing on ethnographic research conducted within South African HIV implementing organisations between 2011 and 2019, I **explore how diverse health systems actors responded to evolving treatment landscapes and broader HIV agendas**. I explain their actions, often out of sync with global HIV agendas, not as resistance, but as **logical responses to constrained realities in context**. The analysis demonstrates that as responsibility continues to shift amid declining external funding, prioritising embedded, context-specific knowledge will be essential for enabling pragmatic, locally tailored programme transitions and sustaining epidemic control.”

Lancet Regional Health Africa (Comment) - The cholera crisis 2025: a basin-wide emergency of equity, fragility, and inaction

Armél Landry Batchi-Bouyou et al ; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00007-0/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00007-0/fulltext)

“The recent cholera outbreaks in Brazzaville, Republic of Congo, and Kinshasa, Democratic Republic of the Congo (DRC), must not be understood as discrete, unrelated events. Rather, they reflect a basin-wide public health emergency rooted in systemic fragility, cross-border vulnerabilities, and chronic underinvestment in the determinants of health. Spanning the Congo River and encompassing millions across two capital cities, this crisis exposes deep inequities in access to safe water, sanitation, healthcare, and epidemic preparedness....”

AMR

Cidrap News - Study finds ‘alarming’ global prevalence of multidrug-resistant bacterial colonization

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-finds-alarming-global-prevalence-multidrug-resistant-bacterial>

“Gastrointestinal colonization with carbapenem-resistant Enterobacterales (CRE) is “alarmingly prevalent” worldwide, with significant variations across regions, researchers reported today in the *American Journal of Infection Control*.” Check out the [systematic review and meta-analysis](#).

- And a link: Plos GPH - [Not forgetting the humanitarian contexts in the fight against antimicrobial resistance: Operational-driven reflection on knowledge and research gaps by Médecins Sans Frontières](#)

NCDs

JACC - Lessons Learned From Treating 34 Million People With Hypertension: The Global HEARTS Initiative

<https://www.jacc.org/doi/10.1016/j.jacc.2025.09.324>

“Hypertension is the leading cause of preventable death globally, yet only approximately 1 in 5 people with hypertension have their blood pressure (BP) controlled, despite availability of effective, generic medicines and the **World Health Organization HEARTS technical package of effective, scalable hypertension control interventions**. Since 2017, Resolve to Save Lives has collaborated with national governments and other stakeholders to support HEARTS-based hypertension control programs. By December 2024, approximately 34 million people were started on treatment at >220,000 primary care facilities across 38 countries. This paper describes common barriers to and facilitators of success and shares lessons learned from this ongoing multi-country collaboration.....”

Social & commercial determinants of health

Politico - EU officials acted to aid tobacco giant abroad, documents show

<https://www.politico.eu/article/eu-trade-officials-acted-aid-tobacco-giant-abroad-documents-show-philip-morris/>

“The EU’s actions were a “great help,” Philip Morris International said in an email.”

Science News - Journal retracts weed killer study backed by Monsanto, citing 'serious ethical concerns'

[Journal retracts weed killer study backed by Monsanto, citing 'serious ethical concerns'](#)

"Highly cited paper was used as evidence that the widely used herbicide Roundup is safe."

Globalization & Health - Commercial determinants of health: case study of ultra-processed food companies in Thailand

<https://link.springer.com/article/10.1186/s12992-025-01174-9>

by Nongnuch Jindaratnaporn et al.

The Collective (blog) - Corporate Social Responsibility or Corporate Strategy? The Alcohol Industry's Discursive Power in the Philippines

By Gayle Amul;

<https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/gianna-gayle-amul/corporate-social-responsibility-or-corporate-strat.html>

"In the Philippines, corporate social responsibility (CSR) is often celebrated as a sign of good corporate citizenship. When CSR is utilized by a health-harming industry like the alcohol industry, is CSR a genuine contribution to society, or a strategic tool to shape political discourse and policy?"

