

IHP news 863 : Dawn of the new Global Health architecture?

(23 Jan 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,

As you might have noticed, it's been quite a week (*deep sigh*).

As Tedros was taking part in a - presumably important - [discussion on “the Dawning of the New Global Health Architecture”](#) at the **WEF Annual Meeting in Davos** (*check the [picture](#) on the participants*), the [dawn of a new world \(dis\)order](#) was in full display. As well as the [Dawn of a new Davos](#), even worse than the previous one it seems. You find much more about Davos in this newsletter (*from a global & planetary health, and development/taxation angle mostly*).

While **global health reimaginers** are boldly [aiming “to Leap where no one has Leaped before”](#), I still hope they **start** the [reform towards a new global health ecosystem](#) from a rather simple assessment - as compared to burying it somewhere in the all but last paragraph. That is, **the [one Oxfam comes up with, every year, ahead of Davos](#)**. A few telling **stats** from this year's report: the 12 richest billionaires now have more wealth than half the world's population (4 billion people). And [“billionaire wealth grows 3 times faster than ever before”](#). The 2026 edition also had a fancy accompanying new **“billionaire ticker”** (*billionaires are making \$80,700/second ...*).

In the Guardian, **Monbiot** set the scene ahead of Davos in a similar way, [“At the root of all our problems stands one travesty: politicians' surrender to the super-rich”](#). That might be a bit exaggerated, but only a bit. Wish high-powered global health **“trendwatchers”** like [Carsten Schicker \(CEO WHS\)](#) would also get that, by the way.

Every year the Oxfam report points in the same direction, but so far nothing really changes – except, that clearly the world is now in a far worse state than when they first started doing so. One tiny silver lining perhaps: the huge political influence from billionaires, the key theme of this year's report, is now obvious for almost everybody.

And so, now that Schwab's **“stakeholder capitalism”** and vision on Davos as the **‘[conscience of global capitalism](#)’** are [well and truly dead](#) (*having been ‘fake news’ for decades*), I hope that at last the many global health **“stakeholders”** will also connect some dots. A bit like it “dawned upon” European and other Western leaders in Davos earlier this week, **one year into Trump 2.0**, that maybe a change of tack is needed (*and let's hope it lasts for more than just a few days*).

Meanwhile, in spite of one of the 5 themes at Davos, **“How can we build prosperity withing planetary boundaries”**, [“... analysis commissioned by environmental charity Greenpeace before the meeting, “Davos in the sky”, found the number of private jet flights associated with Davos more](#)

[than tripled between the 2023 and 2025 meetings, highlighting the climate impact of the annual shindig ...](#)” All while the world is [entering](#) a new era of “global water bankruptcy”, among others.

Over to Tedros, Nishtar & co - before the world turns altogether into [‘Dawn of the Planet of the Apes’](#). Or rather, maybe we do need a global health [“Caesar”](#) to lead a global movement of citizens who still believe human beings are better than what we’ve seen coming from the White House’s Nero lately? Such a “Caesar” would no doubt be **laser-focused on the blatant injustice found in Oxfam’s annual reports**. Bet plenty of precarious “apes” would be willing to follow him/her (*whether Caesar wears Top Gun glasses or not*). Then, at last, the world would smell the “Dawn of a New Global Health Architecture”.

PS: among the **publications** of this week, make sure you also check out the new **Lancet Commission [A Citizen-Centred Health System for India](#)**, launched in Delhi this week.

Enjoy your reading.

Kristof Decoster

Featured Article

Time to put Scrub Typhus higher on the public health agenda

Dr. Vasundhara Rangaswamy (Public health physician, a general practitioner and a laboratory professional), Dr. Sebin George Abraham (Pediatrician at the Department of Community Medicine, Christian Medical College, Vellore) & Dr. Yogesh Jain (Pediatrician and Public health physician)

[Scrub typhus \(ST\) remains a neglected vector-borne disease that affects millions of people globally every year](#). Despite being a vector-borne disease with wide geographical coverage, significant morbidity, and a high case fatality rate, it has surprisingly not yet made it to WHO’s [vector-borne disease \(VBD\) list](#). In this article we argue why Scrub Typhus needs to be on the WHO VBD list as well as why it needs to be made a notifiable disease especially in India.

Scrub Typhus: the picture in the Tsutsugamushi triangle, and in India

For those of you not familiar with Scrub Typhus, here is some background information.

ST threatens [one billion people globally, and causes illness in one million people each year](#). It can within a few days progress from a mild fever to one causing severe multiorgan failure and even death. Without appropriate treatment, [it's case fatality rate can go up to 70%](#).

The bacteria that causes ST (*Orientia tsutsugamushi*) is transmitted to humans by the bite of the larval form of the Trombiculid mite, a vector with an animal reservoir which is quite well adapted to different geographies. Scrub typhus is largely found in the Asia-Pacific region particularly in the [Tsutsugamushi triangle](#), an area comprising Pakistan to the northwest, Japan to the northeast and

northern Australia to the south. However, cases have also been seen outside the ill-famed Tsutsugamushi triangle. The [changing spatiotemporal nature of the vector](#) in relation to climate change and the increasing mobility of humans are other reasons to be vigilant about it.

It is a [nationally notifiable disease in](#) China, Japan, South Korea, Thailand and Taiwan. Our own country, India, however, while endemic to ST, has not yet formalised its notification....

- For the full article, see IHP: [Time to put Scrub Typhus higher on the public health agenda](#)

Highlights of the week

Overview of structure highlights

- Resumed fourth meeting of the IGWG on the WHO Pandemic Agreement (20-22 Jan) (re PABS)
- More on PPPR & GHS
- Run-up to WHO's Executive Board Meeting (2-7 Feb, Geneva)
- Davos (19-23 Jan): overall analysis & reports
- Davos & "global health"
- Reimagining of Global Health/development/international cooperation...
- Bilateral health agreements US-African countries & AFGHS
- More on Global Health Governance & Financing/Funding
- UHC & PHC
- Lancet Commission - A Citizen-Centred Health System for India
- Trump 2.0
- NCDS
- Commercial determinants of Health
- Decolonize Global Health
- Access to Medicines, Vaccines & Other health technologies
- Planetary Health
- Human Resources for Health
- SRHR
- More reports & papers
- Miscellaneous

Resumed fourth meeting of the IGWG on the WHO Pandemic Agreement (20-22 Jan) (re PABS)

The resumed session of the fourth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement was conducted in hybrid format **during 20–22 January 2026**.

For an update on this round, we refer to coverage/analysis from Geneva Health Files, HPW etc (probably later today).

Below some reads from earlier this week (including on the opening).

HPW - WHO Member States Urged Not to Politicise Public Health as Pathogen Access Talks Resume

<https://healthpolicy-watch.news/who-member-states-urged-not-to-politicise-public-health-as-pathogen-access-talks-resume/>

Re the opening. **“The World Health Organization (WHO) negotiations on the world’s first Pathogen Access and Benefit Sharing (PABS) system resumed in Geneva on Tuesday – with only two more weeks of formal negotiations left before the May deadline.”**

“Symbolically, this week’s talks resumed on the first anniversary of US President Donald Trump’s announcement that his country would no longer be part of the WHO, and amid a flurry of US bilateral agreements with African countries that exchange health aid for access to pathogen information – posing a direct challenge to the PABS system being negotiated. **Over the next three days, WHO member states will hold a series of informal and formal talks focusing mainly on the scope and objectives of the PABS system, use of terms and governance issues.”**

“Dr Chikwe Ihekweazu, WHO Assistant Director-General for Health Emergencies, told the meeting at its start on Tuesday that the negotiations are a priority for WHO. **“In an ever-divided world, we are guardians of public health, and we need to protect it from politicisation,”** said Ihekweazu. “The future of multilateralism depends on the very discussions you have in this room over the next few months. Let the determination that led you to adopting the [Pandemic] Agreement see you through this week successfully.”...” **While acknowledging that divergent views were still evident in the informal meetings held over the past few weeks, “I do see a lot of positive movement that I think we can be very proud of”,** he added....”

Geneva Health Files - The Missing Number: The Price of Legal Certainty & the Cost of Compliance For the Pathogen Access & Benefit Sharing System

By Vineeth Penmetsa; [Geneva Health Files](#); (must-read analysis)

“Estimating the value of pathogen information is an exercise that WHO member states must address swiftly in the on-going negotiations over a new Pathogen Access Benefit Sharing system for global health. **In addition, sooner than later, they must also put a number on the price of legal certainty that such a mechanism promises for manufacturers.** Put simply, what is the contribution that the pharmaceutical industry and other users of such information, could commit to, in exchange for a rules-based system that will govern the access to information, the sharing of benefits arising from the use of such information...” **“ These considerations assume urgency in light of the blitzkrieg of bilateral deals set in motion by the United States that equates the access to biological information with aid – a transaction too simplistic for the multifaceted system that the PABS mechanism is designed to be.”**

“... The question countries must negotiate is **what price would be fair for countries to accept in exchange for surrendering leverage over their genetic resources?** The US bilateral strategy is making this question increasingly urgent and potentially moot. **If enough countries sign away their pathogens bilaterally, the multilateral PABS system being negotiated in Geneva could become a non-starter.** Therefore, is it important to understand and map the value of pathogen information. In addition, it is also important to assess the price the industry is willing to pay for “legal certainty” – a consequence should the PABS system gets designated as a Specialized International Instrument (SII). This would mean, that companies will not have as many additional obligations to honour Access and Benefit Sharing requirements under previous international and bilateral agreements....”

“What Industry Actually Wants: In March 2024, IFPMA’s former chief, Thomas Cueni was honest: **“The benefit of signing up is that you would have legal certainty of not violating Article 4 of the Nagoya Protocol... .. It appeared the core value proposition is not only faster R&D or better pathogen access but also legal certainty.... .. If PABS eventually get member states support and consensus, and gains recognition as a “specialised international instrument” under Article 4(4) of the Nagoya Protocol, participating companies could be exempt from those [104] national regimes.** That is the expectation. One multilateral framework instead of a hundred-plus bilateral negotiations. That’s the prize.” “... **Industry knows the value of exemption from 104 national ABS regimes** – it is why they have been engaged in these negotiations. **But that “value” is not public yet. And as bilateral deals proliferate, they may not need to.** Why pay for multilateral legal certainty when you can get pathogen access through bilateral arrangements that require practically nothing in return?... **... There is no doubt that legal certainty is the prize for the developed world and its industry as articulated in many proposals.** The question that needs clarity well before May 2026 should be *what that prize is worth. And whether the price being offered comes anywhere close.*”

More on PPPR & GHS

Africa CDC - Lifting of Mpox as a Public Health Emergency of Continental Security (PHECS)

<https://africacdc.org/news-item/lifting-of-mpox-as-a-public-health-emergency-of-continental-security-phecs/>

(22 Jan). **“Africa has officially lifted Mpox as a Public Health Emergency of Continental Security** following recommendations from the Africa CDC Emergency Consultative Group....”

With an overview of the response by Africa CDC & partners, and some info on the next stage.

Africa CDC - Talks Advance Africa CDC–EU Collaboration on Health Security

<https://africacdc.org/wp-content/uploads/2026/01/Weekly-Bulletin-18-Jan-2026-ENG.pdf>

“Discussions between Africa CDC and the European Commission marked an important step in strengthening collaboration on global health security and sustainable partnerships. The engagement brought together **Africa CDC’s senior leadership, led by Dr Kaseya, and Mr Martin Seychell, Deputy Director General of the Directorate General for International Partnerships (DG INTPA).** The talks focused on deepening cooperation to support resilient health systems, enhanced

preparedness and coordinated responses to public health threats, building on shared Africa– EU commitments. A **co-creation session** formed part of the **engagement, centred on the European Commission President’s newly announced Global Health Resilience Initiative**. The two sides explored opportunities for strategic alignment and joint implementation to ensure the initiative delivers concrete and measurable results, particularly across the African continent.”

Run-up to WHO’s Executive Board Meeting (2-7 Feb, Geneva)

GHF – EXCLUSIVE: Financing & Governance at a Restructured World Health Organization: A Primer on the 158th Executive Board Meeting

[Geneva Health Files](#);

Must-read primer.

“WHO is calling for a multi-stakeholder, inter-agency process for reforms in the Global Health Architecture. In this 4,000+ word edition, we bring you a primer on what’s coming up at the WHO Executive Board Meeting early next month. The goal has been to **capture the most important elements on governance, financing and the strategic stuff**, that will be **considered at this important annual event in the Global Health Geneva calendar.**”

“WHO’s plans to host “an overarching, joint process that brings together current Global Health Architecture reform discussions, and UN80 proposals with potential implications for global health”. It is **suggesting a multi-stakeholder, inter-agency process similar to the ACT-Accelerator during COVID-19**, and proposes to **“consult” countries on this...**”

Patnaik dwells on: **WHO Staffing issues & restructuring done; WHO and UN80 reform; On the US and Argentina; On emergencies...**

Also, in **Part II, on financing.** **“The Programme, Budget and Administration Committee of the Executive Board Forty-third meeting will convene next week 28–30 January 2026.** It will consider member state-led governance reform; timeline for proposing resolutions and decisions; secretariat Implementation Plan on reform; cost recovery mechanisms for voluntary contributions; process of handling and investigating potential allegations against WHO Directors General among other agenda items....”

Finally, she lists some **expected resolutions.**

Davos (19-23 Jan): overall analysis & reports

Devex (Opinion)- Davos post-Schwab: Can new leadership restore trust, or just rebrand the club?

B Dektar; <https://www.devex.com/news/davos-post-schwab-can-new-leadership-restore-trust-or-just-rebrand-the-club-111723>

“The exit of the World Economic Forum's founder and a new era of Wall Street cochairs signal a Davos less rooted in grand visions, and development groups should prepare accordingly.”

Amounts to “... a **fundamental reset for an institution that has long positioned itself as the conscience of global capitalism....**” “ **The real story is the power shift behind the curtain — and it matters for international development** far more than the ski town optics suggest. Devex has chronicled this tension, asking whether Davos is “[testing the limits](#)” in a world of power, profit, and inequality....”

“... The [new leadership structure](#) reflects a pivot. Larry Fink, chair and CEO of [BlackRock](#), and André Hoffmann, vice chair of [Roche](#), now serve as interim co-chairs. Schwab popularized concepts such as “[stakeholder capitalism](#)” and the “[Fourth Industrial Revolution](#).” Fink and Hoffmann represent something different: The disciplined pragmatism of global finance and pharmaceuticals. Fink’s [appointment](#) is significant given BlackRock’s influence over environmental, social, and governance, or ESG, investing. But **his presence signals Davos may lean into the language of markets rather than narratives of global solidarity.** In their [joint statement](#), both leaders emphasized “long-term, sustainable growth for all, within planetary boundaries” — welcome sentiments that will require more than polished talking points to realize....”

“... The co-chairs’ backgrounds point toward potential focus areas: Fink has made [climate finance a centerpiece](#) of BlackRock’s strategy, while Hoffmann consistently advocates for [sustainability](#). **For development organizations working on climate adaptation and green finance, new entry points may emerge. The risk is marginalization. As the forum stabilizes, it may prioritize corporate members' concerns over more complex conversations about inequality and systemic reform....**”

Geneva Solutions - Davos lays bare a world drifting towards predatory capitalism

A Bassin; <https://genevasolutions.news/sustainable-business-finance/davos-lays-bare-a-world-drifting-towards-predatory-capitalism>

“From scarcity-driven capitalism to techno-feudalism, today’s economic model has moved far away from the veneer of sustainability that the World Economic Forum wrapped itself in in recent years.”

Oxfam report: Resisting the rule of the Rich – Protecting freedom from billionaire power

https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2026-01/EN%20-%20Resisting%20the%20Rule%20of%20the%20Rich_0.pdf

“Oxfam warns that global billionaire wealth surged to a record \$18.3 trillion in 2025, arguing that extreme concentration of wealth is increasingly translating into unchecked political power.”

Check out the **executive summary**.

Guardian - ‘Brazen’ political influence of rich laid bare as wealth of billionaires reaches \$18.3tn, says Oxfam

<https://www.theguardian.com/global-development/2026/jan/19/brazen-political-influence-rich-laid-bare-wealth-billionaires-inequality-poverty-instability-oxfam>

Coverage of Oxfam’s annual (pre-)Davos report.

“Governments opting for oligarchy while brutally repressing protests over austerity and lack of jobs, charity report says.”

“The world saw a record number of billionaires created last year, with a collective wealth of \$18.3tn, while global efforts stalled in the fight against poverty and hunger. Oxfam’s annual survey of global inequality has revealed that the number of billionaires surpassed 3,000 for the first time during 2025. Since 2020, their collective wealth grew by 81%, or \$8.2tn, which the charity claims would be enough to eradicate global poverty 26 times over. But the authors reported that most governments were failing ordinary people by capitulating to the increasingly blatant influence of the rich.”

Eg: In Kenya, the “Kenyan government had capitulated to the wealthy in east Africa by imposing austerity measures on education and healthcare, while businesses received tax exemptions.....”

