

IHP news 859 : See you all in 2026!

(19 Dec 2025)

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

Dear Colleagues,

Like many other people in this part of the world, I tend to get a bit cheesy as Christmas approaches. And so, with this being the last newsletter of the year, I came up with something slightly different for this week's intro. Adapted from you-know-whom :)

Reimagine

*Imagine there's no Gates or Bloomberg
It's easy if you try
No Vlad, Donald, Netanyahu or Hamas in front of us
Let alone, Elon Musk.
Imagine all the global health people
Truly reimagining "Health for All" for our permacrisis times...*

A-h!

*Imagine there's no "likeminded" countries or global health "usual suspects"
It isn't hard to do
No consultants helping with 'prioritizing' or billionaires to chase money from
And no blended finance, 'strategy meetings' or success cartel too
Imagine all the global health people
just invite Greta to their - abundant - reimagining processes...*

Yu-huh

***You may say I'm a global health dreamer
But I'm not the only one
I hope someday you'll join us
And the global health world will be as one!***

*Imagine "reimagining capitalism"
I wonder if you can
No need anymore to head for "high-level breakfasts"
Just a brotherhood of woke Sapiens,
Imagine all the global health people working towards a [rights-based economy](#)
"blending" planetary boundaries & Robeyns' [limitarianism](#)...*

Yu-huh!

***You may say I'm a global health dreamer
But I'm far from the only re-imaginer
I hope someday you'll join the "new narrative",
And the global health world will – at last - live as one!***

With that, if all goes well, we hope to see you again in 2026! (*tentative date for the next issue: 2 Jan*)

PS: As a reminder, also with a view on 2026: [the primary purpose of a Rights-Based Economy is “to guarantee the material, social and environmental conditions necessary for all people to live with dignity on a flourishing planet”](#).

Enjoy your reading.

Kristof Decoster

Highlights of the week

Structure of Highlights section

- Looking back on 2025 and towards 2026
- Second WHO summit on traditional medicine (Delhi)
- Bilateral health agreements US-African countries
- Reimagining global health
- More on Global Health Governance & Financing
- Debt Crisis & Global Tax Justice
- UHC Day (12 Dec)
- PPPR
- AMR
- Trump 2.0
- Adoption political declaration at UN & other NCD/Commercial Determinants news
- 10 years Paris agreement & other Planetary Health news
- SRHR
- Migration & Health
- Conflict/War/Genocide & Health
- Decolonize Global Health
- Access to Medicines, Vaccines & other health technologies
- More reports & papers

Looking back on 2025 and towards 2026

WHS - I Kickbusch - 2025: A roller-coaster year for global health

<https://www.worldhealthsummit.org/news/a-roller-coaster-year-for-global-health-commentary-by-council-chair-ilona-kickbusch>

Great analysis of the state of global health in 2025, whereby Kickbusch among others discerns **three key trends**:

“First: Equitable, interoperable global responses will increasingly get harder (data sharing, standards, Pathogen Access and Benefit Sharing (PABS)) as the competition between multilateralism and bilateral/mini-lateral deals gets stronger. But: multilateral meetings in 2025 have clearly positioned the Global South as a forward-looking defining force in global health. Their actions will prove to be critical. Second: There will be significantly less resources and where money flows, the conditionalities weaken national health sovereignty. But increased assessed contributions will make WHO stronger and more independent. Third: Geopolitical interests combined with industry pressures make it more difficult to address complex threats to health such as NCDs and climate change. This risks shifting attention and resources away from long-term solutions, making sustained progress on prevention and equity even more challenging. But: health is now present in other key negotiations such as climate and high level meetings at the United Nations.”

Global Policy - The Big Flag Issues for Global Development Policy in 2026: Trump 2.0, China's Status, Russia the spoiler, multi-alignment and 80% autocracy

By Andy Sumner and Stephan Klingebiel ;

<https://www.globalpolicyjournal.com/blog/17/12/2025/big-flag-issues-global-development-policy-2026-trump-20-chinas-status-russia>

“Andy Sumner and Stephan Klingebiel argue that the old assumptions about who sets development policy norms, who pays, and who decides what counts as “cooperation” no longer seem to hold. “

“It is clear 2026 will not be a routine year for global development cooperation. The US is now a deliberate norm-breaker under Trump 2.0, China is edging into high-income status while insisting it is still “developing”, close to 80 per cent of the population in low- and middle-income countries live under some form of autocracy, and Russia is selling long-term nuclear dependence as a development offer. At the same time middle powers from Brazil to the Gulf states are quietly turning that turmoil into leverage.....”

In a new IDOS [Policy Brief](#) we argue that these dynamics are not background noise but the core story that will shape cooperation in the next few years.

GPF – The year ahead: What’s next for financing for development and international financial architecture reform in 2026?

<https://www.globalpolicy.org/en/news/2025-12-17/year-ahead-whats-next-financing-development-and-international-financial>

“Here is my selection of key developments to watch in 2026 in the different financing for development policy areas. “ Re: **Tax justice and domestic resource mobilization Private investment and trade; International development cooperation; Debt and borrowing; Systemic issues and financing for development follow-up.**”

- And a link: **Medicines Law & Policy - [Wrapping up 2025: A tumultuous year for global public health law & policy](#)** With an overview month by month.

Second WHO Global Summit on Traditional Medicine (17-19 Dec, Delhi & online)

WHO hosts the second Global Summit to advance evidence, integration and innovation for traditional medicine

<https://www.who.int/news/item/17-12-2025-who-hosts-the-second-global-summit-to-advance-evidence--integration-and-innovation-for-traditional-medicine>

(WHO press release ahead of the summit) “ **The World Health Organization (WHO)’s [Second Global Summit on Traditional Medicine](#)**, jointly organized with the Government of India, opens today, bringing together government ministers, scientists, Indigenous leaders, and practitioners from more than 100 countries. **The Summit is expected to announce major scientific initiatives and new commitments aimed at advancing the implementation of the [WHO Global Traditional Medicine Strategy 2025–2034](#)**, centred on stronger evidence, better regulation, systems integration, collaboration and community engagement.

Also via WHO: “The [second WHO Global Summit on Traditional Medicine](#), themed “*Restoring balance: The science and practice of health and well-being*”, will be **held from 17 to 19 December 2025 in New Delhi, India and online**. The full agenda is available [here](#). **Key highlights include the launch of the WHO TM Global Library, release of the Global Research Priorities Roadmap to guide research and close evidence gaps in TM, announcement of 21 breakthrough Health Heritage Innovations (H2I), and commitments and pledges from governments and other partners.** “

HPW - WHO Traditional Medicine Summit in India to Make a Case for More Research Funding

<https://healthpolicy-watch.news/who-traditional-medicine-summit-in-india-to-make-a-case-for-more-research-funding/>

Coverage & analysis *ahead* of the summit.

“The World Health Organization’s (WHO) summit on traditional medicine (TM), which starts in India’s New Delhi on Wednesday (17 December), **will push for more funding for research on traditional medicine.** ... **WHO wants to create a stronger evidence base for TM that will help to integrate it with health systems.** Around 40% of today’s pharmaceutical products are based on natural products, and several breakthrough drugs, including aspirin, derive from traditional medicine.....” **“Meanwhile, traditional, complementary and integrative medicine (TCIM) is used in 170 countries,** according to a 2019 WHO report.”

“Despite its widespread use and demand, less than 1% of global health research funding currently supports traditional medicine, and summit participants will discuss opportunities for stronger investment, stronger implementation and stronger impact,” said **Dr Shyama Kuruvilla, Director a.i. of the Global Traditional Medicine Centre in Jamnagar, India.....”**

Participants.... “ **will discuss ways to integrate safe and evidence-based traditional medicine (TM) into health systems** in line with WHO’s Global TM strategy for 2025-2034. “

“... During the summit WHO is also set to launch a global library of traditional medicine. The digital library is touted to be the first such repository of 1.6 million scientific records to strengthen evidence and knowledge sharing.....”

Bilateral health agreements US-African countries

With some updates & more analysis of the past week. (ps: **Mozambique and Eswatini are among the latest countries with a health MoU with the US)**

Devex – The Kenya-US health deal is pragmatic, but could have been done better.

By Githinji Gitahi ; <https://www.devex.com/news/the-kenya-us-health-deal-is-pragmatic-but-could-have-been-done-better-111543>

Great analysis, without any question one of the reads of the week.

“Kenya made a pragmatic choice in a crisis. However, that shouldn’t require sacrificing principles and the world should build systems where developing countries can access critical health funding without having to choose between investment and sovereignty.....”

Concluding: “ **“So, is this a good or bad bilateral agreement? Truth is that with a contribution as significant as 15% of Kenya’s existing general tax expenditure on health, Kenya’s health system will be stronger.** However, the agreement sets a precedent, and America has similar deals in the pipeline with many other African countries. **If Kenya ends up giving away its biological resources without fair compensation, it establishes a terrible template.** Africa holds some of the world’s most important disease reservoirs. **If African countries sign away their resources without ensuring fair benefit-sharing already proposed under the multilateral PABS, they undermine the global cooperation system humanity needs for the next pandemic.””**

CGD (blog) – What We know—and Don’t Know—about the Trump Administration’s Global Health Agreements

J Estes et al; <https://www.cgdev.org/blog/what-we-know-and-dont-know-about-trump-administrations-global-health-agreements>

(18 Dec) **Must-read analysis.** “The State Department has announced an initial set of [bilateral health cooperation agreements](#), signing **eight memorandums of understanding (MOUs)** with governments in sub-Saharan Africa...”

“...Here’s what we know so far—and what remains unclear, but likely incredibly consequential for the continuity of life-saving services, as this next chapter unfolds....”

Devex Pro Insider: 'America First' goes fast and furious on global health

<https://www.devex.com/news/devex-pro-insider-america-first-goes-fast-and-furious-on-global-health-111551>

(gated) “The Trump administration is aggressively implementing its "America First" global health strategy, moving with the same rapid intensity with which it dismantled USAID.”

People’s Dispatch - America First Global Health Strategy: a framework for co-opting healthcare in Africa?

<https://peoplesdispatch.org/2025/12/14/america-first-global-health-strategy-a-framework-for-co-opting-healthcare-in-africa/>

“The US has announced a series of bilateral health agreements with African countries, **sparking concern over pathogen access, benefit sharing, and health sovereignty.**”

Emily Bass (on Substack) – U.S. Delays Zambia Health Agreement as Signing Becomes Contingent on Mining Deal

<https://substack.com/home/post/p-181268511>

(11 Dec) “America says the quiet part out loud about its scramble for Africa.”

“The US Government has announced that USD\$1.5 billion in aid for health will not be released until terms are set for “collaboration in the mining sector” and business sector reforms. Up until very recently, the US government planned to sign its Memorandum of Understanding on health funding on December 11th. In a move that surprised many close to the process, that date was abruptly scrapped. Instead, **Caleb Orr, a Department of State official in charge of energy and business development** traveled to Zambia, met with **Zambian President Hakainde Hichilema**, and announced that economic cooperation supersedes, and is a pre-requisite, for health funding....”

Foreign Policy – The Trump Administration’s Epochal Shift on Foreign Aid

By **Deborah Kalief** (a former official at the U.S. Agency for International Development’s Global Health Bureau) and **Phillip Palmer**, a former official at the U.S. Agency for International Development’s Africa Bureau. https://foreignpolicy.com/2025/12/16/us-foreign-aid-usaid-state-department-trump/?tpcc=recirc_latest062921

“The change to funding governments instead of NGOs is long overdue but could easily go wrong.”

The authors discern three major risks (that need to be managed). They also mention some ways to manage these. But they’re clearly worried.

The three risks: “(1) backsliding in global health progress—especially in ending HIV—for which U.S. aid was long celebrated. (2) increased waste, fraud, and inefficiency. (3) strategy’s shift to direct government aid risks reinforcing the dependency that it aims to fix....”

Devex Pro - NGOs must prove relevance to survive in 'America First' health strategy

<https://www.devex.com/news/ngos-must-prove-relevance-to-survive-in-america-first-health-strategy-111554>

(gated) “Organizations will remain relevant to the extent that they shift and understand the countries are in charge, which is what should have happened a long time ago,” says **Dr. Mark Dybul**.”

Nature (World View) – US–Africa bilateral health deals won’t help against diseases that ignore borders

P Adepoju; <https://www.nature.com/articles/d41586-025-04107-z>

“The COVID-19 pandemic, Ebola, mpox and AIDS all show the importance of strengthening Africa-wide surveillance and response systems that protect everyone.”

“The current shift (i.e. the bilateral deals instead of the New Public Health Order launched in 2022) **raises three concerns**. The first is the marginalization of continental institutions... The second involves surveillance.... The third is the political climate...”

Adepoju concludes: “...**This is not an argument against bilateral support**. Many African countries face tight budgets, workforce shortages and infrastructure gaps. Health investments can strengthen essential services, expand access to diagnostics and reinforce front-line systems. **But structure matters. Support delivered in a way that bypasses regional systems can weaken the collective foundations that protect the entire continent. Bilateral gains do not offset regional vulnerabilities**. A country with strong surveillance and robust laboratories cannot shield itself from an outbreak emerging a few kilometres across a border where surveillance is weaker and health systems are overstretched. HIV/AIDS, cholera, Ebola, mpox and COVID-19 have all made this clear. **The United States now has an opportunity to decide how it wants to engage with this continental health**

landscape. Bilateral agreements can continue, but should be designed to reinforce, not replace, African systems....”

Devex – Are abortion rights at risk as African governments negotiate with US?

<https://www.devex.com/news/are-abortion-rights-at-risk-as-african-governments-negotiate-with-us-111565>

“As African governments sit down with U.S. negotiators to reshape health partnerships, researchers are warning that abortion access could be caught in the crosshairs.”

“A new regional study shows that abortion rights in West and Central Africa often exist in law but not in reality — a disconnect researchers fear could deepen as African governments negotiate new, bilateral health agreements with the United States. Research, conducted by [Rutgers](#) and the [Centre de Recherche en Reproduction Humaine et en Démographie](#), or CERRHUD, found that women and girls in Benin, Burkina Faso, Côte d’Ivoire, Togo, and Cameroon faced barriers in accessing safe abortions, including overlapping systems of law, health care, and social norms, despite the countries ratifying [the Maputo Protocol](#). The protocol is the first international treaty to recognize abortion as a human right under certain circumstances. That gap, researchers warn, could grow even wider under shifting global health politics. **Jonna Both**, senior researcher at [Rutgers](#) and a co-author of [the report](#) released last month, warned that the United States' bilateral agreements with African countries could further exacerbate these challenges....”

PS: “In **West and Central Africa**, one of the riskiest places in the world to become pregnant unintentionally, **an estimated 2.3 million unsafe terminations occurred annually**, according to the Rutgers report....”

The Collective – The Kenya-US Health Agreement: The politics of health data demand scrutiny

Meg Davis; <https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/meg-davis/the-kenya-us-health-agreement-the-politics-of-heal.html>

“The U.S. government and Kenya have signed a new Health Cooperation Framework. **What does this mean for health and digital rights?** Collective member Sara (Meg) Davis reflects on challenges for data governance.”