Mental health & psycho-social wellbeing

Lancet Regional Health Africa (Comment) - Artificial intelligence anchored in African intelligence: toward equitable mental health systems in Africa

Isaac Iyinoluwa Olufadewa et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00006-9/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00006-9/fulltext)

"In this article, we argue that artificial intelligence can bolster mental healthcare in Africa only if it is co-created, ethically governed, and grounded in the continent's own cultural intelligence, empathy, and innovations. We also propose recommendations about how AI can strengthen mental health systems in Africa while promoting equity, innovation, and local ownership....."

Nature - Huge genetic study reveals hidden links between psychiatric conditions

https://www.nature.com/articles/d41586-025-04037-w?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=23902450

"Analysis of more than 1 million people shows that mental-health disorders fall into five clusters, each of them linked to a specific set of genetic variants."

Medical History - The mental hygiene movement: the birth of global mental health in India

[Medical History](#);

By Shilpi Rashpal.

Sexual & Reproductive health rights

Conflict & Health - Setting research priorities for sexual and reproductive health in humanitarian settings: a global, stakeholder-informed agenda

<https://link.springer.com/article/10.1186/s13031-025-00734-5>

By Sara L Nam, K Blanchet et al.

Lancet Regional Health Western Pacific (Series) - Low birth rate in the Asia-Pacific region

<https://www.thelancet.com/series-do/low-birth-rate>

« The global fertility rate has been declining. **The Asia-Pacific region is experiencing a particularly notable decline in birth rates**, with some Asian countries now exhibiting some of the lowest fertility levels worldwide. Drivers are complex and gaps in knowledge exist. **This Series published in *The Lancet Regional Health – Western Pacific* aims to explore the factors contributing to the low birth rate in the region, considering various aspects related to women’s and men’s health, as well as the socioeconomic, cultural, and policy contexts...**”

Lancet Primary Care (Viewpoint) –Every contact counts: a call for inclusion of meaningful relational maternity care in low-income and middle-income countries

Tina Lavender et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00069-X/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00069-X/fulltext)

«Using an iterative, narrative approach, **we reviewed the literature on relational care within maternity settings, with a focus on LMICs**. We explored experiences of relational care in LMICs, as well as obstacles and facilitators to achieving it and the effects of relational care across the maternity continuum.....”

HPW – Rollback and Resistance: The Erosion of Abortion Access in Argentina

<https://healthpolicy-watch.news/rollback-and-resistance-the-erosion-of-abortion-access-in-argentina/>

“The movie “**Belén**”, Argentina’s submission for the 2026 Oscars, tells the story of a 26-year-old woman who suffered a miscarriage in a hospital in Tucuman province in 2014 and was sentenced to eight years in prison in 2016 after being convicted of procuring an illegal abortion. Her case

sparked a nationwide campaign to decriminalize abortion, known as the **Green Tide** after the green scarves protestors wore. **In December 2020, the Green Tide won:** abortion was legalized on request up to 14 weeks, and later in cases of rape or risk to the woman's physical or mental health. Between 1985 and 2016, unsafe abortions caused 3,040 deaths – 29% of all maternal deaths – and more than 50,000 hospitalizations each year, [according to the Argentinian Ministry of Health](#) (MoH). **The rollout of the new policy was swift:** from January 2021 to December 2024, Argentina's public health system performed 314,500 legal abortions."

""Belen" is making waves in festivals. But in every interview, director Dolores Fonzi warns that this hard-won right is being eroded under President Javier Milei, elected in December 2023...."

Neonatal and child health

Telegraph - Dozens of babies die of syphilis in Hungary as cases soar

<https://www.telegraph.co.uk/global-health/science-and-disease/dozens-of-babies-die-of-syphilis-in-hungary-as-cases-soar/>

"Of the 63 babies that contracted congenital syphilis from their mothers, 21 died. The remaining infants are being treated in hospital. **More than 20 babies in Hungary have died of syphilis after contracting it from their mothers, as cases of the sexually-transmitted disease soar globally...."**

International Journal for Equity in Health - From fees to free: impacts of user fee removal on child health outcomes – a systematic review

H Dehnavi et al; <https://link.springer.com/article/10.1186/s12939-025-02730-w>

Systematic review.