PS: **“Lawson and his co-author, Harry Bignell, said the rich were more open than ever about using wealth for political influence, in part through control over the media but also by taking office themselves or through donating to political campaigns. Their research estimated that billionaires were 4,000 times more likely than an ordinary person to hold political office, while more than half of the world’s media companies and nine of the top 10 social media platforms are owned by billionaires.....”**

- Related – Guardian: [Nearly 400 millionaires and billionaires call for higher taxes on super-rich](#)

“Mark Ruffalo, Brian Eno and Abigail Disney sign letter timed for WEF in Davos saying wealthy are buying political influence.”

“Nearly 400 millionaires and billionaires from 24 countries are calling on global leaders to increase taxes on the super-rich, amid growing concern that the wealthiest in society are buying political influence. An open letter, released to coincide with the World Economic Forum in Davos, calls on global leaders attending this week’s conference to close the widening gap between the super-rich and everyone else...”

Guardian – In Davos, the rich talk about ‘global threats’. Here’s why they’re silent about the biggest of them all

Ingrid Robeyns; <https://www.theguardian.com/global/2026/jan/19/davos-rich-global-threat-economic-inequality-wealth>

Neoliberal capitalism, that is. “Economic inequality is at the heart of all humanity’s major problems, but the **wealthiest refuse to confront a system that benefits them**”

Robeyns concludes: “...The answer to that question is that **the elites meeting in Davos benefit from neoliberal capitalism, and they have been able to spread a false ideology that maintains that it is the best possible system for all of us. They have a very strong interest in maintaining the system that gives them wealth, status and power.** An increasing proportion of the wealth created under neoliberal capitalism goes to the richest 1%. The remaining wealth-holders among the richest 10% are also rewarded for working full-time to protect the money at the top of the wealth pyramid. They do so by working in what scholars have come to call “**the wealth defence industry**”. That is what we need to know about increased economic inequality. And **it remains largely unmentioned in elite circles.** Because if it were mentioned, people in the economic elite would then have no choice but to look at their assets and portfolios and ask themselves an uncomfortable question: am I part of the problem?”

Habib Benzian - The World’s Risks, Ranked by the World’s Comfortable

[Habib Benzian \(on Substack\)](#);

“Health, visibility, and the World Economic Forum’s Global Risks Report.” Excerpts:

“Each year, the World Economic Forum’s (WEF) Global Risks Report offers a confident ordering of the dangers facing the world. It ranks threats across short- and long-term horizons, weighs likelihood against impact, and presents the result as a guide to collective preparedness. **War, climate disruption, technological misuse, disinformation, and economic fragmentation dominate the top tier. Health appears intermittently, usually in the form of pandemics or health-system collapse.**”

“The report’s influence lies not only in its conclusions, but in its authority. It appears technical, comprehensive, and neutral. Yet **its most consequential feature is not what it ranks highly, but how it defines risk in the first place. Risk, in the Global Risks Report, is not harm as such. It is harm that threatens systems valued by those doing the ranking.** As leaders gather this week in Davos for the World Economic Forum’s annual meeting, **the Global Risks Report quietly informs how risk is framed, and which harms are seen as system-relevant....**”

“... Health is disadvantaged by this logic from the outset. When health does register in the WEF hierarchy, it does so as exception. Pandemics matter because they interrupt markets and governance. Antimicrobial resistance matters because it threatens future control. Health systems matter when failure becomes dramatic. What rarely appears are the **conditions that shape health quietly and persistently: chronic disease, pain, disability, delayed care, and financial exposure.** These harms are widespread. They are measurable. They are predictable. Yet they sit outside the dominant risk imagination....”

“The Global Risks Report is not a catalogue of suffering. It is a map of what elites perceive as system-relevant danger. This becomes clearer when the WEF framework is placed alongside other

global risk concepts. The **World Health Organization** approaches risk very differently. Its global health threat lists are grounded not in elite perception but in epidemiology, service coverage, and avoidable harm. Noncommunicable diseases, weak primary health care, inequity, and financial protection sit at the centre. Risk here is intrinsic to population wellbeing. It does not require disruption to qualify. **Development institutions such as the World Bank** frame risk through human capital and long-term growth. Chronic ill-health matters because it constrains productivity, mobility, and intergenerational opportunity. The concern is cumulative and structural, but still instrumental: health is visible insofar as it affects economic trajectories. ... **Finally, the work of the Institute for Health Metrics and Evaluation offers a quiet but powerful counterpoint. Global burden of disease estimates do not rank “risk” at all. They rank harm.** Year after year, they show that the largest burdens come from chronic, predictable, and unequal conditions rather than crises. What damages lives most is not what alarms global risk dashboards.”

“The world does not lack evidence about health harm. It lacks agreement on when harm qualifies as risk. ... To see what this leaves out, imagine reading the Global Risks Report from a different vantage point. Imagine a risk ranking produced not from Davos survey data, but from the perspective of someone with a low and uncertain income....” Do read on.

Guardian – Fund warns breakdown in ties between world’s most powerful nations could derail its economic forecasts

<https://www.theguardian.com/business/2026/jan/19/imf-warns-tariffs-and-geopolitical-tensions-threaten-markets-and-global-growth>

“The International Monetary Fund has warned mounting geopolitical tensions and an escalation of Donald Trump’s tariff war could hit global economic growth and trigger a backlash in financial markets. In an update as Trump threatens to impose tariffs on Nato allies opposed to his ambitions in Greenland, the Washington-based fund said a renewed eruption in trade tensions was among the biggest risks to global growth in 2026. As world leaders prepare to gather in Davos, Switzerland, for the annual World Economic Forum meeting – widely seen as a critical moment to salvage international cooperation – the IMF said a breakdown in relations between the world’s most powerful nations would have damaging consequences. Setting out the risks to its **World Economic Outlook (WEO) report**, it said renewed trade tensions could blow its forecasts off course by “prolonging uncertainty and weighing more heavily on activity””

Devex - Davos tests the limits in a world of power, profit, and inequality

<https://www.devex.com/news/davos-tests-the-limits-in-a-world-of-power-profit-and-inequality-111701>

Analysis ahead of Davos, with focus on **development**. “As world leaders and billionaires descend on Davos, **rising inequality and collapsing multilateralism raise questions about development’s place at the World Economic Forum.**”

A few excerpts:

“... The past year has shaped how social impact gets discussed, prioritized, and funded; it’s also left humanitarian responses more fragile, and longer-term development efforts exposed to political whims. **All of that makes this year’s World Economic Forum, or WEF, less a celebration of global**

problem-solving than a stress test of it — and raises questions about whether a week shaped by power, profit, and bargaining still has room for social good.....”

“... “Development now is being redefined, so you’re not seeing it showing up on the agenda in the same ways [as years past],” said Sasha Kapadia, the director of ODI Global Advisory, a consulting practice connected to the London-based think tank. “That’s not all to say development will disappear, but it isn’t so much of a collective exercise anymore.” In part, that may be due to Trump. ...”

“... “It’s quite a useful gathering for people who are trying to get deals, to shape narratives, to talk about global public goods, and talk about global issues,” said Rachel Glennerster, the president of the D.C.-based think tank the [Center for Global Development](#). “Even if only 5% of it is development, that’s still a lot of conversation, and that’s still useful.” *(doubt it)*

“Despite its development intentions, WEF’s core is often seen as one of the elite. For years, the world has grimaced at the thought of the “Davos man,” a symbol of the wealthy, influential class that convenes to diagnose the world’s problems while remaining largely untouched by them. It garnered criticism from both the right and the left, explained Oxfam’s Lawson — but today, he added, the idea of elite capture has moved from caricature to governing model.....”

Climate Change News - Climate at Davos: Energy security in the geopolitical driving seat

<https://www.climatechangenews.com/2026/01/20/climate-at-davos-energy-security-in-the-geopolitical-driving-seat/>

“While climate change is a lower priority for leaders at this year’s World Economic Forum, **control of energy supplies and minerals is a hot topic.**”

WEF - Why it’s time to put scientific guidance at the heart of climate policy

C A Nobre & J Rockström; <https://www.weforum.org/stories/2026/01/climate-policy-scientific-roadmap/>

“Scientific consensus indicates that global warming has reached the 1.5°C threshold, **necessitating an immediate shift from commitments to implementing** a rapid, science-aligned phase-out of fossil fuels. **A Science Panel on the Global Energy Transition** could provide a dedicated, rapid-response resource to equip decision-makers with the pragmatic, evidence-based policy frameworks required.”

“... **Four deciding factors for climate policy:** How high we go, and if we can return to below 1.5°C, **depends in essence on the following four factors:** 1. The speed of reaching net-zero emissions, which requires a near-complete phase-out of fossil fuel use before mid-century and immediate annual emission reductions of at least 5%. 2. The transformation of agriculture and land use from a net source to a net sink of greenhouse gases. 3. The scale and pace of carbon dioxide removal, which is essential for bringing temperatures back down after net zero but cannot substitute for rapid emission reductions. 4. The protection and enhancement of natural carbon sinks in terrestrial and ocean ecosystems.” **“These milestones, although getting tougher to meet with each year of delay, are nothing new. But after 10 years of countries submitting ‘Nationally Determined Contributions’**

(NDCs) to meet these milestones, we must admit that it simply doesn't add up. Currently, if all pledges contained in the NDCs were to be implemented, the world would be heading for more than 2.5°C global warming.

"... We therefore propose to set-up a Science Panel on the Global Energy Transition (SPGET) to support the development of a concrete roadmap that has a chance of providing safety and justice. ... The **key tasks of this group** would be to: (1) Provide state-of-the-art milestones for mitigation pathways (starting globally and working towards country scale) to be achieved in order to "keep 1.5°C within reach". The focus should be on what needs to be achieved, year-by-year, over the coming 5-10 years. (2) Map and develop the most promising policies and policy mixes, regulations, financial arrangements, and justice dimensions that can support an accelerated energy transition away from climate danger."

Euronews - Use of private jets to Davos has soared in the past three years. Is it time for a super-rich tax?

<https://www.euronews.com/green/2026/01/19/use-of-private-jets-to-davos-has-soared-in-the-past-three-years-is-it-time-for-a-super-ric>

"Environmental organisation Greenpeace has published a new analysis of private jet flights to and from Davos-area airports over the past three years - before, during, and after the WEF. Titled [Davos in the Sky](#), the report found a "sharp rise" in private jet activity, despite overall attendance at the forum remaining broadly stable..." "... In 2024 and 2025, many private jets flew in and out of Davos multiple times during the same week, which Greenpeace argues has **turned the event into a "private jet shuttle hub"....**" **"The organisation calculates that around 70 per cent of the private jet routes could have been travelled by train within a day, or with a train and connecting train."**

"... The organisation argues that the time for action is "now" as it calls on governments to curb polluting luxury flights and [tax the super-rich](#) "for the damage they cause". Greenpeace supports UN Tax Convention (UNFCTC) negotiations towards new global tax rules through 2027 and **urges a levy on luxury aviation, including private jets and first and business class flights.**

Joint statement civil society - Joint International Statement against the World Economic Forum 2026

<https://weed-online.org/en/274/joint-international-statement-against-the-world-economic-forum-2026>

"Civil society rejects the World Economic Forum, arguing that it reinforces corporate and elite power, inequality, and ecological harm. This joint statement calls for several measures, including: debt cancellation for the Global South, democratising the economy and global institutions, environmental justice, migrant rights, and forums like the World Social Forum as a transformative alternative to the WEF."

Project Syndicate - History Marches Past Davos

Mariana Mazzucato; <https://www.project-syndicate.org/commentary/world-economic-forum-touts-dialogue-denies-reality-by-mariana-mazzucato-2026-01>

“The World Economic Forum meeting in Davos will feature the usual pledges about stakeholder capitalism, purpose-driven business, and sustainable development. But without binding conditionalities, accountability frameworks, and risk-sharing that distinguish genuine value creators from rent extractors, it remains theater.”

“... This week, Davos will feature the usual pledges about stakeholder capitalism, purpose-driven business, and sustainable development. But **without concrete mechanisms – binding conditionalities, accountability frameworks, and equitable risk-sharing that distinguish genuine value creators from rent extractors – it remains theater....**”

“...Countries serious about sustainable development must work together to embed mechanisms for consensus-building and develop the state capacity needed to deliver green growth. **This means moving from voluntary pledges to binding agreements on technology transfers, green finance, and shared innovation frameworks – the building blocks of a new economic order that serves people and planet.**

The spirit of dialogue is meaningless unless it is accompanied by fundamentally new ways to create value. **True reciprocity requires new contracts that reflect a more symbiotic public-private relationship, with conditions that have teeth and share both risks and rewards...**”

UN News - Rising hunger and displacement pose growing economic risk, UN tells Davos

<https://news.un.org/en/story/2026/01/1166791>

“As global leaders gather at the World Economic Forum in Davos this week, UN agencies are warning that rising hunger and displacement are not only humanitarian emergencies but growing threats to global economic stability....”

“The UN World Food Programme (WFP) has reported that an estimated 318 million people worldwide now face crisis levels of hunger or worse, with hundreds of thousands already experiencing famine-like conditions... **Current forecasts put WFP’s funding at just under half of its required \$13 billion budget for 2026, leaving the agency able to reach about 110 million people – a third of those in need....** “ “..hunger drives displacement, conflict, and instability and these not only threaten lives, but disrupt the very markets that businesses depend on,” said Rania Dagash-Kamara, WFP Assistant Executive Director for Partnerships and Innovation. “The world cannot build stable markets on a foundation of 318 million hungry people.” ...”

Davos & “global health”

GAVI - Multilateral paralysis is harming global health. Gavi's 'minilateralism' can get us back on track

Sania Nishtar; <https://www.gavi.org/vaccineswork/multilateral-paralysis-harming-global-health-gavis-minilateralism-can-get-us-back>

“As global health collaboration declines, vaccine alliance Gavi’s experience in building mission-driven coalitions offers a practical workaround for sustaining collective solutions.”

“The **decline of multilateralism** is severing connections between systems, communities and governments necessary for tackling global health challenges. **Vaccine alliance Gavi's experience in fostering collective solutions through mission-driven 'minilateralist' coalitions provides an alternative way forward.** **Collaboration on last-mile health solutions for the vulnerable Global South** is as significant as overarching reform of global health architecture.”

- In other GAVI-related news from Davos: [Gavi announces new partnerships to accelerate innovation and expand access to immunisation](#)

“**New private-sector and philanthropic partnerships** will help Gavi scale innovation, strengthen healthcare and reach underserved communities; **Public-private collaboration reinforcing Gavi’s innovation model** amid a changing global health landscape...”

FT - Bill Gates and OpenAI back \$50mn AI rollout in African health clinics

<https://www.ft.com/content/94e685da-f41d-4625-8585-768d7f901c35>

(gated) “**Gates Foundation partners with tech group to ease impact of chronic staff shortages in Rwanda and other countries.**”

- See also [OpenAI, Bill Gates launch ‘Horizon 1000’ to transform AI healthcare in Africa](#)

“**OpenAI and the Gates Foundation have teamed up to expand AI-powered healthcare solutions to African nations.** The partnership called Horizon 1000 aims to bring forth AI capabilities for the **health sector by collaborating with African leaders.** The pilot initiative is set to initially take place in Rwanda.... As reported by Reuters, **both partners will commit \$50 million in funding, technology, and technical support, aiming to achieve the goal of reaching 1000 primary healthcare clinics and African communities by 2028.** ... While announcing the venture, **Gates said in a blog post,** “In poorer countries with enormous health worker shortages and lack of health systems infrastructure, AI can be a gamechanger in expanding access to quality care.” “

- Related: HPW - [Gates and OpenAI Team Up to Pilot AI Solutions to African Healthcare Problems](#)

PS: “**Peter Sands, CEO of the Global Fund to Fight AIDS, Tuberculosis and Malaria, told the WEF that the fund has invested \$170 million over the past four years in AI-based TB screening.** This is one of the largest single applications of AI and health, and it is delivering a “very significant impact”, he added....”

Also with quotes from Bill Gates himself at the WEF.

- Devex Pro – [Low-resource nations may leapfrog wealthier ones in using AI for health](#)

“That's what Bill Gates and Peter Sands said during a conversation at the World Economic Forum.”

PS: “The first country to launch is Rwanda — **with Kenya, South Africa, and Nigeria to follow....**”

Global health faces \$200 bn shortfall as US pullback adds pressure; AI seen as lifeline

<https://www.cnbctv18.com/world/davos-2026-global-health-funding-gap-near-200-bn-as-us-cuts-hit-multilateral-systems-says-shyam-bishen-wef-artificial-intelligence-19823282.htm>

“The World Economic Forum says the global health system faces a funding gap of nearly \$200 billion after the US reduced support for multilateral organisations. WEF’s Shyam Bishen (Head of the Centre for Health and Health Care) said health system projects and resilience efforts are being affected. He added that digital health and AI could help reduce waste and control rising healthcare costs, which now total \$10–12 trillion a year worldwide....”

“Bishen said the World Bank estimates the funding gap at close to \$200 billion, which is required to build basic but resilient healthcare systems that can respond to risks such as climate change and future pandemics. “We are nowhere close to that,” he said, referring to current funding levels. Bishen said the WEF is working with the private sector to help bridge part of the gap, with a focus on digital health initiatives....”

“According to Bishen, around 20–25% of this spending is wasted due to misdiagnosis, overuse of tests and medicines, hospital inefficiencies, and administrative costs.

