

IHP news 861 : Game changer

(9 January 2026)

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

Dear Colleagues,

We start this week's issue with a **final reminder** for the [IHP call for correspondents 2026](#). **Deadline: 15 January.** (and in case you missed last week's first issue of the year (2 Jan), see [here](#))

Over to the – official - first week of this year then. And boy, what a week that was.

Last weekend, many people [involved](#) in the abundant 're-imagining global health' processes probably soon realized that Trump's "special operation" in Venezuela is what one might call in global health speak ["a gamechanger"](#). True, since the pandemic ended, the world has seen its share of mindless violence, brutality and even genocides in an increasing number of settings, but after the Venezuela "intervention", terms like ["the new age of impunity"](#), an ["increasingly anarchic world"](#), ["the New Global Disorder"](#) or ["age of chaos"](#) are all over the place. And for good reason, as last weekend the US joined the ranks of "rogue states" (*Israel, Russia, ... and I can think of quite a few others these days*). They crossed the Rubi(o)con (or is it 'Miller-con'?).

Unfortunately, they happen to be a "rogue superpower", led by a leader [increasingly turning into an unhinged 21st century Nero](#) (*his Caligula days are probably behind him, no matter how much aspirin he takes*). In a NYT essay, ["The Great Unraveling has begun"](#), O A Hathaway put it like this: "President Trump's decision to launch a secretive predawn military operation in Venezuela to grab President Nicolás Maduro is a blatant assault on the international legal order. The action threatens to end an era of historic peace and return us to a world in which might makes right. "

We're not quite yet at a ["No-Rules International Order"](#) but clearly well on our way. By now, a few things should be obvious for everybody in global health, however. Certainly for the ones arguing (*as I read in a document earlier this week*) that **"The goal of global health architecture reform is to sustainably and efficiently deliver improved health outcomes for all."** From that lofty angle, it was bad enough that the US under Trump 2.0 early on in 2025 **got rid of the SDG agenda** in its entirety ('way too woke' and 'not in line with American values and interests') and **retreated from multilateralism**. But how on earth can global health stakeholders and entities (Boards, ...) continue to work with a country that has now turned clearly into a **rogue superpower**? Also, in an age in which African states rightly claim health sovereignty, when negotiating bilateral health agreements with the current US government, they better keep in mind that Trump 2.0 sees '**sovereignty**' as a concept that only applies to the US. The supersized version of it, moreover.

While (1) I'm well aware that the world is complex with plenty of constraints and trade-offs to make (eg. *for European leaders, there's the fact that we're still not ready to defend the EU (let alone Ukraine) without US weapons & intelligence for a few years at least, or for many African leaders, the continued need for health support, at least during a transition period*), and (2) you never know that

at some point American “checks & balances” begin to function a little bit again, **I hope that 2026 will be the year** that at last, ‘coalitions of the willing’ will start saying, enough is enough. **It’s high time to show a bit of spine**, even if I don’t fully share the analysis of a [The World-Minus-One-moment](#). Building on a recent [blog](#) from Andrew Harmer, maybe the global health community could start by setting up a ‘Friends of anybody who feels like telling Trump & his kind to just bugger off’, inviting all ‘likeminded countries & organisations’ to join?

But clearly, it’s not just [global health \(that\) needs leaders with backbone](#). For once, though, (more) Global Health leaders could actually show the way to other leaders?

Enjoy your reading.

Kristof Decoster

Featured Article

Emerging Problems, Emerging Solutions, Emerging Voices

Soe Yu Naing (EV4GH co-chair, fundraising taskforce lead, PhD Candidate at ITM-Utrecht University)

Every year, around the holiday table, I ask the same question:

“How would you describe the past year, and the year ahead, in one word?”

The answers are usually hopeful. *Change. Clarity. Growth. Stability.*

If I had to describe the past year in one word for the global health community, however, I would choose *grief*. It feels as though we have lost something in the world of global health and development. Some losses are tangible, such as funding, programs and jobs. Others are less visible but deeply consequential, such as trust, confidence and a sense of direction. To borrow Sir Jeremy Farrar’s words, citing Lenin at a recent conference in Copenhagen: “There are decades where nothing happens; and there are weeks where decades happen.” Last year felt exactly like that. And let’s not get into this first week of the year. ...

- To continue the read (looking ahead to the **EV4GH venture in Dubai** in autumn), see IHP: [Emerging Problems, Emerging Solutions, Emerging Voices](#)

Highlights of the week

Structure of Highlights section

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A few reads of the week

TGH – Transforming the Global Health Ecosystem for a Healthier World in 2026

M A Pate, D Kaberuka & P Piot; <https://www.thinkglobalhealth.org/article/transforming-the-global-health-ecosystem-for-a-healthier-world-in-2026>

Must-read (as well as the full paper, see below). “**African health and finance officials, along with the former executive director of UNAIDS, offer 10 considerations for global health reform initiatives.**” As well as **6 principles** for reform.

To provide you with a flavour, see for example: **re Global Health Financing institutions**

“... To reduce this burden and alleviate other inefficiencies, **financing institutions** [like GAVI & Global Fund] should form a **holding company** with a single governance and secretariat, and **several operational entities** that work on substance and program implementation is a logical model.

Such a model is common in private companies but not yet in international organizations. An example in the international NGO sphere is the **HealthXPartners holding**, including Population Services International and the Elisabeth Glaser Pediatric AIDS Foundation, and, on the multilateral side, the Bioversity-Center for Tropical Agriculture Alliance, established in 2019. **This approach, using harmonized funding, granting, monitoring, and evaluation processes, could also host the Pandemic Fund, Unitaid, and the Global Drug Facility for TB. The expensive Geneva presence should be minimized.** Unitaid accelerates access to innovation but has more limited resources. A merger with a GAVI–Global Fund holding mentioned earlier would likely enhance its impact....”

PS: “Whereas 2026 can be the year of planning and consultations, the aim should be to fully implement reform in 2027 and 2028....”

- For the full paper, see Accra Reset - [Transforming the Global Health Ecosystem: Lessons Learned and a Vision for the Future](#) (must-read)

PS: lots of very sensible stuff in this paper. **Two caveats** from my perspective perhaps: (1) still a bit technocratic; I’m lacking a more deliberate focus on activism (see the role played by HIV activists a few decades ago) and social movements, which would be fit for the new times (*I can think of some*), and (2) nearly nothing on planetary health, as far as I can tell...

Geneva Health Files - What To Watch Out For In Global Health In 2026 [The GHF View]

P Patnaik; [Geneva Health Files](#)

With **ten key trends** for 2026 – at least.

PS: also coining the ‘geopolitical determinants of global health’ in the process :)

Looking ahead to 2026

A few more relevant reads. (see also last week’s first issue).

Devex Pro - 3 key global health leadership changes to watch

<https://www.devex.com/news/3-key-global-health-leadership-changes-to-watch-111555>

(gated) “**The next leaders of these institutions will be operating in a very different landscape than their predecessors**, navigating smaller budgets due to foreign aid cuts and growing calls for fundamental change in how global health operates....”

“**The leaders of some of the biggest global health institutions are stepping down by the end of 2026 or spending their last full year in their current positions. They include officials from The Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid, and the World Health Organization.**

At some of these institutions, the process for recruiting or selecting the next leader is already underway. **These changes come amid a pivotal time for the sector as it navigates foreign aid cuts and growing calls for fundamental change in how global health operates..."**

"Peter Sands was supposed to be out of a job in March. That's when his second term as the head of the **Global Fund to Fight AIDS, Tuberculosis and Malaria** originally expired, but the board gave him an extension until the end of the year. ... **His successor, expected to be announced by mid-2026**, will take over efforts to transition responsibility for managing and financing health systems to partner countries...."

"Meanwhile, the jockeying has already started to replace **World Health Organization** Director-General **Tedros Ghebreyesus**, whose term doesn't actually expire until 2027. Whoever replaces Tedros will inherit **a slimmed-down WHO**, following a reorganization prompted by the loss of U.S. funding. Though that person won't be named until next year, expect campaigning to heat up at the World Health Assembly in May...."

"And Philippe Duneton is entering his last year as head of **Unitaid**, where he has pivoted the agency to respond to emergencies since taking over in 2020. His successor, like any leader in the global health space in 2026, will have to contend with critical funding challenges...."

New Humanitarian (Analysis) – What's shaping aid policy in 2026

<https://www.thenewhumanitarian.org/analysis/2026/01/07/whats-shaping-aid-policy-2026>

"**Big tech, shrinking funds, weird partnerships, drones and influencers, new models**, climate progress, ending well: **Humanitarian trends for the year ahead. ...**" Six trends driving change and disruption in the coming months.

New Humanitarian (Analysis) - Ten humanitarian trends to keep an eye on in 2026

<https://www.thenewhumanitarian.org/analysis/2026/01/05/ten-humanitarian-trends-keep-eye-2026>

"Here are some of the **key factors and themes likely to worsen lives** for millions in crisis hotspots over the coming year." Ultra-dire reading.

GAVI - What are the biggest vaccine breakthroughs coming in 2026? We asked five experts

<https://www.gavi.org/vaccineswork/what-are-biggest-vaccine-breakthroughs-coming-2026-we-asked-six-experts>

"From mRNA to HIV, we asked five vaccine leaders to share the advances they believe will shape global health in 2026."

HPW - Key Moments for Climate and Health Diplomacy in 2026

Arthur Wyns; <https://healthpolicy-watch.news/key-moments-for-climate-and-health-diplomacy-in-2026/>

With an overview **month by month**.

ODI - The year ahead in global risks: foresight for a world in transition 2026

R Nadin; <https://odi.org/en/insights/the-year-ahead-in-global-risks-foresight-for-a-world-in-transition-2026/>

“This year decision-making in uncertainty will be the new normal.”

“At ODI Global, the Global Risks and Resilience team’s work on risk-informed development and resilience shows that **building resilience means navigating these intersecting climate, geopolitical, technological and financial risks** – and equipping decision-makers with tools to build resilience within a rapidly shifting environment. **These are the five forces shaping decision-making in uncertainty in the year ahead:...**”

More on Reimagining Global Health & Development

UN Foundation - Aligning Global Health Reforms in 2026

Molly Moss (United Nations Foundation); [UN Foundation](#).

From 16 Dec – but still a nice overview of the (ongoing) various processes/initiatives, and the **role WHO wants to play (hosting/convening the GH reimagining discussions)**. (on the latter, see a **WHO Exec Board preparatory document: [Reform of the global health architecture and the UN80 initiative - report of the DG](#)**)

Moss wonders among others, **“Global health architecture reform – what happens after 100 flowers bloom?”....**

And concluding: **“....The pendulum may be swinging away from traditional models of multilateral cooperation, but even country- and region-centric arrangements require global solidarity to be successful. Health sovereignty and self-reliance are rightfully in focus now, but the health challenges of today demand dialogue and diplomacy. The expansion of bilateral compacts by major powers will test whether WHO’s convening role can adapt fast enough to remain politically relevant. In 2026, WHO has the opportunity to play the standard-setting, normative role in global health governance that it was envisioned to do when it was established in 1948.”**

Ecological Economics - Wellbeing economy: An effective paradigm to mainstream post-growth policies?

Lorenzo Fioramonti, K Pickett, R De Vogli et al;

<https://www.sciencedirect.com/science/article/abs/pii/S0921800921003207>

Oldie (2022) but remains relevant as **post-2030 discussions are kicking off** (while part of the world is trying to avoid a new World War). Even if the momentum is currently not with Pickett et al (*to put it mildly*), and that it's far more likely that global growth will end at some point due to shocks rather than in a planned way.

"A wellbeing economy pursues human and ecological wellbeing instead of material growth. It implies a forward-looking language and solution-oriented vision. Its guiding principles have been adopted by a number of national governments. **Its policy impact is higher than other alternatives to growth, such as degrowth. We propose the wellbeing economy as a framework for the post-2030 agenda."**

"... Over the past couple of years, several national governments have adopted the WE as their guiding framework to design development policies and assess social and economic progress. **While it shares a number of basic principles with various post-growth conceptualisations, the WE's language and concepts tend to be more adaptable to different social and economic contexts, thus penetrating into policy processes and connecting to a variety of cultural traits, not only in advanced economies but also in less industrialised nations.** In this paper, we describe the key features of the WE, including its approach to key concepts like work, productivity and technology and several examples of its policy impact. **We conclude by positing that the WE framework may be one of the most effective bases to mainstream post-growth policies at the national and global level...."**

BMJ - Prosperity as health: Why we need an economy of care for a liveable future

Tim Jackson; <https://www.bmjjournals.org/content/392/bmj.r2573>

Part of **BMJ – ‘Resolutions: the Climate Emergency’**.

