IHP news 860 :   Happy New Year!

(2 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,

Like you, we arrived more or less "in one piece" on the other side of the year end, and so we celebrate this with the first IHP issue of 2026! This issue will **update you on the past two weeks** – certainly **the journals** didn't take a long break, as you'll notice.

As is our habit, we capitalized on the winter break to enjoy a bit of **spirituality** (*first episode of season 5 of 'Emily in Paris' : "total emptiness"* :)), some **wisdom** from **Habib Benzian** (*whose global health related Substack posts we recommend very much, eg. [When Generosity Has a Calendar](#) - on what seasonal giving reveals about how we manage inequality*), heck, we even stumbled upon a **philosophy** book fit for our dire times. **'Hopeful pessimism'** *(by Mara van der Lugt)* was quite a discovery. Written mainly with the planetary emergency in mind, but with ancient roots and old & new role models like Albert Camus and Greta Thunberg, it's perhaps not everybody's cup of tea. Yet, many of us can benefit from it, we bet, certainly in dark moments. And not just with respect to the climate emergency.

We also want to remind you of **the [2026 IHP call for correspondents](#)**. Deadline: 15 January!

PS: Finally, if you enjoy this newsletter – even if we know it takes some effort – do inform your colleagues and friends. **To subscribe to the weekly knowledge management tool**: https://www.internationalhealthpolicies.org/

Enjoy your reading.

Kristof Decoster

Highlights of the past two weeks

Structure of Highlights section

- Looking back on 2025 and looking ahead to 2026
- Run-up to the WHO Executive Board meeting (early Feb 2026)
- More on re-imagining global health & development
- Bilateral agreements US-African countries: state of affairs & analysis

- More on Global Health Governance & Financing
- UHC & PHC
- PPPR
- AMR
- Trump 2.0
- 2nd World Summit on Traditional Medicine (Delhi)
- World Meditation day (21 Dec)
- Decolonize Global Health
- Conflict/War/Genocide & Health
- Planetary Health
- Access to medicines, vaccines & other health technologies
- Announcing the Lancet Commission on Maternal and Newborn health
- More new papers & publications
- Miscellaneous

Looking back on 2025 & looking ahead to 2026

WHO - Stronger together: milestones that mattered in 2025

https://www.who.int/news-room/spotlight/stronger-together-milestones-that-mattered-in-2025

For a **good overview from WHO's point of view:** "From governments adopting the world's first Pandemic Agreement and expanding access to life-saving medicines, to tackling climate-related health risks, WHO reaffirmed both the central role of evidence in health and our enduring relevance to the health of all people, everywhere….."

- See also **UN News – Health advances marked 2025 as wars and funding cuts strained systems**

"**From eliminating deadly infections to expanding access to lifesaving vaccines, 2025 delivered meaningful progress for global health, according to the UN World Health Organization (WHO**), offering cautious optimism at the close of a year marked by both breakthroughs and strain. Even as funding cuts, conflict and climate shocks strained health systems worldwide – disrupting essential services in many countries – governments and partners still recorded notable gains in disease control, prevention and preparedness. …. The **UN health agency** says **the mixed picture of progress and pressure in 2025 underscores both what is possible through evidence-based cooperation and what is at risk if momentum and financing are not sustained….**"

HPW - 2025: A Brutal Year for Global Health

https://healthpolicy-watch.news/2025-a-brutal-year-for-global-health/

"This has been a **brutal year for global health, with shock cuts in development aid to countries most in need; a knock-on budget crisis for United Nations (UN) agencies; widespread humanitarian crises, extensive disease outbreaks, and mounting climate-related health challenges**….."

Guardian - Five big global health wins in 2025 that will save millions of lives

https://www.theguardian.com/global-development/2025/dec/22/five-big-global-health-wins-in-2025-that-will-save-millions-of-lives

"From HIV to TB, scientists and doctors made breakthroughs in treatment and prevention of some of the world's deadliest diseases." **Focus on global health innovations**, here, clearly.

Habib Benzian - No Year in Review

Habib Benzian - on Substack;

"**This is not a year-end review in the conventional sense**. It does not catalogue achievements or failures, nor does it extract lessons neatly packaged from twelve months of activity. **It is an attempt to describe how global health looks from a position of critical proximity** — close enough to feel the strain, distant enough to resist the comfort of closure. **In that sense, the year mirrored the field itself…..**"

With focus on **NCDs & oral health (policy),** among others.

The final paragraph is spot on: "… **Looking back, 2025 did not deliver closure. It clarified a different and uncomfortable alignment between how global health currently operates and the limits it places on meaningful change.** The field does not lack ideas. It lacks the conditions under which ideas are allowed to challenge what already exists. **Institutions have learned to absorb disruption without allowing it to alter their operating logic….**"

Tax Justice Network - The tax justice stories that defined 2025

https://taxjustice.net/2025/12/22/the-tax-justice-stories-that-defined-2025/

Overview of some of the key tax justice stories from last year.

Guardian - Billionaires added record $2.2tn in wealth in 2025

https://www.theguardian.com/news/2025/dec/31/billionaires-added-record-wealth-2025

"**The richest 500 individuals in the world added a record $2.2tn to their wealth in 2025, according to the Bloomberg Billionaires Index, with just eight billionaires accounting for a quarter of the gains**. The gains **increased their collective net worth to $11.9tn**, bolstered by billionaire Donald Trump's 2024 election victory and booming markets in cryptocurrencies, equities and metals. "Around a quarter of the gains were attributed to **eight billionaires, including Elon Musk, Jeff Bezos, Oracle chair Larry Ellison and Alphabet Inc co-founder Larry Page**… "

*"…. According to **OxFam**, a global confederation of non-government organizations, **the $2.2tn growth in net worth for the world's wealthiest 500 individuals would have been enough to lift 3.8 billion people out of poverty…..**"*

Climate Change News – "New era of climate extremes" as global warming fuels devastating impacts in 2025

https://www.climatechangenews.com/2025/12/30/new-era-of-climate-extremes-as-global-warming-fuels-devastating-impacts-in-2025/

"Scientists warn human-driven emissions put 2025 among the hottest years, intensifying deadly heatwaves, droughts, storms and wildfires."

"In 2025, greenhouse gas emissions produced by human activities turned what should have been a cooler year into one of the hottest ever, fuelling more dangerous and frequent heatwaves, droughts, storms and wildfires, climate scientists said in an annual report.   Planet-heating emissions primarily caused by burning fossil fuels pushed temperatures this year to "extremely high" levels, worsening extreme weather with devastating consequences – especially for the world's most vulnerable, concluded scientists working with the **World Weather Attribution (WWA) group. Despite the return of La Niña** – a climate pattern linked to large-scale cooling of the Pacific Ocean, which can temporarily bring milder global temperatures – **the EU monitoring service Copernicus has said 2025 is "virtually certain" to end as the second- or third-warmest year on record…."**

"In its **report released on Tuesday**, the **WWA research group found that climate change made 17 of the 22 extreme weather events it assessed this year more severe or more likely**, while its remaining studies were inconclusive, mostly due to a lack of weather data from remote areas."

"… **For the first time, global average temperatures over the last three years are on track to exceed 1.5C, the most ambitious goal governments agreed in Paris**, according to the EU's Copernicus service. The UK's Met Office expects 2026 to be between 1.34C and 1.58C hotter than preindustrial levels….."

BMJ - Climate change threatens global health, but COP30 sparked hope

A Padilha (MoH Brazil) & dr Tedros;   https://www.bmj.com/content/391/bmj.r2682

"…. **COP30 in Belém** was more than symbolic—it **delivered a "global mutirão," or collective effort, to integrate health into climate action, mobilise adaptation finance, and accelerate clean energy transitions…..**"

Guardian - The WHO learned to love 'anti-obesity' jabs in 2025. I don't fully agree, but I get it

Devi Sridhar ;   https://www.theguardian.com/commentisfree/2025/dec/31/world-health-organization-anti-obesity-jabs-2025

"While GLP-1 drugs promise an easy fix, our bodies still need what they have always needed: healthy food and regular exercise."

Lancet Editorial - No health without peace

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02596-6/fulltext

"**What will be the most pressing health challenge of 2026?** Climate change? Artificial intelligence? Pandemics? Non-communicable diseases? These issues will continue to shape health and medicine. **Yet across much of the world, conflict is a fundamental determinant of people's health and of the functioning of health systems.** The burden of armed conflict and violence worldwide is unusually high, and its effects extend far beyond battlefields, with harm in war zones and in civilian settings increasingly normalised. **Conflict is too often treated as an externality of health; in reality, it cuts across every major health agenda, shaping risks, responses, and the feasibility of progress….**"

This week's editorial concludes: "… **The right to health was laid out in the Universal Declaration of Human Rights, reaffirmed in the Alma Ata declaration, and remains embedded in contemporary WHO priorities. There is no credible path to achieving it that can run through perpetual conflict.** Responding to the health consequences of war is necessary, but it cannot substitute for the conditions required to build, protect, and sustain health systems. Ambitions for equity, resilience, preparedness, and universal access cannot be realised amid chronic insecurity. **Peace is not adjacent to health—it is foundational."**

Stat – 3 issues to watch in public health in 2026

https://www.statnews.com/2025/12/26/public-health-2026-issues-to-watch/

"If this past year was any indication, it's **time to buckle up again."**

"**Can the CDC still be trusted**?…. **Will U.S. anti-vaccine policy spread abroad?....** That topic you wish we'd never raise again Here's the thing: It's just a fact that the further out we get from the Covid-19 pandemic, the closer we get to the next pandemic. We're not suggesting there is another one visible on the horizon. But **there will be more pandemics. And the Trump administration has been dismantling the systems that had been built to respond to them, whenever they come**….."

Nature (Editorial) – Let 2026 be the year the world comes together for AI safety

https://www.nature.com/articles/d41586-025-04106-0

"**AI technologies need to be safe and transparent**. There are few, if any, benefits from being outside efforts to achieve this."