Quote: “...Musk is one of many private actors who may have a strong interest in health data from Africa: As data governance becomes more robust in the U.S. and Europe, the demand for data to train artificial intelligence (AI) is increasingly urgent. Musk now owns a digital empire that draws on data from Starlink, Neuralink, Tesla, and X (Twitter), enabling him to hold a 360-degree view on the motivations and interests of thousands of individuals, and to train his AI chatbot. **Whose job will it be to protect Kenyan health data from interested private actors—be it Musk, Palantir, Big Pharma, or someone else?....”**

“The **Kenya-U.S. agreement thus leaves many gaps and inequalities in transborder health data governance....** The Kenya-U.S. agreement highlight what [Couldry and Meijas](#) have described as **new data colonialism** in the geopolitics of the digital transformation. [Sekalala and Chatikobo](#) note that **digital health has the potential to deepen digital coloniality; to increase dependence of low-**

and middle-income countries on platforms and technologies of the Global North, while entrenching discriminatory hierarchies in software, hardware and storage....”

“As tech and health interests collide, now more than ever we need health and privacy experts and advocates to collaborate across borders, promoting transparency, accountability, and meaningful data governance in the digital transformation.”

The Forsaken - Far from over

A Green; <https://theforsaken.substack.com/p/far-from-over>

“As the United States inks health financing deals with African countries, the battle for crucial HIV services continues.”

Excerpt: **“....the deals the United States is striking do not appear to be overly prescriptive – at least from the details that are currently available. Indeed, the administration does not really seem to a specific vision for what it hopes to accomplish with this money.** When I’ve asked officials in the past if they remain committed to the global goal of ending AIDS by 2030, which previous administrations had signed on to, they’ve been non-committal. **Instead, this administration seems more interested in leveraging the funding to win concessions from governments, like access to resources or information.** This is, after all, all happening under the new America First Global Health Strategy. **That leaves an opening for domestic activists and experts to pressure their governments, who will ultimately be in charge of how the money is allocated, to retain crucial programs for vulnerable communities.** They can argue on the basis of human rights or on the grounds of good health policy. Indeed, despite resurgent efforts to criminalize these communities across the continent, most countries have still recognized the need for specialized services in their national HIV policies and guidelines. **That gives activists a ready foothold. Civil society groups are already alive to the impact they might have over the content of these deals and how they are enacted....”**

Lancet World Report – Botswana's HIV services struggle

A Green; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02585-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02585-1/fulltext)

“Amid PEPFAR cuts and an economic downturn, programmes to control HIV in Botswana have disappeared. Andrew Green reports.”

PS: **“....US officials are in the midst of negotiations with their Botswana counterparts over a new bilateral agreement to help fund the country's health programmes, including its HIV response, under the recently released America First Global Health Strategy.** The strategy indicates that the USA is interested in maintaining funding for front-line health workers, but focused specifically on HIV treatment and testing. It would also pay for prevention services, including the new 6-month injectable, lenacapavir, but primarily for programmes to stop mother-to-child transmission of HIV. **For the non-governmental organisations that focused on the other components of the HIV response—prevention, community outreach, or services for vulnerable populations—their future is now in doubt. It is unlikely other donors are going to step in.** Because Botswana is categorised as an upper-middle-income country, few are willing to channel funds there, reserving their money for poorer countries....”

“... But Botswana's Government, focused on shoring up the treatment shortages, has shown little indication that it has the interest or capacity to take on the community programmes...”

Emily Bass (Substack) - US-Africa Health Agreements Targets Don't Add Up

[Substack](#);

(18 Dec) “In Kenya, Uganda and Liberia some process and outcome metrics stop making sense.”

“... the bottom line is this: billions of dollars of US funding are being committed on the basis of Memoranda of Understanding, most of which have not been shared with the public or members of Congress. The one that has been shared and the two others which are out in the wild have approaches to epidemiological baselines and/or targets that are confusing at best and at worst will confound efforts to ensure that this money has achieves the stated goals. All of the MoUs should be released to Congress and to the people of the countries where the funds will be spent, as should the data sharing and specimen sharing agreements, PEPFAR's FY2025 program data and the FY2026 Bridge Plans, budgets and targets....”

Bass describes **four types of concern**: “Oversimplification; Overstating progress (possibly) or Introducing confusion (definitely); Aiming low (possibly) or Introducing confusion (definitely); Targets that don't add up.”

Reimagining Global Health

Wellcome - What might the future of global health look like – and how do we get there?

[Wellcome](#)

Update on the ‘Wellcome’ reimagining global health process. **Regional dialogues** now led to a **number of regional reports**. Check them out.

PS: “Insights from all the dialogues will inform reform deliberation and action at regional and global levels throughout 2026. They **will also be summarised in a global synthesis paper**.”

Eg. The Africa regional dialogue output paper: <https://www.globalhealthreform.org/output-paper>

“The **five pathways for strengthening Africa's role in global health centre on reclaiming sovereignty across key domains: national health agenda sovereignty**, ensuring countries lead and shape their own priorities; **financial sovereignty**, enabling nations to sustainably fund health goals and withstand shocks; **data sovereignty**, positioning member states as primary stewards of health data for public benefit; **product sovereignty**, building a self-reliant and competitive medical products industry; and **leadership reform**, fostering unified, accountable governance so Africa can engage as a true co-architect of the Global Health Architecture....”

More on Global Health Governance & Financing

Geneva Solutions - As US exit looms, WHO chief defends job cuts and scientific independence

<https://genevasolutions.news/global-health/as-us-exit-looms-who-chief-defends-job-cuts-and-scientific-independence>

Cfr a WHO press briefing from late last week. **“Nearly a year after the United States announced it would leave the World Health Organization and donor support became scarce, the UN agency’s head said it had “no choice” but to slash jobs.”**

“WHO director general Tedros Adhanom Ghebreyesus told journalists at an exclusive briefing [last week] on Thursday that the Trump administration’s decision from January to withdraw, coupled with other major donor cuts, had left the organisation with “no choice” but to shrink its workforce significantly. Tedros said this had left behind a \$500 million salary pay gap. In November, the Geneva-based agency announced 2,371 job cuts from its 9,000-strong global workforce by June 2026. Consultants, who, according to a December 2024 report, amounted to over 8,000 employees, have also been cut. Patrick Nicollier, director of human resources at the WHO, said the temporary hires were reduced by 40 per cent since the beginning of the year....”

PS: **“The unprecedented staff layoffs coincided with the final stages of renovations at the WHO’s building**, inaugurated in 1966. The construction work, financed through the WHO’s real estate fund and a Swiss interest-free loan, included asbestos that had to be removed from the building....”

“...Barely one month ahead of the expected US exit from the WHO, Tedros said that he saw “no good reason” for Washington to carry through with its decision, which would be a “lose-lose” for itself and the rest of the world. He insisted that **the global health body has instituted many reforms demanded by the Trump administration, including in its financial model to make it more independent from individual large donors.** “The US wants to pay less. You may be surprised, but we want them to pay less. If that’s what they want...that is what we have been working towards.” ...”

PS: **“... In the meantime, he said that the health agency will not shy away from defending science as the US exit approaches.** On Thursday evening, the WHO released a report disavowing new claims made on the new website of the US Centers for Disease Control linking autism to vaccines. “Science will be protected,” Tedros said. **He added that recent reforms have emboldened the organisation’s defence of science: “The funding reform is to help us even give our independent opinion without fear of repercussions.” “**

- See also [Reuters - WHO chief still hopes Trump administration will rethink withdrawal](#)

“US set to withdraw from WHO next month; WHO chief says it has learned COVID lessons; US was biggest donor to global health agency.”

“The World Health Organization chief said on Thursday that he was still hoping the U.S. administration would reconsider its decision to withdraw from the organisation next month, saying that its exit would be a loss for the world. In one of his first acts as U.S. president, Donald

Trump signed the order to withdraw, saying the global health agency had mishandled the COVID-19 pandemic and was too close to China. **It will take effect on Jan. 22, 2026.**"

HPW – Two More WHO Officials Cut from Senior Leadership Team Move into Other Roles

Elaine R Fletcher ; <https://healthpolicy-watch.news/two-who-officials-dropped-in-may-from-senior-leadership-team-move-into-other-roles/>

"Two more senior WHO officials, Bruce Aylward and Ailan Li, who were among those dropped from [WHO's Senior Leadership Team](#) during the first phase of an Agency shakeup, have now been appointed to leading roles elsewhere in the organization, according to a memo from Director General Tedros Adhanom Ghebreyesus. **Li, a Chinese national and former Assistant Director-General for UHC/Healthier Populations at WHO Headquarters in Geneva, has been appointed as WHO Representative to the Kingdom of Thailand, Tedros announced, in a message seen by *Health Policy Watch*. Aylward, formerly Assistant Director-General for the Division of Universal Health Coverage/Life Course, was appointed director of the WHO-World Bank [Global Preparedness Monitoring Board](#) in August, and will now also be coordinating the work on the UN80 Initiative, Tedros confirmed in the message, emailed to all staff on Friday."**

"The new appointments complete the sweep of WHO's 17 former senior management officials – now reduced to 12 as part of major cost-cutting moves triggered by the withdrawal of the United States from the Organization in January. The US retreat left a gaping [\\$1.7 billion budget gap for the upcoming 2026-27 budget](#) period. That has now been reduced to [\\$1.05 billion](#) due to a [projected 25% reduction in WHO's workforce next year](#)."

PS: **"In a press briefing last week, Tedros publicly acknowledged that the Organization plans to reduce WHO staff worldwide by an estimated 2371 positions by mid-2026 – shedding about 25% of the workforce, which numbered 9,466 at the end of December 2024, and just under that as of 1 January. Around 1089 staff are being shed through what WHO described as "natural attrition" – including retirements, early retirement, and the non-renewal of short-term staff contracts that expire. In addition, another 1,282 long and short-term posts have been abolished outright, according to statements at the presser and the earlier briefing to [WHO member states](#). That should bring WHO's global staff headcount down to about 7360 professional and administrative positions by mid-2026."**

UNAIDS Board meeting (16-18 Dec, Brazil)

<https://www.unaids.org/en/whoweare/pcb/57>

All documents available here.

Among others, [The Global AIDS Strategy 2026–2031](#) was adopted by the UNAIDS Programme Coordinating Board. "It places **country leadership, community leadership, and human rights at the centre**. Ending AIDS demands collective action. No single actor can do this alone."

- See also AVAC - [Future of UNAIDS:](#)

“Member states and civil society convened at the 57th meeting of the UNAIDS Programme Coordinating Board (PCB) in Brazil this week to discuss urgent decisions about the future of the global HIV response amid deep funding cuts and a shifting global health landscape. They reviewed and approved the Global AIDS Strategy 2026–2031 and assessed the impact on communities from disruptions to services for HIV prevention and treatment. Civil society representatives on the PCB shared comments, and [African women leaders](#) and other civil society groups issued statements (and [sign-ons](#)) denouncing efforts to sunset UNAIDS by the end of 2026.... The PCB also held a special thematic session on long-acting ARVs for treatment and prevention....”

“... As the world moves toward the June 2026 High-Level Meeting on HIV, and the rollout of the new Global AIDS Strategy, **the strong pushback by civil society at the PCB underscores that any reform must preserve UNAIDS’ core mandate and ensure that the global HIV response remains centered on those most affected — especially women, girls, and key populations — rather than being quietly dismantled at a moment of crisis.**”

Global Fund Launches Process to Select New Board Chair and Vice-Chair

<https://www.theglobalfund.org/en/updates/2025/2025-12-12-global-fund-launches-process-select-new-board-chair-vice-chair/>

(12 Dec) “The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has formally launched the process to select its next Chair and Vice-Chair for a 3-year term from 2026-2029. The role of Chair is currently held by Lady Roslyn Morauta, and the role of Vice-Chair by Adv. Bience Gawanas....”

PS: “... The Global Fund has engaged Russell Reynolds Associates to support the search and selection process.”

Euractiv – EU global health initiative still a mystery months after von der Leyen’s announcement

<https://www.euractiv.com/news/eu-global-health-initiative-still-a-mystery-months-after-von-der-leyens-announcement/>

“Commission experts were caught off guard by last-minute health plan.”

“The European Commission is scrambling to put staff and substance behind a new global health initiative that Commission President Ursula von der Leyen added at the last minute to her State of the Union speech, sources told Euractiv. **Von der Leyen unveiled the Global Health Resilience Initiative during her annual address in September**, urging the EU to step up where “others have stepped away.” However, the announcement came with few details on what the initiative would entail, or how it would differ from the bloc’s existing global health policies.”

“... A Commission spokesperson told Euractiv that there was “no update” yet on the initiative, including which commissioner or department would be in charge of it. The plan is included in the Commission’s work programme for the second quarter of 2026....”

“According to two global health officials who recently met with the cabinet of crisis commissioner Hadja Lahbib, the lack of clarity reflects how the initiative came to be. They said the decision to include it in the State of the Union speech was taken at the last minute by von der Leyen herself. ... According to information obtained by Euractiv, **the Commission’s secretary-general is now weighing whether to assign the file to the department for development (DEVE), health emergencies (HERA), INTPA or SANTE....** As a result, officials are scrambling to determine which department will draft the initiative and how it will fit alongside existing development aid programmes and global health partnerships.... **For now, the initiative appears to focus on linking vaccine misinformation to existing international partnerships,** as outlined by Lahbib during a meeting with the European Parliament’s health committee.”

TGH - Africa's Push For Health Sovereignty

Rajat Khosla & P N Olomo; <https://www.thinkglobalhealth.org/article/africas-push-for-health-sovereignty>

“Africa's leaders are explicitly reframing health financing as an economic and fiscal priority, not a social afterthought.”

“At the eighth Ordinary Session of the African Union Specialized Technical Committee (STC) on Finance, Monetary Affairs, Economic Planning and Integration, delegates converged on a shared vision: to elevate health financing as a core element of fiscal and economic policy.”

With an overview of what this would entail.

Project Syndicate - A New Framework for Financing Global Security

N Gulrajani (ODI Global); <https://www.project-syndicate.org/commentary/defense-spending-crowding-out-development-aid-other-priorities-by-nilima-gulrajani-2025-12>

Some excerpts:

“... **An aid-for-defense swap may be politically rational, but it amounts to robbing Peter** (a resilience-based multidimensional understanding of security) **to pay Paul** (a narrow, militarized understanding).... **Security financing does not have to be a zero-sum game.** An improved defense financing framework could help us address the complexities of today’s collective security challenges.”

“**A better approach would have three pillars. First, it would embrace a more multidimensional perspective on security.**In a promising sign, some NATO members are now exploring whether development spending in security-adjacent areas like international peacekeeping missions, early-warning systems for climate shocks, and resilient supply chains for essential medicines and vaccines might count toward the 1.5% target. But while shoehorning these budget lines into NATO’s accounting framework could protect them from cuts, it might also jeopardize the integrity of standardized defense accounting if the boundaries of “security-related” remain unclear. It also raises the likelihood of “securitizing” aid and politicizing engagement in ways that will endanger lives.

A better approach, then, is to measure the full spectrum of national inputs for global security and assess their value in terms of military defense and deterrence, as well as economic growth and resilience. As the 2030 deadline for achieving the SDGs approaches, a multidimensional perspective on security could be a good starting point for discussing its successor framework.”

“... The second pillar is a modern security financing framework featuring more transparent estimates of defense investment needs....”