"Reframing prosperity as health allows us to redress the balance. Care becomes the most fundamental investment we can make in society's most precious and irreplaceable asset: human (and planetary) health....."

Lancet - Offline: Watching the watchers (part 5)

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00027-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00027-9/fulltext)

Continuing his series.

"...The final section of Global Health Watch 7 does try to pull together a case for “resistance, actions, and change”.....” “... Achieving the right to health is not a technical destination, but rather a political struggle. GHW7 gives six country examples to prove its case...”

“... The lesson drawn from these examples is that “the growing recognition of the right to health is the result of decades of social struggles in which social movements, including health movements, have played a central role”. The key to success is sustained advocacy and activism. The concluding chapters of GHW7 explore the value of litigation as a tool to advance health justice, the shrinking spaces for health activism (eg, in Turkey), and the role of the People's Health Movement itself....”

Horton then concludes: “... Advocacy and activism? Easier said than done, the sceptical reader might say. How does one become an advocate or activist? On this question, GHW7 is silent. If you want to be a partisan in the struggle for health, I recommend Maria Ressa's memoir, *How to Stand up to a Dictator* (2022). She won the Nobel Peace Prize in 2021 for her work to protect freedom of expression, cited by the Nobel committee as a precondition for democracy and peace, in the Philippines. Ressa is a journalist who once worked for CNN and who went on to co-found Rappler, a Filipino digital investigative journalism agency. Her starting point as an activist reporter was the idea that one “is responsible not just for yourself but also for the world around you”. And: “When you take a risk, you have to trust that someone will come to your aid.” She invokes the second law of thermodynamics: that systems, including political (and health, one might add) systems naturally progress from order to disorder. It takes tremendous amounts of energy to maintain order. It is that energy which activism demands.”

Bilateral Health agreements US-African countries

AVAC -14 African Countries Have Signed Bilateral Agreements with US Under its America First Global Health Strategy

<https://mailchi.mp/avac/global-health-watch-april18-2107726?e=f66302bb8e>

“At least 14 African countries have now signed five-year agreements with the United States under the “America First” Global Health Strategy. Recent deals with Botswana, Ethiopia, Ivory Coast, Madagascar and Sierra Leone, cover HIV, malaria, maternal and child health, pandemic preparedness, and other priority areas, require co-investment from partner governments, and include commitments on data sharing (which has been controversial; a court case in Kenya has challenged this provision), and health system reforms. The total now surpasses the \$16 billion mark....”

“IMPLICATIONS: While these agreements may restore some funding after earlier foreign aid disruptions, they also reinforce a shift away from multi-stakeholder cooperation and toward government-to-government agreements with conditions that may come at the expense of low-and-moderate-income countries. As this model extends to more countries across Africa, how nations navigate sovereignty, accountability, and long-term health system strengthening will be critical for ensuring these billions translate into sustained, equitable impact....”

The Observer - A \$2.3bn US health deal – but at what cost to Uganda?

<https://observer.ug/news/a-2-3bn-us-health-deal-but-at-what-cost-to-uganda/>

For what it's worth - with among others, a bit more focus on the ‘christian’ side of things.

“.... The deal comes off as a religious act of tokenism targeted to benefit a large Christian base, which is in line with President Trump’s spiritual beliefs. The US signed the treaty with Uganda, Kenya, Rwanda, Liberia, Lesotho, Eswatini and Nigeria. These have an overwhelmingly large Christian population. Kenya- 85.5 per cent, Rwanda- 93.8 per cent, Liberia- 85.1 per cent, Uganda- 81.7 per cent, Lesotho- 92.1 per cent, Eswatini- 89.3 per cent, and Nigeria- 109 million Christians. Additionally, the program is heavily reliant on the goodwill of faith-based organisations....”

The Forsaken –Another battle

Andrew Green; <https://theforsaken.substack.com/p/another-battle>

“Shut out of negotiations for new U.S. global health money, AIDS activists are ready to fight.”

IJHPM - America First and Global Health Last: Assessing the Policy’s Ripple Effects on Tropical Disease Control and Health Sovereignty in Sub-Saharan Africa

S O Aremu; https://www.ijhpm.com/article_4830.html

“The AFGHS signifies a decisive shift toward efficiency and bilateralism. However, its implementation could unintentionally weaken regional disease control infrastructure, exacerbate inequities, and limit adaptive capacity during epidemics. **The central policy insight is that operational efficiency cannot be decoupled from collaborative governance.** Sustainable tropical disease control requires hybrid funding and surveillance models that integrate bilateral performance incentives with multilateral oversight. Such an approach ensures that national gains do not come at the expense of regional and global health.... . In practical terms, U.S. policy-makers should embed regional coordination mandates, procurement flexibility, and multilateral backstops in all bilateral agreements....”

- And a link: Addis Standard - [Aid with Strings Attached: How new health pact with U.S. challenges Ethiopia’s autonomy](#)

More on Global Health Governance & Financing

Geneva Solutions - “After a year of disruption, global health needs leaders with backbone

P Patnaik; <https://genevasolutions.news/global-health/after-a-year-of-disruption-global-health-needs-leaders-with-backbone>

Must-read. “Funding shocks, political U-turns and weakened institutions have **laid bare the flaws in a global health architecture long overdue for reform** – and **the need for courageous leadership to stop it from unravelling**, writes Priti Patnaik, global health journalist and founder of the Geneva Health Files.”

A few excerpts:

Re WHO: “Normative role at stake: Funding cuts by sovereign donors have coincided with a **rise in private financing for the UN agency, including from the Novo Nordisk Foundation**. Senior officials at the WHO and from donors have vowed to protect the organisation’s normative role. The unique selling proposition and the integrity of the institution rest on whether that promise translates into action, though it remains unclear how they will do so.....

Re the PABS negotiations (& impact of US bilateral agreements on them): “.... Worst-case scenario, the whole edifice could be at risk if most countries ended up prioritising bilateral considerations while sidelining the PABS annex, effectively putting the wider agenda on pandemic prevention, preparedness and response on hold. However, Covid-19 revealed that global health is a huge market. So, there will be opportunists who may salvage these negotiations to meet both commercial and security objectives.....”

Patnaik nails it in her conclusion: “... **In this state of deep flux, leadership is crucial.** With so much at stake, one would expect deep strategic public conversations on the future of global health. There has been much hand-wringing at multiple talking shops across conference venues on what is coming next. But since global health is a club, much of the discussion will lead to decisions taken far away from public scrutiny. **Among the shifts that practitioners hope to see is decentralisation, new financing models beyond charity, a greater focus on primary health care amid the securitisation of public health and a new paradigm for a public goods approach to health.** The challenge will be to reconcile demand for more justice and equity with efficiency and returns that donors will continue to expect. **Whatever comes next should be different from current approaches. Placating those who caused the crisis isn’t the leadership that communities need. Global health needs more leaders with backbone.** Some developing countries and emerging economies have been more prominent in articulating their health needs. However, moving the needle on the governance of global health will need both political and technical leadership, along with commitments and resources to govern this ongoing disruption....”

Andrew Harmer - The global health community needs to wake up and fight back against the Trump administration.

<https://andrewharmer.org/2026/01/06/the-global-health-community-needs-to-wake-up-and-fight-back-against-the-trump-administration/>

That's exactly right.

PS: in this blog, Harmer also tackled a blog from [**Peter Singer, looking ahead to Global Health in 2026**](#)

A few excerpts from Harmer: “... **The point is that ‘we’ (and maybe this isn’t you, maybe it’s just me) are way beyond neutrality.** 2026 is a year when global health professionals should take a good, long look in the mirror and think about what they can do to resist Trump and the miscreants **who hide in his shadow.** If you are working in global health, and especially if – like me – you are a global health scholar, or an academic working along adjacent lines, now would be a good time to wake up and fight back.” (then listing some things Harmer intends to do in this respect).

Concluding: “...**‘Global health’ – if that concept has any meaning anymore – is under direct threat by the Trump administration.** If that means anything to you – anything at all – then you should be pissed off, angry, and ready to defend it from the freak show currently desecrating the Whitehouse.”

PS: Do check out also the MAGAmamas title for the Goya painting.

HPW - Germany to Halve Funding for Pandemic Surveillance Hub Amid Global Health Pull-back

<https://healthpolicy-watch.news/germany-cuts-pandemic-surveillance-hub/>

"The German government is set to halve its funding for the Berlin-based WHO Hub for Pandemic and Epidemic Intelligence this year as part of a broader retreat from global health and aid financing under Chancellor Friedrich Merz. Funding for the pandemic surveillance hub will be reduced from €30 million yearly to €15 million, with only one year of funds committed, according to research conducted by *Health Policy Watch*. The cuts represent a major setback for the global data ecosystem required to detect future health threats, as the pandemic surveillance hub is the world's premier "radar system" for emerging pathogens...."

"Cuts will hit Global South collaborations..."

PS: "With its "whole-of-government investment" strategy, **Germany ranked as the second-largest donor-country to the WHO** by funnelling funds through various ministries and government agencies to global health initiatives. "Germany has been, and remains, a strong supporter of WHO and the WHO Hub for Pandemic and Epidemic Intelligence," WHO's Emergency Response Programme Director Ihekweazu emphasised. However, **there is serious concern among global health experts that Germany might be relinquishing its leading role championing global health initiatives. "Such cuts weaken Germany's position in important multilateral and UN organisations, including the WHO,"** explained Pries (World Health Summit)..."

GPN – Cooperation not confrontation is the route for true security, says Global Public Investment Network

https://globalpublicinvestment.net/news_press/cooperation-not-confrontation-is-the-route-for-true-security-says-global-public-investment-network/

7 Jan (Jo'Burg) "The acceleration in militarism in international relations, seen in the US action in Venezuela and the threats to Mexico, Colombia, Cuba and Greenland, undermines the security and prosperity of everyone, the Global Public Investment Network has warned. The network called on world leaders to reject militarism and domination and to help counter their rise by urgently strengthening international cooperation to address shared global challenges. ... "At a time of shared global crises – climate breakdown, pandemics, food insecurity, and economic fragility – the surge in militarism misallocates public money and deepens instability," said the Global Public Investment Network. "True security in the 21st century will not be achieved through coercion. It will be built through collective stewardship of the systems on which all societies depend. ..."

- Related: IPS - [Skyrocketing Military Spending Undermines Development Aid to World's Poor](#) (by Thalif Deen) Cfr a fact sheet released by the UN last week.

Globalization & Health - Globalization and health in an emerging new world order

R Labonté et al; <https://link.springer.com/article/10.1186/s12992-025-01164-x>

The editors argue why this journal remains damned important, in spite of claims that 'globalization is dead'.

"If globalization's neoliberal order is if not dead, then at least dying, **what are the contours of an emergent global economic order and how might they impact health? What then is the need for the critical globalization and health scholarship and analysis that our journal publishes? «**

The editors list a number of things.

And conclude: « **Globalization remains a sociological, political, economic, and ecological phenomenon of enormous health importance. The themes mentioned in this editorial – the health impacts of climate change and environmental degradation, changing trade and economic regimes, conflict and war, and global health governance – are among the priority research topics for the journal's editors.** Such research draws upon theories, disciplines, and methodologies associated with political science, international relations, sociology, and anthropology; as well as analysis of the globalization-related drivers of diseases, their causes, and their patterns of distribution, using the applied tools of public health epidemiology. »

Nature Africa – “Preparedness is not optional”: Mohamed Janabi’s blueprint for Africa’s next health decade

<https://www.nature.com/articles/d44148-025-00398-6>

“WHO Africa’s new chief outlines the system changes he says can build resilience.”

“**Africa’s new WHO regional director, Mohamed Janabi, steps into the role as the continent’s health systems face converging pressures:** fast-moving outbreaks, a rising burden of chronic disease, tightening budgets and climate shocks that are altering the geography of risk. **In an exclusive interview with Nature Africa, he sets out his agenda, acknowledging the constraints he faces, and describing how stronger, more coherent systems are essential.**”

“Janabi’s vision centres on earlier detection, more resilient primary health care, regional manufacturing, and a more responsive WHO AFRO. He says this focus offers the best chance to shift countries from crisis response to routine readiness.....”