“AI can help reduce that wastage in the health system,” he said. He said digital tools, including artificial intelligence (AI) and machine learning, could improve efficiency and help control costs, even as governments struggle to increase public funding for healthcare.....”

HPW - Not All Diseases Are Equal: How a World Economic Forum Report quietly reshaped the NCD agenda

Habib Benzian ; <https://healthpolicy-watch.news/not-all-diseases-are-equal-how-a-world-economic-forum-report-quietly-reshaped-the-ncd-agenda/>

“The World Economic Forum’s (WEF) latest report on acting early on noncommunicable diseases (NCDs) signals more than urgency. It signals a shift in what counts. Beneath familiar calls for earlier action sits a quieter move: a re-ordering of NCD priorities themselves. Some diseases now sit firmly at the centre of the agenda. Others, no less prevalent or consequential, are absent or muted.”

“The clearest indicator is the report’s treatment of chronic kidney disease (CKD). CKD is presented, not as a downstream complication, but as a core NCD, positioned comfortably alongside cardiovascular disease, diabetes, cancer, and chronic respiratory disease. No extended justification is offered. Its inclusion is just assumed. CKD’s elevation is overdue, but its inclusion in the WEF report also reveals how NCD categories solidify. Diseases move to the centre not only because of burden, but because they align with existing biomedical pathways, specialist care models, insurance logic, and pharmaceutical governance. Seen this way, the report is not simply about acting earlier. It is about which disease problems global health institutions are structurally prepared to organise around....”

- For the **WEF report**, see [Acting Early on NonCommunicable Diseases: a Framework for Health systems transformation](#) (by S Bishen et al)

WEF - Why we must act now on tackling antimicrobial resistance

[WEF](#);

“Recent modelling shows **AMR could leave the global economy about \$1.7 trillion smaller by 2050 compared with a business-as-usual scenario**. Over 50 organizations have **signed the Davos Compact on AMR** and, as leaders meet for the World Economic Forum's Annual Meeting 2026, more are urged to join the effort to collaboratively tackle this global health threat....”

“The World Economic Forum’s Global Future Council on AMR authored the **Davos Compact on AMR**, with review by the Quadripartite Joint Secretariat on AMR, following the **High-Level meeting on Antimicrobial Resistance at the United Nations General Assembly in September 2024**. The **Davos Compact on AMR** is a public statement from signatories that they are supportive of the goals of the compact in improving the response to antimicrobial resistance. **At the Forum’s Annual Meeting 2026 in Davos, we are pleased to announce that more than 50 global leading organizations have backed this call to action....”**

New global consortium aims to transform antibiotic discovery to counter the growing AMR crisis

<https://novonordiskfonden.dk/en/news/new-global-consortium-aims-to-transform-antibiotic-discovery-to-counter-the-growing-amr-crisis/>

“The Gates Foundation, Novo Nordisk Foundation, and Wellcome today awarded a total of **US\$60 million in new grant funding over the next three years to research teams around the world exploring novel approaches to antibiotic discovery to deal with the growing threat of antimicrobial resistance (AMR)**. The Gram-Negative Antibiotic Discovery Innovator (Gr-ADI) will function as a first-of-its-kind consortium where multiple funders and research teams openly share data and learnings and work collectively to accelerate the discovery of urgently needed antibiotics....”

PS: “Gr-ADI is **the first investment of the US\$300 million [global health research and development partnership](#)** launched by the Gates Foundation, Novo Nordisk Foundation, and Wellcome in 2024....”

WEF (report) – Women’s Health Investment Outlook: 6% of Funding for Nearly 50% of the Population – Not Just a Gap, but Untapped White Space

[WEF](#);

“**Women’s health represents a large and undercapitalized opportunity in global healthcare. Despite women and girls making up nearly half the world’s population, women’s health has captured just 6% of private healthcare investment**. The fundamentals are strong, but funding remains limited and narrowly focused, historically confined to reproductive and maternal health.”

“More than 25 organizations from the investment community, industry, philanthropies and beyond provided insights for this **comprehensive insight report, Women’s Health Investment Outlook**. Developed in collaboration with the **Boston Consulting Group**, it addresses critical gaps in understanding investment flows in women’s health, market opportunity and unmet need. To quantify private investment flows in women’s healthcare over the past five years, the report introduces **the Women’s Health Investment Index**.”

“Major areas of unmet need and opportunity across high-burden, high-prevalence conditions that affect women uniquely, differently and disproportionately – **such as cardiovascular disease, osteoporosis, menopause and Alzheimer’s disease** – have been overlooked. A recent analysis by the Boston Consulting Group (BCG) estimates that effectively addressing these four therapeutic areas for women in the US could unlock a \$100 billion-plus market opportunity by 2030....”

Related: [Davos 2026: AI reshaping healthcare at scale, but 70% global health data underrepresents women, says Smriti Irani at WEF](#)

“During the accredited session “Intelligence for Inclusion: Transforming Women’s Health through AI,” Irani said that **nearly 70% of global health data fails to adequately represent women, leading to skewed algorithms and uneven health outcomes...**”

WEF (paper) - Reimagining healthcare: how to increase care without increasing costs

<https://www.weforum.org/stories/2026/01/healthcare-increase-care-without-increase-costs/>

From 14 Jan. Among others seeing **3 major gaps facing health care systems**. One of them being: **‘health expenditures will rise to more than 10 % of GDP by 2030.’**

Enter AI :)

And a few links:

- WEF - [Resilient health: a new investment frontier](#). The WEF launches a new workstream on “investing in resilient health”.
- WEF - [A benchmark for action: Tracking progress towards regionalized vaccine production](#) (by F Kristensen, managing director of RVMC (the **Regionalized Vaccine Manufacturing Collaborative**))
- CEPI – [CEPI backs updated Zaire ebolavirus vaccine that aims to improve vaccine affordability and accessibility](#)

“A vaccine used to help protect against *Zaire ebolavirus* – one of the world’s most severe infectious diseases – could become more affordable and easier to deploy in low-resource settings thanks to a **new collaboration between CEPI and MSD**. Backed by up to \$30 million in CEPI funding, **MSD will leverage Hilleman Laboratories, a joint venture of MSD and Wellcome**, to develop an Ebola vaccine with an updated manufacturing process that is designed to help make the vaccine more affordable and accessible for low- and middle-income countries. ...”

- [World Economic Forum paper positions Abu Dhabi as global pioneer in intelligent health systems](#)

Reimagining of Global Health/development/international cooperation...

Lancet (Comment) – Four paradigm shifts to shape an agenda for global health reforms

A Nordström, H Clark, P Piot, Yik-Ying Teo et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02634-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02634-0/abstract)

“We suggest four paradigm shifts and propose they could serve as a high-level framework to guide collective thinking and subsequently drive concerted political actions and tangible reform and health outcomes...”

“The first shift is about recognising the fundamental changes in the global burden of disease and in demography. Threats such as malaria, tuberculosis, and AIDS dominated the Millenium Development Goals (MDGs) era (2000–15), whereas non-communicable diseases and mental health disorders are now the main causes of death in many low-income countries and highincome countries alike...”

“The second shift relates to the **recentring of power from Geneva in Switzerland and New York and Washington in the USA to countries and regions, giving rise to an increasingly multipolar world—**for example, regional centres for disease control and prevention are increasingly important hubs for procurement of medical countermeasures and for coordination of public health efforts...”

“... The third shift refers to the growing push to modernise the landscape of global health institutions....” “ ... The fourth shift is linked to the declining relative importance of development assistance, coupled with countries’ rising commitments to increase domestic financing for health...”

And they conclude: **“... the momentum to build a more fit-for purpose international ecosystem is the silver lining in this otherwise bleak time for global health.”**

- Related **thread on Bluesky (by Andrew Harmer):**

“I hope someone is doing an epistemic community analysis of the current global health reimagining exercise. It's insane how the same people (Helen Clarke, Peter Piot etc) and their friends try to imprint their views 'top down' on everybody else.”

“It's like they have zero understanding of the importance of bottom up decision making processes. We want a better world, I get that. But try asking others what they want in an inclusive series of exchanges. DON'T keep telling us what YOU think we want.” But if you will insist on your top down 'we think' approach, then please ground it in some kind of reality that includes the capitalist global economy. Whatever happens in global health happens because of this, so stop treating health like it exists in a vacuum. National sovereignty, regionalism, equity, co-creation, self-reliance are NOT just going to happen because global health is going through a bit of a crisis. Anyone reading the America First GHS must surely see what is actually going on, right?

I read articles like this one and first I cringe because it's the same ideas retold by the same people, then I laugh because the things they write are so fucking naive, and then I cry because I just see history repeating itself. Has it ever been thus? Yes. www.thelancet.com/journals/lan...

Lancet (Viewpoint) – Global health leap: an urgent call to action

S Nishtar ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02514-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02514-0/fulltext)

Cfr **tweet from Nishtar**: “In my Viewpoint, published today in @TheLancet, I consider this question and **set out a framework for reform of global health that focuses on countries, not institutions.**”

“The ongoing global health crisis presents a pivotal opportunity to transform and reform the fragmented global health architecture. This Viewpoint issues an urgent call for coordinated action—a Global Health Leap—and urges all stakeholders to unite around a shared scope, clear objectives, and principles and a process for transformative change. ...”

“.. All stakeholders in this architecture—governments, donors, civil society, academia, think tanks, the private sector, and global and regional health initiatives—should therefore align on a much bolder approach, a **Global Health Leap, to urgently reform the global health architecture. This approach should be underpinned by consensus on these core questions: what is in scope? What is the overarching objective? **What principles and process will drive reform, and which stakeholders can lead us to a Global Health Leap?...**”**

Some key messages: “.... There is an urgent need to use the present global health crisis as a catalyst for strategic reform of the global health ecosystem, with all stakeholders aligned on an agreed scope, objectives, and process for reform. • **The objective of reform should be to reimagine the role of every institution and focus on four priorities: generating global public goods, enabling positive impact at a large scale, merging operations at the last mile, and strengthening support for fragile contexts.** • The transformation of Gavi, the Vaccine Alliance (the Gavi Leap) has been developed in the context of broad change in the global health architecture. **The four principles of the Gavi Leap can inform a broader global health leap.** • A panel, coordinated by WHO, which is supported by all countries, led by heads of state from donor and implementing countries, and supported by a technical committee, could drive restructuring and simplify the global and regional health architecture. **Country support units and a standing committee of health agency leads should be subsequently institutionalised.** • **The global goods function of the future global health ecosystem should be sustainably and predictably financed in the future,** whereas tiered transition plans should be put in place for countries as long as a shortfall exists between donor official development assistance and domestic resourcing. **A separate mechanism should be put in place for fragile and humanitarian settings....”**

- See also a **GAVI press release** – [Gavi CEO calls for global health leap](#)

“Gavi CEO Dr Sania Nishtar, writing in The Lancet, sets out a framework for radical reform of global health institutions. **Global health institutions should merge operations in countries in order to focus on generating global public goods, scaling impact and supporting the most fragile contexts, Dr Nishtar writes. Dr Sania Nishtar: **“We must move away from piecemeal reform and imagine a new system that places the needs of countries, not the institutions themselves, at its heart.”****

HEAR CSO reports

<https://hearcso.org/hearcsoreports/>

Check out some reports (per region). Regional summaries. And also a synthesis (see below).

HEAR CSO January 2026 Consultations [Synthesis](#).

(among others, do have a look at **the myths & metaphors**, capturing how participants understand change – not only in technical or policy terms, but as **shifts in meaning, identity and power**). And **‘towards principles for GH architecture reform processes & outcomes’**.

Economist Impact - From crisis to resilience: five global health shifts to watch in 2026

Carsten Schicker (Chief Executive Officer, World Health Summit);

<https://impact.economist.com/health-society/from-crisis-to-resilience-five-global-health-shifts-to-watch-in-2026>

“After a year of turmoil in global health and the wider development sector we are turning to the year ahead. **These are the five trends to watch in 2026.**”

“Across all five, **one message is consistent: the imperative to build resilience as systems are tested by geopolitical, economic, climatic, and social crises.**”

One of the five: “**...A new era of public-private collaboration**”

PS: “Under the leitmotif “**From Crisis to Resilience: Innovating for Health**”, our next stops in 2026 are the WHS Regional Meeting in Nairobi, Kenya, in April and the annual World Health Summit in Berlin, Germany, in October.”

Devex- The old aid model is dead. Now comes the fight over what replaces it

Raj Kumar ; <https://www.devex.com/news/the-old-aid-model-is-dead-now-comes-the-fight-over-what-replaces-it-111648>

Recommended read “As traditional foreign assistance tumbles, 2026 will be a year of hard questions — and profound reckoning — for the global development community.” (ps: ‘recommended’ doesn’t mean we’re cheering about some of the arguments listed by Kumar)

“... As aid levels drop, it’s clear the future of global development will not primarily be based on bilateral aid. **As we move from an aid model to an investment model, this new era will be shaped more by development finance institutions, multilateral development banks, private capital, and philanthropy....**” “**.... AI is rewiring the development landscape...**”

“**Philanthropy’s time has come: ...**” “But taken together, **today’s billionaires hold \$16 trillion in wealth, and some are starting to give at the level of governments....**” “There are more than 3,000 billionaires in the world. Wealth at the top is growing rapidly, and, particularly with the AI revolution

underway, there are a dozen individuals with enough wealth to match Bill Gates' annual giving but who are currently only dabbling at the margins. That's **why, in 2026, it's simply no longer true to say that billionaire philanthropy can't compete with governments. It will compete at the scale of ODA, and it will continue growing....** The challenge is accelerating billionaire giving at a pace that matches the world's urgent needs and directing that giving to evidence-based approaches. Even with tremendous growth in philanthropy, only 10% of billionaires have signed the Giving Pledge, and of that group, only a handful have begun giving at their full potential. **Getting more billionaires to give away more of their money has been slow and painstaking work for fundraisers, philanthropy consultants, and collaborative philanthropy initiatives. But they are starting to get help in the form of populism. As the affordability crisis roils politics, billionaires face an era where left-wing populists support wealth taxes and many right-wing populists call for reining in the power of elite billionaires...."** *(certainly won't be the likes of Raj Kumar who help the 'populist momentum' in this respect)*

Kumar concludes: "... **Here's my central prediction: 2026 will be the year the serious debate begins about a new model of global development.** Not a nostalgic defense of the past, and not a cynical embrace of pure geopolitics — but something new. As Democrats compete to retake the U.S. House of Representatives this year, as America's 2028 presidential hopefuls begin to define themselves, and as European leaders aim to stave off right-wing parties, **global development will need a new vision and a new language.** "Rebuild what we had" is a losing electoral message — and an insufficient policy one. **A credible new model will have to reconcile several tensions:** • Transactional realities and moral purpose; • National interest and global public goods; • Market-driven growth and protection of the poorest; • Rapid innovation and accountability for results...."

Bilateral health agreements US-African countries & America First Global Health Strategy

With some more analysis.

Global Policy - Rebalancing Risk and Responsibility Under the America First Global Health Strategy

<https://www.globalpolicyjournal.com/blog/19/01/2026/rebalancing-risk-and-responsibility-under-america-first-global-health-strategy>

"Nelson Aghogho Evaborhene examines the redistribution of responsibility, risk, and sovereignty in African health systems under U.S. bilateral health strategies."

Some excerpts from this must-read analysis:

"...The core question is therefore not whether the AFGHS is inherently **good or bad**, but whether African governments can **leverage** the transition to reclaim agency, improve coordination, and strengthen governance—or whether the strategy simply repackages dependency as ownership. Early bilateral agreements suggest the latter. Health assistance is **no longer insulated from geopolitics**. Rather than merely transferring responsibility, the AFGHS redistributes financial, political, legal, and epidemiological risk onto national health systems while upstream control over priorities, standards, and exit conditions remains largely external. Countries with strong legal institutions and active civic space have contested, delayed, or partially renegotiated aspects of the

compacts. Others absorb obligations with minimal scrutiny. Crucially, even high-capacity and high-investment states are not insulated. **The outcome is a fragmented landscape in which risks once pooled through multilateral arrangements are internalized by individual states, while continental coordination mechanisms remain marginalized....**"

"The central problem exposed by the AFGHS is not the expectation of greater domestic responsibility - it is both inevitable and overdue. The harder question is whether responsibility is being transferred faster than the governance capacity required to manage accompanying risks."

He concludes: **" Aligning responsibility with sovereignty requires three corrections. First, co-financing must be redefined as leverage rather than substitution.** Every increase in domestic spending should be contractually linked to verifiable gains in control: technology transfer, regulatory authority, manufacturing readiness, or procurement autonomy. Without this, fiscal effort deepens dependency rather than reducing it. **Second, surveillance and data obligations must be reciprocally structured.** Where African countries assume long-term responsibilities for outbreak detection, reporting, and pathogen sharing, they must secure enforceable rights over access to countermeasures, regional manufacturing capacity, and benefit sharing. Surveillance that extracts data without conferring downstream influence converts sovereignty into compliance. **Third, bilateral compacts must be disciplined by continental frameworks. Engagement through institutions such as Africa CDC and the African Medicines Agency does not undermine national ownership—it anchors it.** Without regional buffering, bilateralism fragments leverage, accelerates exclusion, and localizes failure. With it, risk can be pooled, standards harmonized, and renegotiation made collective."