“... The third pillar comprises stronger fiscal safeguards for key spending priorities. Global defense spending now outpaces development aid by 13 to one, a trend that is already generating ripple effects – from diplomatic layoffs to the collapse of global health investment. The opportunity cost of such massive defense investments could well be global cooperation itself.... But some countries are seeking a better way. “We are building weapons, when we should be building social infrastructure,” warned South African President Cyril Ramaphosa at this year’s United Nations General Assembly, echoing concerns made by Brazil, Kazakhstan, and Nepal (among others). For her part, Mexican President Claudia Sheinbaum, recognizing the symbiotic relationship between diplomacy, defense, and development, has proposed that G20 members earmark 1% of their military spending for sustainable development....”

Africa CDC - Lusaka Agenda Gains Momentum with Accountability Framework

Via the [Africa CDC newsletter](#)

“Under the **Lusaka Agenda**, Africa is taking concrete steps to strengthen health systems, secure sustainable financing and ensure accountability. This vision has advanced significantly with the **validation of its Monitoring and Accountability Framework, which includes a dashboard and scorecard to track progress**. A **milestone workshop in Addis Ababa** brought together representatives of Member States, partners and key stakeholders **to endorse this framework - designed to ensure transparency and reinforce accountability for Africa’s health commitments**. Adopted on Universal Health Coverage Day in 2023, the **Lusaka Agenda serves as Africa’s roadmap for moving from dependency to self-reliance in health, building on longstanding commitments such as the Abuja Declaration, which calls for allocating at least 15% of national budgets to health**. The **new framework supports countries in measuring progress toward these goals at a time when external aid is declining, and domestic investment in health is increasingly urgent**. By validating this framework, participants laid a stronger foundation for systems that deliver results for Africans and reaffirmed Africa’s determination to lead its own health future.”

- In other Africa CDC related news: Africa CDC launched the [Africa Health Knowledge Management Portal](#)

“The **Knowledge Management (KM) Portal** is a central hub designed to strengthen evidence-based decision-making and knowledge sharing across the continent. This platform brings together essential tools and resources to support Africa’s health security priorities and digital transformation agenda....”

Reliefweb - WHO and ICDT announce launch of Coalition on Islamic Financing Towards Global Health

[Reliefweb](#)

“The World Health Organization (WHO) and the Islamic Centre for Development of Trade (ICDT), a subsidiary organ of the Organisation of Islamic Cooperation (OIC), today announced the launch of a new Coalition on Islamic Financing Towards Global Health. The announcement was made at the High-Level Roundtable on Promoting Investment in Global Health through Islamic Financing, convened in Riyadh with senior leaders from across the Islamic finance, development and global health sectors.”

“The Coalition aims to strengthen collaboration among governments, multilateral institutions, financial actors, philanthropies and technical partners to **expand the use of Islamic financing instruments in support of primary health care (PHC), universal health coverage (UHC) and the Sustainable Development Goals (SDGs)**. Membership in the Coalition is voluntary, and interested institutions will be invited to join as the initiative develops....”

“...Participants explored concrete opportunities to mobilize ethical capital through tools such as Zakat, Waqf, Sadaqa, Khums, Sukuk and Takaful, and discussed their application to health system strengthening, service delivery and pro-poor health interventions....”

Global Governance: A Review of Multilateralism and International Organisations - Inter-organizational Relations and Policy Coordination: The Quadripartite and Antimicrobial Resistance

Adam Kamradt-Scott; https://brill.com/view/journals/gg/31/4/article-p428_3.xml

“In March 2022 the heads of four international organizations—the World Health Organization, the Food and Agriculture Organization, the World Organization for Animal Health, and the United Nations Environment Programme—signed a memorandum of understanding to cooperate on addressing One Health challenges. The formation of what has become known as ‘The Quadripartite’ represents a growing trend in contemporary international relations in which member states, confronted with the proliferation of international organizations (IOs) are encouraging institutions to work more collaboratively together to reduce competition, conflict, and overlap. In this context, policy coordination is often considered one of the indicators of improved inter-organizational relations, but how policy coordination has been conceptualized within the existing literature remains underdeveloped. This article examines the effectiveness of the Quadripartite policy coordination efforts by focusing on one of the platform’s key priorities: member states’ development and adoption of national actions plans to address antimicrobial resistance.”

PS: from the same issue: [Pathologies in the United Nations Development System: the role of funding structures](#) (by M-O Baumann et al)

Global Governance: a Review of Multilateralism and International Organisations - Legitimacy in 21st-Century Polyilateralism: The Case of Global Health Funds

R Lambin et al ; https://brill.com/view/journals/gg/31/3/article-p284_3.xml

“This study presents an empirically based analysis of legitimacy aspects of polyilateral governance across three global health funds: Gavi, the Vaccine Alliance; Global Fund to Fight Against AIDS, Tuberculosis and Malaria; and the Global Financing Facility for Women, Children and Adolescents. Adopting a normative approach to legitimacy, we ask how these global health funds fare against key legitimacy principles in global governance, as expressed in the 2011 Busan Partnership Agreement and the earlier Paris Declaration on Aid Effectiveness (2005). The findings show that, while global health funds exhibit high levels of alignment with the set standards of technocratic legitimacy, they fail to meet the principles of democratic legitimacy and fairness. This shortfall is largely due to the structure and operations of the funds’ boards that accord significant sway to financiers and partners from the Global North.”

STAAR - Building Equitable Social Protection Systems for a Sustainable Development Goal Recovery: The Case for a Global ‘Virtual Financing’ Mechanism

Kevin Watkins et al; <https://socialprotection.org/discover/publications/building-equitable-social-protection-systems-sustainable-development-goal>

“... This report argues for an expansion of social protection supported by a virtual financing mechanism. Such a mechanism could deliver many of the benefits associated with the successful global health funds. Gavi, the global vaccines initiative, and The Global Fund to Fight AIDS, Tuberculosis and Malaria have achieved extraordinary results, providing a focal point for pooled donor funding in support of nationally owned plans to extend access to vaccinations and treatment for HIV/AIDS, malaria and tuberculosis. A virtual financing mechanism for social protection could duplicate the benefits generated by vertical funds in health, while avoiding the transaction costs and protracted negotiations that would inevitably accompany the creation of new institutions. Given the limited appetite for creating new multilateral entities, virtual financing offers a practical pathway to delivering results and breaking with business-as-usual models. Virtual financing, in the context used in this report, refers to the pooling and coordination of support in pursuit of shared goals, but without the creation of new legal entities....”

PS: Among others they recommend: “Establish a virtual financing mechanism for social protection under the Global Alliance Against Hunger and Poverty, backed by financing commitments that are linked to the global outcome target....”

- See also ODI - [Building equitable social protection systems for a Sustainable Development Goal recovery: The case for a global ‘virtual financing’ mechanism](https://socialprotection.org/discover/publications/building-equitable-social-protection-systems-sustainable-development-goal) (by Kevin Watkins et al)

Telegraph – Revealed: Five-star hotels and golf resort stays bankrolled by foreign aid

[Telegraph](#);

This one probably did the rounds in the UK. **“At least one in every £10 allocated to helping the world’s poorest people is funnelled through private sector organisations rather than being handed out directly by the Government, analysis has found. The total – more than £11bn since 2010 – has included spending on advertising and PR agencies, “deluxe” furniture, 4x4 off-road trucks, space in one of London’s most prestigious offices and stays at spa hotels and country clubs.”**

“Consulting firms such as PricewaterhouseCoopers (PwC), Palladium International and Adam Smith International have revealed little about how they use millions in taxpayer cash. ... A Telegraph analysis of Government data showed that at least £11.3bn in aid has been spent through the private sector since 2010, which was 10 per cent of the total £113bn sum. The vast majority of aid funding is allocated to consultancy companies or private organisations that have made a business out of international development.....”

Debt crisis & global tax justice

Devex - This jubilee year must herald a new era of debt relief for the world

By Marina Zucker-Marques, Kevin P. Gallagher, Marilou Uy (all commissioners for the Jubilee Report on Addressing the Debt and Development Crises.) <https://www.devex.com/news/this-jubilee-year-must-herald-a-new-era-of-debt-relief-for-the-world-111539>

“And it should come in the form of a “HOPE” initiative.”

“... A HIPC 2.0 won’t be a carbon copy of the first HIPC. First, it needs a new name to encourage participation — after all, no sovereign nation wants to be labeled a “heavily indebted poor country.” An initiative to deal with debt burdens should instead convey a message of optimism. As such, a much more suitable name could be HOPE, as [already suggested](#), standing for “High Opportunity for Prosperity and Equity.”;...”

Authors also lay out the **different situation compared to the first debt crisis** in a number of other respects.

And they conclude: **“... The 2025 jubilee year will soon come to an end, but its message calls us not only to recognize the economic costs of spiraling debt but to embrace the moral imperative to alleviate it.** Once again, the world needs the moral clarity of the pope’s voice — and the courage of global leaders to act on it. “

BMJ Editorial – Repudiation of global south debt to meet human need

F Sial, J Hickel et al ; <https://www.bmj.com/content/391/bmj.r3249>

“One bold proposal is to establish a debtors’ coalition that would undertake collective debt repudiation against northern creditors. Repudiation means refusing to recognise the responsibility of continuing payment under existing terms. It can target bilateral, multilateral, and private creditors. Debt repudiation equates to defaulting, which comes with risk.....” **“.... For debt repudiation to succeed it has to be collective. ...**

PS: **“.... collective debt repudiation will have to be supplemented by stronger south-south trade and a curb on unnecessary imports from the global north....”**

Tax Justice Network - The best of times, the worst of times (please give generously!)

Alex Cobham; <https://taxjustice.net/2025/12/17/the-best-of-times-the-worst-of-times-please-give-generously/>

« As we sit at the cusp of the greatest progress in tax justice in a hundred years, **a threat is looming: money, Or rather, the lack of it.** Read our **CEO's blog about the outlook for the Tax Justice Network and the wider struggle for tax justice.**”

Excerpts:

“We are living through two quite distinct, but inseparable tales of tax justice. In one tale, the greatest triumph of all is at hand. But in the other lurks the spectre of catastrophe. ... here is the real triumph: in 2025, for the first time ever, each country of the world sat around the same table to negotiate international tax rules. Specifically, countries are negotiating a UN Framework Convention on International Tax Cooperation....”

“... Nothing is won yet, however. The next 18 months will determine the final text. The challenge for the Tax Justice Network, the Global Alliance for Tax Justice and the global movement spanning from climate justice to human rights, is to channel our collective efforts to ensure the opportunity is seized – because if we fail, a hundred years is a long time to wait for a second chance. But how could we fail? **Here's the thing. With just a few bumps on the road, the global movement for tax justice has been building and growing for two decades now ...But now, as we sit at the cusp of the greatest progress in a hundred years, a threat is looming. Money. Or rather, the lack of it. ...**”

“This issue runs through the whole negotiations. The secretariat is woefully under-resourced because of the hiring freeze affecting the whole United Nations, and the failure of rich countries to meet their responsibilities – either to the UN itself or to the tax negotiations more specifically. **At the same time, the tax justice movement has hit a major bump. Funding from governments and major foundations has never been large – but now it is shrinking, fast. ... A range of organisations in the space of tax justice, including the important overlaps with human rights, are now facing budget cuts and sometimes painful restructuring. ...**”

UHC Day (12 Dec)

Some more updates from UHC Day you might have missed last Friday.

UHC2030 launches From commitment to action: A global UHC action tracker (ACT for UHC) on the occasion of UHC Day 2025.

<https://www.uhc2030.org/news-and-events/news/article/accountability-in-action-uhc2030-launches-its-new-global-action-tracker-on-uhc-day-2025/>

“This UHC Day 2025, UHC2030 is releasing ACT for UHC, a new global report and interactive data dashboard.”

“ACT for UHC provides the evidence needed to assess whether countries are translating key commitments made in the [2023 Political Declaration](#) into action. By tracking progress on implementation, it aims to strengthen UHC accountability and drive advocacy and alignment for better health outcomes. With its unique multistakeholder perspective on political commitments, it is designed to complement other UHC monitoring efforts, such as the World Health Organization (WHO) and World Bank Group’s [Tracking Universal Health Coverage: Global Monitoring Report](#). Formerly known as the State of UHC Commitment, ACT for UHC involves a data dashboard and global report.

- **“... In the [report](#), UHC commitments are grouped into the eight action areas of the [Action Agenda from the UHC Movement](#).”**

Some **Key messages** from the **2025 ACT for UHC report**: Foundations are strong, but impact is uneven... Disparities and inequalities persist. UHC builds resilience against health emergencies. Better data is essential.....”

- [ACT for UHC dashboard](#)

WB - Advancing the World Bank Group Goal: Reaching 1.5 billion people with quality, affordable health services by 2030

<https://www.worldbank.org/en/news/feature/2025/12/09/advancing-the-world-bank-group-goal-reaching-1-5-billion-people-with-quality-affordable-health-services-by-2030>

(in case you missed this last week) “At the [Universal Health Coverage High-Level Forum](#) in Tokyo, Japan, global leaders came together to share what’s working, exchange innovations, and mobilize support for reforms that strengthen health systems and unlock job-rich growth. **Here are 5 things to know about how countries and partners are accelerating progress toward reaching more people with better health services:...**”

George Institute for Global Health launched the UHC Accelerator

<https://lnkd.in/gDZQr8mT>

“The UHC Accelerator was **established with the mission of supporting and convening national political champions to accelerate UHC reforms.** “ “ We aim to: Provide mentorship for implementers and change-makers at the national level; Contribute to the generation and use of rigorous, high-quality research on UHC; Create safe and trusted spaces for open, provocative dialogue that can directly drive policy form and programme design. **The UHC Accelerator complements other global initiatives by connecting experienced UHC reformers with people who have the power and authority in their countries to accelerate UHC - bringing together those driving health systems reforms with those who have already done so.**”

Health Committee approves Bill criminalising hospital detention over medical debts

<https://eastleighvoice.co.ke/health/251027/health-committee-approves-bill-criminalising-hospital-detention-over-medical-debts?amp=1>

Encouraging news from Kenya. **“Parliament’s Health Committee has approved a Bill to criminalise detaining patients or bodies over unpaid medical bills in Kenya, imposing fines and jail terms while requiring lawful debt recovery.....”**

“Kenya is on the verge of outlawing the detention of patients and bodies in hospitals over unpaid medical bills. The National Assembly Health Committee has approved the Health (Amendment) Bill, 2025, opening the door for debate in Parliament on a law designed to treat healthcare as a right, not a leverage tool, and to prevent families from enduring unnecessary suffering. Sponsored by Kirinyaga Woman Representative Jane Njeri Maina, the Bill explicitly criminalises holding patients or corpses as collateral for unpaid bills.....”

ILO highlights 2025 progress on social health protection

<https://www.ilo.org/resource/news/ilo-highlights-2025-progress-social-health-protection>

“On International Universal Health Coverage Day, **the International Labour Organization** reaffirms its commitment to promoting a rights-based approach to achieve health for all.”

“A key focus of the ILO’s work in 2025 was strengthening multisectoral collaboration across the sustainable development targets on universal social protection (SDG 1.3) and universal health coverage (SDG 3.8). As respective custodian for those targets, the ILO and the WHO organized a side event at the World Summit for Social Development in Doha on “Universal social protection (USP) for better health, improved resilience and poverty reduction”. The event highlighted the health dividends of universal social protection and the role of social health protection as a driver of intersectoral collaboration. This advocacy drew on the ILO’s leadership role within the P4H network -a global network of multilateral and bilateral partners who provide coherent support to low/middle-income countries in building sustainable health systems- made possible thanks to a partnership with the Swiss Development Cooperation Agency.....”