PS: “**His three immediate priorities** are to simplify processes to reduce delays, strengthen the technical expertise of country offices, and to ensure that member states are active drivers of WHO AFRO’s work....”

Telegraph - Shrubs, shamans and love stones: why the WHO has gone Goopy for traditional medicine

<https://www.telegraph.co.uk/global-health/science-and-disease/why-the-who-has-gone-goopy-for-traditional-medicine/>

“Global health body says it is sifting the wheat from the chaff in order to save lives – but **critics fear it is pandering to India and China.**”

In spite of the clickbait title, in-depth analysis.

GHF – What Are The Actual Impacts Of The 2025 Cuts To Global Health Aid? A Narrative Review [GUEST ESSAY]

Sara (Meg) Davis; [Geneva Health Files](#)

“The impact of the funding cuts began to unfold immediately and is still being assessed. This overview summarizes the current available evidence of the impact of these cuts on HIV, tuberculosis, malaria, Neglected Tropical Diseases, other outbreaks, and health and community systems overall, from peer-reviewed journals and some grey literature.” “...Here, I briefly summarize current available peer-reviewed literature and reports on the actual and likely impact of the global health funding cuts of 2025. In particular, I summarize assessments of the impact on the response to HIV, tuberculosis (TB), malaria, Neglected Tropical Diseases (NTDs), other outbreaks, and the impact on health and community health systems. I then briefly summarize some related critiques and imaginings for the future of global health.”

On the latter: “... While many have called for the cuts to spark a reimagining of global health, the solutions proposed seem to pale in comparison with the size of the gap. The renewal of longstanding calls to move away from vertical programmes and similar aid conditionalities towards more resilient health systems do not address the fact that mainstream health programmes have historically failed to engage communities or to prioritize the health needs of young women or socio-economically marginalized, stigmatised, and criminalised groups. Stigma, discrimination and taboos around sexual and reproductive health, HIV and TB in particular have yet to be eliminated, and continue to hamper access to services for many who need them most....”

Why Is Aid Still Seen as “Easier” — and What Does That Say About Sovereignty ?

Emilie Sabine Koum Besson ; <https://www.linkedin.com/pulse/why-aid-still-seen-easier-what-does-say-sovereignty-koum-besson-u1kjf/?trackingId=JXvK%2FmNSSrOrpbgC4n77Kg%3D%3D>

We definitely recommend this [Newsletter : Epistemic Sovereignty & Africa.](#)

Issue from late December. A few excerpts:

“Aid can indeed appear easier when compared to the political costs of taxation, redistribution, domestic borrowing, or undertaking deep institutional reform. Yet this claim rests on an implicit assumption that deserves scrutiny: that aid can be treated as a **neutral financial instrument**, comparable to taxation, borrowing, or market finance, and evaluated primarily in terms of administrative convenience. That assumption reflects a familiar **foreign gaze**—one that abstracts aid from the power relations, knowledge hierarchies, and governance effects through which it operates. **From this vantage point, aid appears as a technical input rather than a political system; ease becomes a property of the instrument rather than a consequence of how authority is structured....”** “This framing is not entirely wrong—but it is incomplete. **By reducing aid to a neutral source of funds, it obscures a deeper shift in contemporary development finance: from epistemic authority to fiscal sovereignty.** Here, epistemic authority refers to the power to define what counts as valid knowledge, legitimate evidence, reasonable policy options, including how priorities are set and resources allocated, within a given system. The more precise question, then, is

not simply whether aid is easier, but **why it is perceived as easier across both external and domestic lenses and what that perception conceals....**”

“... In summary, **aid offers political ease not because it removes politics, but because it relocates it elsewhere.** This is where the **distinction between epistemic authority and fiscal sovereignty becomes central.....** ... What is often described as aid being “easier” is better understood as **epistemic delegation**, a process in which authority over problem definition and acceptable solutions is partially transferred outward, even as implementation remains domestic. **This delegation is not simply imposed; it is often actively negotiated and, at times, welcomed under conditions of constraint.....**”

“... The more important questions are: **Why does aid continue to be perceived as easier across both domestic and external policy spaces, despite its fragmentation, volatility, and governance costs? And why do development financing systems continue to reward fiscal sovereignty stripped of epistemic authority?”**”

She concludes: “Seen in this light, **aid persistence** is not primarily a puzzle of efficiency or preference. It **reflects a system in which external financing instruments are valued less for their capacity to strengthen domestic institutions than for their ability to manage political and epistemic risk and discipline policy space—stabilising expectations for external actors while transferring uncertainty, disruption, and learning costs onto domestic systems, even when this destabilises institutions over time.”**

African Development Bank Group Mobilises Global Private Capital to Close Africa’s Financing Gap

<https://www.afdb.org/en/news-and-events/press-releases/african-development-bank-group-mobilises-global-private-capital-close-africas-financing-gap-89942>

(23 Dec) In case you missed this.

“Building on the successful conclusion of the **17th replenishment of the African Development Fund (ADF-17), which mobilised \$11 billion for Africa’s most vulnerable countries, the African Development Bank Group and the Government of the United Kingdom convened global investors and private sector leaders in London to accelerate a new phase of private capital mobilisation for Africa’s development....** The inaugural **Africa Private Capital Mobilisation Day**, held on 17 December at Lancaster House, brought together more than 150 senior decision-makers from private equity firms, sovereign wealth funds, pension funds, insurers, philanthropies, and development finance institutions and export credit agencies—marking a decisive shift from dialogue to execution.”

“**The high-level event was hosted by** the African Development Bank Group in partnership with UK government institutions, the Foreign Commonwealth and Development Office, UK Export Finance and British International Investment, reflecting a shared ambition to scale private capital flows into African economies.... ... **The Africa Private Capital Mobilisation Day aligns with President Ould Tah’s Four Cardinal Points vision, which focuses on unlocking Africa’s capital potential, strengthening financial sovereignty, transforming demographic growth into a dividend, and delivering resilient infrastructure and value chains....**”

“... Participants were introduced to two flagship initiatives championed by the Bank Group and its partners, including: **The Africa Medicines and Equipment Facility, developed in partnership with the Gates Foundation, will provide African countries with predictable, timely, and affordable financing to secure essential medicines and medical equipment.....”**

SS&M - Financial Epidemiology: Linking Financialization to Population Health

J Dov Bruch et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626000055>

“Financialization represents a pivotal transformation in modern capitalism. Financial epidemiology examines the impact of financialization on population health. Financial epidemiology invites a new and uncharted line of inquiry in public health.”

“We argue that public health scholars and practitioners must attend to financialization – recognizing that financial institutions, markets, and motives have amassed significant power over large swaths of social and economic life and have the potential to transform population health....”

Global Tax Justice

Guardian – US will be exempt from global tax deal targeting profits of large multinationals

<https://www.theguardian.com/business/2026/jan/06/us-exemption-oecd-global-tax-deal-multinational-companies>

“Agreement finalised by the OECD waters down a landmark 2021 deal that set a minimum global corporate tax of 15%.”

“**Nearly 150 countries have agreed on a landmark plan to stop large global companies shifting profits to low-tax jurisdictions, but the US will be exempt from the deal, angering tax transparency groups.** The plan, finalised by the **Organisation for Economic Cooperation** and Development, **excludes large US-based multinational corporations from the 15% global minimum tax** after negotiations between the Trump administration and other members of the G7..... ...The most recent version of the deal **waters down a landmark 2021 agreement** that set a minimum global corporate tax of 15%. The idea was to stop multinational corporations, including Apple and Nike, from using accounting and legal manoeuvres to shift earnings to low- or no-tax havens....”

“... **Tax transparency groups have criticised the amended OECD plan.** “**This deal risks nearly a decade of global progress on corporate taxation only to allow the largest, most profitable American companies to keep parking profits in tax havens,**” said Zorka Milin, policy director at the Fact Coalition, a tax transparency nonprofit....”

Tax Justice Network - OECD collapse will lock in countries' tax losses to US firms

<https://taxjustice.net/press/oecd-collapse-will-lock-in-countries-tax-losses-to-us-firms/>

Reaction from **Tax Justice Network**: “The OECD announced today the “side-by-side system” negotiated by member countries exempting the US from OECD’s Pillar 2 tax reform.”

“... **Alex Cobham, chief executive at the Tax Justice Network**, said: “OECD countries, including EU countries and the UK, just forfeited to Donald Trump their sovereign right to tax businesses operating within their own borders. **This is an alarming subjugation of state sovereignty – and yet it is being spun as a landmark tax deal....”**

UHC & PHC (& health systems)

Lancet Letter - Why we need to move to a two-dimensional health system

G Stucki et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02387-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02387-6/fulltext)

“Health systems worldwide should reconsider how best to address the changing health needs of an ageing population living with non-communicable diseases: **having added years to life, we need now to add life to years**. This rethinking requires an operationalisation of health that extends beyond biological measures to include the full experience of living with a health condition. Fortunately, **WHO has provided a foundation for this broader perspective with its concept of functioning**. Functioning serves as a third indicator of health, complementing mortality and morbidity, and represents a paradigm shift in our understanding of health. This approach aligns with the ambition represented by WHO’s 1948 definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. **Optimising functioning complements the standard objectives of reducing morbidity and increasing lifespan, and presages a fundamental redesign of health systems. This redesign would include a transformative shift from a one-dimensional, morbidity-focused, and mortality-focused system to a two-dimensional system that incorporates the dimension of functioning**. The inclusion of functioning as a core objective is **transformative for all of WHO’s health system pillars...**”

Globalization & Health - The successful scaling-up of antiretroviral therapy globally has many lessons for advancing universal health coverage: progress at risk

Yibeltal Assefa, G Ooms et al ; <https://link.springer.com/article/10.1186/s12992-025-01181-w>

In case you missed this in last week’s IHP issue. “... This study aims to identify the successes and challenges in scaling up ART over the past two decades and derive key lessons to inform the universal health coverage (UHC) agenda....”

Afrobarometer - AD1106: Gambians endorse universal health coverage as medical care remains elusive for many

<https://www.afrobarometer.org/publication/ad1106-gambians-endorse-universal-health-coverage-as-medical-care-remains-elusive-for-many/>

“Overwhelming majority of citizens say they worry about being unable to obtain or afford medical care when they need it.”

“This dispatch reports on an Afrobarometer Round 10 survey module focusing on health care. Findings show that health ranks as the most important problem that Gambians want their government to address, ahead of the increasing cost of living and crime/insecurity. Only one in 10 citizens report having medical aid coverage. Among those who lack health insurance, more than half say they are unaware of any existing schemes available to them. More than eight in 10 respondents worry about being unable to afford medical care when needed, while more than two-thirds say the government should ensure universal access to health care, even at the cost of higher taxes. ...”

Trump 2.0

For some other major ‘updates’ re Trump 2.0, see the Planetary Health section.

Devex – What will replace USAID's largest project? No one seems to know

[Devex Pro](#) ;

“USAID spent years concocting a \$17 billion effort to rethink global health supply chains — only for the Trump administration to unceremoniously cancel the planned contracts. **What's the plan to replace NextGen?**”

A few excerpts via a Devex newsletter:

“Now everyone is asking: **What's next after NextGen — the \$17 billion bundle of contracts that represents a major rethink of how the U.S. government procures and distributes lifesaving health commodities such as HIV/AIDS medicines around the world.**

“I think the administration only has a couple of choices before it,” says a former senior USAID official. One of the more obvious choices, my colleague Michael Igoe writes, would be to ask another major global health supply chain player — [The Global Fund for AIDS, Tuberculosis and Malaria](#) — to step in and expand its own coverage through some kind of partnership with the U.S. For other commodities, the former senior USAID official predicts the administration might look to the private sector — possibly by collaborating with the [U.S. International Development Finance Corporation](#) to expand market access for American companies.”

“In November, the [State Department](#) announced a grant of up to \$150 million to the U.S.-based drone company [Zipline](#) to boost operations in five African countries — part of the administration’s broader “America First” global health strategy that emphasizes private sector partnerships and cost-sharing agreements. **But the Zipline deal is a drop in the bucket compared to the billions of dollars associated with NextGen.** “Zipline is supposed to take care of the last mile, but what about all the other miles before that?” says a source with direct knowledge of NextGen.....” “**That mammoth task now falls to a slimmed-down, overworked State Department.** Hopes aren’t high that it will unveil a well-formulated alternative any time soon.....”