"**This must be the year that more lower-income countries start regulating AI technologies, and that the United States is persuaded of the dangers of its approach**. The country is one of the biggest markets for AI technologies, and people around the world are using models developed mainly by US companies. **All nations need AI laws and policies, regardless of their position on the spectrum of producers and consumers. It's impossible to imagine the technologies used in energy, food production, pharmaceuticals or communications being outside the ambit of safety regulation. The same should be true of AI."**

"**There is a growing international consensus**. The authorities in China, for example, are taking AI regulation extremely seriously, as are those of many European countries. Most of the rules of the

European Union's AI Act are expected to come into force in August. In 2024, the African Union published continent-wide guidance for AI policymaking. There are also moves to establish a global organization for cooperation on AI, possibly through the United Nations. A **wide spectrum of national and regional laws and regulations are in place or under development…..**"

Run-up to the WHO Executive Board meeting (2-7 Feb, Geneva)

https://www.who.int/about/governance/executive-board/executive-board-158th-session

Main Documents so far: https://apps.who.int/gb/e/e_eb158.html

Via Bluesky, we learned about this document:

Reform of the global health architecture and the UN80 Initiative - Report by the Director-General

https://apps.who.int/gb/ebwha/pdf_files/EB158/B158_44-en.pdf

(22 Dec) "…. This **report** provides an **overview of the context for reforming the global health architecture (GHA)1 and the UN80 Initiative; evolving proposals for GHA reform and the UN80 Initiative; the engagement of WHO in both the UN80 Initiative and GHA discussions; their potential implications for WHO; and considerations for ensuring coherence across these initiatives to better advance the global health agenda…..**"

PS: " …**To facilitate deliberations on the future of the GHA, and in the context of UN80, WHO proposes to host an overarching, joint process that brings together current GHA reform discussions, and UN80 proposals with potential implications for global health, and complements them as needed with additional evidence gathering, research and consultation, to develop a common framework for the GHA**. Such a joint process would build on lessons learned from similar WHO-hosted inter-agency processes, such as the Access to COVID-19 Tools Accelerator (ACT-A) during the pandemic. The process would be transparent, inclusive, and evidence based and generate common products that could be considered by all relevant entities. **Initiating such a process in the first half of 2026 would help to align with the timelines of the UN80 Initiative and time-bound consultations on GHA reform**. Member States would be further consulted on the design of the process, and thereafter kept informed on and engaged in the UN80 Initiative and the GHA consensus-building process through briefings and official updates, including through governing body processes as appropriate……"

More on Re-Imagining Global Health & Development

Global Public Health - Rethinking development: Language, power and the cost of progress

Chisom Udeze & Frode Eick;
https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2610059?src=

"**This paper challenges the dominant frameworks that continue to shape our understanding of development. We argue for a necessary reframing, one that confronts how prevailing development narratives have upheld high-consumption models, defined by excessive resource use and environmental degradation, often at the expense of countries labelled as 'developing**.' To reorient our thinking, we must first interrogate the colonial scaffolding behind these global categories. **Terms like 'developed' and 'developing' divide the world into zones of achievement and deficiency, relying on metrics rooted in the values and interests of over-consuming countries, rather than the lived realities, knowledge systems, or priorities of countries consuming below their means. We propose a reframing of development centred on sustainable consumption, with a new language and a new categorisation of countries grounded in the reality that our shared biocapacity is finite**. The classification challenges conventional labels by **recasting 'developed' nations as over-consuming and 'developing' nations as low consuming,** highlighting their potential leadership in shaping a more sustainable future. "

Mukesh Khapila - A quarter-century of development: the rise and fall of global goals

https://www.mukeshkapila.org/a-quarter-century-of-development-the-rise-and-fall-of-global-goals/

"**Understanding the rise and fall of global development goals is vital for future strategy.**"

"The stark conclusion is that **poverty and suffering are here to stay for longer. Reiterating unheeded appeals to accelerate SDG implementation is pointless – as is continuing with the failing development assistance models of the first quarter century of this millennium**. Humanity's cause is better served by **radically shifting course. Debating that is the priority for the period until 2030**….."

IJHPM - Replenishing Hope: The Time for Country-Led Integration Is Now

Nicola Watt, Ngozi Erondu et al ;
https://www.ijhpm.com/article_4824_9f90c691d351212fa71f111297002412.pdf

"**In this viewpoint from the Integration Working Group, we use examples from integration of NTDs to argue that the time for integration is now**. We call for governments to push for integrated planning – including across sectors–and for the international community to incentivise integration and support efforts to consolidate knowledge and best practice….."

Bilateral health agreements US-African countries: update & more analysis

First a short **overview** of some of the **latest health agreements (since 19 Dec)**, then some more **analysis.**

South-China Morning Post - Washington lines up slew of health deals as US and China vie for influence across Africa

[South China Morning Post](#);

(30 Dec) "Under the "America First Global Health Strategy", **more than a dozen African countries - including Kenya, Uganda, Nigeria, Ethiopia and Rwanda - have signed bilateral agreements** to receive health financing from the US in exchange for direct, long-term access to their biological data and pathogen specimens….."

Reuters - US signs health agreements with African nations, warns against nonperformance

[Reuters](#);

(23 Dec) "The U**.S. signed four new global health memorandums of understanding (MOUs) with Madagascar, Sierra Leone, Botswana, and Ethiopia**, which **total nearly $2.3 billion in funding**, the State Department said on Tuesday….."

"**Each MOU includes clear benchmarks, strict timelines, and consequences for nonperformance – ensuring U.S. assistance delivers results against priority disease threats and reduces long-term dependence on U.S. assistan**ce," the State Department said in a statement. …. …. "Across the four MOUs, which total nearly $2.3 billion, the United States has committed almost $1.4 billion, with recipient countries co-investing **more than $900 million of their own resources**.""

- Link: [Advancing the America First Global Health Strategy Through a Landmark Bilateral Global Health MOU with Côte d'Ivoire](#) (30 Dec)

Fact sheet US government - Delivering on President Trump's Commitment: America First Global Health Strategy and Bilateral Health MOUs

(**22 Dec**) https://www.state.gov/releases/office-of-the-spokesperson/2025/12/delivering-on-president-trumps-commitment-america-first-global-health-strategy-and-bilateral-health-mous/

Overview of **the 9 agreements till then** (as of 22 Dec) and what they entail.

AllAfrica - Nigeria: Strengthening U.S.-Nigerian Health Cooperation Under the America First Global Health Strategy

https://allafrica.com/stories/202512220142.html

Biggest one so far. "**The United States signed a five-year, $5.1 billion bilateral health cooperation Memorandum of Understanding (MOU) with the Federal Republic of Nigeria December 19** to advance the America First Global Health Strategy, supporting resilient, self-reliant, and durable health systems while promoting accountability and shared responsibility. **Under the five-year MOU, the United States intends to commit nearly $2.1 billion in health assistance, with nearly $3.0 billion in new domestic health expenditures by the Government of Nigeria over the same five-year period**. This represents the largest co-investment any country has made to date under the America First Global Health Strategy and underscore Nigeria's commitment to greater national ownership of its health system….."

Devex Pro (gated) - Alarm bells ring as US rolls out transactional strings for health deals

https://www.devex.com/news/alarm-bells-ring-as-us-rolls-out-transactional-strings-for-health-deals-111610

"**Negotiations with Zambia and Nigeria are the most stark examples of where the Trump administration has made explicit terms around nonhealth metrics it wants in return for aid.**"

"**In U.S. negotiations with Zambia and Nigeria, it made explicit the nonhealth goals it wants to achieve in return for health aid**. In Zambia, **mining sector reforms** are at the heart of negotiations — which are still ongoing, whereas in Nigeria, the signed deal focuses specifically on **protecting Christians from violence….**"

Global Policy - The America First Global Health Strategy and the Dilemma of Pan-Africanism

By Nelson Aghogho Evaborhene; https://www.globalpolicyjournal.com/blog/22/12/2025/america-first-global-health-strategy-and-dilemma-pan-africanism

"**Nelson Aghogho Evaborhene explores the credibility of Pan-Africanism as a governing principle in an era of geopolitical fragmentation.**" *(must-read analysis)*

A few excerpts:

"In his 1966 speech at the inauguration of the University of Zambia, **Julius Kambarage Nyerere**, then President of Tanzania and a key architect of Pan-African thought, reflected on what he called **the dilemma of the Pan-Africanist: the tension between pursuing national priorities and advancing continental unit**y. At the time, the continent had recently emerged from colonial rule, and newly independent states faced the urgent task of building functional governments, economies, and institutions while also pursuing the broader vision of African solidarity. **Nyerere warned that each state, accountable primarily to its own citizens, would inevitably confront conflicts between short-term domestic imperatives and the long-term goal of continental unity. ….**"

"**Six decades later, this dilemma persists in global health**. African leaders have articulated renewed commitments to self-reliance, domestic resource mobilization, and continental coordination. Yet the United States' **America First Global Health Strategy, along with a growing number of bilateral**

health and pathogen-sharing agreements, has exposed the inherent tension between national pragmatism and collective continental ambition……"

"….. In practice, many bilateral health agreements proceed without reference to such continental standards, leaving gaps that weaken collective negotiating positions. **What is defended domestically as pragmatic bilateralism is, in aggregate, eroding the credibility of Africa's health sovereignty agenda. The America First Global Health Strategy did not create this dilemma. It exposed it……"**

PS: "**U.S. legislative proposals explicitly prohibit global health compacts with the African Union and its affiliated entities, including the Africa Centres for Disease Control and Prevention**. In response, Africa CDC has undertaken targeted engagement with U.S. policymakers to safeguard continental coordination. Yet African countries are still expected to shoulder greater responsibility and financial obligations, even as the platforms designed to coordinate that responsibility remain marginalized. **The AU has formally called on the United States to remove Africa CDC from the list of prohibited entities and to promote collaboration through regional and continental platforms**. The AU has argued that such engagement would not undermine bilateral cooperation but instead strengthen it by providing a coherent framework through which bilateral initiatives can align with continental priorities….."