PPPR

Georgetown Journal of International Affairs - The New WHO Pandemic Treaty and Global Health Governance: Incorporating Common but Differentiated Responsibilities into PABS

S Halabi & L O Gostin; <https://gjia.georgetown.edu/2025/12/11/the-new-who-pandemic-treaty-and-global-health-governance-incorporating-common-but-differentiated-responsibilities-into-pabs/>

“... core aspects of the pandemic agreement remain unresolved—notably the Pathogen Access and Benefit-Sharing (PABS) System, which is intended to ensure equitable access to pandemic-related materials and benefits. ***To support the successful implementation of the WHO Pandemic Agreement, the principle of “common but differentiated responsibilities” should be formally incorporated into the negotiating agenda of the PABS annex.***”

“... Applied to PABS, it would require that governments hosting and supporting companies developing lucrative products carry greater obligations toward the cost of running the PABS system;

share benefits or final medical products; and transfer technology to help countries worldwide develop their own capacities to innovate and manufacture vaccines during an emergency.....”

Sania Nishtar (LinkedIn) - Delay costs lives: why at-risk capital matters before the next pandemic

<https://www.linkedin.com/pulse/delay-costs-lives-why-at-risk-capital-matters-before-next-nishtar-zexic/?trackingId=nTnczuhsZ%2FgYNM19XaJ6LA%3D%3D>

Excerpts: “**MDB financing using pre-approved at-risk loans can both accelerate access to vaccines and strengthen country ownership of the response.** And at Gavi we are excited to **explore ways to link our First Response Fund with MDB balance sheets** to establish a truly global safety net for the next pandemic.....”

“...**The G20 High Level Independent Panel on PPPR financing recently recommended that MDBs make greater use of their balance sheets to support rapid, at-risk financing for pandemic response.** These recommendations come at a time when negotiations are beginning in earnest around the form a Pathogen Access and Benefit Sharing (PABS) system might take, with WHO Member States meeting in November to discuss a draft annex to the WHO Pandemic Agreement. **A fully functioning PABS system could be another essential piece of the pandemic preparedness, prevention and response architecture.** It would substantially shorten the time between a pandemic pathogen being detected and an effective vaccine becoming available by ensuring that researchers around the world have rapid access to data on pathogens – data that are essential to develop the vaccines, diagnostics and therapeutics needed to counter pandemic threats. **Such an upstream mechanism, together with Gavi’s First Response Fund and at-risk financing from MDBs to scale-up a response,** would ensure the world has a coherent system of guard rails and incentives in place so that vaccines and other countermeasures are developed and produced at scale rapidly, and that countries can access the financing to deploy vaccines rapidly and save lives. ...”

Globalization & Health – From proposal to compromise: the TRIPS waiver debate and the crisis of WTO decision-making

N Syam et al; <https://link.springer.com/article/10.1186/s12992-025-01176-7>

« The **Marrakesh Agreement**, which established the World Trade Organization (WTO), permits WTO member countries to jointly decide to temporarily suspend certain obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). **The TRIPS Decision adopted at the 12th WTO Ministerial Conference in June 2022, following 20 months of extended negotiations during the COVID-19 pandemic, approved only a limited portion of the waiver proposal originally submitted by India and South Africa.** Since the Decision was adopted, WTO members have faced a deadlock over whether to extend its scope to include COVID-19 diagnostics and therapeutics, despite being required by the Decision to reach a conclusion on this issue within six months. **This paper re-examines the discussions surrounding the potential expansion of the Decision and argues that including COVID-19 diagnostics and therapeutics within its scope was both appropriate and necessary.** In addition, the paper **proposes ways to make effective use of TRIPS flexibilities during a pandemic, so that developing countries are not left dependent on unpredictable waiver negotiations.** The paper **also outlines possible approaches for reforming the waiver decision-making process,** aiming to ensure that such decisions are made promptly and efficiently, without prolonged negotiations during times of emergency.....”

Universal Health Coverage and pandemic preparedness are not separate agendas—they rise or fall together

<https://www.thepandemicfund.org/news/blog/universal-health-coverage-and-pandemic-preparedness-are-not-separate-agendas-they-rise>

Blog by **Priya Basu** (exec head **Pandemic Fund**).

AMR

HPW - In a Breakthrough Against Drug Resistance, FDA Approves New Gonorrhoea Treatment

<https://healthpolicy-watch.news/in-a-breakthrough-against-drug-resistance-fda-approves-new-gonorrhoea-treatment/>

“A new treatment has been approved against gonorrhea, a sexually transmitted infection (STI) that is increasingly developing resistance to all current antibiotics. The US Food and Drug Administration (FDA) **approved the use of zoliflodacin to treat uncomplicated gonorrhoea on Friday, following the **publication in The Lancet** of the results of a phase 3 trial of the new drug, which found that one dose of it was as effective as the current standard treatment....”**

“ Uncomplicated urogenital gonorrhea refers to a localised infection of the urethra or cervix that has not spread to other areas of the body. **Each year, over 82 million people are infected with *Neisseria gonorrhoeae*, but this bacterium has developed resistance to almost all antibiotics, with only one last remaining recommended antibiotic treatment, ceftriaxone.”** “ But there has been **a six-fold increase** in resistant infections to ceftriaxone in some countries – particularly Cambodia and Viet Nam – and **gonorrhoea was in danger of becoming one of the first diseases to become untreatable due to antimicrobial resistance.** “

“This is the first new treatment solely for gonorrhoea in decades and the first to be developed using a novel not-for-profit approach to antibiotic research and development (R&D) aimed at tackling the rise and spread of antimicrobial resistance (AMR),” according to the **Global Antibiotic Research & Development Partnership (GARDP).** “This approval marks a huge turning point in the treatment of multidrug-resistant gonorrhoea, which until now has been outpacing antibiotic development,” said **GARP executive director Dr Manica Balasegaram.** **“Zoliflodacin shows that a different public-private partnership approach to antibiotic development is possible — one that prioritizes global health needs, strengthens access where the burden is highest, and protects the effectiveness of new drugs for the long-term.”**

PS: “Zoliflodacin belongs to a new class of antibiotics, called spiropyrimidinetriones, which has a unique mechanism of action in the way that it inhibits a crucial bacterial enzyme called type II topoisomerase, which is essential for bacterial function and reproduction. It is being developed exclusively for the treatment of gonorrhoea, with the hope that this will minimise the likelihood of excessive use, which could contribute to the development of resistance. “

“GARDP has the right to register and sell zoliflodacin in more than three-quarters of the world’s countries, including all low-income countries, most middle-income countries, and several high-income countries. Entasis Therapeutics,, the original license holder and an affiliate of Inoviva Specialty Therapeutics, retains the commercial rights for zoliflodacin in the major markets in North America, EU, and Asia-Pacific. Inoviva Specialty Therapeutics will continue to collaborate with GARDP to advance regulatory filings with the European Medicines Agency. **GARDP is also taking steps to obtain market authorisation in Thailand and South Africa as both countries played a key role in the phase 3 trial.”**

- Related: **Stat Opinion - [New gonorrhea drug is not just a scientific breakthrough but a business one](#)** (by GARDP’s executive director)

Lancet World Report - UN Environmental Assembly passes AMR resolution

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02591-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02591-7/fulltext)

“The seventh session of the UN Environmental Assembly passed several actions related to health, including improving antimicrobial resistance (AMR) surveillance. Sharmila Devi reports.”

“UN member states adopted several resolutions affirming their commitment to take action regarding the environment, including its impact on antimicrobial resistance (AMR), at the seventh session of the UN Environmental Assembly (UNEA-7), which ended on Dec 12. Although the resolutions are non-binding, they are considered an important pillar of multilateral co-operation on issues requiring global action, such as health and the environment. More than 6000 people representing 186 countries took part in the assembly at the UN Environmental Programme's headquarters in Nairobi, Kenya.....”

“The resolution on the environmental dimensions of AMR is an important first step in the effort to combat the growing challenge....”

Trump 2.0

All other updates in addition to the ongoing bilateral health agreements (see above) – although some are related.

Devex Pro - 24 weeks, \$4.7 billion spent: How aid has slowed under Trump

<https://www.devex.com/news/24-weeks-4-7-billion-spent-how-aid-has-slowed-under-trump-111545>

(gated) **“Once paralyzed by upheaval, U.S. foreign aid is now trickling back out the door, totaling \$4.7 billion since July as the State Department races to regain lost ground.”**

“It’s been eleven months since Donald Trump reclaimed the U.S. presidency — and eleven months since his administration upended U.S. foreign aid. The first half of the year saw programs blocked, suspended, and canceled, while the second half saw the beginnings of a slow, faltering recovery. In

the third quarter of the year, the U.S. State Department obligated only around \$500 million in new foreign aid. With the recent launch of a series of global health compacts, aid money is beginning to hit countries in larger sums across the world — but still, in the second half of 2025, the State Department obligated just around \$4.7 billion in new foreign aid.....”

Devex - The key players in 'America First' foreign aid

<https://www.devex.com/news/the-key-players-in-america-first-foreign-aid-111355>

“It hasn’t always been clear who is calling the shots in the new world of U.S. foreign aid. Here is our **rundown of the key players you need to know in a moment of uncertainty.**”

CGD - Update on Lives Lost from USAID Cuts

C Kenny & J Sandefur; <https://www.cgdev.org/blog/update-lives-lost-usaid-cuts>

“In a **CEPR [chapter](#) back in June 2025**, we calculated that the USAID program cancellations announced by Secretary of State Marco Rubio **could contribute to as many as 500,000 to 700,000 additional deaths annually. In this blog, we report on an update to our earlier estimates of the potential mortality impacts of the administration’s cuts, based on an addendum to the CEPR chapter published this month (December 2025).** A similar approach to our original estimates using financial data to the end of the fiscal year suggests that **lives lost based on the decline in outlays (current spending) may be in the range of 500,000 to 1,000,000 and potential lives lost based on the decline in obligations (commitments to future spending) are between 670,000 and 1,600,000.** Our forecasts of lives lost from US aid cuts look similar or worse than they did back in June....”

PS: “....**The enormous caveat that must be attached to any discussion of the health and humanitarian impacts from aid cuts is that we lack direct, systematic data from the ground on what has happened to the pipeline of US lifesaving assistance. Aggregate information on delivery of the two largest US bilateral global health programs remains unavailable: for malaria, the [PMI.gov](#) website is still down, and for HIV/AIDS there is no recent monitoring and evaluation data for PEPFAR. Without this information and representative survey work of beneficiaries, any estimates of lives lost remain guesswork. But there has been well-documented and extensive disruption of life-saving programs, and destruction of implementation capacity both within USAID and implementing partners, which is not well-captured in aggregate spending figures. While quantification is difficult, there is little doubt many people have died as a result, and without action many more will die in the future.**”

Devex (Pro) – State Department scrambles to rebuild foreign aid workforce

<https://www.devex.com/news/state-department-scrambles-to-rebuild-foreign-aid-workforce-111525>

(gated) ““What we’re seeing anecdotally is a recreation of the things that we just tore down,” says Rohit Nepal, the Department of State vice president at the American Foreign Service Association.”

“The State Department is rebuilding its workforce — and across the world, positions are opening up to fill the gaps created by the obliteration of the U.S. Agency for International Development.....”

Stat - Experts assess Trump's declaration of fentanyl as weapon of mass destruction

<https://www.statnews.com/2025/12/15/trump-declares-fentanyl-terrorist-weapon-experts-question/>

"Designation appears to be more optics than action, researchers say."

"... On Monday, the president issued an executive order that claimed fentanyl is "closer to a chemical weapon than a narcotic" and that it could potentially be weaponized for "concentrated, large-scale terror attacks by organized adversaries." But those claims lack evidence, according to drug policy experts, who in interviews with STAT cast Trump's action as more about optics than action...."

"...Declaring fentanyl a weapon of mass destruction, however, constitutes a new front in Trump's rhetorical war, and plays into the fear and anguish experienced by the millions of American families hurt by addiction."

Devex - Exclusive: Senate Democrats introduce bill to protect UN Population Fund

<https://www.devex.com/news/exclusive-senate-democrats-introduce-bill-to-protect-un-population-fund-111571>

"Democrats have moved to safeguard UNFPA after sweeping Trump-era cuts gutted the agency's work — but their proposal faces steep political headwinds."

NYT - Harvard Replaces Leader of Health Center Said to Have Focused on Palestinians

https://www.nytimes.com/2025/12/12/us/harvard-replaces-public-health-center-director.html?unlocked_article_code=1.808.PwaD.E1uni3ibs32G&smid=url-share

(gift link) **"The center at the university's public health school was also a focus of the Trump administration after having been examined in a Harvard antisemitism report earlier this year."**

"Harvard's public health school is changing leaders at a center focused on human rights, which had been targeted by the Trump administration as part of a broad campaign to pressure the university over allegations of antisemitism. Mary T. Bassett will leave her role as director of the François-Xavier Bagnoud Center for Health and Human Rights, or FXB Center, which she has led for seven years. Andrea Baccarelli, dean of the T.H. Chan School of Public Health, made the announcement in a note to the school community [last week] on Tuesday. The FXB Center was cited last spring in a report by Harvard's [task force on antisemitism and anti-Israeli bias](#) for allegedly focusing "heavily on Palestinians" in course offerings and guest lectures, "which also rarely presented Israeli points of view except those of the state's harshest critics."...."

- Related: [PHM – The PHM stands behind Professor Mary Bassett](#)
- Op-ed Erik Reinhart (in the Guardian) - [A Harvard scholar's ouster exposes a crisis of institutional integrity](#)

“The dismissal of a renowned health leader who refused to ignore Palestine highlights false claims of universality in human rights, global health and academia.”

Lancet Regional Health Africa - U.S. aid cuts threaten psychiatric care in sub-Saharan Africa

Cameron Sabet et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00001-X/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00001-X/fulltext)

“U.S. foreign aid has become a fault line in global health, with suspensions disrupting essential psychiatric care. On 13 August 2025, a U.S. appeals court ruling permitted the current administration to **freeze nearly US\$10 billion in foreign aid, including \$4 billion in USAID global health programs and over \$6 billion for HIV/AIDS, both of which sustain much of the mental health and psychosocial support (MHPSS) infrastructure in sub-Saharan Africa (SSA).** However, **this financial crisis is the stress test that could compel the continent to localize psychiatric care.** Like the COVID-19 vaccine inequity compelled Africa CDC to build pooled procurement systems and assert regional health sovereignty, **today's donor turbulence could position psychiatry as a health security priority on par with infectious disease.** SSA must embed MHPSS into primary care, protected by domestic financing mandates, secured through regional supply chains, and delivered by task-shifted workforces.....” (#hmm #stretchingglobalhealthsecurity)

Science News – CDC funds controversial hepatitis B vaccine trial in African newborns

<https://www.science.org/content/article/cdc-funds-controversial-hepatitis-b-vaccine-trial-african-newborns>

“Scientists question the value of the proposed study, which will investigate a vaccine long known to be efficacious and safe.”