Access to medicines & health technology

Plos Med (Perspective) - Vaccines to prevent bacterial sexually transmitted infections: Promise, progress, and public health potential

Sami L. Gottlieb et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004849>

"Asymptomatic transmission, inequitable access to diagnostics, and rising antimicrobial resistance are major barriers to controlling the **bacterial sexually transmitted infections (STIs)** gonorrhea, chlamydia, and syphilis. **Developing vaccines against these infections has therefore become a key STI research priority**, requiring innovative research, expedited clinical development, and increased investment."

Telegraph - World's first single-dose dengue vaccine approved for use in Brazil

<https://www.telegraph.co.uk/global-health/science-and-disease/brazil-dengue-fever-vaccine-breakbone-single-dose/>

"The vaccine will be particularly useful for hard-to-reach groups living in the Amazon rainforest, experts say."

Telegraph – Major milestone in development of Nipah-virus vaccine

<https://www.telegraph.co.uk/global-health/science-and-disease/nipah-virus-contagion-lethal-jab-development-bats/>

"An Oxford-designed vaccine for Nipah virus has launched phase two trials, in a "major milestone" for efforts to curb the deadly pathogen and boost pandemic preparedness."

"The disease ... is rare but extremely deadly, with a fatality rate as high as 75 per cent. **The World Health Organization considers it a priority pathogen for research**, as no vaccines or treatments currently exist to tackle it. **This month a jab developed by the University of Oxford, which uses the same ChAdOx platform as the institution's Covid-19 shot, became the first Nipah vaccine candidate to enter phase two clinical trials to assess safety and the immune response....**"

TGH - A New Era for Alzheimer's Disease Diagnosis

<https://www.thinkglobalhealth.org/article/a-new-era-for-alzheimers-disease-diagnosis>

"Emerging biomarkers and digital tools are unlocking earlier and more accurate diagnosis."

GHF – U.S. Trade Pressure on Brazil Raises Concern Over the Access to Medicines

[Geneva Health Files;](#)

"In today's story, my colleague **Bianca Carvalho**, looks at an **on-going investigation initiated by the United States Trade Representative earlier this year, examining Brazil's trade practices, including aspects on intellectual property protection**. This has **implications for the access to medicines**, and for global health. Brazil is one of the biggest pharmaceutical markets globally. **Read this detailed story to understand how Brazilian authorities have responded...**" A few excerpts:

"... Recent updates on the negotiation between Brazil and the U.S. show **some progress on the tariff front**. **However, official sources told us that Brazilian authorities remain highly concerned about the ongoing USTR investigation on intellectual property.....** ... **This action from the United States government, to pressure Brazil to use stronger intellectual property protection measures, have generated great concern among national and international health organisations....**"

"**On August 18, 2025, the MSF Access Campaign issued a statement:** "these US practices have interfered with the right and obligation of several countries, not only Brazil, to ensure the protection of public health and promote access to medicines. In order to shield pharmaceutical company interests, the USTR has historically threatened countries such as India, China, Malaysia, Chile,

Colombia, and many others over patentability criteria, the use of compulsory licensing, the absence of additional market exclusivities, and other related matters.” **MSF expressed concern on how this will affect access to medicines.”**

PS: “... This dispute between Washington and Brasília is more than a bilateral trade spat, it highlights a deeper fault-line in global health governance. Middle-income countries like Brazil face growing pressure to strengthen pharmaceutical monopolies at the expense of domestic public-health needs. It is precisely to avoid such political pressure, that **developing countries that insisted on a peace clause in Article 11 of the Pandemic Agreement**. The U.S. along with other developed countries worked to dilute language that would commit countries not to use political pressure for the use of TRIPS Flexibilities.....”

TGH - The Economics of Lung Cancer and Drug Delays in Latin America

D Samaca et al; <https://www.thinkglobalhealth.org/article/the-economics-of-lung-cancer-and-drug-delays-in-latin-america>

“A new analysis unpacks **the extent of how slow regulatory approvals** hamper cancer drug availability in Latin America.”