NYT - Kennedy Scales Back the Number of Vaccines Recommended for Children

<https://www.nytimes.com/2026/01/05/health/children-vaccines-cdc-kennedy.html>

“Federal health officials now recommend that children be routinely inoculated against 11 diseases, not 17, citing standards in other wealthy nations.”

“... The announcement represents a momentous shift in federal vaccine policy, and perhaps the most significant change yet in public health practice by Robert F. Kennedy Jr., the health secretary, who has long sought to reduce the number of shots American children receive....”

- See also FT - [US reduces number of recommended vaccines for children](#)

“Shots against diseases such as polio and chickenpox will only be suggested for those who are considered high-risk.”

- And Science - [The Trump administration says some approved childhood vaccines need better studies. Scientists disagree](#)

“Rationale for dropping some vaccine recommendations faces skepticism.”

BMJ Opinion - Trump and RFK Jr are dismantling public health—aided and abetted by powerful doctors

<https://www.bmj.com/content/392/bmj.s19>

“High profile physicians should be using their positions of power to resist Trump and RFK Jr’s damaging policies, not collaborating with them, say Gavin Yamey and Jonathan Shaffer.”

Mentioning a few in particular.

HPW - Controversial US-Backed Vaccination Study Begins in Guinea-Bissau

<https://healthpolicy-watch.news/controversial-us-backed-vaccination-study-begins-in-guinea-bissau/>

“The US government-funded trial on the timing of hepatitis B vaccinations, which will delay vaccination for up to 7,000 newborns in Guinea-Bissau, started this week.”

“The US Centers for Disease Control and Prevention (CDC) has awarded a controversial Danish research group a \$1,6 million five-year grant to study the “optimal timing and delivery of monovalent hepatitis B vaccinations on newborns in Guinea-Bissau”, according to the US Health and Human Services’ (HHS) federal register. The trial aims to enrol 14,000 newborns in a “randomized controlled trial to assess the effects of neonatal Hepatitis B vaccination on early-life mortality, morbidity, and long-term developmental outcomes”, according to HHS register. Half of the babies will get vaccinated at birth, while the other half will get vaccinated six weeks later. However, the World Health Organisation (WHO) has recommended hepatitis B vaccinations since 1992, and universal birth vaccinations from 2009. The vaccination is usually given as a series of three or four

injections, and several clinical trials have also established the best intervals for the vaccinations....”

PS: “It is **unethical to do a randomized controlled trial in which you withhold a proven, life-saving vaccine from newborn babies**,” asserted Professor **Gavin Yamey** of Duke University.”

Stat – Dietary guidelines declare war on processed foods and sugar, encourage more protein and dairy

Stat

‘Eat Real Food’ banner tops new, inverted food pyramid.”

“The Trump administration on Wednesday issued a long-promised revamp of national dietary guidelines, urging Americans to eat more protein and less added sugar and, for the first time, discouraging consumption of highly processed foods. The guidelines, despite widespread expectations, do not change limits on saturated fats but do encourage eating “healthy fat,” which they say includes beef tallow and butter as well as olive oil. They **also include a new, inverted food pyramid**, emphasizing the consumption of fruits and vegetables along with protein, dairy, and “healthy fats,” to replace the MyPlate chart that had previously provided visual guidance for American diets. ...”

- See also [**Stat: Panel behind new dietary guidelines had financial ties to beef, dairy industries**](#)

“Despite Kennedy’s criticism of corporate influence, **some advisers worked with food industry**.”

- And see [**NYT - New Dietary Guidelines Abandon Longstanding Advice on Alcohol**](#)

“Now the government’s recommendation is to “limit” drinking, without specifying safe amounts for men and women. The guidelines **no longer warn of risks like cancer**.”

Telegraph – ‘We couldn’t find her’: Mothers abandon their children in refugee camp

<https://www.telegraph.co.uk/global-health/climate-and-people/aid-cuts-mothers-abandon-children-in-refugee-camps/>

“Charities have blamed an explosion of practically orphaned children on the biggest global aid cuts in a generation.”

Focus here on “...**Rhino refugee camp**, ..., home to 140,000 people, **one of many such camps in Uganda, which is currently home to an estimated 1.9 million refugees**, with thousands more arriving every month fleeing conflicts in Sudan, South Sudan and the Democratic Republic of Congo....”

HPW - US EPA dismisses WHO Cancer Agency Determination that Widely Used Herbicide is 'Probably Carcinogenic'

<https://healthpolicy-watch.news/us-epa-dismisses-who-cancer-agency-determination-that-widely-used-herbicide-is-probably-carcinogenic/>

"The US Environmental Protection Agency has dismissed a recent finding that atrazine, the second most widely-used herbicide in the United States, is "probably carcinogenic to humans" by the World Health Organization's [cancer review agency](#). "

"... In a new classification, published in the January, 2026 issue of [The Lancet Oncology](#), the International Agency for Research on Cancer (IARC) ranked atrazine as probably carcinogenic to humans based on what it described as "limited evidence" for cancer in humans and "sufficient evidence for cancer in experimental animals."..."

PPPR & GHS

TWN – Will PABS Bureau Sideline South's Proposals for Standard Contracts?

S Shashkant & N Ramakrishnan; <https://www.twn.my/title2/health.info/2026/hi260101.htm>

(6 Jan) "As the new year begins, there is considerable anticipation surrounding the content of the Bureau's forthcoming draft text for the Pathogen Access and Benefit Sharing (PABS) Annex. In December, the Intergovernmental Working Group (IGWG) mandated by the World Health Assembly to negotiate the PABS Annex to the World Health Organization (WHO)'s Pandemic Agreement (PA) formally requested the Bureau "to present proposals for sections of texts for a draft PABS Annex, in advance of the resumed session of the fourth meeting of the IGWG, building upon the on-screen text and inputs provided by IGWG members". The Bureau is expected to circulate its draft text in advance of the resumed 4th meeting of the IGWG set to formally convene on 20-23 January 2026."

"A central question now facing many Member States and observers is whether the Bureau's draft will meaningfully reflect the joint proposals submitted by more than 80 developing countries containing standardised contracts applicable to all persons/entities seeking access to pathogen materials and sequence information through the PABS System. Inclusion of these proposals in the Bureau's draft is essential for negotiations on standard contracts – widely recognised as critical to effective operationalisation of a PABS System. However, emerging information suggests that the Bureau may sideline these proposals, potentially deferring or avoiding negotiations on standard contracts altogether. Such an approach would effectively amount to acquiescence to the European Union's unjustifiable objections to the Global South's longstanding and legitimate calls for standardised contractual arrangements, and the EU's preference for a "PIP-minus" approach ..."

Science – Fresh conflicts erupt around giant database for flu and COVID-19 sequences

K Kupferschmidt; <https://www.science.org/content/article/fresh-conflicts-erupt-around-giant-database-flu-and-covid-19-sequences>

“Critics say “autocratic” behavior by GISAID could hamper response to a future pandemic.”

PS: “.... An alternative to GISAID has been gaining ground. In 2024, Chen, Stadler, and others launched **Pathoplexus**, a platform that also seeks to protect the interests of those uploading sequences but aims to allow ^{data}_{SE} data to be shared more freely. Pathoplexus initially focused on Ebola, West Nile, and Crimean-Congo hemorrhagic fever, but has since expanded to include other diseases. ...” “The beauty of Pathoplexus is that it is community driven and managed, and hence (in theory) free of political interference at the whims of autocratic individuals,” Eddie Holmes, an evolutionary virologist at the University of Sydney who’s not involved with any of the platforms, writes in an email. But **whether it could take over GISAID’s role remains to be seen....”**

PS: “**Global health diplomacy may eventually force the world to come up with a new solution. In April 2025, World Health Organization member states agreed on a Pandemic Agreement**, a sprawling treaty that aims to better prepare the world for a pandemic. One sticking point, on which negotiations continue, was how to organize so-called pathogen access and benefit sharing (PABS)—a system to ensure countries that share viruses and their sequences also get access to the diagnostics, treatments, and vaccines produced with that knowledge. **PABS would likely include a platform for sequence sharing—but it shouldn’t be GISAID**, Carlson says. “**Member states should agree to establish a global, multilateral system for sharing pathogen [sequences] that deserves both scientists’ and governments’ trust,**” he and Poisot wrote in their article. Andersen agrees: “Let’s make absolutely sure that this is not going to be the platform of the future.” “

CEPI - Ambitious research aims to develop multivalent vaccines to protect against multiple deadly filoviruses

<https://cepi.net/ambitious-research-aims-develop-multivalent-vaccines-protect-against-multiple-deadly-filoviruses>

“**Scientists at the University of Oxford, in collaboration with partners, will spearhead the development of new vaccines that aim to provide comprehensive protection against multiple lethal filoviruses, including Ebola virus, Sudan virus, Bundibugyo virus, and Marburg virus.”**

“**Filoviruses are responsible for frequent and unpredictable outbreaks of haemorrhagic disease in parts of Africa, causing significant health crises and high fatality rates. Backed by up to \$26.7 million in funding from CEPI and the European Union’s Horizon Europe programme, researchers at the Oxford Vaccine Group and the Pandemic Sciences Institute, at the University of Oxford, with partners at the Institute for Drug Discovery at Leipzig University and Moderna will design and test multivalent vaccine candidates that aim to protect individuals from a wide range of filoviruses, including as-yet-unknown pathogens from the filovirus family that could emerge in the future.”**

“**Currently, there are two licensed vaccines which provide protection only for Ebola virus, but no vaccines are licensed for Sudan virus or Marburg virus – the causes of multiple and recent outbreaks in sub-Saharan Africa. This new programme will focus specifically on creating multivalent vaccines that protect against many of these viral hemorrhagic fevers, offering a way to proactively immunise those at risk....”**

Project Syndicate –Ensuring Pandemic Financing for Middle-Income Countries

M Crystallin et al ; <https://www.project-syndicate.org/commentary/multilateral-development-banks-must-commit-to-at-risk-funding-next-pandemic-by-masyita-crystallin-and-rachel-glennerster-2026-01>

“During the COVID-19 pandemic, middle-income countries struggled to invest in vaccines and other medical countermeasures. To avoid repeating the same mistake, **policymakers from these countries must demand that multilateral development banks make at-risk financing available as soon as the next outbreak occurs.**”

“....Policymakers from middle-income countries **must demand that MDBs make at-risk financing available as soon as the next pandemic strikes.** A [recent report](#) by the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response calls on MDBs to issue guidance notes confirming their crisis-response facilities within the next six months....”

TGH - What the Development Finance Corporation Reauthorization Means for Global Health Security

P Yadav, T Bollyky et al; <https://www.thinkglobalhealth.org/article/what-the-development-finance-corporation-reauthorization-means-for-global-health-security>

“The federal institution's new authorities and expanded mandate could facilitate U.S. engagement on global health security.”

Cfr tweet from one of the authors: « **With expanded authority and funding, DFC can be a vital tool for US engagement in global health. We explore how it can simultaneously advance U.S. health security interests and improve health outcomes where most needed. Investing in genomic sequencing infrastructure is one such area among many.** »

Background: **“After months of negotiation, (US) Congress reauthorized the U.S. International Development Finance Corporation (DFC) in mid-December as part of the 2026 National Defense Authorization Act, expanding the institution's funding ceiling more than threefold—from \$60 billion to \$205 billion.** The reauthorization bill also enhances the DFC's ability to make riskier equity investments and clarifies its authority to invest in companies and organizations in high-income countries. **If utilized successfully, these changes could be particularly significant for the DFC's work in global health and health security...”**

Interesting read – even if there are a lot of ‘If’s’, at least if the conclusion is to ring true in a few years from now: **“... This is a moment of opportunity. If used correctly, the DFC's new authorities and expanded mandate could facilitate an expansion in U.S. engagement on global health-security topics—substantially advancing U.S. interest around the world and improving health outcomes for those most in need—but success will hinge on the prioritization of health in the DFC's portfolio, sustained executive-level focus on these topics, and the perennial challenge of disciplined execution. »**

AMR

Telegraph - Superbug fears as new drug-resistant strains of typhoid emerge in Asia

<https://www.telegraph.co.uk/global-health/science-and-disease/drug-resistant-strains-typhoid-saprk-superbug-fears-in-asia/>

“Scientists discover a gene capable of breaking down **carbapenems**, a class of powerful antibiotics seen as a drug of last resort.”