"The evidence is clear. Under the AFGHS, African countries are increasingly responsible for outcomes they do not fully govern. Capacity mitigates exposure but does not eliminate it. Alignment insulates some, excludes others, and leaves most vulnerable to abrupt political recalibration. Until risk, authority, and responsibility are aligned within enforceable institutional arrangements, the strategy will continue to produce fiscal cliffs, political volatility, and epidemiological insecurity under the banner of ownership."

Scidev.net - Africa pushes back on US health deals over data, power

<https://www.scidev.net/global/news/africa-pushes-back-on-us-health-deals-over-data-power/>

"US-Africa health deals challenged over data, pathogens and sovereignty; US says funding will scale up data systems for disease tracking; **But experts warn of loss of control under 'highly conditional' deals.**"

Guardian - Head of US Africa bureau urges staff to highlight US 'generosity' despite aid cuts

<https://www.theguardian.com/us-news/2026/jan/20/us-diplomats-urged-to-remind-african-leaders-of-us-generosity-despite-usaid-closing>

"Email sent to diplomats by state department office's new boss is labelled 'racist' after dismissing Africa as a priority."

"... US diplomats have been encouraged to "unabashedly and aggressively" remind African governments about the "generosity" of the American people, according to a leaked email sent to staff in the US state department's Bureau of African Affairs this January and obtained by the

Guardian. "It's not gauche to remind these countries of the American people's generosity in containing HIV/Aids or alleviating famine," says the email. "Rather, it's essential to counter the false narrative that the United States isn't in many cases the largest donor and to ensure that we can more effectively leverage that assistance to advance our interests." ... **The email was sent by Nick Checker, who became the leader of the bureau earlier this month.** Checker previously spent more than a decade with the CIA as a conflict analyst..."

What Does America's Government to Government Collaboration for Health Look Like?

Emily Bass; [Substack](#):

"The US government plans for implementing programs funded under the America First Global Health Strategy will come with significant reporting, oversight and management responsibilities on both the United States and the co-signatory countries that bear a passing resemblance to those of the Millennium Challenge Corporation "compacts" originated under George W. Bush's first term, along with PEPFAR. The MCC used performance- and milestone-based financing for time bound compacts to incentivize countries to attain pre-specified results; the compacts were implemented through dedicated, stand-alone government Accountable Entities (MCAs), rather than existing central government grants or treasury offices...." " Based on descriptions of country briefings with senior Department of State officials this week, and my review of the "MoU Implementation Plan Companion Guide," the America First Global Health Strategy frameworks have some similar approaches..."

But Bass has **huge worries**.

More on Global Health Governance & Financing/Funding

With first, quite some reads, analyses (and even advocacy) on the (official) US retreat from WHO. See the **related HHS statement** - [United States Completes WHO Withdrawal](#)

But also with updates on Africa CDC, GAVI,

Stat - U.S. makes exit from the WHO complete

<https://www.statnews.com/2026/01/22/usa-divorce-world-health-organization-puts-america-at-risk/>

"Health experts fear the move comes with enormous risks."

"The United States' withdrawal from the World Health Organization became official Thursday, formalizing a fissure between the Trump administration and the Geneva-based global health agency that dates back to the early days of the Covid-19 pandemic. Thursday marks the one-year anniversary of the date on which the WHO was informed that President Trump had decreed that the U.S. would terminate its membership in the organization, something he tried to do during his first term in office. According to a joint congressional resolution passed in 1948 to allow the United States to join the WHO, the country had to give a year's notice before withdrawing. (The joint

resolution also stipulated that the country had to pay outstanding bills before leaving, a condition that has not been met.)..."

PS: "A former WHO official, who spoke on condition of anonymity, said the U.S. cannot replicate through bilateral agreements the disease surveillance intel it received through the WHO."

With quotes from **L Gostin, J Konyndyk, S Moon** and others.

PS: "...Experts also noted that the U.S. withdrawal comes at a time when the WHO is readying itself for the campaign to replace the director-general, whose second term concludes in the **summer of 2027**. Candidates intending to vie for the position will begin to make their interest known this year. While some experts expect the U.S. to try to influence the process from the outside, the country will not have a vote. And being seen to have strong support in Washington could work for — or against — someone running to be the next director-general...."

NPR - The divorce between the U.S. and WHO is final this week. Or is it?

<https://www.npr.org/2026/01/20/g-s1-106126/trump-world-health-organization-withdrawal>

"A year ago this week, President Trump initiated a divorce — of sorts. ... Now — on Trump's second go-around — the divorce seems about to be finalized. He gave one year's notice, which is a condition of the U.S. agreement with WHO. But as with many divorces, it's complicated...."

"WHO officials note that there are two requirements to leaving. The first is that one-year notice. That would set the date for U.S. withdrawal as Jan. 22, a year after WHO officials were notified. The other criteria is the potential problem. In order to leave, the U.S. has to pay all the dues it owes. And that's a lot of money: \$278 million for the 2024-2025 period. The U.S. has not paid up and doesn't plan to. "The United States will not be making any payments to the WHO before our withdrawal," the State Department told NPR in a statement. "The cost born by the U.S. taxpayer and U.S. economy after the WHO's failure during the Covid pandemic — and since — has been too high as it is.""

"...The stakes of this high-profile breakup are huge. They could shape the health of both Americans and those around the world for years to come. Here's how it could play out"

PS: "And what does WHO say about this messy matter? WHO's Solomon says it's up to WHO member states — the other 193 countries — to determine if and when the U.S. withdrawal becomes effective, with or without dues payment. This issue is expected to be discussed late in February at the WHO Executive Board meeting and again at the World Health Assembly in May...."

"Meanwhile, WHO is hoping the U.S. and WHO can get back together."

Stat - As U.S. prepares to exit WHO, it is stiffing the agency on a large bill

<https://www.statnews.com/2026/01/21/trump-withdrawal-world-health-organization-leaves-unpaid-bills-behind/>

“Hundreds of millions are owed, but no one expects Trump administration to pay.”

“The U.S. has not made good on its assessed contributions for the past two years — including the final year of the Biden administration — effectively stiffing the WHO on a bill of roughly \$278 million. In addition, several hundred million dollars in promised voluntary contributions for 2025 — and to a lesser extent for 2024 — have also not been delivered. ...”

With quotes from **Gostin, Bollyky & others.**

- And a clear-eyed **Bill Gates** in Davos (via [Reuters](#)):

“Speaking to Reuters at Davos, Bill Gates – chair of the Gates Foundation, a major funder of global health initiatives and some of the WHO’s work – said he did not expect the U.S. to reconsider in the short-term. “I don’t think the U.S. will be coming back to WHO in the near future,” he said, adding that when he had an opportunity to advocate for it, he would. “The world needs the World Health Organization.” ...”

CSIS - The Future of the WHO—and How the United States Can Shape It

J S Morrison et al <https://www.csis.org/analysis/future-who-and-how-united-states-can-shape-it>

Strong contender in the category ‘dumb read of the week’ :)

Excerpts: **“On January 22 of this year, the Trump administration is expected to announce both a clean break with the WHO and the intention to work with allies to [devise](#) an “alternative international health system.” ...**

“What then should be U.S. priorities following the expected U.S. withdrawal from the WHO this month? First and foremost, the United States should begin mapping a path to restoration of U.S. membership in mid-2027. To that end, the United States should actively engage in shaping the selection of the next WHO director-general, as the campaign swings into action in the fall of this year. The goal should be to build consensus behind the very best candidate who will commit to advancing further reforms of the WHO and who is aligned with U.S. priorities. That may be awkward and difficult, but not impossible. There are many promising candidates, from Saudi Arabia, Qatar, Indonesia, Brazil, and Belgium, and many diplomatic avenues available to U.S. diplomats to engage in Washington and in national capitals. To not engage is to leave the field open for excessive influence by China and Russia, who will seek a WHO leader aligned with their priorities. Credible candidates are already planning visits to Washington, D.C.”

“A second, related priority should be clearly defining the next reform agenda for the WHO. ... Third, the United States should continue its technical cooperation with the WHO on polio, influenza, and other dangerous outbreaks. ... In parallel, the United States should continue its efforts to develop bilateral compacts with over 70 countries that will enhance surveillance and other aspects of health security, under the America First Global Health Strategy. And the United States should fund and staff U.S. Centers for Disease Control and Prevention country and regional offices and revitalize U.S. Department of Health and Human Services health attachés in major capitals. ... Finally, Congress’s intent to restore funding for many science and global

health programs is a laudable and important action. Congress should take steps to signal its intent to restore funding to the WHO in the future, tied to further reform.....”

TGH – The United States Leaves the WHO. Three Reforms Could Motivate Its Return

Peter Singer; <https://www.thinkglobalhealth.org/article/the-united-states-leaves-the-who-three-reforms-could-motivate-its-return>

“A former special advisor to the WHO director general **outlines arenas that could strengthen global health regardless of a U.S. withdrawal.**”

“...The deeper question is what reforms triggered by the United States would strengthen the WHO and global health regardless of whether Washington returns. I see three arenas: **accountability, innovation, and trust.....**”

(wonder why Singer doesn't apply these 'reforms' on the current US government, though...)

Telegraph – Maga-backed researchers call for WHO to be ‘reformed or replaced’ on eve of US withdrawal

<https://www.telegraph.co.uk/global-health/science-and-disease/maga-researchers-call-for-who-to-be-reformed-or-replaced/>

“Research originally commissioned by Nigel Farage takes aim at another UN institution.”

“The World Health Organization should be “massively reformed or replaced”, according to research commissioned by Nigel Farage and funded by an anarcho-capitalist think-tank. **The International Health Reform Project, a body funded by the Maga-aligned Brownstone Institute**, made the call to coincide with the US formally leaving the WHO on Thursday....”

“Like Donald Trump’s Board of Peace, nominally set up to run post-war Gaza but built with a broader scope, the **report will be seen by some as an attempt to sideline the UN or remake it in Trump’s image.** Dr David Bell and Prof Ramesh Thakur of the Reform Project, said Mr Trump’s decision to leave the WHO reflects “legitimate concerns” about the organisation’s trajectory....”

*Two words: F***ck off.*

HPW with update on Africa CDC

<https://healthpolicy-watch.news/suspended-or-cancelled-guinea-bissau-health-minister-halts-controversial-hepatitis-trial/>

At the Africa CDC media briefing on Thursday, “... **Africa CDC Director-General Dr Jean Kaseya said that African countries were in “total control” of clinical trials conducted in their countries.** However, **Africa CDC has developed a 13-step guide to assist countries....**”

“He also dismissed [a report](#) that unnamed HHS officials had made disparaging remarks about Africa CDC over its [contention at a media briefing](#) last week that the trial had been cancelled. “We have our diplomatic relationship with the US. Yesterday, senior people from HHS were talking to senior people from Africa CDC, and I was briefed that they don’t know anything about any statement against Africa CDC,” said Kaseya, who said that his organisation has an “excellent relationship” with the US government.”

“Kaseya added that Africa CDC had decided not to involve itself in the bilateral Memorandums of Understanding that the US was negotiating with African governments under its “America First Global Health Strategy”. However, he said that the implementation of the MOUs would be discussed at a meeting of health and finance ministers that he is convening on 13 February....”

ODI - African leadership amid disruptions to US aid

D Serebro; <https://odi.org/en/insights/african-leadership-amid-disruptions-to-us-aid/>

Review of the past year. “Against all fiscal and informational odds, African governments have responded proactively to disruptions in US aid.”

“A year ago today, on his first day in office, President Trump signed executive orders suspending US international aid. When the magnitude of the orders became clear, African governments responded proactively, despite significant fiscal constraints and limited clarity on what might happen after the pause, or even what the US was funding in their countries. Within the health sector, many governments quickly increased domestic budget allocations and established institutional arrangements aimed at longer-term self-reliance. Assertive leadership approaches must continue, even as new bilateral financing agreements are announced.”

Devex – Scoop: US loses Gavi board seat after withholding funding

<https://www.devex.com/news/scoop-us-loses-gavi-board-seat-after-withholding-funding-111730>

“As the United States government has not yet pledged to Gavi it is currently not on the Gavi Board,” a Gavi spokesperson told Devex.”

Guardian – Guterres warns of ‘powerful forces’ undermining ‘global cooperation’

<https://www.theguardian.com/world/2026/jan/17/antonio-guterres-warns-forces-undermining-global-cooperation-un-80th-anniversary-secretary-general-multilateralism-international-law>

“In historic speech to mark UN’s 80th anniversary, secretary general makes impassioned plea for multilateralism and international law amid drastic US funding cuts.”

- See also [UN News – Secretary-General on UN at 80: Humanity strongest when we stand as one](#)

“ Powerful forces are lining up to undermine global cooperation, United Nations Secretary-General António Guterres warned at a landmark event in London on Saturday to commemorate the 80th

anniversary of the General Assembly, but he urged that “humanity is strongest when we stand as one”. A “robust, responsive and well-resourced multilateral” system is needed to address the world’s interconnected challenges, Mr. Guterres urged, but the “values of multilateralism are being chipped away.” ... If we wish to secure more such victories, we must ensure the full respect of international law and defend multilateralism, strengthening it for our times....”

“... Looking towards the future, the Secretary-General called for an international system that reflects the modern world, including reforming international financial systems and the [Security Council](#)....” “As global centres of power shift, we have the potential to build a future that is either more fair — or more unstable.” ...”

GPI Network – Message from our Co-Executive Directors

https://globalpublicinvestment.net/news_press/message-from-our-co-executive-directors/

“At the start of the year, our Co-Executive Directors reflect on a key shift: global public investment is moving from idea to action. With shared risks growing, this is a moment to be bold and build stronger international cooperation. ...”

World Bank (Brief) - Health Financing

<https://www.worldbank.org/en/topic/health/brief/health-financing>

Short brief. More or less summarizing key messages from the UHC monitoring report from early December.

Excerpt: “Most low-income countries and many lower-middle-income countries are projected to face a decline in combined government and donor health spending by 2030. Countries have policy options to alter their trajectories by spending better and spending more on health under fiscal constraints. **Doubling down on efficiency**—by prioritizing [primary healthcare](#), aligning remaining development assistance with domestic priorities, and [improving budget execution](#)—can help resources go further. **Aid-dependent countries have a reform window to restructure their health systems as aid dwindles.** Progress also requires spending more and it is feasible to raise the share of government spending for health in a third of LICs and LMICs; they have the fiscal space and underprioritize health compared to peers. Countries can also [raise taxes on unhealthy products](#) and undertake broader macro-fiscal reforms to create fiscal space....”

Global Health Hub Germany - Global Health at a Crossroads: Africa’s Response to a Changing Global Health Ecosystem and Financing Part 1

<https://globalhealthhub.de/en/news/detail/global-health-at-a-crossroads-africas-response-to-a-changing-global-health-ecosystem-and-financing-part-1>

“In our new article series “Global Health at a Crossroads,” we explore how shifts in global governance, financing, and power are reshaping health and development outcomes worldwide. In this edition, we speak with Dr Ebere Okereke.”

“Calls for domestic resource mobilisation are now commonplace as Africa charts a path towards health sovereignty. But as Dr Ebere Okereke reminds us, mobilisation without accountability will not solve the problem. Tax reforms, debt swaps, and earmarked levies will not deliver results

without deeper governance reform. **Expanding fiscal space without accountability**, she warns, **risks “pouring more money into black holes.”** **“We’ve been calling these mechanisms ‘innovative’ for 30 years. They are no longer innovative. The problem is not ideas. It is execution.”** ...Dr Ebere Okereke argues for a “whole-of-government approach”, digitalisation, and stronger accountability. She **also challenges the focus on “rethinking donor models”, calling instead for a rethinking of recipient models.”**

Nature Health – Time to prioritize self-reliance programmes to manage Africa’s healthcare needs

E Frimpong et al; <https://www.nature.com/articles/s44360-025-00033-6>

“African countries should invest in homegrown health intervention programmes to withstand external funding shocks.” “....In the following sections, we put forward several identified interventions (including proposed new additions) that can be undertaken by AU member countries. This Comment will serve as a guide to nations on the African continent to achieve their aim of self-reliance in managing their healthcare needs....”

Brookings – Mobilizing Africa’s resources for development

<https://www.brookings.edu/articles/mobilizing-africas-resources-for-development/>

Chapter 1 of the **2026 Africa Foresight report**. With two essays.

- Essay 1: **Leveraging Africa’s natural resource wealth to bridge the financing gap**

“.. We estimate that sub-Saharan Africa needs at least an additional \$245 billion per year in financing (for development). With national savings subdued and external financing dwindling, it is now imperative to explore innovative ways to unlock domestic resources. **The natural resource endowment of the region, valued at over \$6 trillion in 2020, offers the largest untapped potential and the most promising pathway to mobilize domestic financing at scale....”**

- Essay two: **toward self-reliance: Financing health beyond aid in Africa (by Omer Zang)**

UHC & PHC

Lancet Comment - UHC High-Level Forum 2025: a renewed joint commitment to universal health coverage through the UHC Knowledge Hub

K Satsuki, A Banga, dr Tedros et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00096-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00096-6/fulltext)

« ... the Japanese Ministry of Finance, the Japanese Ministry of Health, Labour and Welfare, the World Bank Group (WBG), and WHO convened the first UHC High-Level Forum (the Forum) in

Tokyo, Japan, on Dec 6, 2025, where we jointly launched the UHC Knowledge Hub and reaffirmed a shared commitment to progressing towards UHC. The co-hosts and the participants of the Forum highlighted **the importance of finance–health collaboration, country-level national actions, and the UHC Knowledge Hub**, among other areas....”