- And a link: Politico - [EU strikes pharmaceutical deal handing a win to industry after 2 years of talks](#) (gated)

For more, see **European Council (press release)** [‘Pharma package’: Council and Parliament reach a deal on new rules for a fairer and more competitive EU pharmaceutical sector](#)

Human resources for health

Plos GPH - Economic evaluations of community health worker programs focussed on neglected tropical diseases in low- and middle-income countries (2015–2024): A scoping literature review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005551>

By Linnea Stansert Katzen et al.

BMJ GH - Costs and cost-effectiveness of community health worker programmes focussed on non-communicable diseases in low- and middle-income countries (2015–2024): a scoping literature review

<https://gh.bmj.com/content/10/12/e018035>

By James O’Donovan et al.

Plos Climate - “Heat is a danger to my health even though I said I am used to it”: Qualitative insights of workplace heat among community health workers and health promoters in Kenya

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000748>

By T W Maina et al.

Decolonize Global Health

BMJ GH - Global health and the dialectics of solidarity through Ubuntu and European perspectives

Chukwuemeka L Anyikwa; <https://gh.bmj.com/content/10/12/e019259>

“.... This dialectical exploration highlights the evolving nature of solidarity in a globalised world, where African and European models of solidarity are increasingly hybridised to address global health disparities. Drawing on examples such as the Ritshidze community-led HIV care monitoring initiative in South Africa, alongside international efforts like COVAX, this paper evaluates how solidarity, in both its African and European forms, can influence global health policy and collective action, promoting more inclusive and equitable health systems worldwide.....”

Review of International Political Economy - From colonial economics to structural adjustment: race, neoliberal ideology, and pernicious financial inclusion

Lars Cornelissen; <https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2596157?src=>

Part of a special issue on ‘raced finance’. “This paper brings together scholarship on the history of neoliberal thought with the emerging ‘raced finance’ research agenda.....”

Plos GPH – Decolonizing infectious disease programs: A mixed methods analysis of a novel multi-country virtual training for Female Genital Schistosomiasis

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004235>

By Kari Eller et al.

Plos GPH – One Health for all: Implementing international frameworks with local communities

By M Ruwet, C Wenham, Sara Davies et al.

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005520>

“ ...In this article, we advocate for funding and engagement in deep context-specific social research before funding and engaging in One Health interventions. Through our own work on the Indo-

Pacific Initiative for Sustainable Animal Health Cooperation, we seek to understand how factors such as gender and social inclusion can inform the uptake or rejection of One Health practices within local communities in the region.....”

Miscellaneous

BBC – A wage for housework? India's sweeping experiment in paying women

S Biswas; <https://www.bbc.com/news/articles/c5y9ez3kzrdo>

“Across India, 118 million adult women in 12 states now receive unconditional cash transfers from their governments, making India the site of one of the world's largest and least-studied social-policy experiments. “

“Long accustomed to subsidising grain, fuel and rural jobs, India has stumbled into something more radical: paying adult women simply because they keep households running, bear the burden of unpaid care and form an electorate too large to ignore. Eligibility filters vary - age thresholds, income caps and exclusions for families with government employees, taxpayers or owners of cars or large plots of land. "The unconditional cash transfers signal a significant expansion of Indian states' welfare regimes in favour of women," Prabha Kotiswaran, a professor of law and social justice at King's College London, told the BBC.”

“... What sets India apart from Mexico, Brazil or Indonesia - countries with large conditional cash-transfer schemes - is the absence of conditions: the money arrives whether or not a child attends school or a household falls below the poverty line.....”

IDS - Insights from five years of advancing social protection in crises

<https://www.ids.ac.uk/news/insights-from-five-years-of-advancing-social-protection-in-crises/>

“Vital social protection programmes can be sustained even during conflict and protracted crises, according to findings from a five-year research initiative working across eleven countries. The BASIC (Better Assistance in Crises) Research programme has identified a set of lessons for strengthening social assistance in some of the world’s most challenging environments and for ensuring that vulnerable people continue to receive essential support. As BASIC Research draws to a close, IDS reflects on the programme’s achievements and lessons, and reaffirms its commitment to advancing research and policy engagement on social protection in contexts shaped by conflict, climate shocks, displacement and political fragility. “