"….**The current moment demands a more pragmatic interpretation of Pan-African health governance. … unity cannot rest solely on declarations or shared history; it must be operationalized through institutions, incentives, and accountability mechanisms that make cooperation politically viable.** This operationalization is especially crucial following the adoption of the Pandemic Agreement and South Africa's 2025 G20 commitments, both of which underscore the importance of strengthening national, regional, and global capacities for pandemic preparedness and building resilient, equitable health systems. **Pragmatism requires that African countries retain flexibility to pursue bilateral agreements when immediate domestic needs demand it, while ensuring alignment with AU-endorsed frameworks. In this context, mechanisms to monitor compliance, reconcile national and continental priorities, and provide a coherent interface for external partners are critical.** Without this, the promise of "health sovereignty" will collapse under the weight of its contradictions."

LSE blog - America First Global Health Strategy: What the Kenya-US Agreement reveals about the new politics of global health assistance

Zil Audi-Poquillon; https://blogs.lse.ac.uk/globalhealth/2025/12/29/america-first-global-health-strategy-what-the-kenya-us-agreement-reveals-about-the-new-politics-of-global-health-assistance/

"….. Public debate in Kenya has narrowed to the critical issue of data privacy and governance. As a **Kenyan researcher working on the political economy of health financing**, I share these concerns. But I would argue that **data concerns are only the tip of an iceberg**. A closer reading of the AFGHS, the 2025 *US National Security Strategy* (NSS), and *Kenya's Cooperation Framework* suggests more complex and concerning shifts. **US foreign health assistance is being redesigned to primarily serve American security and prosperity. Alongside data governance, this includes strict co-financing conditions, creation of new markets for US companies, and a re-centering of Washington in how African health systems are funded and governed….."**

"… Kenya's deal is only one example. These same design features appear across the new America First agreements. And **they raise at least five risks that African governments should consider as**

they negotiate or implement similar contracts: Potential strains and risks of co-financing…. ; Market capture and vendor lock-in…. ; Private-sector bias and marginalisation of public systems….; Weakening multilateral and regional coordination…. ; A re-verticalised form of "integration"….."

Addis Insight - The Health Deals America Is Signing Across Africa Are Raising Questions—Except in Ethiopia, Where Silence Prevails

https://addisinsight.net/2025/12/25/the-health-deals-america-is-signing-across-africa-are-raising-questions-except-in-ethiopia-where-silence-prevails/

"….. **Yet Ethiopia's deal carries a conspicuous absence. Unlike Kenya's—which is now being litigated—or Lesotho's—which, thanks to leaks, can be debated line by line—Ethiopia's agreement has not meaningfully entered the public domain**. Its promise is visible. Its details are not. …."

"This difference matters. Because **what is emerging across the region is not just an American funding model—it is a governance model……**"

"… as Kenya's legal challenges and Lesotho's leaked provisions show, the trade-off may not be straightforward. **These agreements can embed: long-term data-sharing regimes; outsized foreign audit powers; conditional funding triggers; asymmetric accountability structures; ….** And perhaps most importantly, **they can bind governments beyond current administrations, embedding obligations that shape health governance for a generation…..**"

Project Syndicate – Global Health Workers Strengthen US National Security

Junaid Nabi; https://www.project-syndicate.org/commentary/america-must-continue-funding-community-health-workers-africa-pepfar-by-junaid-nabi-2025-12

"The US government's new global health strategy calls for shifting 270,000 frontline health-care workers from US-funded NGO programs to recipient government payrolls. But this could cause an exodus from the profession, undermining the disease-surveillance system and putting American lives at risk."

*"…*to end the system's "inefficiencies, waste, and dependency" (a major theme in the current US administration, which has already eliminated billions of dollars in foreign aid), **the strategy calls for shifting 270,000 frontline health-care workers from US-funded NGO programs to recipient government payrolls starting in 2027.** The **problem is that PEPFAR-funded health-care workers typically earn significantly more than their government counterparts**, often requiring salary harmonization when transitioning to government employment. …. …. …**When faced with deep salary cuts,** workers are likely to flee rural public health for better-paying jobs in urban clinics or other NGOs. This reveals a **fundamental tension in the strategy: it seeks to maintain robust disease surveillance while effectively dismantling the workforce responsible for it…..**"

PS: "… **The 208,800 community health workers who are the PEPFAR program's eyes and ears are the first to notice unusual disease patterns**, report unexplained illness clusters, and relay

community signals to national surveillance teams. Lose them and America's early-warning capacity collapses….."

PS: "… The US strategy aims to complete bilateral agreements by December 31 and begin implementation by April, giving policymakers a **three-month window. But government employment processes typically require two years to navigate** budget approvals, create positions, recruit competitive candidates, and set salaries. **Uganda's [successful health-worker transition](#) followed a similar timeline. Rushing the handover risks triggering a mass exodus**….."

More on Global Health Governance & Financing

We come back on the **UNAIDS Board meeting** in December, and also feature a number of analyses on what **real health sovereignty** entails, among others.

UNAIDS - UN Deputy Secretary-General reaffirms commitment to a responsible UNAIDS transition and UN commitment to the AIDS response at Board meeting

https://www.unaids.org/en/resources/presscentre/featurestories/2025/december/20251222_amina

Press release after the UNAIDS Board meeting.

"The **United Nations Deputy Secretary-General, Amina Mohammed, joined the 57th meeting of the UNAIDS Programme Coordinating Board (PCB) in Brasilia**, bringing a **clear message: the UN will stand with governments and communities until AIDS is ended as a public health threat."**

"… During its meeting, **the PCB adopted landmark decisions that will shape the next phase of the HIV response: Global AIDS Strategy 2026–2031**: A bold, evidence-informed roadmap grounded in human rights, gender equality, and community leadership. The strategy will guide preparations for the 2026 UN General Assembly High-Level Meeting on AIDS and negotiations for the political declaration. **UNAIDS and UN80 transition**: The Board reaffirmed its commitment to a responsible, inclusive transition of the UNAIDS Joint Programme within the wider UN development system. **A PCB Working Group will be established in early 2026 to ensure the process is orderly, transparent, and safeguards UNAIDS' core functions….."**

Devex - UNAIDS board launches new process for transition amid sunset calls

https://www.devex.com/news/unaids-board-launches-new-process-for-transition-amid-sunset-calls-111601

(19 Dec) With some more info.

"**The working group will issue an interim report in June 2026, with final recommendations due by late October** — a compromise between calls for a June decision and concerns about moving too quickly….."

"…This **timeline is seen as a compromise** between those pushing for a decision on UNAIDS' future as early as June and those who've been cautioning against a rushed process. The initial proposed deadline for the group's final report was December 2026."

PS: "**Civil society representatives told Devex that it's critical for the working group to detail how the transition of the core functions of the UNAIDS secretariat will work, and to ensure meaningful engagement of civil society and communities living with and affected by HIV…..**" " They also want the working group to consider how the transition would cover areas where the secretariat has already pulled out or reduced its presence as a result of its restructuring efforts…."

Lancet Primary Care (Comment) - It's time to finance Africa's frontline through government leadership and aligned partnership

Ellen Johnson-Sirleaf; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00095-0/fulltext

"… **the most cost-effective investment in global health remains chronically underfunded. The annual financing gap for CHW programmes is estimated to be $4·7 billion**. The majority of existing funding still comes from external assistance, leaving it vulnerable to disruptions and delays. Many CHWs sometimes wait months for pay and often work without basic supplies. … **Now is the time to recognise that lasting progress will only come from systems that are government-led, reliably executed, and accountable. These are systems where CHWs are financed and governed as a core part of primary health care….**"

"**Such change begins with governments. I urge governments to reconsider national budgets and provide steady, predictable funding for CHWs.** Ensuring that CHWs are paid, supervised, and equipped is the foundation of national ownership and sovereign health systems. **But it also depends on global partners. We urge funders to invest in CHWs in ways that strengthen country systems.** Concessional loans and budget support for CHWs can drive innovation, digital tools, and performance improvements. The ask is simple: align with national plans and help countries build the systems they envision for strong, reliable frontline care….."

PS: " **Africa Frontline First's Sustainability and Resilience Fund**, to be **hosted by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period 2027–29**, offers one such practical way forward. It will unite partners behind countries' national plans and it will support governments to mobilise resources, improve policies and budgets, and accountability….."

Health Sovereignty in Africa: Making Clear What We Mean and Prioritising Accountability to Our People

E S Koum Besso ; https://www.linkedin.com/pulse/health-sovereignty-africa-making-clear-what-we-mean-our-koum-besson-nkvwe/?trackingId=Wnuh%2FIFbwnrwXUIEMMPgWA%3D%3D

Emilie S K Besso wrote **two must-read analyses** on LinkedIn end of December. This is the first one.

Excerpts:

"… In other words, **to me, health sovereignty is about agency, process, and functional capacity, grounded in the material, political, and social conditions that shape decision-making.**
- **Agency** → who has the power to decide
- **Process** → how decisions are made (transparent, participatory, structured)
- **Functional capacity** → ability to act effectively within existing system

I would then articulate health sovereignty as: *Health sovereignty is the ability of people and institutions to make decisions for themselves, grounded in the realities and context in which they operate…..*"

"… Despite… varied interpretations, I believe **there is a core principle without which health sovereignty becomes hollow**. Whatever definition we adopt, **health sovereignty in Africa must rest on accountability to African populations**….."