On the latter: “... The **UHC Knowledge Hub** will collaborate, when relevant, with regional development banks, the Japan International Cooperation Agency, the private sector, philanthropic organisations, civil society, academia, and other relevant stakeholders to support participating countries in implementing health financing policies, including through technical and financial assistance. The UHC Knowledge Hub will also serve as a key driver for advocacy to strengthen political momentum towards achieving UHC. In this way the UHC Knowledge Hub will have an important role in developing global health architecture, combining advocacy, training programmes, and implementation support....”

« **Going forward, the Forum will be pivotal in shaping global discussions on the Post-2030 Agenda, in view of the UN General Assembly High-Level Meeting on UHC to be held in 2027, among other relevant meetings.** The Government of Japan together with the WBG and WHO **will convene the Forum regularly in Tokyo** to review progress on the UHC Knowledge Hub and to identify ways to improve its activities, while providing guidance and support for the implementation of country-led initiatives such as National Health Compacts. Furthermore, the Forum will foster collaboration across diverse stakeholders and sustain momentum towards achieving UHC....”

PS: somebody should ask Banga why on earth he thinks it's a good idea to sit on Trump's « Board of Peace” (already dubbed by some ‘Bored of Peace’).

Pre-print - The Gendered Impacts of Out-Of-Pocket Payments for Healthcare on Women in Sub-Saharan Africa-a Narrative Review

Dolapo Ruth Adu, Muhammad Saddiq; <https://assets-eu.researchsquare.com/files/rs-8586641/v1/7df89ee1-5007-44b4-9d62-4f2d1425f62f.pdf?c=1768568335>

“Healthcare financing is central to achieving Universal Health Coverage (UHC). In Sub-Saharan Africa (SSA), limited public funding and high disease burdens have resulted in heavy reliance on out-of-pocket (OOP) payments. **Although the negative effects of OOP spending on vulnerable populations are well documented, the specific gendered impacts on women remain insufficiently explored.** Women generally have higher healthcare needs but face persistent economic and social constraints, increasing their vulnerability within OOP-dependent systems. **This review examines how OOP payments affect women’s access to healthcare, service utilisation, and health outcomes in SSA.”**

“**The review highlights the urgent need for gender-responsive health financing reforms.** Addressing these disparities is essential for developing equitable healthcare systems that improve women’s health and advance UHC in SSA.”

- Related – [Frontiers in Reproductive Health: Financial barriers and inequalities in healthcare access across East Africa: evidence from demographic and health surveys](#)

“**This study aimed to assess the prevalence and socioeconomic inequalities of financial barriers to healthcare access among women in eight East African countries. ...”**

“Nearly half of the women reported financial barriers...A key finding was the reversal of the rural-urban disparity upon adjusting for socioeconomic confounders, suggesting that **poverty, not rurality itself, is the primary factor associated with financial access problems....”**

“... Financial barriers are the most prevalent and inequitable obstacle to healthcare access for women in East Africa, disproportionately affecting the poor, less educated, and financially excluded. Accelerating progress toward UHC requires health financing reforms that reduce out-of-pocket payments, alongside multi-sectoral policies that address underlying socioeconomic disadvantages through pro-poor interventions and financial inclusion. **This focus is justified given their heightened need for maternal, sexual, and reproductive healthcare, and their heightened vulnerability to financial exclusion and catastrophic health expenditures.”**

HPW – Adichie’s Loss and the UHC Agenda: Why Smart Policy Isn’t Saving Lives in Nigeria Yet

<https://healthpolicy-watch.news/adichies-loss-and-the-uhc-agenda-why-smart-policy-isnt-saving-lives-in-nigeria-yet/>

“Minister Pate’s SWAp offers a logical framework to halt the decay in pursuit of Universal Health Coverage by 2030. The scorecard from the Joint Annual Review proves that the methodology can work. But SWAp is currently a skeleton without flesh, as key components – funding, workforce, and regulation – are missing....”

A few excerpts:

“Nigeria is estimated to lose [\\$1.3 billion](#) annually to reverse “medical tourism” – citizens seeking healthcare outside the country. ...”

“A [review](#) of federal budgets since 2023 shows that **government health expenditure has never been more than 6%, ignoring the 15% target for health expenditure set by African leaders in the [Abuja Declaration](#) back in 2001....”**

“As Health Minister Muhammad Ali Pate [pushes](#) towards [Universal Health Coverage \(UHC\)](#) anchored on the new Sector-Wide Approach (SWAp), he faces the challenge of running a sophisticated framework over a primitive system....”

“...Fiscal retreat has entrenched a system where access is determined solely by purchasing power. With households forced to bear nearly [80%](#) of medical costs out-of-pocket, healthcare spending [has become a contributor to poverty](#). ... The [2025 UHC Global Monitoring Report](#) by the WHO and World Bank confirms this reality, warning that financial hardship is intensifying for the world’s poorest, with an estimated 4.6 billion people globally still lacking access to basic health services and 1.6 billion people further pushed into poverty due to out-of-pocket health expenses. **Yet, money is only part of the crisis....”**

““Without enforcing standards for workforce support, data management, and governance, pouring cash into the sector is like throwing money to the wind,” Oreh, the Rivers State Commissioner for Health, told *Health Policy Watch*....”

“This **structural void has collapsed the referral hierarchy**. “The **teaching hospital system**, designed to be the final referral point for complex cases, has been ‘bastardized’ into handling primary care overflow,” [wrote Dr Popoola Daniel](#), a medical doctor based in Nigeria, via his X account. Instead of focusing on research and specialist care, **tertiary centers** are clogged with uncomplicated cases. A 2025 [review](#) by the African Health Observatory Platform (AHOP) found that **the Nigerian health system is performing at only 45% of its capacity – below the WHO African Region average of 52.9% – with 80% of health infrastructure classified as dysfunctional....”**

“... Pate became Minister of Health in August 2023, and in his first year, he operationalised the [Nigeria Health Sector Renewal Investment Initiative \(NHSRII\)](#). This strategy aims to end the fragmentation that has historically paralyzed the sector through the Sector-Wide Approach (SWAp). **This ensures that stakeholders align with a single master plan**, allowing the Ministry to streamline governance and channel resources where they are most needed....”

“... It also highlighted **renewed public confidence in PHCs, with a rise in visits from 10 million visits in early 2024 to 45 million in mid-2025**. ... But the path to Universal Health Coverage (UHC) by 2030 is mined with **fiscal contradictions**. While the SWAp demands “One Budget,” the federal government allocated just 4.2% to health in the [2026 budget....”](#)

- Related: [The Conversation – Medical negligence in Nigeria: what’s known, and what needs to be done](#)

Lancet Commission - A Citizen-Centred Health System for India

[Lancet Commission](#);

“India stands at a pivotal moment in its journey towards universal health coverage (UHC)—a crucial component of the Government’s Viksit Bharat vision to elevate it to the status of a developed country by 2047. This *Lancet Commission on a citizen-centred health system for India* proposes a **transformative approach to India’s health system by placing the needs of citizens front and centre**. Drawing on extensive new and existing research, the report’s authors emphasise the urgent need to strengthen India’s public healthcare and identify a several health system reforms needed to advance UHC. **The Commission advocates for a rights-based, citizen-centred model that promotes community participation, transparency, and equity—key principles of UHC—aimed at ensuring high-quality, affordable care for all.**”

“...This report presents a key shift in the conventional narrative of the barriers to realising **universal health coverage (UHC) in India**: these are no longer driven by a lack of political will, underfunding, inadequate human resources and physical infrastructure, or low demand for health-care services. Instead, uneven quality of care, inefficiencies in spending, fragmented delivery, inadequate design and implementation of financial protection programmes, and poor governance emerge as key challenges....”

“Our clarion call is for an integrated, citizen-centred health-care delivery system that is publicly financed and publicly provided as the primary vehicle for UHC, while shaping the private sector to leverage its strengths.....”

- Do read also the related [Lancet editorial: Advancing health care: the engine of India's ambitions](#)

“India is on a bold journey towards [Viksit Bharat](#), with an aim to transform itself into a developed nation (with high-middle-income status) by 2047, 100 years after gaining independence. India has tremendous assets to help achieve this goal: rapid economic growth, a young population (more than 65% of the population is younger than 35 years), an ongoing digital transformation, infrastructure development, urbanisation, increasing manufacturing and pharmaceutical capacity, and its strategic geopolitical position. Investment is crucial both in terms of education and skills and in terms of health. Today, *The Lancet* publishes *The Lancet Commission on a citizen-centred health system for India that lays out a path to achieving universal health coverage in India—a vital foundation for the country's ambitions....*”

“... as the Commission lays out, universal health coverage is within reach. There have been huge changes in India's health system in the past two decades, such as expansion of access to health care and digital technology, but also major challenges and gaps, including insufficient health spending and health inequalities that require attention. The commissioners argue that active citizen-engagement and community action are central to progress alongside improving the quality of care and ensuring government accountability. They propose a series of reforms aligned around citizens' right to health and, although strongly emphasising the need for a publicly funded health system, there is a need also to engage with the private sector (which accounts for a substantial proportion of health care in India).”

PS: “The Commission provides a solid foundation not just for internal strengthening of India's health system, but **also for advancing its position globally**. India is at an inflection point. Besides being the world's largest democracy and having a strong commitment to multilateralism, it advocates for equitable representation, sustainable development, and collective security on global platforms. The country is already a leader in some areas related to health—for example, it produces 20% of [generic drugs](#) globally and [supplies more than 60%](#) of global vaccine demand. India's Vaccine Maitri Initiative provided COVID-19 vaccines to more than 100 countries, showcasing India's abilities for global health diplomacy. It could do more. Some may baulk at the idea of India taking a lead on the global stage given its domestic challenges. But **there is scope to promote Indian solutions to global problems, to help reshape international norms (especially with regard to health), and engage more in conversations about the future of global and regional health governance**. With WHO facing serious difficulties and the US Government in retreat from global health, **India can be an even stronger voice for the Global South and promote a more equitable distribution of power in a multipolar global order**. India's human capital is foundational to its future place in the world and health is central to that human capital. **Achieving universal health coverage therefore promises to advance India not only domestically, but internationally....**”

- PS: Youtube link to full recording of the report launch event in Delhi - <https://www.youtube.com/live/HXtS85dTZgg?t=23879s> (with NS Prashanth, R Horton & many others)

Trump 2.0

PS: Recently, some more positive sounds are coming from US Congress – see [AVAC's newsletter: Congress Steps Up In Defending Domestic and Global Health](#)

“...these bills signal a return to a bipartisan appropriations process and, if enacted, provide a basis to push back against unilateral cuts by the administration. They also signal bipartisan pushback against attempts to cut health and scientific research investments. By rejecting the steep cuts proposed by the administration, they stabilize lifesaving programs and protect the research enterprise. The House passed the bills on Thursday, and the focus now shifts to the Senate, which must pass the bills by January 30. Then onto the President to sign, and, most critically, for the administration to actually spend all Congressionally appropriated funds....”

Which, as you know, is an entirely different question....

Some more reads from this week:

Reuters - US to expand anti-abortion aid rule to cover 'gender ideology,' diversity

[Reuters](#);

“ The Trump administration is set to expand the Mexico City Policy that blocks U.S. assistance to organizations that provide or promote abortions to cover groups involved in what the administration calls "gender ideology" and diversity, equity and inclusion, an administration official said on Thursday. The policy, which opponents call the "global gag rule" because they say it silences abortion rights advocates, will be expanded on Friday to include international organizations and U.S. nongovernmental organizations, the official said. The change will cover \$30 billion of U.S. foreign assistance. ...”

“... "The State Department will release three final rules on Friday expanding the Mexico City Policy to protect foreign assistance from subsidizing not only abortion as a method of family planning, but also gender ideology (and) discriminatory equity ideology/DEI," said the official, who confirmed the plans on condition of anonymity....”

- See also NYT - [Trump to Expand 'Mexico City' Abortion Rule to Include D.E.I. and Gender](#)

HPW - One Year Later: The Effect of US 'Chainsaw' on Global Health

<https://healthpolicy-watch.news/the-human-cost-one-year-after-the-us-took-a-chainsaw-to-global-health/>

It's been exactly one year now... (with some overall analysis)

“One year ago today (20 January), the Trump administration exploded the global health sector by immediately “pausing” [all aid for 90 days](#) – and dispensing with 83% of US Agency for International Development (USAID) projects [six weeks later](#). ... Dr Tedros Adhanom Ghebreyesus, the World Health Organization (WHO) Director General, [described the US actions](#) as the “greatest disruption to global health finance in memory**”, “sowing chaos”, threatening to roll back decades of progress on infectious and neglected diseases.....”**

Ps: re a death tracker: **“ To date, 757,314 people – the majority children – have died from the funding cuts, [according to ImpactCounter](#), which tracks the effect of USAID cuts via sophisticated**

modelling tools. That is 88 deaths every hour. Modelling the effect of the **90-day pause on HIV in sub-Saharan Africa**, [ImpactCounter estimates](#) that **159,000 adults may have died in that region alone as a result of the suspension of aid by USAID and PEPFAR**. There are also almost a million more malaria cases, over 700,000 affecting children, due to aid cuts....”

BMJ Feature– Trump’s second term and the weaponisation of health policy: a 2025 timeline

<https://www.bmj.com/content/392/bmj.s91>

It’s quite a timeline (sigh).

Devex Pro – Fighting for billions: The legal battle to keep US foreign aid alive

<https://www.devex.com/news/fighting-for-billions-the-legal-battle-to-keep-us-foreign-aid-alive-111608>

“Frozen programs, delayed payments, and billions at stake. **The lawsuit that tested the limits of U.S. foreign aid continues, nearly one year after it began.**”

For more on the ongoing legal battle, see Devex - [Devex Newswire: Courts take their sweet time ruling on Trump's aid purge](#)

Devex Pro - \$50B US funding bill a welcome surprise, but will it see light of day?

<https://www.devex.com/news/50b-us-funding-bill-a-welcome-surprise-but-will-it-see-light-of-day-111691>

(gated) “Bill restores funding for programs the administration previously cut, **but questions remain over whether officials will honor Congress’ “power of the purse” or be able to bring on the staff and expertise to effectively implement the programs.**”

CGD – US Congress Says Yes to Foreign Aid—Now Comes the Hard Part

Erin Collinson et al ; <https://www.cgdev.org/blog/us-congress-says-yes-foreign-aid-now-comes-hard-part>

(recommended analysis) “...The deal is yet to pass the Senate, but **here’s a rundown of how several major accounts fared and what might come next....**”

Devex - Making sense of the US withdrawal from 66 international organizations

<https://www.devex.com/news/making-sense-of-the-us-withdrawal-from-66-international-organizations-111706>

“White House's "shock and awe" policy pronouncements on U.S retreat from multilateral organizations contrasts with U.S. embrace of U.N. humanitarian role.”

Futurism - Trump's HHS Trashes Top African Health Organization as "Fake" and "Powerless"

<https://futurism.com/health-medicine/trump-hhs-africa-cdc>

Africa CDC, that is.

"This is a powerless, fake organization attempting to manufacture credibility by repeating its claims publicly." Re the trial in Guinée-Bissau.

Stat - Florida proposes cutting eligibility for an AIDS drug program, causing panic

<https://www.statnews.com/pharmalot/2026/01/20/florida-hiv-aids-gilead-health-insurance/>

"The state would also eliminate coverage of two widely relied-on HIV medicines."

Devex Pro – Trump dismantled USAID. Now these aid workers are running for office

(gated) <https://www.devex.com/news/trump-dismantled-usaid-now-these-aid-workers-are-running-for-office-111518>

"For a growing group of former USAID and development professionals, the sector's collapse has sparked a new response: running for political office."

"The **common thread**? A belief that the skills honed abroad — navigating complexity, listening first, and acting under pressure — may now be most needed closer to home...."

Politico - Abortion opponents threaten to withhold midterm support amid rift with Trump

[Politico](#);

From last week. "Amid concerns about the president's actions, abortion opponents are threatening to redirect or withhold campaign spending and withdraw their volunteer armies in the midterms."

Excerpts:

"The anti-abortion movement's embrace of President Donald Trump paid them major dividends in his first term: The Supreme Court justices he appointed overturned Roe v. Wade, and state abortion bans swept the country. But a year into his second term, with little movement on their top policy priorities and mounting frustration with Trump's rhetoric on government funding of abortion, IVF, and other hot-button issues, some activists are questioning the alliance — and their own place within the GOP...."

"Trump's recent revelation that he fears being impeached if Republicans lose the fall midterms has only strengthened abortion opponents' belief that 2026 races can provide them powerful leverage

to push the president to take their demands more seriously. **To reassert their influence, leading abortion opponents are threatening to redirect or withhold some of their pledged tens of millions in midterms spending and the labor of their volunteer armies. Others are exploring backing primary campaigns against any Republicans they view as too soft on the issue.** And in both public statements and private talks with the administration, conservative activists are speaking directly to Trump's fears of a blue wave...."