Papers & reports

Lancet Global Health (January issue)

<https://www.thelancet.com/journals/langlo/issue/current>

We already flagged an article from this new issue above (on health financing & protection). But check out also:

- The **Editorial** (linked to the **new series** flagged last week) - [A new era for sustainable HIV prevention in Africa](#)

“...Even before the current shockwave, the world was not on track to meet the Sustainable Development Goal of ending AIDS by 2030. It is with this knowledge in mind that we present a [Series](#) of papers, together with *The Lancet HIV*, on sustainable HIV prevention in Africa. The main premise of the Series, which in fact aligns (at least in stated principle) with that of the USA's newly launched [America First Global Health Strategy](#), is that **donor-driven, HIV-specific programmes that operate in parallel with national health systems are unsustainable and that an integrated approach is warranted. ... Africa is well placed to be a leader in sustainable and inclusive HIV prevention. It is time to hand over the reins.”**

- Comment: [Sustainable solutions to protect tuberculosis control amid donor funding cuts](#) (by M M Sfeir)

“Even amid donor retrenchment, **smarter investment, especially in tuberculosis prevention, can preserve hard-won progress and save lives.”**

- **Lancet GH (Health Policy)** - [Addressing policy barriers to scaling up needle and syringe programmes: a global call to action](#) (by Guillaume Fontaine et al)

“Needle and syringe programmes (NSPs) are effective, affordable solutions for preventing the transmission of blood-borne viruses among people who inject drugs. Yet, global NSP coverage remains extremely low; only 2% of people who inject drugs live in countries with high coverage, and many low-income and middle-income countries do not have NSPs. This Health Policy reports outputs from an international working group who used implementation science approaches to prioritise barriers and co-design solutions to scale up NSPs across three domains: global policy, national policy, and procurement. **We present six barriers and 11 strategies that align commodity selection and procurement with the needs and preferences of people who inject drugs, strengthen national commitment and regulatory environments, and improve forecasting and market access for preferred products. We provide sector-specific actions for funders, governments, procurement agencies, implementers, community networks, and researchers. **Scaling up NSPs is essential** for achieving global infectious disease-elimination goals and improving health outcomes among people who inject drugs....”**

HHR - special sections on ‘Exploring Accountability for Health Rights’ & ‘Institutional Corruption and human rights in mental health’

<https://www.hhrjournal.org/volume-27-issue-2-december-2025/>

Do start with the **two Editorials**.

- [Accountability from below](#) (by Paul Hunt et al)

- [Examining Institutional Corruption in Mental Health: A Key to Transformative Human Rights Approaches](#) (by Alicia E Yamin et al).

PS: From the latter special section, check out also [Institutional Corruption in the Political Economy of Global Mental Health: Challenges for Transformative Human Rights Praxis](#)

BMJ GH – Contribution and influence of social capital on corruption in the health sector: a view through the lens of service users

Chinelo Esther Obi, D Balabanova et al ; <https://gh.bmj.com/content/10/12/e020195>

Study in Nigeria.

SSM Health Systems – Evaluating learning health systems: a jurisdictional scan

<https://www.sciencedirect.com/science/article/pii/S2949856225000698> (by B Panesar et al)

Tweets (via X, LinkedIn & Bluesky)

Sophie Harman

“I've been saying this a lot this year. **Instead of looking at what Trump is destroying in aid and global health, look at what is being built** www.state.gov/united-state...”

Jim Campbell

“At [#DEMEC25](#) [Jim Campbell](#) asks **whether the \$170 billion saved by high income countries by going to the global healthcare worker recruitment market vs training locally is ethical, sustainable or right...**”

Fifa Rahman

“Over the past couple of days here **in Tokyo attending global health meetings**, time and again I’ve heard **the jarring term of “Sub-Saharan Africa”**. Do they mean half of Mali and half of Niger is excluded from their discussions? Why do people think that disguising “black Africa” as SSA is ok? People should always do the intellectual work and cultural competence to refer to regions and subregions in an accurate way without any racial undertones/implications.”