“Public health scientists are raising concerns following news of a \$1.6 million award from the U.S. Centers for Disease Control and Prevention (CDC) for a trial of hepatitis B vaccines in newborn babies in the West African nation of Guinea-Bissau. The funding is for an unsolicited proposal from a group in Denmark whose work has emphasized the potential dangers of vaccination and has frequently been criticized. Some researchers say the study raises ethical issues and is unlikely to offer scientific insights into a vaccine already known to be efficacious and safe....”

Lancet World Report – Grants under threat at the US National Institutes of Health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02590-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02590-5/fulltext)

“Changes to how research grants are assessed and awarded are undermining the world's largest public funder of biomedical research. Washington Correspondent Susan Jaffe reports.”

Adoption political declaration at UN & other NCD/Commercial Determinants news

World leaders adopt a historic global declaration on noncommunicable diseases and mental health

<https://www.who.int/news/item/16-12-2025-world-leaders-adopt-a-historic-global-declaration-on-noncommunicable-diseases-and-mental-health>

“Leaders from across the world at the Eightieth United Nations General Assembly (UNGA) have adopted the political declaration to combat noncommunicable diseases (NCDs) and mental health challenges through a fully integrated approach. This is the outcome of the intergovernmental negotiations in advance of and considered by the fourth high-level meeting of the UNGA on the prevention and control of NCDs and the promotion of mental health and well-being, held on 25 September 2025....”

“Titled ["Equity and integration: transforming lives and livelihoods through leadership and action on noncommunicable diseases and the promotion of mental health and well-being"](#), the [political declaration](#) is the first such declaration addressing NCDs and mental health together, and marks a unique opportunity to accelerate global progress with a set of specific global targets for 2030. This step is expected to usher in a new era in addressing some of the world’s most pressing health challenges—affecting people of all ages and income levels across the globe....”

Devex - Countries adopt political declaration on diseases despite US pushback

<https://www.devex.com/news/countries-adopt-political-declaration-on-diseases-despite-us-pushback-111586>

Coverage & analysis. **“The U.S. sought to stop the adoption of the declaration via a procedural vote, but the appeal failed to secure the majority vote required, with only three countries — Argentina, Israel and U.S. — supporting it.”**

- See also HPW - [Near Unanimous Adoption of UN Declaration on NCDs and Mental Health – Only US and Argentina Opposed](#)

IS Global – New Global Study Identifies Best Buy Interventions to Integrate Liver Health into NCD Strategies

<https://www.isglobal.org/en/-/un-nuevo-estudio-identifica-intervenciones-costoefficaces-para-integrar-la-salud-hepatica-en-las-estrategias-frente-a-las-enfermedades-no-transmisibles>

“Integrating liver health within the NCD agenda could accelerate progress and reduce inequities.”

“A new international study published in *The Lancet Gastroenterology & Hepatology* presents the [first global expert consensus on which interventions to prioritise to prevent and manage metabolic dysfunction-associated steatotic liver disease](#) (MASLD) and metabolic dysfunction-associated [steatohepatitis](#) (MASH). The research proposes key evidence-based and cost-effective

interventions **for aligning liver health strategies with existing approaches to non-communicable diseases (NCDs)**, calling for their immediate integration into global health agendas.”

“**MASLD**, formerly known as non-alcoholic fatty liver disease (NAFLD), is estimated to affect more than a third of the global adult population. **MASH, its more severe form, is a leading cause of cirrhosis, hepatocellular carcinoma (the most common type of liver cancer), liver transplantation, and liver-related mortality.** Despite its scale and close link to obesity and type 2 diabetes (T2D), **liver health has historically received limited policy attention compared to other major NCDs (e.g., obesity, T2D, cardiovascular disease and cancer).** **This study, coordinated by an international consortium of clinicians, researchers and public health experts, seeks to close that gap by identifying best buys,** a concept introduced by the World Health Organization (WHO) to guide evidence-based and cost-effective interventions, to reduce the NCD burden.....”

Economics for Health - Cigarette Tax Scorecard (4th Edition)

<https://www.economicsforhealth.org/research/cigarette-tax-scorecard-4th-edition/>

“The **Economics for Health Cigarette Tax Scorecard (4th edition)** was written by Jeffrey Drope, Saw Min Thu Oo, Margaret Dorokhina, Carlos Guerrero, Germán Rodríguez-Iglesias, Ana Mugosa, Anita Bontu, Sehr Malik, Tatiana Villacres, and Frank Chaloupka. **The 4th edition of the Scorecard assesses the performance of cigarette tax policies in 171 countries.** It uses 2024 data from the WHO Global Tobacco Control Reports to **score countries on a five-point scale**, thus providing policy makers with an actionable assessment. There are **four scoring components used**: the cigarette price, changes in affordability, the tax share of the price, and the tax structure used. Each country receives a score for each component, in addition to an overall score. **The Scorecard shows that most government are still not implementing best practices in cigarette tax policies, with limited progress since the third edition.** These results highlight the need for governments to commit to reducing smoking and raising tax revenues using the most effective tobacco control strategy: tobacco taxes.”

- Related **blog** **Patricio Marquez**: [Global Tobacco Taxation: A Decade of Stalled Progress and Missed Opportunities for Improving Public Health](#)

Lancet Viewpoint – Holding powerful corporations accountable for their health impacts: are corporate rankings effective?

David McCoy, E Torreale et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02320-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02320-7/abstract)

“**Monitoring the behaviour of transnational corporations** is an important public health priority given the many ways corporate actors negatively affect health. Such effects can be mitigated by defining standards of corporate behaviour and implementing regulations to prohibit and sanction harmful behaviour. However, in **the past two decades, market signals and corporate scorecards are increasingly being used to incentivise corporate actors to behave in a socially responsible manner.** **Two examples of relevance to global health are the Access to Medicine Index and the Access to Nutrition Initiative's Global Index.** However, **this Viewpoint argues that these indices are flawed and could have the perverse effect of reinforcing the power and dominance of the biggest pharmaceutical and food companies, and undermining broader public interest efforts to hold such companies accountable and improve equitable access to healthy foods, medicines, and vaccines. »**

BMJ - Reclaiming human care from surveillance capitalism

<https://www.bmj.com/content/391/bmj.r2459>

“We must end the commodification of health data by big tech companies, centre healthcare on care, and put people back in control, argue Victor, J P, and Victor M Montori.”

“Big tech companies are driving healthcare towards a future of artificial care, the next phase in the industrialisation of healthcare. With care defined as computation, there will be no need for clinical encounters or patient-clinician relationships. To reclaim care, we must abolish the business logic that drives this evolution: surveillance capitalism, in which technology companies take private human experience as free raw material to be analysed and sold as commodities to other entities interested in knowing and changing people’s behaviour.”

PS: “This paper draws from *The Unmattering of People: the Present and Near-Future OF Surveillance Capitalism and the Fate of Care in Healthcare* produced as a **discussion paper** by the authors for the Carr-Ryan Center for Human Rights at Harvard Kennedy School.”

A Lawsuit that could reshape what we eat

Habib Benzian (on Substack); <https://habibbenzian.substack.com/p/a-lawsuit-that-could-reshape-what>

“Every so often, a political gesture reveals more about a system than endless reports or global resolutions. San Francisco’s decision to **sue makers of ultra-processed foods is one of those moments.** Not because the legal argument is novel, but because it exposes something we rarely name clearly: governments have long criticised unhealthy diets while quietly adapting to a food economy organised around them. **The lawsuit punctures that accommodation. It suggests the consensus may be shifting.....”**

10 years Paris agreement & other planetary health news

Climate Change News - As the Paris Agreement turns 10, what has it achieved?

<https://www.climatechangenews.com/2025/12/11/health-check-10-years-of-the-paris-agreement/>

(gated) **“A decade since the deal was adopted, climate experts say it is working to cut emissions, spur action and reduce the projected temperature rise – but not as fast as we need it to.”**

- Related: the Guardian - [A shift no country can ignore’: where global emissions stand, 10 years after the Paris climate agreement](#)

“Bill Hare, chief executive of the Climate Analytics thinktank: “The 1.5C limit [for rising global temperatures] and the net zero goal have reshaped policy, finance, litigation and sectoral rules, helping to rewire how states, markets and institutions work....”

“Yet the shaky response to the Paris agreement from some key countries in its immediate aftermath has added significantly to the climate crisis we now face, and the failure of rich governments in more recent years to uphold their side of the bargain with the poorer world threatens to implode the global consensus. The question now is: can countries learn from the mistakes of the past decade, in order to keep the Paris agreement alive in the next?...”

“The history of the last 10 years in climate politics is one of glaring contradictions, forward leaps followed by backsliding, and cooperation attended by fracture. If the world should manage to cling to [the 1.5C limit – which is still possible, according to Hare](#), if the current overshoot is swiftly remedied, then China will deserve a large slice of the credit. And where China leads, India has followed... “

Climate Change News - Push for global minerals deal meets opposition, more talks agreed

<https://www.climatechangenews.com/2025/12/12/push-for-global-minerals-deal-meets-opposition-more-talks-agreed/>

“Columbia’s proposal for the UNEA (UN Environment Assembly) to set up an expert group to identify options for governing mineral supply chains was rejected by a broad group of states.”

“...numerous governments – including Saudi Arabia, Russia, Iran as well as resource-rich Chile, Peru, Argentina and some African countries such as Uganda – opposed any discussion of possible binding rules on mineral value chains, several observers with access to the negotiations told Climate Home News....”

- See also [Devex – Governments adopt UNEA-7 resolution on critical minerals and metals](#)

“The measure sets the stage for countries to adopt more environmentally sound means of managing minerals and metals such as lithium, cobalt, copper, and nickel amid rising demand.”

Carbon Brief - ‘Cali Fund’ aiming to raise billions for nature receives first donation – of just \$1,000

<https://www.carbonbrief.org/cali-fund-aiming-to-raise-billions-for-nature-receives-first-donation-of-just-1000/>

“A major biodiversity fund – which could, in theory, generate billions of dollars annually for conservation – received its first donation of just \$1,000 in November. “

“The Cali Fund was created under the UN [Convention on Biological Diversity](#) (CBD) at the [COP16](#) nature negotiations in Cali, Colombia, last year. On 19 November, nine months after the fund officially launched, UK start-up [TierraViva AI](#) put forward the first contribution.”

Journal of Labour & Society - Ecomodernism, Green Growth and the Imperial Arrangement

Jason Hickel; <https://brill.com/view/journals/jlso/aop/article-10.1163-24714607-bja10196/article-10.1163-24714607-bja10196.xml>

In this short piece, Hickel “describes how ecomodernist visions and “green growth” scenarios rely on fundamentally imperialist assumptions, and have no answer to this problem. “

SRHR

Guardian - Figures reveal stark reality of US funding cuts as 1,394 family planning clinics shut

<https://www.theguardian.com/global-development/2025/dec/16/figures-us-funding-cuts-family-planning-clinics-shut-anti-rights>

“Survey by world’s largest network for sexual and reproductive health shows devastation to services, particularly in Africa and the Middle East, and amplification of anti-rights voices.”

“Cuts to US aid funding have directly led to the closure of more than 1,000 family planning clinics, **new figures** shared with the Guardian reveal. Millions of people have been left without access to contraceptives or care, including those who have suffered sexual assault, as part of a “radical shift towards conservative ideologies that deliberately block human rights”, **according to the International Planned Parenthood Federation (IPPF).**”

“A survey of its member associations found that approximately 1,394 service delivery points, or clinics, have been shut down, including 1,175 in Africa, and that 34 had laid off staff as a result of the **Trump administration’s cuts**, representing at least 969 job losses. **Africa and the Middle East were most affected by the clinic closures, often in areas where they were people’s only option**, IPPF said. It estimates that 9 million people worldwide are affected.”

PS: “... The survey was conducted in July and polled 151 IPPF member associations across the world about the impact of US funding withdrawals on their work.....”

Guardian - Five key moments in the assault on the rights of women and girls in 2025

<https://www.theguardian.com/world/2025/dec/16/five-key-moments-in-the-assault-on-the-rights-of-women-and-girls-in-2025>

“Since Trump’s second term began in January, global healthcare, especially for sexual and reproductive health, has been under constant attack.”

Guardian – ‘Trojan horse moment’: anti-rights groups seize chance to fill void left by US aid cuts

<https://www.theguardian.com/world/2025/dec/17/trojan-horse-moment-anti-rights-groups-fill-void-us-aid-cuts>

Analysis. **“Ultra-conservative Christian organisations look to reshape global health landscape as new aid agreements open door to demands restricting family planning services”**

Migration & Health

International Migrants Day 2025: WHO works to advance migrant health and strengthen health systems across migration journeys for universal health coverage

[WHO](#)

“Every year on 18 December, International Migrants Day is recognized to advocate for migrants’ rights, including their right to health. WHO/Europe marks International Migrants Day by joining the International Organization for Migration (IOM) in its call to support people in finding safety and opportunity by ensuring access to health services throughout their migration journeys. The health dimensions of migration include ways in which human mobility affects physical and mental well-being, access to health services and continuity of care across borders, as well as whether health systems respond in inclusive and equitable ways. Protecting migrants’ health is essential for collective development, social cohesion and resilient health systems, and it is fundamental to achieving universal health coverage.....”

Lancet Comment - Climate change, migration, displacement, and health: past, present, and future

A Bhopal, , K Blanchet, B N Khumar et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02587-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02587-5/fulltext)

« ... Despite **growing recognition of the climate–migration–displacement–health (CMDH) nexus**, scholarship remains fragmented..... “

“To make progress, we **must develop a richer understanding of the CMDH nexus**, avoiding oversimplified and homogeneous framings of climate migrants while acknowledging that **the agency of migrants—including decisions about when, where, and how to move—is an important determinant of health**. If managed well, migration can be a valuable climate-adaptation strategy....”

“We have **five proposals on International Migrants Day....”** Including: **“ First, to reframe climate change, migration, displacement, and health as a syndemic challenge**, interacting in ways that exacerbate negative health outcomes...”

Lancet (Viewpoint) – Health equity and displaced people: challenges, progress, and the path forward

D Tawfiles et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02434-1/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02434-1/abstract)

“In 2024, more than 123 million people were forcibly displaced worldwide, driven largely by conflicts, persecutions, and human rights violations. Displaced populations include refugees (people who flee their country due to conflict or persecution), internally displaced people (those forced to flee their homes but who remain within their country's borders), and undocumented migrants and asylum seekers (individuals who cross borders without formal legal status, including those awaiting a decision on their protection claim). Our focus is primarily on undocumented migrants and asylum seekers (collectively referred to as undocumented migrants herein), whose exclusion from legal protection often leaves them the most vulnerable to gaps in health-care access. For millions of such individuals, health outcomes are determined not solely by medical need but also by legal status in host countries, which governs access to health care as well whether they are afforded protection and dignity....”

“... Exclusionary approaches towards undocumented migrants are not inevitable. Restrictive and inclusive national policies shape the prevailing health inequities in distinct ways, with country examples illustrating how legal status determines health-care access, protection, and health outcomes ([table](#))....”

Authors conclude: “... Health systems must protect lives, not borders. At a time of record-high displacement, with displacement almost doubling globally over the past decade, health systems cannot be weaponised to police borders. The health of displaced populations must no longer hinge on nationality, race, or paperwork. **Legal exclusion should be recognised as a determinant of health** in its own right. Seeking safety is not a crime, and health care is the first and most urgent need that must be guaranteed.”