PS: "The **anti-abortion movement is also looking beyond Trump to his potential successors.** Several groups have requested meetings with Vice President JD Vance and Secretary of State Marco Rubio as well as other possible presidential contenders, including several GOP senators, governors and wealthy businessmen. **Though those meetings have yet to take place, abortion opponents are already discussing how to convince these 2028 presidential hopefuls to commit to a "statement of principles."** "The pro-life movement is looking at 2028, looking at the future of the Republican Party and [they're] **concerned that if they don't do anything to show that they have some independence — that they're not just an appendix on the MAGA movement — that they're just going to be taken for granted,**" said Patrick Brown, a fellow at the Ethics and Public Policy Center, a conservative think tank. "They have to flex their muscles a little bit." ..."

NCDs

Nature Medicine Commission on dialysis policy in low- and middle-income countries

... on behalf of The Nature Medicine Commission on Dialysis Policy in Low- and Middle-Income Countries; <https://www.nature.com/articles/s41591-025-04084-w>

"This Commission aims to resolve the current dialysis policy challenges in Thailand and generate lessons for the global kidney community by drawing on empirical evidence, systems thinking and multidisciplinary expertise to generate policy goals and recommendations."

"The global demand for kidney replacement therapy (KRT) continues to increase, yet access remains limited in many low- and middle-income countries. Thailand has been recognized for integrating a sustainable KRT delivery model into its Universal Health Coverage scheme through a peritoneal dialysis–first ('PD-First') policy adopted in 2008. In 2022, the policy was revised to allow individuals to choose between hemodialysis or peritoneal dialysis as their first-line treatment. The intention was to improve patient choice and avoid high out-of-pocket costs, but the policy produced unintended consequences for the health system and patients. A Commission was convened to first assess the impact of the policy change and provide policy recommendations to the Thai government and, second, provide lessons for countries working to expand equitable access to KRT within national universal health coverage frameworks. ..."

- Related [Nature Medicine Comment – Sustaining kidney failure care under universal health coverage](#)

NEJM (Perspective) - Smokeless Tobacco and Oral Cancer in Global Perspective

M Parascandola et al ; <https://www.nejm.org/doi/full/10.1056/NEJMp2500631>

« **Smokeless tobacco (ST) use is a leading contributor to oral cancer and mortality worldwide — but both ST use and oral cancer are preventable.** Clinical interventions are critical to reducing the burden of disease. ... **ST products are used by more than 360 million people in 140 countries. The vast majority of these users (77%) are in low- and middle-income countries (LMICs), especially in Southeast Asia.** ST use is particularly high in Bangladesh, India, Pakistan, and Papua New Guinea. And **whereas rates of cigarette smoking have declined in most countries in recent decades, ST use has been increasing....**”

« **ST is classified by the International Agency for Research on Cancer (IARC) as a group 1 carcinogen in humans.** According to data from GLOBOCAN (Global Cancer Observatory), **the incidence of oral cancer, the primary type of cancer linked to ST, has been increasing, particularly in countries with high ST use....** ... **Both ST use and oral cancer disproportionately affect LMICs and populations with lower incomes and levels of education.** Furthermore, prognosis and survival among patients with oral cancers are disproportionately worse in LMICs....”

Commercial Determinants of Health

Science – Nearly a third of social media research has undisclosed ties to industry, preprint claims

<https://www.science.org/content/article/nearly-third-social-media-research-has-undisclosed-ties-industry-preprint-claims>

“Industry-linked studies were also more likely to focus on particular topics, suggesting these ties may be skewing the field.”

Decolonize Global Health

Why Africa Speaks Through Others: What the Hepatitis Vaccine Controversy Reveals About Epistemic Authority

E S Koum Besson ; <https://www.linkedin.com/pulse/why-africa-speaks-through-others-what-hepatitis-koum-besson-garae/>

New episode from this recommended newsletter. (*for more on the Hepatitis vaccine controversy, see below: section ‘Access to medicines, vaccines etc’*)

“... as this story is unfolding raises a deeper discomfort—one that goes beyond any single study. Because **once again, African publics are learning about African research governance through The Guardian. Why does legitimacy still travel through London/Washington DC?...** ... Even more revealing than the role of foreign media is the **absence of African scholarly and epistemic spaces in the public life of this controversy....** **There is no widely recognised African-based journal, rapid-response ethics forum, or continental platform where this debate is unfolding publicly and**

authoritatively. African researchers may well be involved in the study—but epistemic legitimacy is still conferred elsewhere....”

“The controversy becomes “real” not when African institutions debate it openly, but when it is: reported in Western media, debated by researchers—African and non-African alike—outside African regulatory, institutional, and public accountability contexts; scrutinised through external ethical lenses, and expected to be resolved through publication in international journals headquartered outside the continent.... This pattern is familiar: knowledge about Africa may be produced in Africa, but legitimacy is earned abroad....”

Aid Dependency and African Dignity: Do Global Health Donors and Journalists Care?

E S Koum Besson; <https://www.linkedin.com/pulse/aid-dependency-african-dignity-do-global-health-care-koum-besson-ouo0e/>

“For many Africans, aid dependency is fundamentally a question of dignity—the ability to protect life without waiting for distant political decisions. It is the right to continuity, predictability, and self-respect. It is about not having survival hinge on electoral cycles elsewhere. From the global health financing architecture and its narrators, care often takes a different form. It is oriented toward saving lives, preventing catastrophe, demonstrating impact, and justifying intervention. These concerns are not illegitimate, but they produce different tools, different objectives, and very different stories. Stories that center benefactors rather than systems, urgency rather than structure, rescue rather than autonomy....”

“... To genuinely care about something implies more than awareness. It implies responsibility—responsibility that shapes priorities, resources, and actions. Caring for a system’s own stability—its funding pipelines, careers, visibility, and metrics—is not the same as caring for the long-term thriving of countries affected by that system. In the foreign aid ecosystem, tools and objectives are designed first for donor accountability, not for host-country transformation. It is in this distinction—between caretaking and comforting the giver’s own gaze—that Stephanie Nolen’s recent reporting (NYT) becomes a critical mirror....”

“...There is a philosophical difference between: caring for the donor’s ability to control, measure, and narrate aid, and caring for the dignity, agency, and long-term viability of countries affected by aid systems....”

Do read on.

Access to Medicines, vaccines & other health technologies

HPW - Confusion Over 'Cancellation' of Controversial Hepatitis B Trial in Guinea-Bissau

<https://healthpolicy-watch.news/confusion-over-cancellation-of-controversial-hepatitis-b-trial-in-guinea-bissau/>

(16 Jan) “A [controversial clinical trial](#) on the effects of the hepatitis B vaccine on babies in Guinea-Bissau has been “cancelled”, according to Dr Yap Boum of Africa Centres for Disease Control and Prevention (CDC). However, this has been contested by the US Department of Health and Human Services (HHS), which is funding a Danish group to conduct the study, [according to CIDRAP](#). An HHS official told CIDRAP that **researchers are still working on the study protocol, the official said, adding, “we are proceeding as planned.”** ... But Boum told a media briefing on Thursday that there were “ethical challenges” with the trial design, and Africa CDC had engaged with the health ministry of Guinea-Bissau about it....”

- See also [Rolling Stone – HHS Gave a \\$1.6 Million Grant to a Controversial Vaccine Study. These Emails Show How That Happened](#)

“Two Danish researchers faced accusations of “questionable research practices” as **RFK Jr. appointees made their study a “funding priority”.**”

- HPW - [‘Suspended or Cancelled’: Guinea-Bissau Health Minister Halts Controversial Hepatitis B Trial](#)

(update from yesterday, 22 Jan). “A [controversial trial](#) to examine various impacts of the hepatitis B vaccine on newborn babies in Guinea-Bissau has been “suspended or cancelled”, the country’s Health Minister, Quinhim Nanthote, told a media briefing convened by the Africa Centres for Disease Control and Prevention (Africa CDC) on Thursday. This is despite [recent assertions](#) by the US Health and Human Services (HHS) Department, which is funding the trial, that it was going ahead. Nanthote initially told the briefing that his country’s ethics committee had not yet held a meeting about the trial, but later said that it “did not have the required technical resources” to approve the trial....”

PS: see also Stat - [Guinea-Bissau says plans for controversial U.S.-funded vaccine study need further review](#) (22 Jan).

“....During the (Africa CDC) briefing, Jean Kaseya, Africa CDC’s director general, repeatedly stressed that any authorization for clinical studies would need to be granted by the countries that would host them. The continental agency is sending officials to Guinea-Bissau to provide technical support for the regulatory and ethical review that still needs to take place, Kaseya said, but the decision was ultimately Guinea-Bissau’s. “

And Devex - [Guinea-Bissau still debating controversial US hepatitis B vaccine trial](#)

“ The director-general of public health from Guinea-Bissau said the country is still examining whether it will move forward with the study.”

HPW - EU Parliament Backs Critical Medicines Act, Sparking Supply Concerns in Africa

<https://healthpolicy-watch.news/eu-parliament-backs-critical-medicines-act/>

“ – The European Parliament backed the EU’s Critical Medicines Act (CMA) on Tuesday **in a decisive move to secure Europe’s pharmaceutical supply chains** from geopolitical shocks. With an overwhelming majority of 503 votes in favour, 57 against, and 108 abstentions, **MEPs endorsed a sweeping industrial policy designed to re-shore the production of active ingredients (API’s), critical medicines and essential drugs like antibiotics and insulin.** While the vote marks a major step toward European “health sovereignty,” **critics warn that the EU’s push for resilience could inadvertently drain global supply, drive up prices for essential drugs, and undercut Africa’s emerging pharma industry....”**

“Amref Health Africa has raised alarm bells regarding the Critical Medicines Act’s potential to disrupt **the nascent pharmaceutical sovereignty of the African continent**, **pointing to three distinct risks:**

- EU mandates to fill stockpiles could drain global markets of limited supplies, leaving African nations with shortages
- A massive spike in EU demand for APIs could drive up global commodity prices, making medicines unaffordable in the Global South
- By incentivising “made in Europe,” the EU may inadvertently undercut efforts to build pharmaceutical manufacturing hubs in Africa, an initiative heavily promoted by the African Union.

Without coordination, EU stockpiling could lead to “supply diversion,” reducing availability of medicines in African markets, warned Mbuthia, Amref’s director of health financing....”

PS: “... **For stakeholders like Amref, the coming months will be critical to see if the final text includes explicit protections for global health equity, or if the EU’s drive for autonomy turns into a “Europe First” policy.** “We call on European policymakers to ensure that the Critical Medicines Act promotes cooperation, transparency, and shared resilience,” Ralph Achenbach, Executive Director at the German branch of Amref Health Africa emphasised. **It should be set up to be complementary to the African Union’s African Health Sovereignty initiative,** Achenbach emphasised, supporting diversified manufacturing, investing in pharmaceutical production capacity on the continent, and strengthening equitable procurement mechanisms....”

The Telegraph - Cholera is surging in Africa. A new generation of vaccines could slow it

<https://www.telegraph.co.uk/global-health/science-and-disease/new-generation-vaccines-may-slow-surging-cholera-in-africa/>

“Experts say the **three jabs** have the potential to make protection faster, more accessible, and more equitable than ever.”

“experts believe ... the **three jabs** – South Korea’s Euvichol-S, India’s Hillchol from Bharat Biotech, and South Africa’s Biovac vaccine – could help to change the trajectory of cholera outbreaks...”

HPW - EU and US Regulators Reach Landmark Accord on AI Principles in Drug Development

<https://healthpolicy-watch.news/eu-and-us-ai-principles/>

“The European Medicines Agency (EMA) and the US Food and Drug Administration (FDA) have **jointly established new AI principles in drug development** to reduce regulatory divergence between the major markets of the European Union and the United States. Industry associations have applauded the landmark accord, as it strengthens harmonisation across the regions – but emphasise that more concrete steps are needed....”

“With AI technologies **becoming increasingly embedded in evidence generation or analysis in drug development**, regulators are pivoting from monitoring to establishing principles-based guardrails to improve the accountability, integrity, and performance of the new technology. **The accord is likely to have a significant effect on global AI use in drug development, as the regulatory weight of the EMA and the FDA decisions sets global standards....**”

TGH – Former Head of Gavi on the U.S. Retreat from Vaccines

<https://www.thinkglobalhealth.org/article/former-head-of-gavi-on-the-u-s-retreat-from-vaccines>

“Seth Berkley evaluates the new U.S. vaccine schedule and what defunding immunization means for pandemic preparedness.”

Among others, on the US defunding of GAVI, and its impact on vaccines in LMICs.

Planetary Health

UN News - For every \$1 spent protecting nature, \$30 goes to destroying it

<https://news.un.org/en/story/2026/01/1166809>

“The world spends billions to protect nature, but trillions are being invested in business activities that harm the environment. “

“The UN on Thursday issued a call for widespread financial reform as the most powerful way to shift global markets towards realising a better world, for people and the planet. **For every dollar invested in protecting nature, 30 dollars are spent on destroying it – that’s the central finding of the *State of Finance for Nature 2026* report, which calls for a major policy shift towards scaling up solutions that help the natural world – and support the economy at the same time....**”

Project Syndicate – As Climate Diplomacy Stalls, the Economics Are Racing Ahead

J McCarthy; <https://www.project-syndicate.org/commentary/climate-economics-markets-driving-transition-even-as-politicians-fail-by-julie-mccarthy-2026-01>

“Despite political gridlock within countries and at global summits, climate change and ecological degradation are creating undeniable economic momentum. As renewables scale up, fossil fuels will become even less competitive; and as ecosystems degrade, markets will price in the risks and reward those who adapt.”

McCarthy argues: “... **When the economics change, the politics eventually follow....**” (*let’s just hope economics change first enough to avert the worst scenarios*)

Guardian – Era of ‘global water bankruptcy’ is here, UN report says

<https://www.theguardian.com/environment/2026/jan/20/era-of-global-water-bankruptcy-is-here-un-report-says>

“The world has entered an era of “global water bankruptcy” that is harming billions of people, a UN report has declared.”

“The overuse and pollution of water must be tackled urgently, the report’s lead author said, because no one knew when the whole system could collapse, with implications for peace and social cohesion.”

“...The result was a world in which 75% of people lived in countries classified as water-insecure or critically water-insecure and 2 billion people lived on ground that is sinking as groundwater aquifers collapse.....”

Study from **UN University’s Institute for Water, Environment and Health.** “...The **UN report**, which is based on a forthcoming paper in the peer-reviewed journal **Water Resources Management**, sets out how population growth, urbanisation and economic growth have increased water demand for agriculture, industry, energy and cities...”

- Related: the Guardian – [***Half the world’s 100 largest cities are in high water stress areas, analysis finds***](#)

Guardian - Bill Gates charity trust’s holdings in fossil fuel firms rise despite divestment claims

<https://www.theguardian.com/environment/2026/jan/19/bill-gates-charity-trusts-holdings-in-fossil-fuel-firms-rise-despite-divestment-claims>

“Trust had \$254m invested in companies such as Chevron, BP and Shell in 2024, a nine-year record, analysis shows.”

Guardian - Half of world's CO2 emissions come from just 32 fossil fuel firms, study shows

<https://www.theguardian.com/environment/2026/jan/21/carbon-dioxide-co2-emissions-fossil-fuel-firms-study>

“Critics accuse leading firms of sabotaging climate action but say data increasingly being used to hold them to account.”

“State-owned fossil fuel producers made up 17 of the top 20 emitters in the [Carbon Majors](#) report, which the authors said underscored the political barriers to tackling global heating. All 17 are controlled by countries that opposed a proposed fossil fuel phaseout at the [Cop30](#) UN climate summit in December, including Saudi Arabia, Russia, China, Iran, the United Arab Emirates and India. More than 80 other nations had backed the phaseout plan.....”

Human Resources for Health

Guardian – Global midwife shortage raises rates of maternity intervention, report warns

<https://www.theguardian.com/global-development/2026/jan/20/world-shortage-million-midwives-icm-healthcare-mothers-babies-intervention>

“World is short of a million midwives, report finds, with adequate access potentially saving 4.3m lives a year.”

“A global shortage of nearly a million midwives is leaving pregnant women without the basic care needed to prevent harm, including the deaths of mothers and babies, according to new research. Almost half the shortage was in Africa, where nine in 10 women lived in a country without enough midwives, the researchers said.....” re a study by the International Confederation of Midwives (ICM) in the journal **Women and Birth**.

“... For all women to receive safe, good-quality care before, during and after pregnancy, an additional 980,000 midwives would be needed across 181 countries, [the study found](#). According to [previous research](#), universal access to midwife-delivered care could prevent two-thirds of maternal and newborn deaths and stillbirths, saving 4.3 million lives annually by 2035.”

PS: **“The ICM said the issue was not only a lack of training places for midwives, but also a failure in many countries to employ trained midwives where they were needed and to retain those who were working in health services. “**

“... More than 90% of the global midwife shortage was in low- and middle-income countries. Africa has only 40% of the midwives it needs, the eastern Mediterranean only 31%, and the Americas just 15%, researchers found. Shortfalls were much smaller, although still present, in other regions including south-east Asia and Europe....”