“New strains of Typhoid that can resist the strongest available antibiotics have emerged in South Asia, raising concerns over the potential spread of drug-resistant infections. A gene capable of breaking down carbapenems, a class of powerful antibiotics seen as a drug of last resort, was discovered among 32 samples collected from hospitals across western and southern India. Testing showed that this gene, known as blaNDM-5, can move between different types of bacteria, raising fears that such resistance could spread quickly. **The discovery is the latest in a series of setbacks for efforts to contain the spread of typhoid....”**

Cervical Cancer awareness month (January)

UN News – A woman dies from cervical cancer every two minutes, UN says

<https://news.un.org/en/story/2026/01/1166696>

“**Cervical cancer, the fourth most common** cancer in women, took Jeanette’s life a year after she was diagnosed. In January each year, Cancer Awareness Month, WHO underscores that the illness is both preventable and curable.”

“... In 2022, an estimated 660,000 women were diagnosed with cervical cancer worldwide and about 350,000 women died from the disease, according to WHO. **UNICEF**, the UN children’s agency, warns that the illness takes away a woman’s life **every two minutes**.

“**Almost all cervical cancer cases are linked to infection with human papillomaviruses (HPV)** – an extremely common virus transmitted through sexual contact. **Cervical cancer is both preventable and curable with proper access to screening, vaccination and treatment.** ...”

SRHR

Paediatric and Perinatal Epidemiology - Ending Preventable Stillbirths and Improving Bereavement Care: A Global Scorecard

Susannah Hopkins Leishe, M Kinney et al; <https://onlinelibrary.wiley.com/doi/10.1111/ppe.70108>

The Lancet Ending Preventable Stillbirths series issued a global Call to Action to reduce stillbirths and improve bereavement care. To monitor progress, we developed a global scorecard to track performance on key indicators.....”

Some findings via M Kinney on LinkedIn:

“Here's what we found:

- 2 out of 3 countries in the world are achieving the national stillbirth rate target, but in sub-Saharan Africa, only 5%.
- Progress on plans but not action, especially in the highest burden countries
- Asia is doing slightly better than Africa
- Data gaps - 7 of 20 key indicators have no data at all
- No global consensus on respectful care after a perinatal death.....”

Euractiv – Brussels, the quiet front line of Europe's abortion wars

<https://www.euractiv.com/news/ripe-for-harvest-brussels-growing-web-of-anti-abortion-religious-influence/>

“Conservative religious groups, US-linked think tanks and faith-based organisations are increasingly using the EU capital to push hardline anti-abortion views – blurring the line between belief, lobbying and politics.”

Commercial Determinants of Health

Stat News - What's the right way to define ultra-processed foods?

[Stat News](#):

“A new **Nature Medicine** article argues that **ultra-processed foods should be defined by what they are not.**”

- See the article in **Nature Medicine** – [Identifying ultra-processed foods for policy](#)

“Defining non-ultra-processed foods, rather than ultra-processed foods, would better protect the public's health.”

Globalization & Health - How has the global food governance system evolved, and what challenges does it currently pose for food systems transformation? A narrative review and synthesis of the literature

S Slater et al; <https://link.springer.com/article/10.1186/s12992-025-01172-x>

“Four interlinked key findings emerged. First, GFG has evolved from a predominantly multilateral system led by intergovernmental organisations and their member nation-states to a more

decentralised multistakeholder system involving a diverse array of non-state actors and interests. **Second**, food systems and GFG **have been constrained ideologically by neoliberal policy positions**, exemplified by the narratives pushed by intergovernmental organisations such as the World Bank, International Monetary Fund, and World Trade Organization. They **have also been constrained financially by rich country governments and philanthropic donors**, compelling key institutions to seek external funding and partnership opportunities merely to fulfill their basic mandates. **Third**, by **privileging multistakeholder governance and public-private partnerships, the world's largest corporations and business interest groups have reshaped power relations in global policy agendas, including those established at multilateral 'world food summits,' in ways that sideline public health imperatives.** **Fourth**, recurrent global food crises **reflect deep structural and power asymmetry issues that have historically privileged certain nation-states and, increasingly, private sector actors**, thereby perpetuating inequities that exacerbate global health vulnerabilities.”

Mental Health

Nature Medicine - Political protests, social media use and mental well-being

<https://www.nature.com/articles/s41591-025-04110-x>

“A large, longitudinal study shows that interpersonal conflict and excessive social media use are associated with increased levels of depression during political protests — but we should not lose sight of the wider contexts in which such protests take place.” *(with focus on Hongkong)*

Guardian - The chatbot will see you now: how AI is being trained to spot mental health issues in any language

<https://www.theguardian.com/global-development/2026/jan/05/chatbot-ai-therapy-mental-health-clinic-uganda-algorithm>

“Calls to a clinic in Uganda are helping create a therapy algorithm that works in local languages, as specialists look to technology to address the global mental health crisis.”

Guardian - Art could save your life! Five creative ways to make 2026 happier, healthier and more hopeful

<https://www.theguardian.com/lifeandstyle/2026/jan/07/art-could-save-your-life-creative-ways-make-2026-happier-healthier>

“Engaging in creativity can reduce depression, improve immunity and delay ageing – all while you’re having fun.”

“Participating in arts, crafts, reading, playing musical instruments and going to cultural events and performances **builds what is known as “cognitive reserve”**: the resilience of the brain against cognitive decline....”

For more, see **Art Cure: The Science of How the Arts Transform Our Health** (by Daisy Fancourt), published by Cornerstone Press.

Decolonize Global Health

Epidemic Dependency in Africa: The Problem of Borrowed Mirrors - A Review of The Foreign Gaze by Seye Abimbola

E S Koum Besson; <https://www.linkedin.com/pulse/epidemic-dependency-africa-problem-borrowed-mirrors-koum-besson-ceg0f/?trackingId=KJ1zUe%2FM07fjtIY%2BkPzImw%3D%3D>

Fabulous book review. A few excerpts:

“What *The Foreign Gaze* never names directly—but constructs with precision—is what might be called **the African gaze**.”

“... The African gaze is the capacity to see, interpret, and respond to African realities through epistemic frameworks rooted in African histories, cultures, languages, and lived conditions. When this gaze weakens, Africa becomes epistemically dependent - seeing itself through external interpretation and mistaking foreign diagnosis for truth. The quiet question running through Abimbola’s work is therefore unavoidable: whose mirror are we using, and whose categories define our problems and solutions?...”

“To make sense of this condition - in Abimbola’s spirit – it helps to think in triangles. Building on the book’s own reflections, one can sketch an **Epistemic Gaze Triangle** that **describes how Africa is seen, how it sees itself, and how those processes collide....”**

PS: “...**There is, however, a risk in Abimbola’s argument.** By focusing so intently on epistemic orientation, the book occasionally underplays the brute material constraints—funding regimes, publication economies, donor conditionalities and the dynamics of elite capture—that limit how far epistemic sovereignty can travel in practice. Reclaiming the African gaze is necessary, but not always sufficient. Mirrors are held in place not only by habit, but by institutions....”

Lancet Global Health – February issue

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

Fabulous new issue.

To get an overview of the focus of this issue, check out the Editorial: [**Long may people-centred adaptation reign**](#)

“ At the **2025 Asian Conference on Implementation Science (Nov 12–14, Guangzhou, China)**, the importance of context emerged as a central theme. In Elvin Geng’s speech, **context was framed as**

the king of implementation. But, who is the queen? Publications answering our [call for papers on redefining implementation science for global health decolonisation](#) may offer perspectives. Of the more than 80 submissions in response to our call, **we feature in this issue five Viewpoints, one Essay, and six Comments, in which researchers share project experiences and theoretical insights that aim to foster a participatory, pluralistic, interdisciplinary, and contextually relevant field of implementation science.** The tug-of-war between adaptation to fit the context and fidelity to the original plan persists in implementation..."

The Editorial concludes: "**People-centred adaptation should be crowned the queen of implementation.** By embracing health equity, epistemic justice, Indigenous values, pluralist methodologies, and co-design with and for the communities, implementation research and practice in global health will be transformed...."

Plos GPH - A decolonial feminist perspective on gender equality programming in the Global South

Ogochukwu Udenigwe , Judi Aubel, Seye Abimbola;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005556>

Review.

"The feminisms emerging from postcolonial regions of the Global South have critiqued gender equality initiatives that adapt to, rather than dismantle, racist, capitalist, and patriarchal systems. They call for an exploration of how these initiatives become hosts to oppressive forces that derail gender equality efforts and worsen the health and well-being of women and girls in the Global South. **Drawing on decolonial feminist perspectives, this paper addresses two broad questions: How does a gender equality agenda rooted in capitalist structures impact the health and well-being of women and girls in the Global South? Have attempts at transforming gender equality in the Global South been solely liberatory?** The authors examined **constructions of gender equality in 17 program documents from contemporary women and girl-centred international NGO programs in the Global South.** The findings **revealed four key themes** related to shaping gender equality in programs and their implications for the health and well-being of women and girls. These themes include: **1) Reinforcing hierarchical knowledge praxis (excluding or silencing knowledge originating from the Global South), 2) Culturalizing violence (violence as an intrinsic characteristic of culture in the Global South), 3) Labelling work as inherently liberating (depoliticizing poverty, glossing over exploitative economic practices), 4) Universalizing human rights discourses (emphasizing neoliberal assumptions of personhood).** We conclude by recommending a delinking from Western narratives and instead integrating a decolonial feminist perspective into gender equality programs to uncover and dislodge the myriad manifestations of colonial influences."

SS&M - An Afrofuture of Global Health

Emma Nelson Bunkley et al;

<https://www.sciencedirect.com/science/article/abs/pii/S027795362600033X>

"Based on archival and ethnographic research from Senegal, West Africa, **this article uses Afrofuturism as a theoretical framework and orientation to understand how global health might be better suited for people around the world.** We take the **concept of interembodiment** (Bunkley 2022) as a way of thinking about how perspectives from the Continent can shape and shift calcified

global health understandings of bodies, health, and disease. The askable, the thinkable, and the possible depend upon subverting old dominant paradigms of how the world is viewed, which depend on ossified power relations. Instead, global health should be centering the experiences of those who have thus far only been seen as recipients of knowledge rather than generators of knowledge. **Afrofuturism, a theory and a movement that center African and African diaspora experiences, is a way for global health to begin to critically engage with its past and shift perspective towards an understanding that better encompasses the people of the global majority and not just Euroamerican bodies.**”

Ps: also a good read for the ‘Re-imagining Global Health’ crowd.

Global Public Health - The emergence of the adolescent subject in global health: Prioritizing epistemic justice in research and practice

Julien Brisson; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2611183?src=>

« In 2015, the United Nations integrated adolescents as a unique category into the Sustainable Development Goals, a recognition the World Health Organization expanded in 2017 with the introduction of the Global Accelerated Action for the Health of Adolescents. **This paper examines the emergence of the ‘adolescent subject’ in global health.** Adolescence is a **modern concept embedded in Western views that is not universally applicable**, hence raising issues in global health practice by embodying a colonial legacy in using categories that may not align with all cultural contexts. Moreover, **the paper explores a critical gap in global health research: while the majority of the world’s adolescents reside in low- and middle-income countries, most adolescent health research is conducted in high-income settings.** This disparity is due, in part, to a lack of funding for adolescent research and barriers like parental consent requirements that prevent adolescents from participating in research. This exclusion inadvertently silences some adolescents’ voices and restricts their opportunities for research engagement, perpetuating an epistemic injustice in global health data production. **The paper calls for a concerted effort to develop measures to inclusively engage adolescents in global health research, aiming for a fair and representative inclusion of adolescent perspectives.”**

“....This paper addresses epistemic injustice issues in relation to adolescents in global health through three key objectives: 1) present the genealogy of the ‘adolescent subject’ and explore its emergence in the field of global health, 2) examine the epistemic justice issues stemming from the insufficient involvement of adolescents in global health research, highlighting the consequential impact on the production of global health data, and 3) propose strategic measures to enhance the inclusion of adolescents as active contributors in global health research....”