Conflict/War/Genocide & Health

Lancet (Letter) - Gender-based violence and displacement in Darfur's war

Ibrahim Nagmeldin Hassan et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02384-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02384-0/fulltext)

“The war in Sudan has resulted in one of the largest and fastest-growing displacement crises of the 21st century. Gender-based violence is both a catalyst for displacement and a profound consequence of it. In Darfur, where communities have endured repeated attacks, women and girls face a collapse of protection that exposes them to severe and widespread sexual violence at every stage of displacement. This convergence of displacement and gender-based violence represents a serious public health emergency that demands urgent global attention....”

Devex - Gold and guns: How the 'economics of war' fuels humanitarian crisis

<https://www.devex.com/news/gold-and-guns-how-the-economics-of-war-fuels-humanitarian-crisis-111594>

“IRC’s annual emergency watchlist warns that profit-driven conflict is spreading just as humanitarian aid is being cut, leaving crises like Sudan’s ever harder to contain.”

“For the past three years, Sudan’s war has killed more than 150,000 people. It’s pushed 33 million into need of humanitarian assistance and plunged parts of the country into famine. But even as the human toll has mounted, **the conflict has created a web of winners: foreign and domestic players profiting from violence. That dynamic sits at the center of the International Rescue Committee’s annual emergency watchlist, which identifies the 20 countries at greatest risk of worsening humanitarian crises in the year ahead.** For the third year in a row, Sudan topped the list — a reflection of not just the scale of suffering, but the complications of a **profit-powered war.**”

“...**In Sudan**, that’s materialized through the trade of gold and guns. **In the Democratic Republic of Congo**, that’s taken the form of rebel groups taxing the mineral trade — and earning \$800,000 every month from doing so. **And in the Sahel**, that’s played out through armed groups trafficking goods across borders, creating an economy “built on violence.” ... **“Conflict has become a sophisticated, multibillion dollar global industry,”** reads IRC’s watchlist, which was published on Tuesday. “In many cases, external powers seeking to amass influence and money supercharge these networks by intervening in other countries’ civil wars, selling weapons to and buying resources from parties to the conflicts, which has increased the number of countries involved in wars beyond their borders to record levels.” “It’s why **IRC’s first recommendation of the watchlist is to dismantle “conflict economies”** through targeted sanctions, anti-money laundering tools, and other international financial pressures...”

Decolonize Global Health

Performative Scholarship and the Illusion of Decolonization in Global Health: A Critique

L E Bain; <https://www.linkedin.com/pulse/performative-scholarship-illusion-decolonization-engelbert-bain-etfme/?trackingId=HGTJL6YWYbXtcv9q6oUirw%3D%3D>

Well worth a read. **“The call to decolonize global health has gained global momentum, yet the movement (is) risks sliding into buzzwords, elite capture, and conceptually thin rhetoric detached from lived realities.** Despite broad agreement on equity and epistemic justice, current scholarship often reproduces epistemic violence, linguistic domination, and extractive power structures. **This critique interrogates these limitations and asks: What does meaningful decolonization require beyond slogans?** Are the root problems elsewhere? Have we identified the true elephant in the room—or are we still circling it?....”

Excerpts: **“A Movement Captured: Who Speaks for Decolonization?** One of the most glaring features of the current discourse is **its elite capture**. The conversation is largely shaped by scholars based in the Global North, many of whom are originally from the Global South but now occupy prestigious positions in Northern institutions. While their contributions are valid, this phenomenon raises troubling questions....”

“... The contemporary decolonization of global health discourse risks becoming performative—rich in language, poor in consequence. While declarations, conferences, and statements multiply, the focus has drifted toward **secondary symbols** rather than **primary responsibilities**. **Chief among the neglected issues is the accountability of national governments to fund their own research ecosystems and health systems, and to invest politically—not rhetorically—in sustainable health governance.** The field has become overly deferential to declarations—the Abuja Declaration, Algiers Declaration, the Lusaka Agenda—treating them as endpoints rather than political tools. While such frameworks may inspire action, **history shows that real progress has come not from declarations alone, but from strong political will, leadership, and learning health systems capable of adapting evidence into action. Countries that have made tangible gains did so through governance, not slogans.** ... **The way forward is not symbolic inclusion, but structural change: rethinking funding models, rewarding impact over optics, centring lived experience as expertise, embracing linguistic pluralism, and cultivating disciplined, theory-grounded scholarship.”**

Access to medicines, vaccines & other health technologies

CGD – The Unfinished Agenda on Diversifying Vaccine Manufacturing: Six Takeaways from CGD Research

J M Keller et al ; <https://www.cgdev.org/blog/unfinished-agenda-diversifying-vaccine-manufacturing-six-takeaways-cgd-research>

“This blog distills (6) takeaways from recent CGD analysis, highlighting unresolved questions and technical, political, and economic trade-offs shaping the future of the global vaccine manufacturing ecosystem.....”

Among others: “Regional vaccine manufacturing has received political attention and billions in commitments—but lacks a coherent, actionable strategy; Investments in regional manufacturing can be in tension with immunization objectives and pandemic preparedness goals; Weak and uncertain demand remains a major constraint; Regional manufacturing relies on inconsistent and unreliable (regional) solidarity....”

Lancet Regional Health – Towards health sovereignty: partnerships to strengthen local production of medical products in Africa

C S Ejekam et al ; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00003-3/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00003-3/fulltext)

“.... Recognizing the need for collaborative action, the World Health Organization (WHO) Regional Office for Africa convened a high-level side event at the Seventy-fifth WHO Regional Committee

for Africa (RC75) in Lusaka, Zambia, in August 2025. Co-hosted with the International Vaccine Institute (IVI) and Unitaïd, this session brought together Ministers of health, regulatory leaders, regional economic communities, academia, and industry stakeholders to discuss pathways for achieving Africa's ambition of end-to-end local production.....”

“... In recent years, political commitment to regional manufacturing has gained unprecedented traction. The 37th African Union Summit (2024) reaffirmed the commitment to regional manufacturing, and at RC74 later that year, the member States adopted the Framework for Strengthening Local Production of Medicines, Vaccines, and Other Health Technologies in the WHO African Region (2025–2035). **Major catalytic investments are now aligning with these commitments. Gavi's US\$1.2 billion African Vaccine Manufacturing Accelerator (AVMA), the Afreximbank's US\$2 billion financing facility, and the Team Europe Initiative (€900 million) are driving expansion in infrastructure and market access.** Nine African countries have achieved WHO regulatory Maturity Level 3 status, while operationalization of the African Medicines Agency (AMA) promises to harmonize regional standards for regulatory oversight. **However, the gaps remain significant.** Africa hosts fewer than 3% of global clinical trials despite accounting for nearly one-fifth of the world's population. Increasing investment in research capacity, manufacturing, and clinical ecosystems is vital to transforming political commitments into tangible progress.”

“The RC75 side event showcased how global and regional partnerships are already transforming Africa's local production landscape. The WHO in 2021, launched the **mRNA Technology Transfer Programme centered in South Africa with a network of fifteen partners** exemplifying Africa-led innovation supported by global solidarity. Similarly, the **WHO Global Biomanufacturing Training Hub in the Republic of Korea developed with IVI** has trained over 7000 professionals globally, strengthening human capital base. **Unitaid's Regional Manufacturing for Equitable Access (RMEA) initiative, launched in 2025,** represents a catalytic US\$50 million investment to enhance Africa's capacity for producing medicines, diagnostics, and active pharmaceutical ingredients (APIs)...”

Public Health Vaccines & Institut Pasteur de Dakar announce strategic partnership around Marburg virus vaccine in Africa

<https://www.einpresswire.com/article/876193805/public-health-vaccines-institut-pasteur-de-dakar-announce-strategic-partnership-around-marburg-virus-vaccine-in-africa>

“Strategic partnership enables manufacturing of PHV's Marburg vaccine candidate (PHV01) at IPD's flagship MADIBA facility and access to the vaccine in Africa....”

CGD policy paper –What We Know (and Don't Know) About Global Vaccine Manufacturing Capacity

(by A Shafira & A McDonnell); <https://www.cgdev.org/publication/what-we-know-and-dont-know-about-global-vaccine-manufacturing-capacity>

“Global vaccine manufacturing capacity remains poorly defined, inconsistently measured, and insufficiently understood—limitations that undermined the COVID-19 response and, without progress, will constrain responses to future pandemics too. **This paper synthesises evidence from 17 major studies and five stakeholder consultations to map how capacity is currently assessed, what these approaches capture, and where critical blind spots persist.....”**

Vox - The biggest mosquito-borne disease in the world has a cure. There's just one problem.

[Vox](#);

"No one wants to make it."

"Dengue has no treatment. Doctors can manage the pain and keep you hydrated, but there's nothing that actually fights the virus. **But, a new pill called mosnodenvir just proved it can stop the virus, the first time any drug has been shown to have effectiveness against dengue. However, Johnson & Johnson, the company behind mosnodenvir, already walked away from developing it,** joining a long line of drug makers chasing better money in cancer and obesity drugs. The disease is now spreading to new parts of the world. **The drug is stuck in limbo, and the gap between what we need and what the market will fund keeps growing."**

Some more reports & papers

Lancet Regional Health Africa - Strengthening immunisation programmes in Africa through implementation science

Abdu A. Adamu et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00004-5/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00004-5/fulltext)

"Several examples show how some African countries are starting to use implementation science in their immunisation programmes... Although there is potential for implementation science in immunisation programmes, only a few African countries are currently leveraging it, and most use cases are relatively small. Scaling up implementation science in immunisation programmes across Africa is essential for achieving meaningful and equitable improvement in vaccination coverage at the continental level..."

With a number of recommendations.

Global health governance & Governance of Health

ODI Global - Donors In A Post-Aid World December 2025 update

<https://odi.org/en/insights/donors-in-a-post-aid-world-december-2025-update/>

"Welcome to a roundup of research, commentary and events from ODI Global's Donors in a Post-Aid World (dPAW) platform."

Excerpt: "... With development leadership lacking, **we expect 2026 to be a year focused on mini-lateral initiatives, ad hoc coalition building and Track 2 diplomacy.** The risk of this, of

course, is the development transformation agenda gets pulled in multiple, disparate directions.”

“Several of these efforts were highlighted at a recent UN meeting on implementing the Seville Financing for Development outcome document. They include the recently launched Future of Development Cooperation Coalition, the World Economic Forum's Global Council's on Re-imagining Aid, reform of the Development Assistance Committee, a Coalition to build new approaches to financing global challenges, a German-led North-South Commission, a proposed UK summit on the future of development, and several subsets of UN Member States considering development effectiveness and country-led development. **Beyond these initiatives, there are specific efforts undertaken by international civil society, philanthropy and think tanks**, including our own efforts to reimagine Northern donorship (an early mover in this space but more a community of practice than official process). **Either way, it's becoming a crowded space. The fact that new research is already telling us that all this talking isn't really shifting North-South power imbalances that are at the root of inequality in the system we're trying to change should give us all pause.....”**

PS: for the fans of scenarios, you might want to check out [“Future of Aid 2040”](#)

“International aid is increasingly contested, under-funded, and politicised. At the same time, solidarity, innovation, and local leadership continue to thrive on the ground. **Future of Aid 2040** brings these realities together to **co-create a shared outlook for the aid system to 2040 and help organisations act now**. This report **offers four contrasting scenarios and a typology of crises** to test strategies, prioritise actions, and trace pathways for transformation under local leadership.”

Lancet – Offline: Watching the watchers (part 3)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02516-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02516-4/fulltext)

Horton continues ‘watching the watchers’ (from Global Health Watch 7). Also linking with da Empoli’s “The hour of the Predator” (2025).

Slightly myopic watching from Horton, in my opinion :)

FT - Don't Let Trump Destroy the G-20

B Nowrojee (Open Society Foundations) https://foreignpolicy.com/2025/12/18/trump-south-africa-g20-brics-china-crisis/?tpcc=recirc_latest062921

“Barring South Africa will fundamentally weaken the G20. Its members must push back.”

PS: “....This may be just the beginning. The Trump administration’s contempt for multilateral institutions is well established—from its attitude toward the United Nations to its absences from major summits, weakening of NATO, and recent abandonment of allies with its new National Security Strategy. **Reports suggest the White House is considering replacing the “G-structures”**

with a new **“Core 5”**—the United States, China, Russia, India, and Japan. This would amount to a concert of great powers carving the world into spheres of influence with catastrophic results....”

Devex (Opinion) – For the ‘outcomes reflex’ to become a World Bank norm, incentives are key

Avnish Gungadurdoss et al <https://www.devex.com/news/for-the-outcomes-reflex-to-become-a-world-bank-norm-incentives-are-key-111547>

“As the World Bank’s outcome-oriented approach takes hold, aligning incentives will ensure this shift is a durable one.” State of affairs.

Devex – UK's aid department defends major staff cuts as MPs fear brain drain

<https://www.devex.com/news/uk-s-aid-department-defends-major-staff-cuts-as-mps-fear-brain-drain-111552>

“The department could lose as much as a quarter of its staff in the coming four years, officials said.”

Reuters - African Development Bank seeks \$25 billion for low-cost lending amid waning US engagement

[Reuters](#);

(from earlier this week, in Nairobi) **“US pulled nearly \$200 million in funding from ADF this year; Move puts ADF target of \$25 billion in pledging round at risk; Denmark, Norway offer more cash, African states contributing.”**

“The African Development Bank (AfDB) opened a donor-pledging conference on Monday for its fund that lends money to low-income countries on favourable terms, seeking to offset a retreat in U.S. support that threatens its \$25 billion target.....”

“... Some countries have pledged more. Denmark said in October it would raise its contribution by 40% to 1.1 billion Danish crowns (\$171 million), while Norway promised a near-6% increase last month. **African member states will also start contributing.** Kenyan President William Ruto committed \$20 million last year, and **other potential donors** include Benin, Ghana and Sierra Leone, Dabady said.....”

- And from later in the week – [Devex – African Development Bank's concessional lending arm raises record \\$11B](#)

“The African Development Fund secures record backing amid changing donor dynamics.”

“African countries pledged a total of \$182.7 million to ADF-17, representing a fivefold increase compared to the previous replenishment. Nineteen countries contributed for the first time, alongside long-standing regional donors. **First-time contributors are: Benin, Cameroon, Chad, the Republic of Congo, Côte d’Ivoire, Djibouti, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mauritania, Niger, Sierra Leone, Sudan, Zambia, and Zimbabwe....”**

““This is not just a replenishment,” AfDB President Sidi Ould Tah said in a statement Tuesday. “It is a turning point. In one of the most difficult global environments for development finance, our partners chose ambition over retrenchment, and investment over inertia.” Beyond the headline number, **donors also approved a governance shift allowing the ADF to borrow on capital markets, potentially unlocking up to \$5 billion per three-year cycle....”**

Journal of Global Health -Life course approach to health: a paradigm shift to build global health resilience for person-centred healthcare in a turbulent world?

Z Fang et al; <https://jogh.org/2025/jogh-15-03049>

“Intersecting crises, such as complex health threats, deep-rooted inequities, and intergenerational vulnerabilities, expose the critical limitations of fragmented, disease-specific global health programmes. While **the life course approach to health (LCAH)** is theoretically recognised, it is inadequately implemented in global health governance and financing. **In this viewpoint, we aim to reposition LCAH as an operational blueprint for the future global health agenda.”**

Review of International Political Economy - Endogenizing the limits of ideas: a ‘how-to’ guide to understanding ignorance and failure in ideational political economy

<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2586602?src=>

By Jacqueline Best.