SRHR

Nature - HPV vaccine could help to protect the unvaccinated against cervical cancer

https://www.nature.com/articles/d41586-026-00128-4?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=39622622

“A drop in precancerous growths in women who hadn’t received the jab suggests the existence of a ‘herd effect’ against the virus.” Cfr a new study in Sweden.

Lancet GH (Letter) - Understanding the WHO global strategy to accelerate cervical cancer elimination

V F Defo et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00004-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00004-5/fulltext)

Do read together with [the authors’ reply](#) (by A Amani et al)

“We thank Victoire Fokom Defo and Joël Fokom Domgue for their Correspondence and welcome the opportunity to clarify an important conceptual distinction. We agree that population-level elimination of cervical cancer (defined as incidence ≤ 4 per 100 000 women-years) will not be achieved by 2030, even under optimistic scenarios, given the disease’s long natural history. Our Comment did not intend to suggest otherwise. **The 2030 horizon denotes WHO implementation targets:** 90% human papillomavirus (HPV) vaccination coverage by age 15 years, 70% screening with high-performance tests by ages 35 and 45 years, and 90% treatment of women identified with precancer or invasive disease. **These milestones represent essential preconditions for placing countries on a trajectory toward elimination, which will occur decades later.** Comparative modelling shows unequivocally that achieving the WHO 90–70–90 targets is necessary for future elimination and substantial mortality reductions this century. These analyses indicate that delays in meeting 2030 targets would result in millions of preventable cases and deaths in high-burden settings, underscoring the importance of timely implementation....”

“... In summary, our emphasis on 2030 reflects the importance of achieving time-bound operational thresholds that enable long-term elimination, rather than conflating these milestones with the epidemiological endpoint. Maintaining this distinction is essential for sustaining political commitment, guiding investment, and ensuring accountability in the global effort to eliminate cervical cancer.”

More reports & papers

MSF report - Attacks on medical care in armed conflict reach record levels

<https://www.msf.org/attacks-medical-care-armed-conflict-reach-record-levels>

“ Attacks on medical care in armed conflict have reached record levels. Warring parties – including states – are increasingly shirking their obligation under international humanitarian law (IHL) to protect patients, medical facilities, personnel, and vehicles, according to a new report from Médecins Sans Frontières (MSF). Nearly 10 years after UN Security Council resolution 2286, which condemned attacks on healthcare and called for an end to impunity, states must comply with IHL, respect civilian lives, ensure accountability, and reverse the culture of impunity. “

The report, **Medical care in the crosshairs**, draws figures from existing international databases and MSF’s own experience in armed conflict. In 2025, the World Health Organization's Surveillance System for Attacks on Health Care (SSA) reported a total of 1,348 attacks on medical facilities, resulting in the deaths of 1,981 people. This marked a significant increase in fatalities among medical personnel and patients in conflict zones, which more than doubled from 944 in 2024. Sudan was the most affected country, with 1,620 people killed, followed by Myanmar with 148, Palestine with 125, Syria with 41, and Ukraine with 19 people killed...”

Re the **shifted narrative**: “The **MSF report highlights a troubling decline in warring parties respecting IHL**. This trend is evident in both statistical data and the statements made by government members, military figures, and others involved in armed conflicts. **“Warring parties have shifted the narrative from one of ‘mistaken attacks’ to a justification that medical facilities and humanitarian personnel have ‘lost protection’ under IHL,”** says Erik Laan, an advocacy expert with MSF. “This shift often reflects a prioritisation of military necessity over the obligation to protect civilians and mitigate civilian harm.”

Health Policy - Editorial for the special issue How do Health Systems and Health contribute to the Sustainable Development Goals?

L Siciliani, S Greer et al ; <https://www.sciencedirect.com/science/article/pii/S0168851025003008>

“This special issue addresses the question “How do Health Systems and Health contribute to the Sustainable Development Goals?”. The SDGs provide a useful framework for considering a broad range of societal objectives (Figure 1). The **special issue contains ten articles documenting co-benefits from health and health systems (SDG3) on other SDGs**: no poverty (SDG1), quality education (SDG4), gender equality (SDG5), decent work and economic growth (SDG8), reducing inequalities (SDG10), responsible consumption and production (SDG12), climate action (SDG13) and peace, justice and strong institutions (SDG16). Two articles were devoted to SDG8: labour market outcomes (SDG 8.5, 8.6) and economic growth (SDG 8.1, 8.2). **One overview article provides a common framework and brings the key findings together....”**

Health Policy - The contribution of health and health systems to other sustainable development goals. An overview of the evidence on co-benefits

L Siciliani et al ; <https://www.sciencedirect.com/science/article/pii/S016885102500209X>

“There is evidence of co-benefits from health and health systems to other SDGs. We summarise evidence from nine narrative reviews. We focus on poverty, education, labour, growth, inequalities, climate, institutions. **Co-benefits can strengthen the case for investing in health.”**

Miscellaneous

WHO renews commitment to a leprosy-free world, spotlighting partnership and progress ahead of World Leprosy Day

<https://www.who.int/news/item/21-01-2026-who-renews-commitment-to-a-leprosy-free-world--spotlighting-partnership-and-progress-ahead-of-world-leprosy-day/>

“Access to treatment for leprosy is essential to global efforts to eliminate leprosy, says the World Health Organization (WHO) ahead of World Leprosy Day, to be observed on 25 January....”

Lancet – Offline: Dear Pope Leo XIV—please consider health

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00088-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00088-7/fulltext)

Horton’s topic of the week is fairly obvious, I guess :)

“my respectful invitation is that he renews the church's commitment to forging a dialogue with science, and **that he makes health a signature concern of his papacy...**”

Global health governance & Governance of Health

Devex - ‘Civil war’ within Oxfam GB as CEO exit triggers board review

<https://www.devex.com/news/civil-war-within-oxfam-gb-as-ceo-exit-triggers-board-review-111690>

“The prominent NGO saw CEO Halima Begum depart, but now the board is under review, and some staff are skeptical.”

FT - Beijing pours cash into Belt and Road financing in global resources grab

<https://www.ft.com/content/ab8ef57c-66b6-456b-9c20-e5d8896fa759?utm>

“Spending on Xi Jinping’s signature overseas investment project hit a record in 2025, new research shows.”

“China’s flagship overseas infrastructure finance programme the Belt and Road Initiative increased by three-quarters to a record \$213.5bn in 2025 as Beijing sought to take advantage of wavering US influence around the world by pouring funding into development projects. The surge in new investment and construction deals was **dominated by gas megaprojects and green power**, according to research by Australia’s Griffith University and the Green Finance & Development Center in Shanghai. Beijing signed 350 deals last year, up from 293 worth \$122.6bn in 2024.”

“... Last year’s figures brought the total cumulative value of BRI contracts and investments since its launch to **\$1.4tn**, the study found.”

“The **growth in 2025 was driven by multibillion-dollar megaprojects** including a gas development in the Republic of the Congo led by Southernpec, Nigeria’s Ogidigben Gas Revolution Industrial Park led by China National Chemical Engineering and a petrochemical plant in North Kalimantan, Indonesia, led by a Chinese joint venture of Tongkun Group and Xinfengming Group.... .. Craig Singleton, senior director of the China programme at Foundation for Defense of Democracies, a Washington-based think-tank, said **one “emerging pattern” was China’s strengthening of engagement with countries whose resources can help it to exclude the US from its supply chain.....”** ““China’s overseas engagement is increasingly focused on strategic sectors that support self-reliance, supply-chain resilience and technological integration,” he said.....”

Health Affairs scholar - Securing independence in global health oversight—the OPEN framework

Nina Schwalbe et al;

<https://academic.oup.com/healthaffairsscholar/article/3/12/qxaf231/8344449?login=true>

Cfr tweet: **“Many global health oversight bodies describe themselves as “independent,” yet what that independence means in practice is often unclear. In a new paper published in Health Affairs Scholar, we examine this question by applying a new framework to three global health oversight bodies, showing how conflicts of interest, funding dependencies, and institutional arrangements can limit real autonomy. we propose the OPEN Framework, which breaks independence down into four practical dimensions: Organizational & operational ; Political; Economic & financial; knowledge & technical...”**

Via the abstract: “The credibility of global health oversight mechanisms relies on their perceived independence. What truly constitutes “independent,” however, remains ill-defined. **this paper outlines 4 pillars of independence: operational, political, economic, and knowledge/technical.** It then proposes a **practical tool for evaluating their application—the “OPEN Framework.”** We tested this framework by **reviewing it against 3 so-called independent monitoring bodies: the Global Polio Eradication Initiative's Independent Monitoring Board, the Global Preparedness Monitoring Board, an independent monitoring and accountability body to ensure preparedness for global health crises, and the Independent Accountability Panel for Maternal, Newborn, and Child Health.** Our findings reveal that, despite intentions of independence, pragmatic constraints and dependencies often compromise autonomy. **The paper argues for a shift from rhetorical to operational independence by applying this framework, identifying conflicts of interest, and actively managing them...”**

Devex – re UNDP

[Devex](#);

“Over the weekend, the **U.N. Development Programme** announced it is relocating some **400 posts from its midtown Manhattan headquarters to Bonn, Germany, and Madrid, Spain.**”

“The announcement **follows moves** by several other New York-based U.N. humanitarian agencies, including UNICEF, UN Women, and the U.N. Population Fund, to **shrink their headquarters staff, sending workers to Nairobi, Kenya,** and other overseas duty stations.

About 300 of the new posts will move to Germany, which is the largest government donor to UNDP, providing nearly \$100 million in funding in 2024. Germany, however, has more recently

been **imposing steep cuts in its foreign aid budget**, reflecting a shift in priorities to defense. The rest of the posts, **about 100, will relocate to Spain**, which, while not a top 10 contributor, has increased its funding to UNDP's core budget tenfold over the last three years...."

Carnegie Endowment for International Piece (paper) - The Middle Power Moment

Patrick Stewart; <https://carnegieendowment.org/research/2026/01/the-middle-power-moment?lang=en>

"Middle powers have an important role to play in reviving international cooperation at this dawning moment of a new multipolar world."

SSM Health Systems - International Monetary Fund and World Bank Influence on Domestic Health Financing Sources: A Mixed-Methods Case Study of Senegal

F Federspiel, J Borghi et al ; <https://www.sciencedirect.com/science/article/pii/S2949856226000139>

"IMF/WB influence on health financing policy in Senegal has evolved from promoting cost sharing before 2002 to expanding government health spending and community-based health insurance after 2002. General public sector austerity and promotion of private health service delivery has however been maintained over time. Within this mixed IMF/WB influence, domestic government health spending has not increased in real terms between 2006-19, and user fees remain the predominant source of health financing. **Broad IMF social sector spending floors have been ineffective at raising real-term government health spending levels, and a specific government health expenditure floor at 10-15% of general government expenditure could be considered."**

World Development -When aid misses the target: competing objectives, new classifications, and smarter delivery

Axel Dreher; <https://www.sciencedirect.com/science/article/pii/S0305750X25002451>

"Western donors allocate over US\$ 200 billion annually to official development assistance (ODA), yet much of this funding serves goals other than sustained recipient-country development. **In this paper, I argue that competing objectives and uses—including in-donor refugee costs, geopolitical interests, and commercial ties—and inflated aid budgets undermine ODA's credibility.** I then argue for a narrow, development-focused definition of ODA that excludes humanitarian relief and global public goods and suggest that concentrating development aid on infrastructure, education, and health—linked to a small number of ex ante conditions and delivering it primarily through budget support in democracies—would improve alignment with recipient priorities, bolster government accountability, and maximize developmental impact."

Journal of International Relations & Development - 'We are not sitting at the table, but we are part of the ecosystem': engagement groups and the G7

By I Bartelt et al. <https://link.springer.com/article/10.1057/s41268-025-00368-3>

Focus on the German G7 presidency in 2022.

Global health financing

BMJ - Eliminating human African trypanosomiasis: lessons from Kenya

Yap Boum et al ; <https://www.bmj.com/content/392/bmj.s63>

“Containment of neglected tropical diseases is effective but requires new financing models.”

“... Progress in eliminating NTDs now faces the challenge of major cuts to global health financing and reduced official development assistance, demanding a rethink of how elimination is financed and delivered. African leadership has become increasingly visible: the African Union has reaffirmed its commitment to end NTDs by 2030, and member states have endorsed the Kigali declaration, which calls for greater domestic financing and accountability. Several high burden countries are translating these commitments into action—Nigeria has expanded federal and state level budgets for NTDs, Ethiopia has embedded NTD financing within national health sector plans, and Senegal has sustained domestic funding for mass drug administration and surveillance—signalling a gradual shift from donor dependence towards country financing.”

“As external resources contract, Africa’s expanding capacities should be recognised as global public goods, and South–South collaboration accelerated. Technological advances are already shifting what is operationally possible: diagnostics now range from improved parasitological methods and rapid tests to molecular tools such as PCR, LAMP, and PCR–CRISPR, while treatment has moved from complex regimens such as nifurtimox-flornithine combination therapy to simpler oral options such as fexinidazole, with single dose acoziborole approaching.... ”

“Achieving the 2030 WHO NTD targets will require sustained domestic financing, renewed multilateral commitments from affected countries and global partners, and a new generation of equitable partnerships across academia, the private sector, and public health institutions.

UHC & PHC

People’s Dispatch - SUS: de-privatization is possible – and necessary

<https://peoplesdispatch.org/2026/01/15/sus-de-privatization-is-possible-and-necessary/>

“Researcher Leonardo Mattos describes how the private sector is infiltrating the public healthcare system in Brazil, fragmenting care provision.”

Plos Digital Health - Digital health interventions in strengthening primary healthcare systems in Sub-Saharan Africa: Insights from Ethiopia, Ghana, and Zimbabwe

<https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0000863>

by T Simbini et al.

Pandemic preparedness & response/ Global Health Security

Journal of Community Systems for Health - Speaking to the silences on community engagement in pandemic prevention, preparedness and response

M Luba, S Abimbola et al; <https://journals.ub.umu.se/index.php/jcsh/article/view/1260>

“... community engagement in pandemic prevention, preparedness and response (PPPR) remains narrowly framed and reduced to social mobilization, sidelining essential lessons from outbreaks that demand communities' endogenous roles in governance. In this paper, we highlight multiple layers of "silences" in literature, policy, and practice across three domains: undefined and invisible engagement structures from community health facility committees interfacing service users, leaders, and providers, to district assemblies, national health assemblies linking subnational units, and supranational civil society mechanisms; power asymmetries that positions communities as tokenistic observers rather than active, equal partners whose local insights shape decisions, exacerbated by elite capture, financial dependence, and exclusion from technical discussions under assumptions of incapacity; and evaluative logics that prioritize health outcomes over process enablers like capacity-building, clear rules of inclusion, adequate resourcing, accountability, and contextual factors...”

Lancet Planetary Health (Editorial) - Biosecurity needs an expanded lens to remain effective

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00002-1/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00002-1/fulltext)

“Effectiveness of global biosecurity measures is under pressure from military conflict, fractured alliances, and weakening multilateralism. Its core institutions, from the Biological Weapons Convention to the International Health Regulations, were shaped during bipolar and unipolar geopolitical eras and are poorly adapted to today's contested multipolar world. The WHO Pandemic Agreement, which seeks to address failures exposed by the COVID-19 pandemic, will reach a decisive moment in 2026 as the final [Pathogen Access and Benefit-Sharing \(PABS\) annex](#) comes before the Seventy-ninth World Health Assembly. AI-driven synthetic biology and expanding biotechnological power complicate these transformative pressures. Climate change amplifies biosecurity risks by altering ecological space for pathogens and accelerating their dynamics. In parallel, it weakens governance capacity, as historical patterns become a poorer predictor of future biological threats. Together, these forces render existing biosecurity models inadequate and indicate the need for an ecologically and ethically grounded approach. Viewing biosecurity through a Planetary Health lens shifts attention from containment to risk-generating conditions and to our responsibilities toward ecosystems and future generations.”

Concluding: **“...As the world enters 2026, global biosecurity stands at a crossroads. Even in a fragmented world, scientific cooperation does and must continue. When unanimous consensus is impossible, trust-based coalitions can drive progress, as seen in the adoption of the Pandemic Agreement. Overlooked pathogens should be considered proactively, rather than relying solely on established pathogen lists. [Spread of animal diseases in non-endemic regions](#) requires investment in vaccine banks, and human vaccine stockpiles require similar attention. Laboratories, especially in LMICs, need sustained support from governments and international funders, together with increased investment in animal and plant health. A planetary health perspective shifts biosecurity from pathogen lists and national biodefense to a more coordinated, AI-aware governance that**

seeks to protect Earth's living systems. Biosecurity should be integrated into climate, finance, food, biodiversity, and technological governance. The next decade will determine if biosecurity can evolve to address ecological disruption and technological advancement..."

Telegraph - Boiled pangolin for lunch? The rampant trade that could spark a new pandemic

<https://www.telegraph.co.uk/global-health/terror-and-security/laos-illegal-wildlife-trade-pangolin-trafficking-pandemic/>

"Laos has become a key destination for international wildlife traffickers. Experts warn it could unleash a new pathogen."

Nature Medicine - Lessons from Rwanda's response to the Marburg virus outbreak

<https://www.nature.com/articles/s41591-025-04163-y>

By Sabin Nsanzimana, et al.