PS: "… **The Real Test Is 2030:**   "The most important question is not whether these deals exist. They already do. The real question is this: **What do we do with the money, the time, and the institutions while they are here? If by 2030, governments have not taken over financing, health systems remain structurally dependent, institutions collapse when funding ends, then accountability must be enforced…..**"

"… **Beyond Slogans - Putting African People First:** At the center of health sovereignty are not donors, governments, or CSOs—but African populations. **Putting people first means: educating citizens about health agreements, explaining risks and trade-offs honestly, building trust through transparency rather than secrecy…..**"

E S K Besson - Soft Paternalism & Western (Health) Think Tanks : When Country Ownership Continues to be Treated Primarily as a Risk

Emilie Sabine Koum Besson ; https://www.linkedin.com/pulse/soft-paternalism-western-health-think-tanks-when-risk-koum-besson-trrsf/?trackingId=wdj0pgvLTZQvHFCuKH7MNQ%3D%3D

Excerpts:

"**It is not only acceptable for institutions to change their minds — it is necessary**. "Development" is not a settled field, and serious policy analysis should evolve in response to new political realities, fiscal constraints, and evidence. **Think tanks, in particular, play a critical role in revisiting assumptions, testing ideas, and challenging dogmas… But precisely because Western think tanks hold disproportionate agenda-setting power in global development, their shifts in position deserve careful scrutiny**. These institutions often seek to treat development as a neutral, technical domain — governed by incentives, implementation modalities, and risk mitigation rather than power. Yet, in practice, they can reproduce deeply political hierarchies, **reinforcing a foreign gaze while presenting their conclusions as pragmatic and apolitical.**"

"A **recent blog post** published by the **Center for Global Development** — "*What We Know—and Don't Know—About the Trump Administration's Global Health Agreements,*" by Jocilyn Estes and Janeen Madan Keller *(December 18, 2025*) — **offers a timely illustration of this tension.**"

"**The post provides a detailed and careful analysis of newly announced US bilateral health compacts with several African countries.** It raises legitimate concerns about fiscal realism,

accountability mechanisms, service continuity, and the risks associated with rapid shifts toward government-to-government assistance. **On many points, the analysis is thoughtful and well-evidenced. Yet taken as a whole, the piece reveals a deeper contradiction. While it repeatedly invokes the language of country ownership, it simultaneously frames countries primarily as** objects of risk management — sites of potential failure that must be carefully monitored, conditioned, and guarded against. What emerges is not an outright rejection of sovereignty, but a subtler posture: a **form of soft paternalism**, **where ownership is endorsed rhetorically while autonomy is treated as something inherently dangerous.** This tension is not incidental. It reflects a broader pattern in global health and development discourse, in which **external actors express support for country leadership while remaining profoundly uneasy with what that leadership entails in practice — including political trade-offs, uneven performance, and the possibility of errors or even failures…..”**

“… **Taking country ownership seriously means accepting not only the risk of disruption, but also the discomfort of letting go — of control, of visibility, and of the illusion that development can be engineered without politics.** If global health reform is to move beyond rhetoric, it will require not less technical rigour, but **greater epistemic humility**: a willingness to recognise when concern for stability becomes a barrier to sovereignty, and when the language of neutrality quietly reproduces the foreign gaze it claims to transcend…..”

South Africa backs global development reset as aid falls and debt pressures rise

https://www.citizen.digital/article/south-africa-backs-global-development-reset-as-aid-falls-and-debt-pressures-rise-n374656

(18 Dec) “**Health financing has emerged as an early test case for the Accra Reset**. With global health aid declining, the Africa Centres for Disease Control and Prevention has warned that the continent remains overly dependent on imports for essential medicines and vaccines….. **In a recent strategy paper, Africa CDC said that predictable regional demand and financing mechanisms are critical to sustaining local manufacturing…..”**

“**The Alliance of African Multilateral Finance Institutions (AAMFI), an early Accra Reset supporter that recently launched a $1.5 billion financial vehicle to help drive down the cost of capital for infrastructure on the continent**, has persistently **called for “Africa's collective ambition to take charge of its own development financing.”….”**

“South African officials say similar logic applies to climate finance, food systems and industrial development…. … **As South Africa hands over the G20 presidency, the question is whether the momentum behind the Accra Reset can be translated into concrete deals**. Its backers say **success will be measured not by declarations but by whether new financing pipelines, regional procurement systems and blended finance platforms begin to deliver investment at scale…..”**

ONE – New analysis on sovereign debt of LMICs

https://data.one.org/analysis/sovereign-debt

(as of 18 Dec) New and neat **resource.**

"**New analysis from [The ONE Campaign](#) on sovereign debt:**
Our latest work **brings together data on sovereign debt across low- and middle-income countries** in a way that's easier to explore and compare.
You can see: **How much debt countries owe; Who that debt is owed to (bilateral, multilateral, private); What it costs to service; Which currency it's denominated in**
Whether debt levels look sustainable; …. All of this matters for understanding fiscal space, development outcomes, and financial stability — especially as debt pressures rise."

Lancet – Offline: Watching the watchers (part 4)

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02583-8/fulltext

Horton continues to watch **Global Health Watch 7 (GHW7)** from the People's Health Movement.

But frankly, I'm a bit puzzled by this. For every claim that is half true, Horton omits something essential elsewhere.

Horton concludes: "… **There is a global health for the oppressors and a global health for the oppressed.** Those in the former group, the majority, have made their choice. For Nizan, France had become "the salon of false ideas", full of "hypocritical protestations" that revealed its "indifference to the real world". He was writing at a moment of crisis—"witnessing the advent of disorder and the coming of catastrophes". **The 2020s has some resonance with the 1930s. The authors of GHW7 could have written a manifesto for a new global health. That task remains to be done**."

People's Dispatch - People's Health Movement at 25: the struggle for Health for All continues

https://peoplesdispatch.org/2025/12/16/peoples-health-movement-at-25-the-struggle-for-health-for-all-continues/?ref=peoples-health-dispatch.ghost.io

"**The People's Health Movement is celebrating its 25th anniversary**, reaffirming its vision of Health for All and inspiring a new generation of activists."

"**We celebrate this milestone with double feelings: deep pride in the endurance and vibrancy of our movement, but also profound concern that, a quarter of a century later, the dream of Health for All remains unrealized – and in many ways, further away than when we began**," PHM wrote when announcing an **event to mark the anniversary**. "Still, we are here, alive and fighting, and that is something to celebrate."

"… Today, **PHM's work expands on global, regional, and national levels. Its main programs include the flagship publication Global Health Watch**, whose seventh edition was recently released; **International People's Health Universities; programs focused on global health governance such as WHO Watch; the decentralized global campaign Health for All; and the People's Health Assemblies,** five of which have taken place since 2000. Additionally, **regional and country circles** engage with local struggles ranging from health worker migration and extractivism to food sovereignty."

"**From its early days, PHM sought to confront threats to the right to health posed by neoliberalism and imperialism. "We continue to face** many of the same challenges; our struggles are still relevant," said Roman Vega, PHM's Global Coordinator. "**We won't achieve Health for All unless we confront capitalism,"** he added."

"… "**To be honest, our analysis has not changed all that much,"** noted <u>David Legge</u>, physician and longtime PHM activist. "Capitalism is destroying civilization, it is degrading nature; imperialism can be overcome; eco-socialism is possible and necessary." He added: "**What has changed since December 2000 is that PHM has been much more explicit in this narrative about capitalism, about imperialism, and an eco-socialist alternative.**"

Project Syndicate - A Model to Keep Multilateralism Alive

J M Barroso; https://www.project-syndicate.org/commentary/gavi-model-can-sustain-multilateral-cooperation-by-jose-manuel-barroso-2025-12

By the **former GAVI Board chair**. "As the world becomes more multipolar, geopolitical tensions are hampering efforts to devise common solutions to shared problems, and developments within many countries are threatening the institutions on which multilateralism depends. **Mission-driven, public-private partnerships like Gavi may offer the only way forward.**"

Boston Consulting Group - - Navigating Africa's HIV Funding Challenges

J Benesty et al; https://www.linkedin.com/pulse/navigating-africas-hiv-funding-challenges-regina-osih-md-mph-gooff/?trackingId=1H3iAbM5RtmY%2FBnmszpVqw%3D%3D

"**According to a BCG analysis, six countries – South Africa, Mozambique, Tanzania, Nigeria, Zambia, and Zimbabwe – will bear the brunt of the cuts, accounting for nearly 50% of expected HIV funding reductions.** The Global Fund for HIV, TB, and Malaria has already announced a midcycle reduction, which could reduce HIV allocations for Africa by around $400 million in HIV for Africa while the US's America First Global Health Strategy could slash up to 60% of PEPFAR's programmatic spending in the region……"

WEF - Resilient health: a new investment frontier

https://www.weforum.org/stories/2025/12/resilient-health-a-new-investment-frontier/

It's that time of the year again – **Davos is <u>just around the corner</u>** (19-23 Jan) Themed **<u>'A spirit of Dialogue'</u>** this year.   We can't wait :)

PS: "**Discussions are centred around five key global challenges**: cooperation in a contested world, unlocking new sources of growth, investing in people, deploying innovation responsibly, and **building prosperity within planetary boundaries."**   *(yes, read that last one again)*

Excerpts from this blog: "Climate change is a systemic financial risk – and its health impacts are one of the most material, least priced-in drivers of economic volatility. **Now is the time for investors to seize this resilient health opportunity, to drive both growth and societal resilience**. The **Forum is**

launching a new workstream on Investing in Resilient Health to foster the market information, policy and partnerships to unlock this opportunity."

"A new financing architecture is emerging to drive innovation and early-stage investment in resilient health. **The Climate & Health Funders Coalition brings over 35 philanthropies together and has committed $300 million over three years to support innovation and early scaling**. **Multilateral Development Banks have agreed on a Joint Roadmap for Climate & Health and are expanding investments,** with an interest in crowding in private capital. **Instruments focused on incubating and scaling impact ventures in this field are being launched across geographies, including by PATH / the Global Innovation Fund, Temasek Trust, Grand Challenges Canada, AVPN, Zinc and others**. These mechanisms will over the coming years grow the pipeline of investable solutions and ventures, mitigate startup risks, and create structured entry points for equity, credit and infrastructure investors. …. Finally, **policy commitments are sending strong clear market signals** with governments aligning rapidly around this **health resilience agenda**. G7 Health Ministers have called for scaled investment from public and private actors, while the G20 has committed to supporting climate-adapted health technologies and digital health infrastructure…."

Türkiye deepens global health diplomacy, signs 18 deals across 3 continents

https://www.turkiyetoday.com/lifestyle/turkiye-deepens-global-health-diplomacy-signs-18-deals-across-3-continents-3212171?s=1

"Türkiye has significantly expanded its national and international healthcare cooperation, signing 18 agreements with 11 countries across three continents in 2025, according to the **Health Ministry's E.U. and Foreign Relations Director General Aziz Alper Biten.** Speaking to Anadolu Agency, Biten said **the agreements cover a wide range of areas**, including health technologies, research and development, health information systems, medical devices and pharmaceuticals, health investments, policy development, health tourism, training of foreign medical staff, treatment of foreign patients, and emergency and disaster response."