Global health financing

CGD (Brief) – The ABCs of the IFIs: IDA21 Update

N Martinez et al; <https://www.cgdev.org/publication/abcs-ifis>

Everything you always wanted to know about IDA but didn’t dare to ask.

P4H - APEC advances collaborative agenda to close women’s health financing gaps

<https://p4h.world/en/news/apec-advances-collaborative-agenda-to-close-womens-health-financing-gaps/>

“APEC economies are strengthening cross-sector collaboration to close women’s health financing gaps, **shaping a new regional framework to expand access to essential services through innovative financing.**”

Global Health Research and Policy - Rethinking global health financing: from philanthropy to public good

A Osborne; <https://link.springer.com/article/10.1186/s41256-025-00462-6>

“.... This perspective critiques the ethical and practical shortcomings of donor-driven approaches, including the marginalization of local ownership and democratic accountability. The COVID-19 pandemic exposed the fragility of relying on voluntary, unpredictable funding and underscored the need for a shift toward treating health as a global public good. **The paper argues for a transition to more sustainable models based on domestic resource mobilization, pooled multilateral funding, and participatory governance, and outlines concrete recommendations for reform.** Transitioning to a public goods approach requires reforming funding mechanisms to enhance predictability and alignment with national priorities, embedding participatory budgeting and accountability frameworks, and investing in health systems and governance. **A new social contract grounded in solidarity, equity, and shared responsibility** is essential to secure health for all.”

UHC & PHC

International Journal for Equity in Health - Institutional design features of health insurance subsidy programmes in Africa: a narrative review

W Wafula, E Barasa et al ; <https://link.springer.com/article/10.1186/s12939-025-02726-6>

« **To advance Universal Health Coverage (UHC), many countries have introduced Health Insurance Subsidy Programs (HISPs) to extend financial protection to poor and vulnerable populations by covering their insurance premiums.** This study examined the institutional design of HISPs in Africa and their contribution to UHC goals, including equity, financial protection, and service coverage.....”

Global Health Action - Counter-verification in performance-based financing: key insights from the Côte d’Ivoire experience

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2483072?src=>

By Joël A Kiendrébéogo e tal.

BMC Health Services Research - Financial autonomy of facilities providing primary care services in low- and middle-income countries: assessing the evidence to inform the development of a typology and conceptual framework

S Witter et al; <https://link.springer.com/article/10.1186/s12913-025-13863-7>

“This article aimed to examine the current state of evidence on the role of financial autonomy in primary care, focusing on the public sector in low- and middle-income settings (LMICs), and develop a typology and conceptual framework based on it....”

SSM Health Systems - A critical assessment of strategic health purchasing in Benin's health financing schemes and the implications for universal health coverage

C X Agbeto, JP Dossou et al ;

<https://www.sciencedirect.com/science/article/pii/S2949856225001047>

“Several reforms are underway in Benin to improve strategic health purchasing. This study examines the extent to which purchasing mechanisms in Benin are strategic, highlighting progress made, persistent challenges, and implications for achieving universal health coverage (UHC) in the context of national health financing reforms.”

Lancet Primary Care - Artificial intelligence in primary care: innovation at a crossroads

Liliana Laranjo, J J Miranda et al ; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00078-0/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00078-0/fulltext)

« ... We review applications of AI in primary care, covering AI to support primary care providers and people with their health. **This Review considers the impact of AI applications on different domains of health-care quality—effectiveness, safety, timeliness, efficiency, patient-centred care, health-care provider experience, equity, and planetary health—and on the primary care-specific attributes of accessibility, comprehensiveness, coordination, and continuity.** Implementation of AI in primary care benefits from careful consideration of these quality domains, a focus on universal design principles, digital determinants of health, and AI health literacy, and alignment with patient experiences and values, to support the transformation towards sustainable and high-quality AI-enabled primary care....”

Guardian - Obamacare expiration will have ‘death spiral’ effect on US healthcare – experts

<https://www.theguardian.com/us-news/2025/dec/14/aca-obamacare-expires>

“End of subsidies after failed legislation will have serious and damaging impact on entire sector, policy experts say.”

“With subsidies for Affordable Care Act (ACA) health insurance set to expire, Americans who rely on them will probably switch to plans with lower monthly premiums and high deductibles or decide not to purchase any coverage, which will have a serious and damaging impact on the entire sector, according to healthcare policy experts. **The average amount ACA plan enrollees pay annually for premiums is estimated to more than double,** from an average of \$888 this year to \$1,904 in 2026, according to a [KFF analysis](#). That will then have economic downstream effects, including for rural hospitals and people who have employer-sponsored health insurance, according

to the experts. **With “a significant portion of people dropping their marketplace coverage and being uninsured, it doesn’t just impact them, it impacts everyone”,** said Emma Wager, a senior policy analyst for KFF’s program on the Affordable Care Act (ACA).....”

- See also FT - [US healthcare costs set to leap as senators fail to reach deal](#)

“Government subsidies that lower premiums for 22mn Americans will expire on December 31.”

“... The lack of progress has fuelled concerns that lawmakers will be unable, or unwilling, to strike a deal before December 31, when government subsidies known as enhanced premium tax credits are set to run out. The tax credits apply to the nearly 22mn Americans who are enrolled in health insurance under the Affordable Care Act, or Obamacare. A failure to reach an agreement will lead to a sharp rise in healthcare bills across the country as affordability emerges as a pivotal issue ahead of next year’s midterm elections, when Republicans will aim to hold on to control of both chambers of Congress. An AP-NORC poll published on Thursday found just 31 per cent of US adults approved of Trump’s handling of the economy, down from 40 per cent in March, while just 29 per cent approved of his handling of healthcare.....”

Pandemic preparedness & response/ Global Health Security

TWN – WHO: Europe continues to defy emerging consensus on PABS

Nithin Ramakrishnan and Sangeeta Shashikant;

<https://www.twn.my/title2/health.info/2025/hi251202.htm>

“The European Union continued to defy emerging consensus on the operations of the Pathogen Access and Benefit Sharing (PABS) System during the 4th session of the Intergovernmental Working Group (IGWG4) that met in Geneva from 1-5 December. “

“On the second day of IGWG4, 80 developing countries proposed standard contracts containing the terms of use, including fair and equitable benefit sharing, that would be required of users of pathogen materials and sequence information with pandemic potential (PABS Materials and Sequence Information – also known as PMSI). **The EU however persisted with its indefensible position, seeking to gut internationally agreed access and benefit-sharing rights by replacing them with voluntary corporate goodwill,** opposing any move in the IGWG to begin negotiating standard contracts that would be applicable to the users of PMSI...”

Nature (Spotlight) - A universal flu vaccine has proved challenging — could it finally be possible?

[https://www.nature.com/articles/d41586-025-03608-](https://www.nature.com/articles/d41586-025-03608-1)

[1?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=26166104](https://www.nature.com/articles/d41586-025-03608-1?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=26166104)

“Scientists are deploying an array of technologies that are making a vaccine against all varieties of influenza seem more achievable.”

BMJ GH – Achieving equity to fully realise the pandemic agreement

<https://gh.bmj.com/content/10/12/e020691>

By D S Silva et al.

HP&P – Governing health through security in the Philippines: a realist analysis

D Akhavein et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf110/8377698?searchresult=1>

“As global framings of health continue to expand their reach, the Philippines, like many other countries, must navigate the overlapping pressures of donors, international institutions, and domestic political agendas in setting priorities. One such framing is the framing of health as a security issue. **This study examines how health security framing – how it is interpreted and operationalised – influences priority-setting in the Philippines.....** Findings show that health security framing reshapes priorities by reinforcing centralized, top-down approaches at both international and national levels. These framings influence not only what is prioritised, but also which actors make decisions and how those decisions are justified. At the implementation level, it manifests in health workers facing misaligned operational frameworks, vertical programming, and burdensome reporting requirements tied to donor funding. Security norms become institutionalized with the involvement of military and security actors in health. **The study demonstrates that health security is not a static concept, but a dynamic phenomenon co-constructed through global discourses, donor agendas, and domestic governance practices, all of which are shaped by power relations and history. While health security mobilizes resources and political attention, it also introduces trade-offs that risk exacerbating inequities and diverting attention from the structural determinants of health.**”

Planetary health

WHO - WHO highlights health risks and opportunities in the global waste crisis

<https://www.who.int/news/item/16-12-2025-who-highlights-health-risks-and-opportunities-in-the-global-waste-crisis>

“A new World Health Organization (WHO) report, *Throwing away our health: the impacts of solid waste on human health – evidence, knowledge gaps and health sector responses*, warns that poorly managed solid waste is driving a public health crisis and calls for urgent action to protect people and the environments they live in.”

“Globally, the volume of municipal solid waste is growing at an unprecedented rate. Yet, many countries still lack the systems and resources to manage this waste safely. ...”

Climate Change News – UN adopts first ever resolution on AI & environment, but omits lifecycle

<https://www.climatechangenews.com/2025/12/12/un-adopts-first-ever-resolution-artificial-intelligence-ai-environment-lifecycle-unea/>

(gated) “The **UN Environment assembly in Nairobi** gavelled the resolution on AI and environment, but **removed mentions to AI’s water and power use.**”

“The UN Environment Assembly **on Friday approved its first-ever resolution to address the environmental aspects of Artificial Intelligence (AI)**, but it did not include a provision to monitor AI systems across their lifecycle. Experts say this approach is essential to understand AI’s water, power and critical minerals consumption.....”

Scidev.net - Climate crisis driving new disease threats in Africa

<https://www.scidev.net/global/supported-content/climate-crisis-driving-new-disease-threats-in-africa/>

“Climate extremes are impacting food security and increasing disease risks. **Crop failure, warming temperatures allow disease vectors to flourish. One Health strategies** urged to build resilience.”

Ecological Economics - Post-growth meets polycentric governance: Toward an interdisciplinary research program

D Soto-Oñate et al; <https://www.sciencedirect.com/science/article/pii/S092180092500374X>

« It **examines the potential integration of polycentricity and post-growth scholarships**. The integration's focus is the **polycentric articulation of post-growth aspirations**. This articulation reconciles large-scale coordination with subsidiarity and democracy. **The article sets the basis for a conceptual framework to address the transformations.....**”

PS: “...Our main contribution is the **concept of polycentric articulation** - how societies rearrange rights and responsibilities to jointly govern ecological commons while preserving meaningful autonomy. **We outline four pathways** through which this actually happens:

- ◇ **Pooling** - autonomous actors voluntarily join forces, pooling specific rights to build a shared institution capable of governing a common problem collectively.
- ◇ **Cession** - higher-level authorities intentionally hand real decision-making power to local actors, expanding their autonomy where they can govern more competently.
- ◇ **Disaggregation** - existing governance arrangements weaken, decentralize, or break apart as actors withdraw from centralized structures and reclaim authority at lower scales.
- ◇ **Appropriation** - overarching institutions absorb or formalize rules and responsibilities from lower levels, either consolidating power or stabilizing effective governance innovations.....”

International Health - Climate change policies and health in Uganda: where are we headed?

Reagan Daniel Emoru et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf143/8377712?searchresult=1>

“... Over the past 2 decades, Uganda’s climate policies have steadily evolved, with several frameworks and legislative measures enacted. However, the explicit consideration of health impacts remains limited, with gaps in ministerial coordination, undefined health targets, insufficient funding and limited community engagement. This commentary examines current governmental strategies through a health lens, assessing how health impacts, mitigation and adaptation measures are addressed—and identifying opportunities to better integrate health into climate policies. Progress could be strengthened by improving ministerial coordination, setting explicit health targets, increasing funding, enhancing preparedness for extreme events such as floods, droughts and extreme heat, as well as climate-sensitive health outcomes through meaningful community engagement....”

Carbon Brief - Guest post: Why cities need more than just air conditioning for extreme heat

<https://www.carbonbrief.org/guest-post-why-cities-need-more-than-just-air-conditioning-for-extreme-heat/>

“Cities around the world are facing [more frequent](#) and intense bouts of extreme heat, leading to an increasing focus on the use of air conditioning to keep urban areas cool. ... While air conditioning may be appropriate in certain contexts, such as hospitals, community spaces or care homes, it is not the only solution. Our research as part of the [IMAGINE Adaptation](#) project shows that a universal focus on technical solutions [risks](#) deepening inequality and has the potential to overlook social, economic and environmental realities. Instead, to adapt to record temperatures, our research suggests a keener focus on community and equity is needed.....”

Oxford Open - Climate Change - The role of health workers in Kenya’s Net-Zero transition: a Mixed-Methods study on healthcare system climate change mitigation and adaptation

Iris Martine Blom et al ; <https://academic.oup.com/oocc/article/5/1/kgaf026/8362215?login=false>

« This study explores how Kenyan health workers perceive their role in building a climate-resilient, net-zero healthcare system, drawing on a national questionnaire and an in-depth focus group discussion across professions.....”

Plos Climate – They reduce, we reduce: Perception of other countries’ climate effort predicts support for climate policies

Kim-Pong Tam et al ; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000755>

“Based on the premise that **individuals tend to be conditional cooperators**, we derived the **“They Reduce, We Reduce” hypothesis**, according to which **citizens’ support for climate policies in their own country is higher if they perceive a stronger climate effort by other countries.”**

“... We tested this hypothesis with a survey study (N = 4,000) in China, India, Japan, and the United States. Findings show that **participants who perceived that other countries were likely and willing to take action to reduce climate change, or that the major emitters in the world were currently making substantial efforts, were more supportive of implementing climate policies in their own country.** We also observed **interindividual variations** in this effect, though the patterns differed between countries: The policy attitudes of individuals who felt personally obligated to combat climate change and those who supported their country’s unconditional efforts were less tied to such perceptions. **These findings suggest that people respond to other countries’ actions, and policy attitudes should be understood in the context of global climate governance, with reciprocity playing an important role in mobilizing public support....”**

Infectious diseases & NTDs

Lancet Infectious Diseases - Global burden of lower respiratory infections and aetiologies, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

[GBD 2023 Lower Respiratory Infections and Antimicrobial Resistance Collaborators;
https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00689-9/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00689-9/abstract)

“**Lower respiratory infections (LRIs) remain the world's leading infectious cause of death. This analysis from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2023 provides global, regional, and national estimates of LRI incidence, mortality, and disability-adjusted life-years (DALYs), with attribution to 26 pathogens, including 11 newly modelled pathogens, across 204 countries and territories from 1990 to 2023. Through these estimates, we also aimed to assess progress towards the 2025 Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) target for pneumonia mortality in children younger than 5 years.....”**

Interpretation of findings: “... This comprehensive analysis underscores both the **gains achieved through vaccination and the challenges that remain** in controlling the LRI burden globally. Furthermore, it demonstrates **persistent disparities in disease burden, with the highest mortality rates concentrated in countries in sub-Saharan Africa. Globally, as well as in these high-burden locations, the under-5 LRI mortality rate remains well above the GAPPD target.** Progress towards this target requires equitable access to vaccines and preventive therapies—including newer interventions such as respiratory syncytial virus monoclonal antibodies—and health systems capable of early diagnosis and treatment. Expanding surveillance of emerging pathogens, strengthening adult immunisation programmes, and combating vaccine hesitancy are also crucial. **As the global population ages, the dual challenge of sustaining gains in child survival while addressing the rising vulnerability in older adults will shape future pneumonia control strategies.....”**

- And coverage via Cidrap News – [Latest Global Burden of Diseases data spotlight significant health disparities in pneumonia, bronchiolitis](#)

“An **analysis** from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) highlights **persistent health inequities in worldwide lower respiratory infection (LRI) burden, with the highest death rates in sub-Saharan African countries and in the youngest and oldest people.**”

NCDs

Lancet Primary Care – Delivery models to improve adherence to medicines for chronic diseases in primary care

R R Diaz et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00074-3/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00074-3/fulltext)

“.... In this Health Policy, **we provide an analysis of delivery systems of medicines for chronic diseases in 31 countries** and aim to assess their regulatory designs, cost-efficiency, effects on access and adherence, and affordability to inform future dispensing policy.....”