JIEPH - Ten years after the Ebola outbreak: Lessons, progress, and preparedness and response in West Africa

<https://afenet-journal.org/10-37432-jieph-d-25-00222/>

by Virgil Lokossou et al.

Planetary health

Climate Change News - At 'Davos of mining', Saudi Arabia shapes new narrative on minerals

<https://www.climatechangenews.com/2026/01/16/at-davos-of-mining-saudi-arabia-shapes-new-narrative-on-minerals/>

"Over 100 countries attended the Future Minerals Forum in Riyadh, putting the Kingdom at the heart of discussions on minerals for the energy transition."

"As competition for natural resources fractures the global order, Saudi Arabia is cementing its position as the centre of gravity for international discussions to accelerate the production of minerals the world needs for clean energy and digital technologies. Ministers and senior representatives from more than 100 countries gathered in Riyadh this week for the Future Minerals Forum, an annual event that has become a mainstay of the minerals industry's calendar since its launch in 2022. **Among them were representatives from all G20 countries,** which include the US,

Canada, China, Germany, France and Russia, **as well resource-rich African and Latin American nations**, the Saudi government said. “

PS: **“At the same time, to establish itself as a minerals processing hub, Saudi Arabia is seeking to broker bilateral deals with developing countries, particularly in Africa, to secure access to resources it can refine. ... Nonetheless, Nafi Quarshie, Africa director of the Natural Resource Governance Institute, who attended the forum, told Climate Home News there is “tension” between Saudi Arabia’s plan to process minerals and African nations’ ambitions to add value to their resources and reduce exports of raw materials. “There’s a kind of a push for Africa to do business with Saudi Arabia,” she said. ... It remains unclear how African governments can ensure that any minerals agreement with Saudi Arabia creates a win-win situation and helps drive investment to refine ores into higher-value products for clean technologies on the continent, she added.”**

PS: **“There were few civil society representatives in the glitzy halls of the King Abdulaziz International Conference Center, while communities impacted by mining projects were not represented.”**

Carbon Brief - Adopting low-cost ‘healthy’ diets could cut food emissions by one-third

Carbon Brief;

“Choosing the “least expensive” healthy food options could cut dietary emissions by one-third, according to a new study. In addition to the lower emissions, diets composed of low-cost, healthy foods would cost roughly one-third as much as a diet of the most-consumed foods in every country....”

“The study, published in [Nature Food](#), compares prices and emissions associated with 440 local food products in 171 countries.”

Guardian - Scientists warn of ‘regime shift’ as seaweed blooms expand worldwide

<https://www.theguardian.com/environment/2026/jan/19/scientists-seaweed-blooms-expand-worldwide-ocean-pollution>

“Study links rapid growth of ocean macroalgae to global heating and nutrient pollution.”

“Scientists have warned of a potential “regime shift” in the oceans, as the rapid growth of huge mats of seaweed appears to be driven by global heating and excessive enrichment of waters from farming runoff and other pollutants.... Over the past two decades, seaweed blooms have expanded by a staggering 13.4% a year in the tropical Atlantic and western Pacific, with the most dramatic increases occurring after 2008, according to researchers at the University of South Florida.”

“In a new paper, they say this shift could darken the waters below, changing their ecology and geochemistry, and may also accelerate climate breakdown. ... “Before 2008, there were no major blooms of macroalgae [seaweed] reported except for sargassum in the Sargasso Sea,” said Chuanmin

Hu, a professor of oceanography at the USF College of Marine Science and the paper's senior author. **"On a global scale, we appear to be witnessing a regime shift from a macroalgae-poor ocean to an macroalgae-rich ocean."**

Lancet Planetary Health - Pharmaceutical pollution from health care: a systems-based strategy for mitigating risks to public and environmental health

Kelly Thornber et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00282-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00282-7/fulltext)

"Human pharmaceuticals are increasingly detected in environments around the world, with growing international calls to mitigate the ecological and human health risks posed by these novel entities. Exposure to pharmaceutical pollutants can negatively affect the behaviour, reproduction, and health of wildlife, contributing towards declining ecological health and global biodiversity loss. Pharmaceuticals in the environment are also driving rising levels of antimicrobial resistance, a major public health threat. Developing strategies to mitigate these public and environmental health risks has been greatly limited by diverse and often conflicting stakeholder interests and the need to retain the major human health and socioeconomic benefits that pharmaceuticals provide. In this Personal View, we propose a multistakeholder, systems-based approach for high-income countries to develop transformational national mitigation strategies. "

With a **UK case study.**

Covid

BMC Medicine - Determinants of long-term SARS-CoV-2 immune responses in asymptomatic-to-moderate COVID-19 patients in sub-Saharan Africa

<https://link.springer.com/article/10.1186/s12916-025-04607-9>

"Immune responses after SARS-CoV-2 infection remain poorly characterized in African populations, despite widespread viral transmission and proportionally lower COVID-19 severity and mortality than in other regions. We aimed to define the determinants and durability of humoral and cellular immunity in sub-Saharan Africa and to identify immune correlates of protection against reinfection...."

Mpox

Telegraph - Mpox may be spreading asymptotically, greatly increasing its threat, finds new study

<https://www.telegraph.co.uk/global-health/science-and-disease/asymptomatic-mpox-more-widespread-than-previously-thought/>

“Researchers say the findings are important because it may alter the way in which the virus is monitored in future. **Mpox may be spreading more widely in Africa than previously thought because of asymptomatic transmission, according to new research.**”

“A study led by the University of Cambridge suggests that the virus formerly known as monkeypox may be capable of spreading asymptotically, a phenomenon once believed to be relatively rare. Researchers analysed blood samples from 176 healthy adults in Nigeria, a country that has experienced intermittent mpox outbreaks since the 1970s, none of whom had any history of mpox infection or known exposure....”

- Link: GAVI - [Long mpox? Research suggests mpox may cause health problems long after the rash heals](#)

“ Study finds **scarring plus bowel, urinary and sexual problems** more than a year after clade II mpox infection....”

NCDs

O'Neill Institute - Legal approaches to NCD prevention in Africa: Addressing NCD risk factors through laws and policies promoting healthy diets and physical activity

<https://oneill.law.georgetown.edu/publications/legal-approaches-to-ncd-prevention-in-africa/>

“This edited volume seeks to address this gap by examining how law can be leveraged to prevent diet-related NCDs and physical inactivity in Africa through an interdisciplinary lens. By situating NCD prevention **within broader discussions on human rights, equity, and the commercial determinants of health**, it underscores States’ obligations to protect the right to health and related rights, while offering context-specific, evidence-informed insights to inform policy reform. ...”

Lancet World Report – Bringing home NCD care in Tamil Nadu

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00135-2/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00135-2/abstract)

“What began as an emergency measure during COVID-19 has **grown into a statewide initiative towards universal health coverage**. Dinesh C Sharma reports from India.”

Mental health & psycho-social wellbeing

NYT - Will ‘Psychiatry’s Bible’ Add a Postpartum Psychosis Diagnosis?

<https://www.nytimes.com/2026/01/20/health/postpartum-psychosis-dsm-diagnosis.html>

“Leaders of the D.S.M., the world’s most influential psychiatric manual, have been split for more than five years over whether to recognize postpartum psychosis as a distinct disorder.”

Annals of Global Health - Climate Change and Mental Health in Africa: A Scoping Review

<https://annalsofglobalhealth.org/articles/10.5334/aogh.5110>

by Beverly N. Ndifoin et al.

Sexual & Reproductive health rights

SS&M - Type of water and sanitation facilities and risk for non-partner sexual violence: a multilevel analysis across 31 low- and middle-income countries

H Chi a et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626000808>

“... findings support the need to expand WASH-related programs, which can contribute to the prevention of sexual violence and empowerment of women in LMICs....”

JMIR - Impacts of Sexual and Reproductive Health and Rights Misinformation in Digital Spaces on Human Rights Protection and Promotion: Scoping Review

Tina D Purna et al; <https://infodemiology.jmir.org/2025/1/e83747>

« This scoping review aimed to map and synthesize evidence on the forms, spread, and impacts of misinformation related to SRHR in digital spaces, with a particular focus on implications for the protection and promotion of human rights. »

Cfr the authors: « SRHR misinformation online isn't just misleading, it's a human rights issue. It distorts choices, fuels stigma & erodes access to care. Our latest review maps the evidence and calls for rights-based solutions.”

Nature – Girls are starting puberty younger — why, and what are the risks?

https://www.nature.com/articles/d41586-026-00089-8?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=40776817

“More girls are hitting puberty at eight or earlier. Researchers are exploring the causes, the consequences and what should be done.”

Neonatal and child health

NYT - No Link Between Acetaminophen in Pregnancy and Autism, a New Study Finds

<https://www.nytimes.com/2026/01/16/health/tylenol-autism-acetaminophen-study.html>

“The review looked at more than three dozen studies and found no evidence that acetaminophen increased the risk of neurodevelopmental disorders in children.” (linked to a Lancet study)

Access to medicines & health technology

Book - Pharma Monopoly: The Battle for the Future of Medicines

T Amin et al; <https://www.amazon.ca/Pharma-Monopoly-Battle-Future-Medicines/dp/1509558322>

“**Tahir Amin and Rohit Malpani**, two leading figures in the access to medicines movement, examine the origins of this system of rules that champions monopolies and the false god of innovation over the public interest and human well-being....”

FT - US drugmakers threaten to withhold products from Europe over prices

<https://www.ft.com/content/098813a5-c35f-45b6-b0b4-0bbdea549cce>

“Pharmaceutical companies seek to make up any lost revenue after striking deals with Donald Trump to lower costs in US.”

“US pharmaceutical companies are stepping up their campaign for higher drug prices in Europe, in some cases threatening to withhold new medicine if European lawmakers refuse. Pfizer chief executive **Albert Bourla**, the first pharmaceutical boss to announce a pricing agreement with US President Donald Trump last year, **said the deal forced Pfizer to increase prices abroad**. “When [we] do the math, shall we reduce the US price to France’s level or stop supplying France? We [will] stop supplying France,” Bourla told reporters **at the annual JPMorgan healthcare conference** this week. “So they will stay without new medicines. The system will force us not to be able to accept the lower prices.” ...” “ **Other pharma executives said at the conference that they were quietly considering withholding or delaying drug launches in Europe....**”

Guardian - Positive thinking could boost immune response to vaccines, say scientists

<https://www.theguardian.com/society/2026/jan/19/positive-thinking-could-boost-immune-response-to-vaccines-study-finds>

“People picturing positive experiences found to produce more antibodies, hinting at future clinical potential.”

“... Positive thoughts may boost the immune system according to research that points to a connection between the mind and our body’s natural defences. **Scientists have found people who used positive thinking to boost activity in the brain’s reward system responded better to vaccination, with their immune systems producing more antibodies than others after having the shot.** The work does not mean being hopeful can rid people of disease, but **hints at the potential for mental strategies to help the immune system fight infections and even attack tumours to keep them at bay....**”

Human resources for health

Lancet Primary Care - Safeguarding planetary health: the contribution of community health workers to climate stability, global equity, and social justice

C J Minton et al. [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00096-2/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00096-2/fulltext)

« ...In this Viewpoint, we argue that trusted, hyperlocal, and globally present CHWs are a largely overlooked workforce in tackling the climate crisis, despite already doing work in adapting to and mitigating climate change. By embedding planetary health within their remit, CHWs can link health, justice, and climate resilience in practical ways, offering one of the most feasible pathways to accelerate progress. Redirecting even a small proportion of fossil-fuel subsidies towards strengthening CHWs to improve global health access could close the global health-workforce gap, reduce gender inequities, redress colonial imbalances, and deliver both climate mitigation and adaptation to ensure a liveable future for all. »

HPW - How Preceptorship Is Quietly Transforming Maternal and Newborn Care in Sierra Leone

L Nuwaubians; <https://healthpolicy-watch.news/how-preceptorship-is-quietly-transforming-maternal-and-newborn-care-in-sierra-leone/>

“There are gaps in the clinical skills of both graduating and practicing midwives, as highlighted in the [State of the World’s Midwifery Report \(2021\)](#). These gaps include the ability to respond quickly and effectively to obstetric emergencies, provide safe and attentive care after birth, and perform essential lifesaving hands-on tasks with confidence. These skills gaps cause delays in recognizing complications, inconsistent support during labor, or lack of confidence in critical procedures, which put lives at risk. Programs like preceptorship and continuous mentorship are fundamental in elevating the quality of services mothers and newborns receive.”

“Preceptors are experienced midwives who mentor and guide students and newly qualified midwives, helping them translate theory into practice and grow in confidence at the bedside. Their role goes beyond supervision; they nurture critical thinking, compassion, and professionalism in the next generation of health workers. ...” “I see preceptorship contributing to a revolution that is emerging within Sierra Leone’s health system and shaping the future of midwifery and maternal and newborn health.”

SSM Health Systems - Exploring the gendered dimensions of health workforce (HWF) retention challenges and transformative solutions in three deprived districts of Ghana: an exploratory qualitative study

Hotopf & J Raven et al; <https://www.sciencedirect.com/science/article/pii/S2949856226000085>

HP&P - Self-reported job histories: potential value of the method in health policy and systems research

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf076/8435292?searchresult=1>

By Bhaskar Purohit, Peter S Hill et al.

Plos GPH – Costs and cost-effectiveness of community health worker programs on reproductive, maternal, newborn and child health in low- and middle-income countries (2015–2024): A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004893>

by M Miyares et al.

Decolonize Global Health

Guardian - ActionAid to rethink child sponsorship as part of plan to ‘decolonise’ its work

<https://www.theguardian.com/global-development/2026/jan/22/actionaid-rethink-child-sponsorship-decolonise-funding>

“Development charity’s new co-chairs signal shift from controversial sponsor a child scheme launched in 1972 to long-term grassroots funding.”

“Child sponsorship schemes that allow donors to handpick children to support in poor countries can carry racialised, paternalistic undertones and need to be transformed, the newly appointed co-chief executives of ActionAid UK said as they set out to “decolonise” the organisation’s work....”

Conflict/War & Health

BMJ GH – The development of the H3 Package: a Package of High-Priority Health Services for Humanitarian Response

A Griekspoor et al; <https://gh.bmj.com/content/11/1/e020120>

“Humanitarian crises substantially impact the health of affected populations, and the scale of humanitarian need is at a historic high level. **To more effectively support the growing number of people affected by humanitarian crises, the WHO, the Global Health Cluster and humanitarian partners undertook an initiative to define a core set of services to be delivered during a humanitarian response. This paper describes that process.**”

“... **The final H3 Package is organised across six domains:** foundations of care, sexual and reproductive health, violence and injury, rehabilitation and palliative care, communicable diseases, and non-communicable diseases and mental health. The full package is available online via the WHO Service Planning, Delivery and Implementation Platform....”

Miscellaneous

Reuters - China's Africa lending nearly halved in 2024, shifts to yuan

[Reuters:](#)

“Chinese lending to Africa nearly halved to \$2.1 billion in 2024, the first annual decline since the COVID-19 pandemic, as **the country shifts to selective, strategic projects**, according to **data released on Wednesday by Boston University....”**

Papers & reports

BMJ GH - The intersection of emergency care, human resources and health equity: a comparative mapping of policy and systems in Australia, Canada, Rwanda and South Africa

<https://gh.bmj.com/content/11/1/e021349>

By V Sriram, S Topp et al.

HP&P - Justice at the interface: advancing community and health system resilience through intersectionality theory

Jen Roux, et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag005/8428694?searchresult=1>

“Current approaches to health system resilience tend to prioritize system-level outcomes (e.g. functionality) while overlooking key underlying social processes, contexts, and power-laden interactions through which resilience is produced. When community resilience is subsumed under health system resilience, without attending to distinct contextual factors, it can lead to fragmented approaches or maladaptive outcomes that misalign with the resilience of communities. Therefore, resilience approaches need to include additional methods that incorporate analyses of power structures and context. **We propose intersectionality theory as a methodological lens to investigate the underlying social processes and power dynamics that shape community resilience and health system resilience interactions.....”**

Nature Medicine - Global burden of amphetamine, cannabis, cocaine and opioid use in 204 countries, 1990–2023: a Global Burden of Disease Study

J Kang et al ; <https://www.nature.com/articles/s41591-025-04137-0>

“Global Burden of Disease estimates show that between 1990 and 2023, **the prevalence and burden of drug use disorders, inclusive of amphetamine, cannabis, cocaine and opioid use, have been increasing in high-income countries, particularly in the USA.**”

SS&M - How structural homophobia is spreading HIV-risk sexual behaviours around the world

V Leroy et al; <https://www.sciencedirect.com/science/article/pii/S0277953626000845>

“... Our findings suggest that structural homophobia was associated with HIV-risk sexual behaviours through both direct and indirect pathways. In the context of limiting HIV-risk sexual behaviours, within the bigger picture of curbing the HIV epidemic, it is essential to prioritize implementing policies which eradicate homophobic violence, and which defend the rights of sexual and gender diverse people....”

Tweets (via X & Bluesky)

BK Titanji

“**The death grip of geriatric dictators on African countries continues.** After Cameroon, Uganda keeps up with the mess. These old men have no vision for the youthful continent. They think only of themselves and remaining in power.”

Aaron Thiery

"Climate change is here. **We are seeing event classes [today] that were forecast in #climate models for the 2050s, 2060s, and 2070s.**" “