Planetary Health

Climate Change News – What’s on the climate calendar for 2026?

<https://www.climatechangenews.com/2026/01/02/whats-on-the-climate-change-calendar-for-2026-schedule-international/>

(gated) “Elections, international talks on plastics and shipping and gatherings of coalitions of the willing will shape climate progress in 2026.”

- See also Devex Pro (gated) [What you need to understand about climate and development in 2026](#)

“Experts are bracing for a **year of political hurdles**, a joint COP31 presidency, and a search for \$300 billion in finance.”

Guardian - Outrage as Trump withdraws from key UN climate treaty along with dozens of international organisations

<https://www.theguardian.com/us-news/2026/jan/07/trump-international-groups-un>

“Experts decry move to leave UNFCCC as ‘embarrassing’ as president orders withdrawal from 66 international groups.”

“.. In [a presidential memorandum](#) issued on Wednesday, Trump withdrew from the UN Framework Convention on Climate Change (UNFCCC), along with 65 other organizations, agencies and commissions, calling them “contrary to the interests of the United States””

“... Underscoring the administration’s hostility to any measure to deal with a climate that is now hotter than at any point in human civilization, **the White House memo also states that the US will pull out from the Intergovernmental Panel on Climate Change, the UN’s top climate science body**, as well as an assortment of other international environmental organizations... ”

- See also [Devex – Trump withdraws, defunds dozens of international orgs and treaties](#)

“President Trump ordered the U.S. to leave 66 international entities, including 31 at the U.N., cutting funding deemed contrary to U.S. interests — a move that alarmed allies and **deepened Washington’s retreat from multilateralism.**”

“... The White House [list](#) of impacted entities includes a wide range of multilateral organizations and U.N. departments, offices, and agencies, including the [U.N. Population Fund](#), which had already lost U.S. funding last year, and a host of other [United Nations](#) agencies dealing with climate, trade, and the environment.... ”

PS: “.... **The decision made no reference to the U.N.’s major humanitarian agencies, including the International Organization for Migration, the World Food Programme, UN Human Rights, or UNICEF.** Though all those agencies have faced severe U.S. budget cuts during the past year.....”

- And see [Geneva Solutions - Trump’s withdrawal from dozens of organisations further isolates international Geneva](#)

“ An overnight announcement by president Donald Trump to exit 66 international organisations – including Unctad and the IPCC in Geneva – **may signal the US administration’s further diversion from multilateralism, but may be more symbolic than a funding catastrophe.**”

Climate Change News (Comment) – COP presidencies should focus less on climate policy, more on global politics

B Marshall et al; <https://www.climatechangenews.com/2026/01/05/cop-presidencies-should-focus-less-on-climate-policy-and-more-on-global-politics/>

“Unless host nations run climate summits in a way that accounts for the new geopolitical reality, what’s agreed at COPs won’t drive meaningful action.” (also an interesting read with a view on global health diplomacy)

“.... COP30 also suffered from broader issues that are straining multilateralism. Conflicts in Ukraine and the Middle East have made it harder to form cross-regional coalitions, record debt distress in developing countries has weakened trust in global institutions, and collaborative efforts to regulate global shipping emissions and reform international taxation have stalled. **Climate diplomacy is becoming less insulated from these geopolitical pressures.** Observers noted this during COP28 (Dubai), and since then, it has become more pronounced, while **COP hosts have done little in response.....**”

The authors list four options available to Türkiye and Australia for 2026, and Ethiopia for 2027, to help set up climate negotiations for greater success.

Sustainability online - Changes to global food system could help limit global temperature rise

<https://sustainabilityonline.net/news/changes-to-global-food-system-could-help-limit-global-temperature-rise/>

“A ‘decisive transformation’ of the **food** sector could contribute to limiting global **warming**, a new study led by the **Potsdam Institute for Climate Impact Research (PIK)** has found.....”

“According to the study, which was **published in the *Nature Food* journal**, changes to the food sector could help to limit the global temperature increase to 1.85°C above pre-industrial levels by 2050, while also making food ‘healthier and cheaper’, and agriculture more aligned with **biodiversity** conservation..... The **study is based on three possible pathways** – the standard ‘SSP2’ scenario commonly used to model the continuation of current trends; a scenario of rapid transformation in the food system; and an expanded scenario with greater sustainability in other economic sectors as well.....”

“.... **identifies 23 levers, calculates their effectiveness and concludes: a decisive transformation of this sector alone, without the indispensable energy transition, can limit the global temperature increase to 1.85°C above pre-industrial levels by 2050. In addition, food will become healthier and cheaper, and agriculture will be more compatible with biodiversity conservation.** “

Project Syndicate - Climate Adaptation More Than Covers Its Cost

M Krishnan et al; [Project Syndicate](https://www.project-syndicate.org/commentary/climate-adaptation-more-than-covers-its-cost-by-m-krishnan)

By a bunch of McKinsey authors.

“Effective climate adaptation can strengthen countries’ resilience, protect vulnerable communities, and support economic growth. But while the world has the tools, the level of investment needed to close today’s adaptation gap, let alone to address likely future needs, has fallen far short.”

“... According to new research from the McKinsey Global Institute, [*Advancing adaptation: Mapping costs from cooling to coastal defenses*](#), the world spends \$190 billion per year on investments in 20 key adaptation measures that protect roughly 1.2 billion people. But three billion more people, over three-quarters of whom live in low-income regions, have only limited protection....”

“Extending developed-economy standards of protection to all exposed places would require \$540 billion annually. That means there is a \$350 billion gap, 60% of which is needed to help low-income areas build greater resilience. Moreover, adaptation costs will rise. On current emissions trajectories, the world is likely to reach 2° Celsius above pre-industrial levels by about 2050, exposing an additional 2.2 billion people to heat stress and another 1.1 billion to drought, for example. Our analysis finds that at 2°C warming, the world would need to spend \$1.2 trillion annually to protect everyone exposed to climate hazards at developed-economy standards, or almost 1% of GDP in affected places, by 2050. More than three-quarters of that spending would go toward protecting against heat and drought....”

Nature (Editorial) - Defossilize our chemical world

<https://www.nature.com/articles/d41586-026-00005-0>

“Achieving net zero means eliminating fossil fuels, not carbon — the chemical element has a crucial part to play in powering the modern world.”

“There’s a relatively new word doing the rounds in sustainability research and policy: **defossilization....** ... **Defossilization means finding sustainable ways to make carbon-based chemicals.** Alternative sources of carbon include the atmosphere and plants, as well as carbon in existing biological or industrial waste, such as used plastics or agricultural residue. In some cases, these chemicals will eventually return carbon dioxide to the atmosphere through burning or biodegradation. In principle, this will occur as part of a circular process, rather than one that has added greenhouse gases.... **The subject of defossilization is of increasing research interest** — as it needs to be — despite signs that some governments, including a number in Europe and that of the United States, are backsliding on their climate commitments. **In this two-part Editorial, we describe some of the challenges faced by researchers, in both academia and industry, that scientists and policymakers need to solve to enable defossilization to happen on the scale required. In this first instalment, we focus on Europe. In the next, we explore advances under way in China....”**

BMJ Opinion - The narrowing legal operating space for climate action

R Stuart-Smith et al; <https://www.bmjjournals.org/content/392/bmj.r2498>

“Buttressed by scientific developments, law is catching up with corporate and state climate inaction; a new era of accountability may follow.”

BMJ –Managing the impact of AI on both human health and planetary health requires new forms of governance

I Kickbusch; <https://www.bmj.com/content/392/bmj.r2606>

Part of 'Resolutions -the Climate Emergency'.

Excerpt:

"The situation might be serious enough to propose that the World Health Organization change its role and its constitution. It was created to promote "the highest attainable standard of health" for all peoples. But **in the 21st century, the determinants of health lie predominantly with the planetary crisis and AI development. This requires a body that integrates ecological, social, and economic dimensions of wellbeing.** Its purpose: to safeguard the conditions that make health possible on a thriving planet increasingly subject to historic technological disruption as experienced with AI. **Thinking of the WHO as a "ministry for planetary health"** would face political, financial, and sovereignty barriers, but could also create momentum and pragmatic entry points to move forward."

"A "planetary health and AI taskforce" established by the WHO could explore the shifts that are necessary, which could include:

- expanding the mandate from disease control to safeguarding human experience and the systems that support planetary life
- measuring success by using wellbeing and resilience indicators, not just mortality and GDP
- embedding "do no harm to the Earth and its peoples" as a core ethical principle in all planetary health policies...."

Heck, also coining the term 'Planetary Sapience' :)

Guardian - Household burning of plastic waste in developing world is hidden health threat, study shows

<https://www.theguardian.com/global-development/2026/jan/08/household-burning-of-plastic-waste-in-developing-world-is-hidden-health-threat-study-shows>

"The practice is 'much more widespread' than previously realised, researchers say, with serious environmental impact."

"The household burning of plastic for heating and cooking is widespread in developing countries, suggests a global study that raises concerns about its health and environmental impacts. The research, published in the journal **Nature Communications**, surveyed more than 1,000 respondents across 26 countries. **One in three people reported being aware of households burning plastic, while 16% said they had burned plastic themselves...."**

Access to medicines, vaccines & other health technologies

Guardian - Novo Nordisk launches Wegovy weight-loss pill in US, triggering price war

<https://www.theguardian.com/business/2026/jan/05/novo-nordisk-launches-wegovy-weight-loss-pill-us-price-war>

“First and only GLP-1 pill on the market costs significantly less than injectable versions.”

- See also FT – [Novo Nordisk launches price war over weight-loss pills](#)

“Lowest doses of Wegovy in oral form will start at \$149 a month for US users until April.”

“Novo Nordisk is launching a weight-loss pill price war as it seeks to keep pace with arch-rival Eli Lilly in the market for GLP-1 drugs. The Danish drugmaker announced on Monday that patients could purchase the lowest 1.5mg and 4mg doses of its Wegovy pill for \$149 a month in the US until April, when the 4mg dose will rise to \$199 a month. Patients with insurance can pay as little as \$25 a month for the lowest doses.... The Wegovy pill costs significantly less than Novo’s injectable version of the drug and Lilly’s own injectable, Zepbound, which dominate the market. Both drugs cost more than \$1,000 a month but the price will be cut to about \$350 when TrumpRx, the medicine purchasing website proposed by US President Donald Trump, launches later this year. ... **The pricing announcement comes weeks after the oral version of Wegovy was approved by the US Food and Drug Administration**, marking the first regulatory nod for a weight-loss treatment in pill form. The lower prices signal the start of a race to attract more patients who are overweight or obese...”

FT - GSK hails promising trial results for hepatitis B treatment

<https://www.ft.com/content/a51aaf32-0122-4397-8a8a-d10cf0da74f5>

(gated) “Drug could provide a cure for condition that affects more than 250 million people.”

- See also [Reuters – GSK's chronic hepatitis B treatment meets main goal in two studies](#)

“GSK's experimental drug to treat chronic hepatitis B infection met the main goals in two closely watched studies, the drugmaker said on Wednesday, bringing the company a step closer to making a functional cure available to patients.”

“... In the studies, treatment with bepirovirsen resulted in a statistically significant and clinically meaningful functional cure rate, meaning the treatment helped maintain reduced levels of two key biological markers such that a test would not be able to detect them. Patients across the two studies were monitored for reductions in levels of the virus DNA and surface antigens. Sustained reduced levels for six months or longer would indicate a functional cure. GSK did not disclose what proportion of patients achieved functional cure after treatment with bepirovirsen, but it said full data would be presented at an upcoming scientific congress....”

STAT Plus:On eve of JPM, everything's coming up Big Pharma

<https://www.statnews.com/2026/01/07/jp-morgan-healthcare-conference-pharma-industry-outlook-rosy/>

(gated) "After a year of 'wild whiplash' and pricing deals with the White House, drug companies approach **JPM 2026 (JP Morgan's Health Care Conference)** with confidence that **'there are deals to be done.'**"

Ground News - Bayer Files Patent Lawsuits Against Pfizer, Moderna, BioNTech, and J&J Over mRNA Technology

https://ground.news/article/bayers-legal-battle-over-mrna-technology-a-covid-19-vaccine-controversy_042f6f?utm_source=mobile-app&utm_medium=newsroom-share

(gated) In a Delaware federal court.