"Biten said Türkiye has signed 309 agreements and memoranda with 100 countries so far, and continues to expand cooperation under a new vision. "In **2025 alone, we signed 18 agreements with 11 countries from three different continents,"** he said, adding that cooperation this year included **Albania, Uzbekistan, Mali, Indonesia, Kazakhstan, Azerbaijan, Kyrgyzstan, Kosovo, Mongolia, and the Turkish Republic of Northern Cyprus….."**

PS: "**Biten said the ministry adopts a project-based approach, with the European Union being a key partner.** Joint projects with the E.U. focus on combating infectious diseases, climate change, cancer, emergency and disaster response, mental health, and migrant health….."

Book - The Elgar Companion to the Law and Practice of the World Health Organization

Elgar Companion;

"This Companion presents a **comprehensive analysis of the World Health Organization's (WHO) practices and structures, reflecting on its development as a specialised UN agency since its creation**. It examines the WHO's capacity to provide the coordination and leadership needed to address today's global health challenges….." "**It offers a range of insights into the law and practice**

of the WHO, discussing opportunities for further development including the revision of the International Health Regulations and the recent negotiation of the Pandemic Agreement. Drawing on a **variety of different legal fields**, including biodiversity law, human rights law, and international institutional law, the Companion analyses the ever-growing number of outside influences on the structure and purpose of the organisation."

Overview of the various chapters via [Content](#).

UHC & PHC

Improving Healthcare-Related Financial Protection in Low- and Middle- Income Countries: A Rapid Evidence Review

S Witter, M Bertone et al; https://www.evidencefund.com/lib/HSAF574I

"**This rapid evidence review synthesises published literature on policy interventions aimed at improving healthcare-related financial protection**. The scope encompasses a wide typology of interventions, including health financing reforms, demand-side financing, and social protection schemes. **The review analyses empirical studies conducted across 39 low- and middle-income countries."**

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

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

" **This study aims to identify the successes and challenges in scaling up ART over the past two decades and derive key lessons to inform the universal health coverage (UHC) agenda**."

"… The **successful scaling up of ART relies on** strong political leadership, health system strengthening, community engagement, multi-sectoral actions, and global health initiatives. **Key lessons for UHC include maintaining political commitment, strengthening health systems, reducing financial barriers, engaging communities and other sectors, and ensuring long-term financial sustainability….."**

PS: the **authors acknowledge**"….. The global scale-up of ART has been a major public health success, though disparities remain, and the **rate of growth of ART coverage has slowed since 2020 due to financial instability, shifting global health priorities, and the COVID-19 pandemic. These gains are thus now at risk.** Moving forward, **strong political leadership, resilient health systems, community engagement, multi-sectoral collaboration, and sustainable financing are essential** for maintaining and expanding ART coverage. These lessons are critical for advancing the UHC agenda…."

Lancet Primary Care – Strengthening the non-communicable disease response through a primary health care approach: a call for global alignment

M Eltigany et al ; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00092-5/fulltext

"…. Despite the relevance of the PHC approach for strengthening national non-communicable disease responses and extensive guidance on PHC and non-communicable diseases, we argue that existing guidance remains fragmented and is yet to be translated into coherent, actionable policies across health-system functions. In our view, PHC-oriented health systems have substantial untapped potential for improving the prevention and control of non-communicable diseases. **In this Comment, we examine how the PHC approach is captured within existing global and regional technical guidance on health-system strengthening for non-communicable diseases. Using WHO guidance as a proxy for the status of this agenda, we analysed the factors underlying the perceived gap between vision and guidance, considered its consequences, and hope to highlight potential ways forward…..**"

"… **In September, 2025, the UN General Assembly tabled a political declaration on non-communicable diseases and mental health, representing the strongest commitment to date regarding PHC-oriented health systems for non-communicable diseases**. With this high-level policy momentum and only 4 years left to achieve the Sustainable Development Goals, embedding the PHC approach into the non-communicable disease response is urgent. **However, despite this recognition, PHC has not been consistently adopted as the overarching approach for health-system strengthening to address non-communicable diseases. Global and regional reporting frequently reference PHC, but practical guidance on reorienting health systems toward PHC for strong non-communicable disease outcomes remains vague and common challenges are noticeable…**"

PPPR

IJHPM - Exploring Grassroots Indicators for Pandemic Prevention, Preparedness, and Response: A Systematic Narrative Review

M T Eshete, H Clark, A Nordström et al https://www.ijhpm.com/article_4826.html

"**The COVID-19 pandemic has revealed how conventional top-down, expert-driven indicators often fail to align with local community realities**, marginalising their perspectives, concerns, knowledge, and narratives. However, the limitations of pandemic-related and global health security indicators are not unique but reflect recurring patterns across major social metrics. **In response, an alternative paradigm advocates for grassrootsinclusive approaches to developing indicators**. Our **objective** is to assess how and why grassroots-inclusive approaches complement top-down approaches to developing indicators, and to synthesise their theoretical and practical contributions to public health…."

They conclude: "… Despite retrieving and analysing articles from various disciplines, **no study has specifically applied grassroots-inclusive indicators to health security or pandemic preparedness. However, the evidence clearly shows that it is both feasible and practical** to integrate expert and non-expert perspectives when developing indicators."

M E Vallet, Arush Lal et al ; Think Global Health;

"**Reorienting the global preparedness system to include humanitarian settings requires conceptual and operational shifts.**"

Excerpts: "… **The world's worst humanitarian emergencies have been left out of global health security strategies and health system funding mechanisms**. The **lack of health financing in fragile and conflict settings**, also called **bridge funding between humanitarian and development mandates**, is a decades-long issue….."

"… **The current IHR reporting system therefore does not account for the role of NGOs and CSOs at the front lines of health security**. In some humanitarian settings, those actors are the only source of health services for millions of people and crucial for developing local capacities alongside national health systems and policies. **To ensure accurate assessment of countries' health preparedness, NGO and CSO capacities should be incorporated into these evaluation frameworks using structured documentation.**"

"… **Primary health-care systems in humanitarian settings already provide a critical but underrecognized infrastructure for this work. Strengthening preparedness at the primary health care level advances both global health security and universal health coverage**, which necessitates shared tools and frameworks. To be effective, however, **investments need to bridge the preparedness gaps in fragile health systems left by both the humanitarian-development silos and separate global health frameworks.** This includes but should not be limited to support from the Pandemic Fund enabled by a range of implementing partners trusted by communities and guided by experts directly from these contexts….."

"**Reorienting the global preparedness system to include humanitarian settings requires a conceptual and operational shift—one that better integrates IHR monitoring tools, funding streams, implementing partners, and global health frameworks**. Preparedness should be not only nationally owned but also locally prioritized….."   **Authors suggest a number of actions.**

Science – Magical thinking will not prevent future pandemics or improve public health

Seth Berkley ;   https://www.science.org/doi/10.1126/science.aee2611

Berkley **"…. was …. shocked to see a recent article penned by the director of the National Institutes of Health, Jay Bhattacharya, and his principal deputy director, Matthew J. Memoli, which proposed a radical new approach to pandemic preparedness that focuses on individual health decisions while rejecting traditional, evidence-based community public health practices**. In the article, the authors argue that "a metabolically healthy population, physically active and eating nutritious food, will cope far better in the face of a novel pathogen than a population facing a severe chronic-disease crisis." They maintain that "simply by stopping smoking, controlling hypertension or diabetes, or getting up and walking more, anything that makes the population healthier will prepare

us better for the next pandemic." **Meanwhile, traditional approaches to pandemic preparedness, they write, waste money and create a "false sense of security and empower those who would impose lockdowns, mandates, and other such strategies**." ...."

Berkley obviously disagrees and concludes: "... **Rejecting evidence-informed infectious disease strategies and undermining vaccine-based interventions will not make us healthy again**. **Given the influence the US has in the world, medical misinformation and disinformation is also likely to increase vaccine hesitancy globally. Magical thinking has no place in public health**. Every scientist and health care provider has a duty to speak up against these misguided policies and positions."

Lancet (Letter) - If vaccines falter, broad-spectrum antivirals provide a global shield

Raymond A Dwek et al; **https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02382-7/fulltext**

".... Rising vaccine hesitancy and disrupted immunisation programmes threaten decades of progress in controlling respiratory pathogens. **In this shifting landscape, antivirals offer an essential complementary approach.** However, virus-specific drugs require enormous time and cost, as seen during the initial years of the COVID-19 pandemic, often with minimal success. **Broad-spectrum antivirals represent a promising alternative; however, none are currently in routine clinical use....."**

"In earlier correspondence to *The Lancet*, we highlighted **host-targeting iminosugars as broad-spectrum antivirals** in vitro and in animal models, although clinical development remains incomplete... .... **Since our 2022 publication, the novel agent M*O*N-DNJ has shown efficacy against major SARS-CoV-2 strains, measles, and respiratory syncytial virus, highlighting its potential as a pan-respiratory antiviral targeting viruses most likely to cause pandemics**...."

"... **We urge renewed investment in host-targeting antivirals**—not only for existing viruses such as measles, respiratory syncytial virus, and dengue, but **also as strategic tools for future pandemics. M*O*N-DNJ opens a new frontier in antiviral pharmacology**, offering a paradigm shift that could transform global responses and prevent the catastrophic losses seen during the COVID-19 pandemic."

AMR

Lancet Planetary Health - Bridging the policy gap between climate change and antimicrobial resistance

Annemieke van den Dool et al; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00288-8/fulltext

"**Despite substantial scientific evidence regarding AMR and climate change as two interconnected global crises, climate change has not yet been integrated into existing AMR policies**. ... the **ongoing revision of the WHO GAP presents a pivotal opportunity for addressing this key gap in global health....."** "... Strategic objectives in the 2025 zero draft of the GAP on antimicrobial

resistance 2026–35 and recommendations on how climate change could be integrated within these objectives…."