TGH - Why 1 in 3 People Worldwide Suffer From Headaches

Y Y Xu et al ; <https://www.thinkglobalhealth.org/article/why-1-in-3-people-worldwide-suffer-from-headaches>

“**Pain medication misuse** can stem from inadequate awareness around the global burden of headaches.”

« **Relying on the latest Global Burden of Disease (GBD) study, nearly three billion people, 1 in 3 worldwide, are estimated to suffer from at least one or more headache disorders every year.** This rate makes **headache the second most common health condition globally** following dental caries and other oral disorders. “

« This **common trivial view of headaches greatly overlooks the substantial global burden it poses** to the public, particularly its impact on health, productivity, and socioeconomic costs. Moreover, **public education on headache treatments and management is needed, in terms of not only raising awareness about effective preventive treatments but also proper use of pain medications.....**”

BMJ - Saturated fat: Reducing intake has benefits, but only in those at high risk, study reports

<https://www.bmj.com/content/391/bmj.r2642>

“**Patients at high risk of myocardial infarction and stroke would significantly benefit from cutting down on saturated fats and replacing them with polyunsaturated fats, but those at low cardiovascular risk would gain little or no benefit,** researchers say. The authors of a systematic review, published in the *Annals of Internal Medicine*, concluded that **recommendations on saturated fat intake should be tailored to specific groups.....**”

Social & commercial determinants of health

LSE (blog) - Ultra-processed foods: how to counter a threat to global health and development

<https://blogs.lse.ac.uk/activism-influence-change/2025/12/17/ultra-processed-foods-how-to-counter-a-threat-to-global-health-and-development/>

“Ana Paula Domínguez argues that **ultra-processed foods (UPFs)** are now one of the biggest drivers of **diet-related non-communicable diseases (NCDs)** – and the multinational corporations behind them are major contributors to environmental damage, pollution, and loss of traditional food cultures. Their influence has become one of the biggest barriers to creating **healthier food environments** and **should become a leading frontier in international activism.**”

Mental health & wellbeing

Global Mental Health - Decolonizing mental health: Rethinking implementation science from the ground up

<https://www.cambridge.org/core/journals/global-mental-health/article/decolonizing-mental-health-rethinking-implementation-science-from-the-ground-up/E26B13E75DEF4C550D6F92E126FF32CF>

“Implementation science plays a crucial role in effectively translating scientific knowledge into sustainable, evidence-based health practices. **This perspective article focuses on some Latin American experiences**, highlighting the limitations of applying methodologies developed in the Global North to settings marked by structural inequalities, economic constraints and cultural diversity....”

Sexual & Reproductive health rights

International Journal for Equity in Health - Understanding the Ethiopian policy landscape on abortion services using a health policy triangle framework

<https://link.springer.com/article/10.1186/s12939-025-02722-w>

by N Wakgari et al.

HP&P - Power, Interests, and Maternal Health Care: A Political Economy Analysis of Service Delivery Redesign in Kenya

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf111/8383855?searchresult=1>

Access to medicines & health technology

HPW - EU Clinches Landmark Pharma Reform, but Industry Cites Threat to Competitiveness

<https://healthpolicy-watch.news/eu-clinches-pharma-reform/>

See also last week's issue. "Following eleven hours of intense negotiations overnight, the European Union (EU) **clinched a landmark agreement on the most significant pharma reform** of its medicines market in over 20 years on Thursday. Reached in the final moments of the Danish EU Presidency's mandate, the deal aims to strike a critical balance stimulating pharma innovation, particularly for critical new antibiotics and rare disease drugs, but also speeding the development of generics to ensure more affordable treatment in all 27 member states...."

Human resources for health

BMJ GH - Salary delays among public sector primary care workers: evidence from facility surveys across 16 low- and middle-income countries

H Zhang et al; <https://gh.bmj.com/content/10/12/e017742>

"This study provides the first multi-country quantitative analysis of salary delays among public-sector primary care workers using facility survey data from 16 LMICs. It highlights that base salaries, often assumed to be reliable, are frequently delayed due to funding shortages and administrative inefficiencies, disproportionately affecting workers without formal contracts and in rural or lower-level facilities, and are associated with lower motivation and job satisfaction, increased absenteeism and reliance on outside employment...."

Guardian – 'It's a timebomb': Ghana grapples with mass exodus of nurses as thousands head to the west

<https://www.theguardian.com/global-development/2025/dec/15/health-why-ghana-losing-nurses-emigration-who-medics>

In Ghana, "...An estimated 6,000 nurses left in 2024 for roles in countries including the US, UK, Canada, and Australia. Three nurses explain what made them decide to leave or stay...."

PS: "... in May and October, Ghana's foreign ministry signed agreements with **Jamaica** and **Grenada** to send hundreds of nurses to the Caribbean islands, expanding on a **2019 agreement with Barbados**. In July, the health minister announced that **more than 13 countries had expressed interest** in establishing similar recruitment arrangements. The government's justification for the schemes is that Ghana has **a surplus of nurses**, with tens of thousands

unemployed. But Ghana is also one of 55 countries on the **WHO support and safeguard list**, which identifies nations facing the most pressing workforce challenges related to universal health coverage. And those working on the frontline of healthcare feel they are on the precipice of a crisis....”

IJME - Unjust discipline-based wage differentials in public health in India: a call to action

Meena Putturaj et al; <https://ijme.in/articles/unjust-discipline-based-wage-differentials-in-public-health-in-india-a-call-to-action/>

“Unjust discipline-based wage differentials in public health in India: a call to action.”

“Public health professionals and researchers in India with allied health and non-health backgrounds are routinely undercompensated and not treated on par with their counterparts from a medical background. In this article, we use the practice of **discipline-based wage differentials in public health** as an entry point to examine the underlying structures, priorities, and prevailing perception of public health norms and professional image, along with the ethical implications these issues pose for equity and justice in public health in India. **The unfair remuneration practices for professionals and researchers in the public health field are symptomatic of deeply embedded structural distortions, including the persistent conflation of disciplines, a colonial and biomedical legacy, a research funding ecosystem that systematically privileges certain epistemologies over others and market-driven inequities.** Ensuring pay parity for professionals and researchers in public health is a matter of social justice and a critical step towards realising diversity, equity, and inclusiveness in the field.”

Decolonize Global Health

Global Public Health - The gatekeepers of global health knowledge: A systematic review of diversity in editorial boards

Salma El-Gamal et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2602342>

“This review consolidates all evidence on EB diversity, highlighting how power and representation are distributed in global health publishing.... ”

“... Despite incremental gains, **EB members and editors-in-chief were predominantly men based in high-income countries, particularly the US.** A supplementary analysis of 603 studies on global health authorship found similar patterns. The composition of EBs reflects and may perpetuate systemic epistemic inequities. Addressing this requires structural reform beyond improving representation to ensure meaningful inclusion, accountability, and equitable governance.....”

Miscellaneous

CGD - What We Know About Decreasing Domestic Drudgery in Low- and Middle-Income Countries

A Loureiro et al; <https://www.cgdev.org/blog/what-we-know-about-decreasing-domestic-drudgery-low-and-middle-income-countries>

Authors reviewed the evidence on what works to decrease domestic drudgery in low- and middle-income countries.

- Related **CGD policy paper** - [Decreasing Domestic Drudgery: Why It Matters and What We Know About What Works in Low- and Middle-Income Countries](#)

“The COVID-19 pandemic highlighted gender disparities in time spent on unpaid work, but most responses have focused narrowly on unpaid care work, overlooking other unpaid domestic activities that impact women’s economic inclusion and related outcomes. To address this gap, we review evidence from 25 studies on interventions aimed at decreasing **domestic drudgery—defined as unpaid, arduous domestic work**—and examine their impact on women’s wellbeing in low- and middle-income countries. Our findings emphasize the need for increased research and broader policy attention to decrease domestic drudgery.”

IISD - Lessons for Applying Beyond GDP Metrics in a Country Context

[IISD](#);

“The [High-Level Expert Group on Beyond GDP](#) has issued an [interim progress report](#) that proposes an approach to complement Gross Domestic Product (GDP) by focusing on three pillars of sustainability (economic, environmental, and social), resilience and vulnerability, institutional aspects, and international cooperation. It highlights illustrative indicators capturing material well-being, health, education, environmental quality, subjective well-being, social capital, and governance....”

“Mandated by the outcome of the [Summit of the Future](#) (SoF), the UN Secretary-General [appointed](#) the [High-Level Expert Group](#) in May 2025 to lead a consultative process aimed at developing recommendations for countries and institutions to adopt more comprehensive measures of sustainable development progress beyond traditional GDP metrics....”

Papers & reports

Plos GPH – Understanding the influence of power dynamics in intersectoral collaboration: A realist evaluation in Assam, India

P Aivalli, NS Prashanth et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005639>

« **Intersectoral Collaboration (ISC)** involves multiple sectors working together to tackle complex challenges that no single sector can address alone. In global health, where interconnected issues demand holistic approaches, ISC aligns goals and resources to enhance effectiveness and equity. However, power dynamics within and between sectors can either foster synergy or create tensions, shaping ISC outcomes. **This study explores how, why, for whom, in what contexts, and to what extent power dynamics influence ISC in a northeastern state of India. A realist evaluation was conducted in Assam, India.**”

Global Public Health - #RollBackRTH: Tactics, strategies and framing in the Right to Health Care Act 2022 debate in Rajasthan, India

Simran Pachar, Veena Sriram et al;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2597619>

“**The role and influence of interest groups in the healthcare sector, such as the hospital industry, insurers or physicians,** are critical aspects of understanding health politics. Yet, scholarship examining the interests and actions of these actors has been surprisingly limited in health politics scholarship on Global South contexts.”

“**This study explores the public-facing strategies, tactics and frames used by policy actors in the debate surrounding the Right to Health Care Act 2022 in the state of Rajasthan. We describe a policy conflict in which private healthcare are sector coalitions representing diverse constituencies united rapidly to effectively execute their opposition strategy. The opposing coalition deployed multiple approaches concurrently, pairing indirect and direct strategies and tactics and using diverse framing choices to “win” the public narrative and secure a dominant role in the policy process, placing supporting policy actors in a defensive position. Our findings contribute to a growing body of scholarship on domestic health politics in Global South contexts that expands our understanding of interest groups into different institutional and ideational spaces....**”

African Affairs - On the persistence of persistence: Lessons from long-term trends in African Institutions

<https://academic.oup.com/afraf/advance-article/doi/10.1093/afraf/adaf027/8377358?login=true>

By M Jerven et al.

Rebuild Consortium (Brief) - Coordination for health system resilience – what, why and how?

K Gooding, S Witter et al; https://www.rebuildconsortium.com/wp-content/uploads/2025/12/Coordination-brief_final.pdf

“This brief draws on several countries' experience with shocks, such as COVID-19, drought and floods, and other emergencies, to highlight lessons for strengthening coordination. It considers coordination across government sectors, between national and local government, and between government and other health system stakeholders, such as development partners and NGOs. ...”

“The **key determinants of effective coordination outlined** are: * Functional coordination platforms; * Adequate capacities; * Political dynamics; * Informal relationships and practical entry points”

Health Research Policy & Systems – Establishing criteria and distributing conference grants for participants from the Global South: experiences from the Canadian Conference on Global Health 2024

A Gauhar, M Amri et al ; <https://link.springer.com/article/10.1186/s12961-025-01436-3>

“.... This paper details the six-step process used for the creation of the PGS scholarship criteria, as well as considerations for selecting recipients, methods for scoring applications, and processes for distributing the scholarships. The criteria and rubric designed **provides a foundation for a reproducible resource that can be scaled up for other international conferences** and can be applied to other groups underrepresented in conference settings.....”

Value in Health - Disinvestment and Health Spending Efficiency in Latin America and the Caribbean: A Case Study of Colombia

<https://www.sciencedirect.com/science/article/pii/S1098301525056451>

By C Moreno-Lopez et al. “Health systems in Latin America and the Caribbean (LAC) face financial pressures from rising healthcare costs, inflation, and limited economic growth. **Strategic disinvestment** can contribute to more sustainable health systems by rationalizing spending and improving health outcomes in Latin America and the Caribbean. **This study showed the potential health effect of redirecting resources from wasteful or ineffective technologies to highly cost-effective interventions offering a practical pathway to narrow coverage gaps and improve health outcomes in the region....”**

International Health – Supplement: Sightsavers at 75: delivering impact through health and inclusion research

https://academic.oup.com/inthealth/issue/17/Supplement_1

Start with the Editorial, introducing the Supplement: [Building a legacy of research evidence for a fairer and more inclusive world](#)

“In 1950, Sir John and Lady Jean Wilson founded an organisation now registered in the UK as the **Royal Commonwealth Society for the Blind, widely known as Sightsavers**, with a bold vision: to build a world where no one is blind from avoidable causes and where people with disabilities participate equally in society. **Today, Sightsavers works in >30 countries in Africa and Asia.** **This special issue marks Sightsavers’ 75th anniversary.** It opens with a commentary from two of our trustees, Professors Margaret Gyapong and Chris Whitty, who reflect on **the role of international non-governmental organisations in producing research evidence and translation of knowledge and evidence uptake.**”

JCSH – Negotiating and navigating everyday governance for public health services in Dhaka City’s informal settlements: A political ecology analysis

<https://journals.ub.umu.se/index.php/jcsh/article/view/1246>

By Bachera Aktar et al. “In Bangladesh’s complex urban spaces, poor people living in cities’ informal settlements struggle to access affordable public health services. Through a political ecology analysis, this paper explores how residents in informal urban settlements navigate everyday governance to access health services.”

Tweets (via X & Bluesky)

Al Jazeera

“The **UN special rapporteur on the Palestinian territory, Francesca Albanese**, says the cost of rebuilding Gaza should be paid not only by Israel but also by the US, Germany, Italy and the UK, as they are the main arms suppliers to Israel.”

Tedros

“**Vaccines don’t cause autism. Vaccines cause adults.**”

Katri Bertram

“**Welcome to the 2020s, dear “optimists”.** #GlobalHealth would be in a better place in 2025 if the “we cheer ourselves along” would have opened their eyes to the world earlier.”

BK Titanji

“**5 things I will be watching closely in global public health in 2026:** 1).US vaccine advisory chaos and outbreaks 2).Mpox recombination, evolution and endemic spread 3).Global HIV, TB, and NTD resurgence 4).Global surveillance amid funding cuts to CDC and WHO 5).Continued H5N1 mammalian adaptation.”