Guardian - 'We were sitting with our calculator saying "we can afford that!"' Joy for families as cystic fibrosis drug prices fall within reach

<https://www.theguardian.com/society/2026/jan/07/families-cystic-fibrosis-drug-prices-affordable-generic-triko-vertex-pharmaceuticals-beximco-trikafta-kaftrio>

"The cost of medication was too high for thousands of CF sufferers around the world. **Now a Bangladeshi company is making a generic version that will change lives.**"

"...Bangladesh, as a "least developed country", is excluded from some international intellectual property laws, paving the way for Beximco to produce and export a generic version..."

Plos GPH (Opinion) - Unlocking potential: Development finance reforms needed to support localized health product manufacturing

By S Lynch et al.

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005369>

"As international health funding drops to a 15-year low, **development finance institutions (DFIs) across both high-income countries and LMICs** have the opportunity and the imperative to step up to support long-term health security, **adopting new strategies to increase the capital provided for scaling-up localized manufacturing....**"

Conflict/War/Genocide & Health

NYT – Israel Tells Doctors Without Borders to End Its Work in Gaza

[NYT](#)

“The move against the medical aid group enforces policies limiting criticism of Israel’s conduct in the war and requiring personal details about Gazan employees.”

“Doctors Without Borders, the international medical aid group, said Tuesday that Israel had ordered it to cease operations in the Gaza Strip after it failed to comply with new restrictions that include registration of all Gazan employees and limits on criticism of Israel’s conduct of the war. ... Doctors Without Borders was among more than three dozen humanitarian groups told on Dec. 30 that they would have their licenses to operate in the Gaza Strip suspended on Jan. 1 and would have to clear out by March under the new rules. Now, Israel is moving to enforce that....”

The *Lancet* Commission on Ovarian Cancer: towards equity-driven reform

I Ray-Coquard et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02463-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02463-8/fulltext)

“The **Lancet Commission on Ovarian Cancer** represents a bold and necessary initiative to address **one of the most challenging and under-recognised issues in women's health: ovarian cancer**. As the **fifth leading cause of cancer-related deaths in women**, the disproportionate mortality of ovarian cancer highlights the urgency for coordinated global action....”

“... Following its inaugural meeting in April, 2025, the **Commission** has been organised around six thematic pillars. ...”

Some more reports & papers

Lancet GH (Comment) – Bridging maternal health and tuberculosis control: closing the data and policy gap

Olumuyiwa James Pete et al;

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00452-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00452-8/fulltext)

Comment linked to a new **Lancet GH** study - [Global estimates of tuberculosis incidence during pregnancy and postpartum: a rapid review and modelling analysis.](#)

« **Tuberculosis is still one of the world's leading infectious diseases, accounting for an estimated 1·25 million deaths in 2023; nevertheless, its effect during pregnancy and the postpartum period has long been overlooked.** Nyashadzaishe Mafirakureva and colleagues' Article is an important step in illuminating the ignored junction of maternal and infectious illness epidemiology. The authors use population-based modelling to **present the first updated global estimates in more than a decade, estimating that in 2023, about 239 300 pregnant and 97 600 postpartum women had tuberculosis, with HIV coinfection accounting for one in every five cases.** These data highlight that **pregnancy and the months following childbirth are crucial times for women and newborns, but they are mostly overlooked by national tuberculosis surveillance and maternal-health reporting systems....”**

Miscellaneous

Times Higher Education - Health systems need more than just doctors. They need systems thinkers

M Schleiff & K Sheikh; <https://www.timeshighereducation.com/opinion/health-systems-need-more-just-doctors-they-need-systems-thinkers>

“Many graduates are catapulted into health leadership roles without the necessary perspective, vocabulary or skills, say **Meike Schleiff and Kabir Sheikh.**”

The authors make an eloquent **case to strengthen global health systems education.** (*Not just for a UK readership*)

WEF – Global Cooperation is Showing Resilience in the Face of Geopolitical Headwinds

<https://www.weforum.org/press/2026/01/global-cooperation-is-showing-resilience-in-the-face-of-geopolitical-headwinds/>

Rather rosy view in my opinion, but hey, who am I :)

“The **Global Cooperation Barometer 2026** reveals strong pressures on multilateral institutions are causing global cooperation to evolve rather than retreat. While **multilateral forms of cooperation** declined, smaller and more agile coalitions of countries –and, at times, companies – were instrumental in maintaining overall cooperation levels. Climate and technology saw strong increases in cooperation even in the face of headwinds, health and trade stayed broadly flat and there was a sharp drop of cooperation in peace and security....”

Nature Medicine - Navigating difficult ethical decisions in global health

Maxwell J. Smith , K Litter (WHO) et al; <https://www.nature.com/articles/s41591-025-04078-8>

“... It is critical at this time to understand and evaluate how ethics, including ethics advice, is (or is not) integrated into policymaking, given the ubiquity of the ethical challenges faced, the potential influence ethics advice may have on decision-making and the importance ethics has for the justification of controversial decisions. Doing so can help to elucidate the inescapable role values have in policymaking and navigate what we characterize as ‘ethics to policy’.”

“The ‘ethics to policy’ research agenda should urgently tackle several key questions, including the following. When is ethics advice needed or warranted in global health decision-making? What models exist for integrating ethics (for example, research and advice) into policymaking? What predicts whether ethics advice will influence policymaking? How should models for integrating ethics into policymaking be evaluated? What forms of ethics advice and guidance do policymakers from diverse sectors and jurisdictions want?.... Fortunately, some steps have been taken to advance these aims. In December 2021, the World Health Organization (WHO) hosted its inaugural Ethics to Policy Summit to reflect on the role of ethics in policymaking during the COVID-19 pandemic. In

part, this was to complement the WHO's distinct summits focused on Evidence to Policy, which thus far have not focused on how ethics and ethics knowledge are integrated to inform policy..."

Authors conclude: "... Once a clearer picture is formed of the nature and role of ethics in global health decision-making, the world will be better positioned to understand what does and does not work and make recommendations to improve 'ethics to policy' in future decision-making. Such work is central to navigating impossible decisions in the current global health environment, and we hope others will join us in prioritizing this program of research."

Global health events

Coming up: PMAC 2026 (26-31 Jan, Bangkok)

<https://pmac-2026.com/overview>

Theme this year : « Navigating Global Demographic Transition through innovative policy: an equity-centered approach.”

Global health governance & Governance of Health

CGD - The EU's Global Role in 2026: Strategic Drift or Strategic Choice?

A Käppeli et al; <https://www.cgdev.org/blog/eus-global-role-2026-strategic-drift-or-strategic-choice>

« As 2026 begins, the European Union (EU) finds itself in a challenging position: exposed, stretched and increasingly on its own. Despite years of projecting influence globally through development aid, enlargement and diplomacy, the bloc appears increasingly isolated, facing geopolitical headwinds, squeezed budgets, security threats, and shifting priorities for both allies and partners.... For the EU's global role, 2026 may mark a turning point: either a continued slide toward narrow, transactional partnerships or a deliberate effort to rebuild credibility as a long-term, reliable global actor....”
(worth a read, even if the Venezuela shock hasn't been fully taking into account yet in this analysis)

IS Global (Policy paper) - Spain: Emerging Leadership in Global Health

<https://www.isglobal.org/en/-/espana-un-liderazgo-emergente-en-salud-global>

(gated) “The Document, written by **Virginia Rodríguez Bartolomé**, begins with a **broad diagnosis** of the simultaneous crises affecting multilateralism, health governance and financing mechanisms, highlighting how geopolitical polarisation, institutional fragmentation and the weakening of global commitments are jeopardising historic advances in maternal and child mortality, communicable diseases and universal health coverage. Against this backdrop, **Spain's emerging leadership in global health is presented**, based on initiatives launched in 2025. These include the **approval of the Spanish Global Health Strategy**, increased contributions to Gavi and the **Global Fund**, the return to the WHO Executive Board and the **Global Health Action Initiative** launched at the 4th Conference on Financing for Development held in Seville. Finally, the challenges and opportunities of this

leadership are highlighted, as well as the need to build a new international consensus to ensure the sustainability and equity of the global health system.”

Global health financing

Finance for Development Lab - New Tool: FDL – Multilateral Finance Tracker

<https://findevlab.org/new-tool-fdl-multilateral-finance-tracker/>

Resource.

“How much did the largest multilateral institutions lend in 2024, at a time where high interest rates put pressure on developing countries? How are they reacting to global cuts in Official Development Assistance in 2025? Are MDBs on their path to raising their footprint as required by the CAF review and other G20 policy ambitions for “Bigger” banks (as well as Better and Bolder, but we will focus on “Bigger”)? Currently, responding to those questions requires to dig deep into several different financial reports, and even then, data is displayed with delay up to two years. **FDL developed a visualisation tracker to fill the gap, compiling several sources in a unified manner.** This tracker simply aggregates disparate streams of information from the World Bank, IMF Data Query and International Aid Transparency Initiative (IATI), to provide updated information on multilateral financial flows towards developing countries.....”

Discover Public Health - Sustaining HIV gains towards the UNAIDS 95 95 95 targets amid a shifting funding landscape in Sub Saharan Africa

D Olpens et al; <https://link.springer.com/article/10.1186/s12982-025-01296-w>

“... The donor funding shortfall presents both a crisis and an opportunity. **Immediate mitigation** requires tapping emergency funds, reprogramming health budgets, and negotiating bridge financing with bilateral and multilateral partners. **Long-term sustainability hinges on** strengthening domestic resource mobilization through health levies, sin taxes, and diaspora bonds, integrating HIV services into primary healthcare, and scaling digital and community-led service delivery platforms for decentralized adherence support. Geospatial targeting and real-time data systems can optimize resource allocation to emerging hotspots.....”

The Conversation - HIV funding still falls short of targets after pledges: what's at stake

M Bisnauth; <https://theconversation.com/hiv-funding-still-falls-short-of-targets-after-pledges-whats-at-stake-271112>

“.... In November 2025, a global health initiative, The Global Fund, raised US\$11.34 billion for HIV/Aids, tuberculosis and malaria. **Melanie Bisnauth, a public health professional in healthcare systems strengthening and HIV/Aids leadership, discusses how far this latest funding could go and how African nations can tackle the dwindling funding for HIV/Aids control.....”**

Devex Pro – How MacKenzie Scott quadrupled her philanthropic giving in 2025

(gated) <https://www.devex.com/news/how-mackenzie-scott-quadrupled-her-philanthropic-giving-in-2025-111595>

“The billionaire philanthropist spent over \$7 billion, putting her at almost the same spending level as the Gates Foundation. And giving focused on the global south grew faster than the rest.”

“Scott’s contributions this year were far from thin. Six years into her philanthropy, Scott has now given away more than \$26 billion to 2,500 organizations, more than many legacy donors have managed in their lifetime. In a Devex analysis of Scott’s 2025 giving, our data reporter Miguel Antonio Tamonan finds both scale and shift: a twelvefold increase in funding for organizations working in low- and middle-income countries, and a growing reliance on funds and regrantors to stretch her dollars further. While U.S.-based educational institutions still captured the largest share; climate, conservation, and global south-focused groups saw Scott’s biggest international allocation to date....”

CGD (blog) - Military Spending and IMF Surveillance: Evidence from 2008–2023

S Gupta; <https://www.cgdev.org/blog/military-spending-and-imf-surveillance-evidence-2008-2023>

Concluding: “...Overall, the analysis shows that IMF surveillance addressed military spending unevenly over the 2008–2023 period, both across countries and in the depth of discussion. This unevenness reflects a combination of countries’ reluctance to engage on sensitive security-related issues and the discretion exercised by IMF staff in prioritizing macro-critical topics. As military spending remains elevated amid heightened geopolitical tensions and constrained fiscal space, ensuring a more systematic focus on its macroeconomic implications would help strengthen the evenhandedness and credibility of IMF surveillance....”

UHC & PHC

Numbeo - Health Care Index by Country 2025

https://www.numbeo.com/health-care/rankings_by_country.jsp?title=2025

PS: Numbeo is the world's largest cost of living database and a crowdsourced global resource for quality of life data. It provides insights into cost of living, housing price indicators, perceived crime rates, healthcare quality, transport quality, and various other key statistics.