"… AMR is a growing planetary crisis, intensified by the accelerating effects of climate change. Temperature increases, ecosystem disruption, and damage to water and sanitation systems create ideal conditions for resistant pathogens to thrive. Therefore, **addressing AMR demands a climate-resilient, One Health approach that bridges health, agriculture, and the environment. The revision of the existing GAP is a crucial opportunity to draw attention to these two interconnected global health crises,** especially given the recently adopted WHO GAP on climate change and health…."

Trump 2.0

Guardian - US pledges $2bn in new UN model for delivery of humanitarian assistance

https://www.theguardian.com/us-news/2025/dec/29/us-pledge-un-model-humanitarian-assistance

(29 Dec) "**The United States on Monday pledged $2bn in assistance to tens of millions of people facing hunger and disease in more than a dozen countries next year, part of what it said was a new mechanism for the delivery of life-saving assistance** following major foreign aid cuts by the Trump administration.

…. **The billions of dollars in assistance pledged by Washington on Monday will be overseen by the UN office for the coordination of humanitarian affairs**, the state department said, under what it described as **new model of assistance agreed with the UN that aims to make aid funding and delivery more efficient and increase accountability for the spending of funds. "**

"… **The US and UN will sign 17 memorandums of understanding with individual countries identified by the US as priority countries**, officials from the state department and UN said in Geneva. **But some areas that are priorities for the UN, including Yemen, Afghanistan and Gaza, will not be receiving US funding under the new mechanism, UN aid chief Tom Fletcher said, adding that the UN will seek support from other donors to find funding for those….."**

PS: "… Lewin (from the State Department) said the **focus of the funding was on life-saving assistance, while funding for climate-related and other projects that were not a priority for the administration would be cut out….."**

- See also **UN News – UN, US sign $2 billion humanitarian funding agreement for 17 crisis-hit countries**

"**The agreement covers 17 crisis-affected countries**: Guatemala, Honduras, El Salvador, Ukraine, Haiti, Nigeria, Ethiopia, South Sudan, Mozambique, Myanmar, the Democratic Republic of the Congo (DRC), Sudan, Bangladesh, Syria, Uganda, Kenya and Chad, **as well as the UN Central Emergency Response Fund (CERF)…."**

"… Fletcher noted that **the funding supports the UN's 2026 plan to reach 87 million people with emergency assistance.** That plan, he said, has been "hyper-prioritized" to reduce duplication, streamline bureaucracy and maximize efficiency across the humanitarian system. The agreement is

a major **vote of confidence in the 'Humanitarian Reset'** – which Mr. Fletcher had announced in March 2025 – to deliver aid faster, smarter and closer to people who need it most……"

- And via the **Guardian - US 'adapt, shrink or die' terms for $2bn aid pot will mean UN bowing down to Washington, say experts**

"The $2bn (£1.5bn) of aid the US pledged this week may have been hailed as "bold and ambitious" by the UN but **could be the "nail in the coffin" in changing to a shrunken, less flexible aid system dominated by Washington's political priorities, aid experts fear**…. …. When the **US state department announced the pledge on Tuesday, it said the UN must "adapt, shrink or die"** by implementing changes and eliminating waste, and **demanded that the money be funnelled through a pooled fund under the UN's Office for the Coordination of Humanitarian Affairs (Ocha)** rather than to individual agencies…."

"**Themrise Khan,** an independent researcher on aid systems, said: "**It's a despicable way of looking at humanitarianism and humanitarian aid."** She criticised the way the UN had praised Donald Trump and the pledge as "generous" despite the many conditions placed upon it. "It also points to the fact that the UN system itself is now so subservient to the American system – that it is literally bowing down to just one power without actually being more objective in how it views humanitarianism and humanitarian aid,"** Khan said. "For me, that is **the nail in the coffin**."

Byrnes (Marketimpact): "Byrnes suggested that **channelling the money through Ocha may be less about partnership and more an attempt to centralise control** and have one UN body on which to make demands about how aid should be distributed."

- **T Byrnes' more in-depth analysis** via LinkedIn - Adapt, Shrink, or Die: What the US-OCHA Deal Actually Means   Dire reading.

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

https://www.devex.com/news/what-will-replace-usaid-s-largest-project-no-one-seems-to-know-111605

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

"**In late August, the United States government quietly posted three amendments to its online registry for federal contracts and grants**. The amendments were cancellation notices for three requests for proposals from the U.S. Agency for International Development, and while they went mostly unnoticed, **they brought to an unceremonious end one of the most closely watched global health projects in the history of U.S. foreign aid. This was the massive collection of contracts known as "NextGen" — a $17 billion plan to rethink how the U.S. government coordinates the procurement and distribution of lifesaving health commodities around the world.** The project would have bundled together nine different contracts, ranging in size from $50 million to $5 billion, and handling everything from condoms to laboratory supplies to HIV/AIDS medicine. It had been in the works for more than half a decade, consuming untold hours of preparatory labor, legal review, and procurement box-checking….."

Yale School of Public Health - New report sounds alarm on health fallout from mRNA vaccine funding cuts

https://ysph.yale.edu/news-article/new-report-sounds-alarm-on-health-fallout-from-mrna-vaccine-funding-cuts/

"A **new report from the Yale School of Public Health (YSPH) warns that the U.S. government's abrupt cancellation of funding for mRNA vaccine research could have devastating health and economic consequences for the nation.** The report—produced by the YSPH Center for Infectious Disease Modeling and Analysis (CIDMA)—estimates that **mRNA vaccines could avert over $75 billion in economic costs annually.** Those projected losses reflect reduced survival rates for patients with some of the most lethal cancers, increased disease burden, and foregone therapeutic advances for these diseases."

"**Beyond the financial toll, the researchers found that withdrawing support for rapidly advancing mRNA vaccine technology could result in over 49,000 preventable deaths annually among patients diagnosed with four major cancers: pancreatic cancer, renal cell carcinoma, non-small cell lung cancer, and metastatic melanoma**. All four cancers are the focus of cutting-edge mRNA vaccine and immunotherapy trials that have shown promising early results….."

2nd WHO Global summit on traditional medicine (Delhi)

WHO Global Summit charts a bold future for traditional medicine

https://www.who.int/news/item/22-12-2025-who-global-summit-charts-a-bold-future-for-traditional-medicine

(22 Dec) **Press release after the summit in Delhi**. "WHO unveiled the **Traditional Medicine Global Library,** a first-of-its-kind **digital platform** consolidating 1.6 million resources on TM, from scientific studies to Indigenous knowledge. With advanced features like Evidence Gap Maps and an AI-powered tool, TMGL GPT, the Library promises to transform access to trusted information and accelerate research worldwide. "

"Innovation took centre stage with the **launch of Health & Heritage Innovations (H2I),** an initiative to nurture breakthrough ideas that bridge traditional practices with cutting-edge technologies such as AI, genomics, and digital health…. …WHO also announced the **Strategic and Technical Advisory Group on Traditional, Complementary and Integrative Medicine (STAG-TM), a new advisory body to guide the Global Strategy….."**

"…**Countries rallied behind the Delhi Declaration**, with commitments from 26 Member States, signaling a new era for traditional medicine. **This collective pledge focuses on integrating traditional medicine into primary health care, strengthening regulation and safety standards, investing in research, and building interoperable data systems to track outcomes**. It's a shift from recognition to results – ensuring **traditional medicine is not a parallel system but a driver of universal health coverage. "**

Guardian - 'A potential treasure trove': World Health Organization to explore benefits of traditional medicines

https://www.theguardian.com/global-development/2025/dec/20/who-traditional-medicine-alternative-remedies-mainstream-healthcare-evidence

"UN body to study possibility of integrating centuries-old practices into mainstream healthcare."

World Meditation Day (21 Dec)

UN News – Calming the mind and promoting global peace on World Meditation Day

https://news.un.org/en/story/2025/12/1166641

"With the **aim of raising awareness about the benefits of this practice**, the UN General Assembly last year proclaimed **21 December as World Meditation Day**, reaffirming the right of every person to enjoy the highest attainable standard of physical and mental health. …."

Decolonize Global Health

Globalization & Health – The discriminatory politics of knowledge production

F Abo-Rass, J Bump; https://link.springer.com/article/10.1186/s12992-025-01173-w

"Academic publishing is one of several forces that shape what is recognized as global health knowledge. The peer review process is meant to ensure rigor and quality, yet it can reproduce political and structural inequalities, especially when research challenges dominant narratives…. **This Comment examines how editorial and peer review practices operate as gatekeeping mechanisms that privilege dominant geopolitical narratives and marginalize Indigenous and decolonial perspectives. Drawing on a recent case where a peer-reviewed article, recommended for publication, faced subsequent editorial demands to replace politically accurate terminology referring to Palestinians, we show how language policing functions as epistemic control**. These are **not isolated incidents**: global publishing norms pressure scholars toward state-sanctioned labels and "neutral" frames, sidelining colonial and political determinants of health. In global health, that pressure produces an evidence base that overlooks the sociopolitical conditions; occupation, systemic violence, legal segregation, displacement, that shape exposure, access, care pathways, and outcomes, including mental health. It produces an appearance of neutrality that is methodologically incomplete and ethically fragile, with downstream consequences for research agendas, funding priorities, program design, and accountability. **Confronting the politics of knowledge production in global health requires structural change, not just diversity statements….**"

Conflict/War/Genocide & health

UN agencies welcome news that famine has been pushed back in the Gaza Strip, but warn fragile gains could be reversed without increased and sustained support

[WHO](#);

(19 Dec) ".... FAO**, UNICEF, WFP and WHO say hunger, malnutrition, disease and the scale of agricultural destruction remain alarmingly high.....**"

"The **latest Integrated Food Security Phase Classification (IPC) analysis for Gaza** confirms that no areas of the Strip are currently classified in famine following the October ceasefire and improved humanitarian and commercial access. This welcome progress remains extremely fragile as the population continues to struggle with massive infrastructure destruction and collapsed livelihoods and local food production, given restrictions on humanitarian operations. **Without sustained, large-scale expansion of food, livelihood, agriculture and health assistance, together with increased commercial inflows, hundreds of thousands of people could rapidly slip back into famine, the Food and Agriculture Organization of the United Nations (FAO), UNICEF, the World Food Programme (WFP), and the World Health Organization (WHO) warned today.** According to the new IPC report, **at least 1.6 million people – or 77 per cent of the population – are still facing high levels of acute food insecurity in the Gaza Strip,** including over 100 000 children and 37 000 pregnant and breastfeeding women projected to suffer acute malnutrition through April next year...."

Guardian - Israel to ban dozens of aid agencies from Gaza as 10 nations warn about suffering

https://www.theguardian.com/world/2025/dec/30/israel-to-ban-dozens-of-aid-agencies-from-gaza-as-10-nations-warn-about-suffering

(30 Dec)" **Failure of groups including MSF and ActionAid to hand over staff details** means they will not be able to operate in Gaza, say Israeli officials."

"**The list of groups hit by the ban include some of the world's best known humanitarian organisations such as ActionAid, International Rescue Committee and Médecins Sans Frontières (MSF).** Tuesday's announcement by the Ministry of Diaspora Affairs comes amid fierce storms that in recent days have destroyed thousands of tents in Gaza, exacerbating an already acute humanitarian crisis. **Foreign ministers of 10 nations expressed "serious concerns" about a "renewed deterioration of the humanitarian situation**" in the devastated territory, saying the situation was "catastrophic"....."

- Related: **Guardian – Israeli ban on aid agencies in Gaza will have 'catastrophic' consequences, experts say**

HPW - Escalating DR Congo Conflict Exacerbates Refugee Flight; Gaza Famine Threat Eases

https://healthpolicy-watch.news/escalating-dr-congo-conflict-exacerbates-refugees-flight-gaza-hunger-crisis-eases-somewhat/

(22 Dec) "**UNHCR, the UN Refugee Agency, has said it is "deeply alarmed" by the worsening humanitarian situation in Burundi,** which has reached a crisis point following a rapid influx of refugees and asylum-seekers fleeing a new wave of violence in the eastern part of the Democratic Republic of the Congo (DRC). …."

"… **On a more positive note, the threat of famine in Gaza has eased somewhat since the October cease-fire opened the gates to more aid** – but hunger remains a constant threat for most Gazans. …" " … " **Only fifty per cent of Gaza's health facilities are partially functional, and that "much more is needed to address the vast health needs," warned WHO's Tarik Jašarević**, also speaking at the Geneva press event. … **Access constraints facing Gazan Emergency Medical Teams have, however, eased,** with denial rates decreasing to about 20 per cent, compared with 30 – 35 per cent before the ceasefire, according to the Health Cluster."

"… **Meanwhile, WHO issued a stark warning over the increase of attacks on health care in Sudan, saying they are "becoming deadlier and more widespread**, cutting off access to lifesaving services and placing health workers and humanitarian operations at serious risk."…."

UN News - Sudan civil war: Health system 'on the verge of collapse'

https://news.un.org/en/story/2025/12/1166673

(26 Dec) "**The war in Sudan has been tearing the country apart for almost 1,000 days, putting the country's health system under intolerable pressure**. The World Health Organization (WHO) is reporting widespread disease outbreaks, severe shortages, malnutrition and rising deaths."

"The **UN agency has revealed shocking figures related to attacks on healthcare facilities in Sudan**, stressing that the **country is recording the largest percentage of global deaths linked to the targeting of the health sector, in flagrant violation of international humanitarian law."**

Planetary Health

Global Challenges Foundation -Global Catastrophic Risks 2026 (report)

https://globalchallenges.org//app/uploads/2025/12/Global-Catastrophic-Risks-2026.pdf

Listing five risks: "Catastrophic Climate Change; ecological collapse; weapons of mass destruction; AI in military decision making; near earth asteroids. "

PS: "**A system under stress: Adapting global governance to a world of accelerating risk** - Global risks are becoming increasingly interconnected, accelerating and reinforcing one another across

environmental, technological and security domains. As this report shows, **outdated governance, rising geopolitical tensions and fragmented institutions leave humanity exposed. Addressing escalating systemic threats requires renewed legitimacy, stronger cooperation and a more adaptive, anticipatory global governance architecture capable of managing shared risks."**

Access to medicines, vaccines & other health technologies

Guardian - US regulators approve Wegovy pill, first oral medication to treat obesity

https://www.theguardian.com/us-news/2025/dec/22/us-regulators-approve-wegovy-weight-loss-pill

"Food and Drug Administration's approval hands **drugmaker Novo Nordisk an edge in the race to market an obesity pill."**

SS&M - Why is the pharmaceutical industry investing in targeted therapies? The emergence of "premium pharma"

Paul Martin et al;

https://www.sciencedirect.com/science/article/abs/pii/S0277953625012195

"Paper analyses the shift from blockbuster drugs to niche targeted therapies; Targeted therapies make up >50% of new approvals and medicines in development; They are cheaper to develop, provide greater monopoly and command very high prices; "**Premium pharma" entrenches drugs for high-income countries and global inequality."**

"**Recent decades have witnessed a major transformation in biomedical knowledge production, framed as the rise of personalized, precision, or stratified medicine**. While social scientists have explored the implications for disease classification, patienthood, datafication and governance, **the central role of the pharmaceutical industry in shaping this new biomedical paradigm remains under-examined. This paper addresses this gap by analyzing the industry's strategic shift since the 1990s from mass market "blockbuster" drugs to high-priced, targeted therapies for niche and stratified markets…..** …. Our findings reveal that **targeted therapies, such as orphan drugs and precision cancer treatments, now dominate pharmaceutical pipelines**, enabled by regulatory incentives (e.g., the Orphan Drug Act), expedited review pathways, and monopolistic practices like patent thickets and indication stacking. These therapies are cheaper to develop, yet command extremely high prices. **We conceptualize this shift as the emergence of "premium pharma," a new sociotechnical regime characterized by intellectual monopoly capitalism, neoliberal deregulation, and financialization."**

Lancet Letter – Confronting the diagnostic divide in global AI health

Lei Zhu; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02308-6/fulltext

"Although the medical artificial intelligence (AI) community intensively debates algorithmic fairness and data bias, these crucial discussions implicitly assume a foundation of existing diagnostic infrastructure. However, a more fundamental challenge is being overlooked: 47% of the

world's population lacks access to even basic diagnostics. For these populations, the pivotal issue is not the refinement of diagnosis through AI, but the very existence of diagnostic capacity—a chasm that the current trajectory of AI innovation risks widening. **This divergence is creating a new diagnostic divide.** The AI tools emerging from well resourced laboratories are inherently designed for digital ecosystems with stable infrastructure, abundant data, and specialist oversight. When deployed in low-resource settings that lack reliable electricity, internet connectivity, or even basic laboratory equipment, these technologies are often rendered unusable. **Consequently, a field with the potential to democratise health care is instead at high risk of cementing existing inequalities, offering advanced capabilities to the few while leaving the majority further behind."**

"**I contend that a strategic correction is urgently needed. Global health and AI communities should prioritise the development of equity-first AI**. This framework demands a fundamental shift from creating tools for the resourced to designing solutions from the realities of the underserved. Equity-first AI needs a dedicated research agenda for robust, low-cost diagnostic algorithms that can operate offline. This new framework should be guided by contextual co-creation, involving front-line health workers in low-resource settings throughout the design process to ensure usability, cultural relevance, and sustainable implementation….."

Announcing the Lancet Commission on Maternal and Newborn Health

(23 Dec) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02599-1/fulltext (by Mehreen Zaigham et al;   **on behalf of the Lancet Commission on Maternal and Newborn Health)**

"**Maternal and newborn health remains one of the most pressing global health challenges of our time.** Despite decades of progress, a woman still dies from complications of pregnancy or childbirth every 2 minutes, a baby dies before birth every 17 seconds, and 2·3 million newborns die every year before reaching age 1 month. These deaths are a stark measure of how poorly societies safeguard their most vulnerable and fail to invest in the next generation. The *Lancet* **Commission on Maternal and Newborn Health aims to confront these challenges with evidence-based strategies, original research, and global policy initiatives to ensure that every mother and every newborn can not only survive but also thrive.** Building on the foundation of previous landmark *Lancet* Series on every newborn and midwifery in 2014, maternal health in 2016, and caesarean section in 2018, **the Commission aims to reclaim maternal and newborn health's central position within global health agendas….."**

Some more new papers & publications

Lancet Comment - Global burden of disease from intimate partner violence against women and sexual violence against children: a call to action

Rachel Jewkes et al;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02598-X/fulltext

Comment related to the **GBD study** from early December: [Disease burden attributable to intimate partner violence against females and sexual violence against children in 204 countries and territories, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023](#)

"**Intimate partner violence (IPV) and sexual violence against children (SVAC) are known to be causally associated with a range of health problems**, but data limitations have hampered previous efforts to quantify the related global burden of disease. **In The Lancet, as part of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD), the GBD 2023 Intimate Partner Violence and Sexual Violence against Children Collaborators present a considerably extended picture of the health burden of IPV and SVAC** by applying substantially advanced GBD methodologies to greatly improved prevalence estimates…. …. **They found evidence for eight health outcomes linked to IPV**, namely HIV/AIDS, major depressive disorder, interpersonal violence injuries and homicide, self-harm, maternal abortion and miscarriage, maternal haemorrhage, anxiety disorders, and drug use disorders. **Six of these health outcomes were also found to be causally linked to SVAC** (all bar maternal haemorrhage and interpersonal violence injuries and homicide), **along with eight other outcomes,** namely other non-HIV sexually transmitted infections, type 2 diabetes, bipolar disorders, alcohol use disorder, conduct disorders, bulimia nervosa, schizophrenia, and asthma…"

BMJ GH - Shifting the centre of gravity in the global evidence ecosystem for health: strengthening local leadership and decision-making for national and global impact

T Kuchenmüller, J Farrar et al ; https://gh.bmj.com/content/10/12/e020093

"Global challenges in recent years, including humanitarian, climate-related and public health crises, have highlighted critical weaknesses in the application of evidence in decision-making, both locally and globally. **The Global Coalition for Evidence** connects efforts made around the world and empowers local leadership to address the fragmentation and inequities in the health evidence ecosystem. **By adopting the '3Cs' approach, the Global Coalition for Evidence promotes collaboration, coordination and consolidation** to streamline efforts and institutionalise evidence use for better health outcomes."
"While the importance of evidence for decision-making has been well-documented, global challenges in recent years, including the COVID-19 pandemic, humanitarian crises, climate change and the associated health disparities and inequities, have exposed critical weaknesses in the global evidence architecture. **The announcement of funding for global living evidence syntheses by major donors at the Summit of the Future in September 2024, followed by the Cape Town Consensus Statement and renewed commitments in the context of the United Nations General Assembly 2025, collectively signal a shared commitment to elevating the role of evidence in societal progress**. The **launch of the Global Coalition for Evidence at the Global Evidence Summit 2024** further advanced this agenda by fostering collaboration to promote systematic and transparent evidence use at the country level.…"

"**In this commentary, the founding group of the coalition explores key challenges and opportunities to strengthen evidence-informed decision-making (EIDM) in health**. We argue that efforts to unify the global evidence ecosystem to support countries must prioritise principles of equity and solidarity, especially in the current geopolitical context, with so many potential issues transcending borders….."