“Its Health Care Index reflects perceived healthcare quality, accessibility, infrastructure, staff competence, waiting times, and costs, and is updated continuously based on recent user submissions rather than official administrative statistics.”

For what it's worth: on n° 1: Taiwan. Netherlands on n° 3.

Pandemic preparedness & response/ Global Health Security

Cidrap News - Review of 200 novel human viruses over a century a reminder that pathogen emergence isn't rare

<https://www.cidrap.umn.edu/mis-emerging-topics/review-200-novel-human-viruses-over-century-reminder-pathogen-emergence-isn-t>

"A **systematic review** of more than 200 studies **published in BMC Infectious Diseases** on human viruses over more than a century suggests that **viral emergence peaked from 1950 to 1979 and again starting in 2000**, with most initially detected in the United States, China, and Australia....."

""Over the past century, the emergence and re-emergence of infectious diseases ranging from HIV/AIDS and SARS [severe acute respiratory syndrome] to Zika virus, COVID-19, and Mpox, have repeatedly challenged health systems, exposed gaps in surveillance infrastructure, and disrupted economies and societies," the study authors wrote. "These events highlight the reality that pathogen emergence is not a rare anomaly but an ongoing process influenced by an increasingly interconnected and ecologically fragile world," they added....."

".... The team noted that **pathogen emergence is driven by** a mixture of biologic, ecologic, and anthropogenic factors, including climate change."

Planetary health

Lancet Regional Health (Western Pacific) - The next five years of the WHO Asia-Pacific Centre for Environment and Health

S Demaio, A Nordström et al;

<https://www.sciencedirect.com/science/article/pii/S2666606525003219>

The article reflects the shared work of the WHO Asia-Pacific Centre for Environment and Health and partners across the Asia-Pacific Region to turn evidence into practical action on climate, environment and health.

Guardian - Revealed: how aviation emissions could be halved without cutting journeys

<https://www.theguardian.com/environment/2026/jan/07/aviation-emissions-halved-flights-efficiently-study>

"Exclusive: **Getting rid of premium seats, ensuring flights are near full and using efficient aircraft could slash CO₂, analysis suggests.**"

".... These efficiency measures could be far more effective in tackling the fast-growing carbon footprint of flying than pledges to use "sustainable" fuels or controversial carbon offsets, the researchers said. They believe their study, which analysed more than 27m commercial flights out of

approximately 35m in 2023, is the **first to assess the variation in operational efficiency of flights across the globe....**

“... The new analysis found that **more polluting flights were common from airports in the US and Australia, particularly smaller ones, as well as in parts of Africa and the Middle East.** Airports in India, Brazil and south-east Asia were dominated by less polluting flights.....”

PS: The study was [published in the journal Communications Earth & Environment](#),

Sustainable Development - Transformative Pathways for Strengthening Climate-Resilient Health Systems Among Indigenous Communities: Advancing Equity and Sustainability in Global Health

<https://onlinelibrary.wiley.com/doi/10.1002/sd.70585>

Chrishma D. Perera et al.

Lancet World Report - AI data centres raise public health concerns

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00033-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00033-4/fulltext)

“Surging demand for AI has driven the frenzied construction of data centres, with concern over their health impacts. Faith McLellan reports.”

Mpox

Nature News - Will mpox go global again? Research shows it's evolving in curious ways

https://www.nature.com/articles/d41586-025-04154-6?utm_source=bluesky&utm_medium=social&utm_campaign=nature&LinkId=34866530

“Analyses of mpox clades currently in circulation provide clues to how the virus managed to spread worldwide in 2022 — and how it might go global again.”

Cidrap News - Mpox antibodies wane 2 years after infection or vaccination, study finds

<https://www.cidrap.umn.edu/mpox/mpox-antibodies-wane-2-years-after-infection-or-vaccination-study-finds>

“Neutralizing antibodies (NAbs) against mpox decline substantially, often becoming undetectable, within two years of either mpox infection or vaccination with the modified vaccinia Ankara–Bavarian Nordic (Jynneos) vaccine, according to a small [new study](#) led by researchers at Vita-Salute San Raffaele University in Milan, Italy. ...”

The study was published in *The Journal of Infectious Diseases*.

Infectious diseases & NTDs

Nature Medicine -A One Health trial design to accelerate Lassa fever vaccines

<https://www.nature.com/articles/s41591-025-04018-6>

“We propose an interdisciplinary framework to address the considerable challenges that are restricting the development of vaccines for zoonotic diseases with epidemic potential.”

AMR

Globalization & Health - Country governance of antimicrobial resistance (AMR) surveillance: observations on global progress and aid programme effectiveness using data from the Tracking AMR Country Self-Assessment Survey (TrACSS)

A Drake et al; <https://link.springer.com/article/10.1186/s12992-025-01179-4>

“This study addresses country governance of antimicrobial resistance (AMR) surveillance, considering changes in responses to the Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS) between 2019 and 2024. Its first objective is to describe progress under the global action agenda on AMR. Its second objective is to assess the effectiveness of a major development aid intervention to encourage action against AMR, the United Kingdom (UK)-funded Fleming Fund (FF)....”

NCDs

Lancet GH (Health Policy) - Intersectionality of cancer disparities in south Asia

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00444-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00444-9/fulltext)

By T P Menon et al. From the new Lancet Global Health February issue.

Guardian - Studies link some food preservatives to higher diabetes and cancer risk

<https://www.theguardian.com/science/2026/jan/08/studies-link-some-food-preservatives-to-higher-diabetes-and-cancer-risk>

“Of 17 preservatives studied, higher consumption of 12 of them linked with increased risk of type 2 diabetes.”

"Higher consumption of some food preservatives is associated with an increased risk of type 2 diabetes and cancer, two studies suggest. The findings, **published in the medical journals Nature Communications and the BMJ**, may have important public health implications given the ubiquitous use of these additives globally, researchers said."

"While more studies are needed, they said the **findings should lead to a re-evaluation of regulations governing the use of preservatives by companies in products such as ultra-processed foods (UPF)** to improve consumer protection worldwide...."

NYT - Vaccines Are Helping Older People More Than We Knew

<https://www.nytimes.com/2026/01/03/health/vaccines-dementia-heart-elderly.html>

"Many shots seem to have "off-target" benefits, such as lowering the risk of dementia, studies have found."

"... the findings "are really very consistent," said **Dr. Stefania Maggi**, a geriatrician and senior fellow at the Institute of Neuroscience at the National Research Council in Padua, Italy. She is **the lead author of a recent meta-analysis**, published in the British journal **Age and Ageing**, that found **reduced risks of dementia after vaccination for an array of diseases**. Given those "downstream effects," she said, **vaccines "are key tools to promote healthy aging and prevent physical and cognitive decline."**"

Global Health Action - Community Health Participatory interventions in the prevention and control of non-communicable diseases including mental health in crisis-affected Low-and Middle-Income Countries – a scoping review

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2599011?src=>

By Sara Imtiaz et al.

Mental health & psycho-social wellbeing

Plos Med - The nature and nurture of mental health problems in the family

Jasmin Wertz et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004867>

"Mental health problems are known to run in families, but it is not clear to what extent this reflects nature or nurture. By disentangling these influences, **a recent PLOS Medicine article sheds light on how mental health problems are transmitted across generations.**"

Access to medicines & health technology

FT - Obesity drug users will regain weight two years after ending medication, review finds

<https://www.ft.com/content/10f8dca1-539e-4e9a-8f82-795e96f27e9b>

“Experts say health authorities need plans to deal with people coming off medicines such as Ozempic and Wegovy.”

Economist – An AI revolution in drugmaking is under way

<https://www.economist.com/science-and-technology/2026/01/05/an-ai-revolution-in-drugmaking-is-under-way>

Neat analysis. “It will transform how medicines are made—and the industry itself.”

Concluding: “... These departures from the normal tools of pharmaceutical discovery raise the question of whether conventional pharma companies are at risk of disruption. OpenAI, in particular, has been clear about its expectation that models will reach high levels of capability in biology, and is training systems that can reason and make discoveries in the life sciences. For the moment, drug firms have the advantages of a wealth of biological data and the context to understand and use it. At the moment, collaboration is the order of the day. OpenAI, for example, is working with Moderna, a pioneer of RNA vaccines, to accelerate the development of personalised cancer vaccines. But that balance of advantage might change. Whoever achieves the upper hand, though, if AIs can wring similar efficiencies from clinical trials the probability of a molecule successfully navigating the clinical-trial journey could rise from 5-10% to 9-18%. That may not sound large, but it represents a huge de-risking of the business, with concomitant reductions in the cost of drug development. In the medium term, this could boost investment and the number of drugs arriving on the market. In the longer term—if AIs can solve biology—the technical possibilities for improving human health may be almost limitless. “

Nature Medicine - China's evidence-based re-evaluation of traditional Chinese medicine injections

Chen Chen et al; <https://www.nature.com/articles/s41591-025-04122-7>

“China is launching a nationally coordinated, evidence-based re-evaluation of its traditional Chinese medicine (TCM) injection sector, valued at over US\$10 billion. TCM injections, industrialized in the 1950s, now have a central role in cardiovascular, neurovascular and inflammatory care. The new initiative — jointly issued in 2025 by the National Medical Products Administration, the National Health Commission and the National Administration of Traditional Chinese Medicine — aims to shift from empirical use toward a precision, safety-driven and efficacy-validated regulatory framework...”

Decolonize Global Health

Epidemics - Whose knowledge counts? Equity, epistemic justice, and reforming infectious disease research culture

by Hanna-Tina Fischer, Augustina Koduah;

<https://www.sciencedirect.com/science/article/pii/S1755436525000714?via%3Dihub>

“Infectious disease research culture privileges biomedical knowledge and marginalizes social science approaches. Structural and intersectional barriers limit participation by LMIC-based and underrepresented researchers. **Ghana’s COVID-19 response highlights the risks of epistemic exclusion and policy misalignment....**”

Miscellaneous

CGD (blog) – What Do We Want Out of Poverty Measures?

C Kenny; <https://www.cgdev.org/blog/what-do-we-want-out-poverty-measures>

“Three recent papers make the point that **we need higher standards and more gradation in our views of global poverty than the World Bank’s extreme poverty line (now set at \$3.00)** allows, and suggest solutions. But I think **they also demonstrate no single metric will achieve all of what we want from a poverty indicator.....**”

Brookings (Commentary) – The next great divergence: How AI could split the world again if we don’t intervene

M Mutukrishna & P Schellekens; <https://www.brookings.edu/articles/next-great-divergence-how-ai-could-split-the-world/>

“AI, like past general-purpose technologies, risks driving a new global divergence unless deliberate action ensures its benefits are broadly shared rather than geographically concentrated.”

OpenAI launches ChatGPT Health to organize your scattered medical life

<https://nerds.xyz/2026/01/openai-chatgpt-health/>

See <https://openai.com/nl-NL/index/introducing-chatgpt-health/> (for the fans...)

Papers & reports

WHO Bulletin – January issue

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+1%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+1%5BIssue%5D)

Check out the new issue.

PNAS - Country-specific progress toward the Sustainable Development Goals: Past, present, and prospects

Q Xing et al; <https://www.pnas.org/doi/10.1073/pnas.2524299122>

Both progress & backsliding are real.

“Here, we compare the progress of 117 SDG indicators for 167 countries and project the achievements by 2030. Our results reveal the progress of the SDGs across the world varies depending on the initial SDG scores of the indicators in 2015. For indicators with low scores (0 to 50%), the proportion of countries showing advancement is greater than that demonstrating regression (25 vs. 16%). ... For indicators with high scores (70 to 90%), the proportion showing regression is greater than that with advancement (16 vs. 10%). The increased coverage of immunization vaccines and prevention of infectious diseases (SDG3) have the worst performances.”

“... By 2030, the global SDG score will reach approximately 63%, with a SD of 8%. Overall, 78 countries will reach the moderate score (60 to 70%), and 12 countries will remain with a low score (40 to 50%). Countries need to achieve an annual growth rate of 4% to meet the overall SDGs by 2030.”

Tweets (via X & Bluesky)

Anthony Costello

“WHO analysts (informally): ALL African hospitals/ health centres in 51 countries could be provided w renewable solar energy, protecting patients, workers, drugs + vaccines. For \$10 BILLION. The wealthiest 10 oligopolists by Dec 24 2025 own \$2500 BILLION. \$1bn each?”