Miscellaneous

Reuters - Ghana's president urged to rally African leaders behind push for slavery reparations

Reuters;

(20 Dec) "**Ghana's President John Dramani Mahama held talks with a global delegation seeking reparations for transatlantic slavery and colonialism, who urged him to rally other African leaders to choose "courage over comfort" and support the growing movement**….."

"The **delegation, made up of experts from Africa, the Caribbean, Europe, Latin America, and the United States, presented Mahama with priority actions under the African Union's (AU) reparations agenda,** it said in a statement on Friday. **In February, the AU launched a drive to create a "unified vision" on what reparations may look like, from financial compensation and formal acknowledgments of past wrongs to policy reforms….**"

"**Calls for reparations have gained momentum but there is also a growing backlash.** Many European leaders have opposed even discussing the matter, with opponents arguing today's states and institutions should not be held responsible for historical wrongs. **While Ghana has been at the forefront of reparations advocacy in Africa, the delegation emphasised the need for "strategic coherence and unity" among political leaders across the continent.** They urged Mahama to encourage other leaders to "choose courage over comfort" by standing with civil society and affected communities in Africa and the diaspora in demanding reparations….."

Stat (Opinion) - PubMed has competition from Germany. That's a very good thing

S Rubinelli, L Gostin et al ;
https://www.statnews.com/2025/12/26/pubmed-zb-med-scientific-repository-livivo/

"**The whole world can't lean on one country's scientific library.**"

"**In May the German National Library of Medicine announced its plan to develop an open, sustainable, and sovereign alternative to PubMed, the free online biomedical database housed in the National Library of Medicine at the National Institutes of Health.** The announcement of this alternative was greeted with interest and support, particularly from those who see the need for digital sovereignty and infrastructural resilience. **The project, ZB MED, has been gathering steam, pulling in European partners, publishers, and funders to turn the vision into reality.** Its **search engine LIVIVO** is now available for literature and information in the health field….."

Authors argue: "… **centralized platforms risk becoming not only gatekeepers of knowledge, but monopolies of visibility. Science thrives on many doors, not one locked gate. It must be cultivated through a distributed ecosystem of access: multiple entry points, interoperable systems, and transparent governance.** This is precisely what the German proposal offers: not fragmentation, but **purposeful decentralization**. A commitment to shared rigor without singular dependence. A hedge against infrastructural fragility, political manipulation, and the quiet erosion of intellectual diversity…."

Global health governance & Governance of Health

UN News - General Assembly approves $3.45 billion UN regular budget for 2026

https://news.un.org/en/story/2025/12/1166685

(30 Dec) " **The General Assembly has approved a $3.45 billion regular budget for the United Nations for 2026**, following weeks of intensive negotiations and one of the Organization's most important reform initiatives, UN80. **The budget – approved by the 193-member General Assembly on Tuesday – authorizes $3.45 billion for the coming year, covering the Organization's three core pillars of work: peace and security, sustainable development and human rights**. While the approved budget is roughly $200 million higher than the Secretary-General's proposal prepared under the UN80 reform initiative, it is about 7 per cent lower than the approved 2025 budget….."

Global Policy - Can the United Nations Avoid the Fate of the League of Nations?

Kristinn Sv. Helgason; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70114

"Why Bold Reform May be the Only Option."

" **This paper argues that short-term efforts to reduce costs are not likely to have a sustainable impact**, as the large number of states that contribute little financial resources to the UN system will soon have renewed incentives to call for increased budgets rather than to institutionalize cost-effectiveness measures. **Instead, states would be well-advised to focus on rule changes in areas such as governance and coordination structures and the selection of senior leaders and staff, as well as to articulate a new mission for the Organization….."**

Devex - Is MrBeast a force for good in development — or a big problem?

https://www.devex.com/news/is-mrbeast-a-force-for-good-in-development-or-a-big-problem-111598

"News of the **strategic collaboration between MrBeast and The Rockefeller Foundation** signals the **young YouTuber's growing influence in modern philanthropy**. He has raised hundreds of millions for good causes. But his **flashy methods remain controversial, and he risks skewing how a generation perceives aid….."**

"When you think of key players in global development, **MrBeast — the world's richest YouTuber —** probably isn't who comes to mind. But **increasingly, he's become a major philanthropic player in his own right,** giving away hundreds of millions of dollars, much of it in the global south, in an incredibly public way. And perhaps more important than that, **his vast audience means that he's influencing how a whole generation views aid…"**

ODI - The global polytunity

Y Y Ang ; https://odi.org/en/insights/the-global-polytunity/

"**Polytunity**, a term I coined in a **November 2024 Project Syndicate commentary** and then later **elaborated at the United Nations Development Programme**. The idea is simple: **simultaneous disruptions offer a once-in-a-generation opportunity for the deep transformation of global institutions and ideas.** When everything seems to crumble at once, we are forced to go beyond patchwork solutions and redesign systems from the ground up….."

"… **The industrial-colonial paradigm has expired** in a hyper-complex, multipolar world. **We need a new mindset – which I call AIM: Adaptive, Inclusive, and Moral Political Economy…..**"

"… **What we are witnessing is not the end of progress, but rather the end of the industrial-colonial paradigm and the beginning of another – if we have the conviction to develop it….**"

- From the same author, see also **[Project Syndicate – The World Order After 2025](#)**:

"…. **Rather than simply naming the death of the old, we must ask what might replace it**. After all, while profound disruption carries acute risks, it also provides a rare opening for deep transformation. **That is why we should view this moment not as a polycrisis, but as a "polytunity" – a generational opening for global transformation from the margins."**

"**Some contours of the new world order – three in particular – are already visible. Geopolitically, it will be characterized by multipolarity**, with the US and China as the two largest powers but neither as a single hegemon. Such a diffusion of power need not lead to chaos if non-dominant countries take more responsibility for delivering global public goods and find creative means to collaborate. **Moreover, AI will transform how humans live and work**. Depending on how it is regulated and used, AI could lead to a greater concentration of power and wealth, but it could also lower barriers to knowledge and productivity – for example, through translation, tutoring, and rapid problem-solving – especially for communities long excluded from elite networks. **Lastly, globalization will not disappear, but its form will change. Long, fragile supply chains optimized purely for efficiency are giving way to shorter, more resilient ones**. Today's developing countries can no longer count on exporting to rich markets to generate growth; instead, they must also cooperate with their neighbors and dismantle regional barriers to trade."

"**Whether the world seizes the polytunity or succumbs to the polycrisis depends fundamentally on mindset. Even as Western political and economic dominance wanes, Western narratives of disruption as despair continue to dominate. Yet nowhere is a mindset shift more urgent than among the global majority, which has more potential for agency today than it ever did before….**"

She concludes: "… the **future that emerges after 2025 depends crucially on the worldview we choose. Lamenting the polycrisis reinforces paralysis, whereas embracing the polytunity encourages change."**

Review of International Political Economy - Counterhegemony at work: the Belt and Road Initiative and the restructuring of international political economy

Xiaobo Su; **https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2603391**

"Since its inception, **the Belt and Road Initiative (BRI)** has aimed to strengthen transnational connectivity through infrastructure development and trade facilitation, and thus become a focal

point in the field of international political economy (IPE). **This article offers a conceptual exploration of how the BRI is restructuring the IPE toward a multipolar order of geopolitical and geoeconomic cooperation. Drawing on Gramsci's analytical framework – particularly his insights into (counter)hegemony – I analyze how the BRI fosters a counterhegemonic movement among Global South actors, led by China, to build their own ladders of development and challenge neoliberal IPE.** Addressing a synergy of ideas, institutions, and material capabilities, this analysis seeks to transcend the Western-centric neoliberal IPE by advancing a Southern-oriented international development paradigm. …."

ODI - Can feminist foreign policy go the distance? Overdue reflections following the fourth ministerial conference

E Tant; https://odi.org/en/insights/can-feminist-foreign-policy-go-the-distance-overdue-reflections-fourth-ministerial-conference/

Account of the **4th Ministerial Conference on Feminist Foreign Policies** (in France).

A few excerpts:

"Many will recognise 2025 as the year gender equality and justice took a major hit – both financially and politically. **Faced with a dispiriting context of global backlash to women's rights and an intensifying polycrisis, the Fourth Ministerial Conference on Feminist Foreign Policies (FFPs) took place.** Hosted by the French Ministry of Foreign Affairs in Paris in October, it is clear, looking back, that navigating these choppy waters to **achieve the participation of 55+ states was commendable in its own right.** Such an achievement for a diplomatic foreign policy conference with the term 'feminist' in the title would probably have been inconceivable a decade ago. Ten years after Sweden officially adopted a feminist foreign policy, the world has changed in ways that can sometimes feel irrevocable….."

"There is much for which to commend the French Ministry of Foreign Affairs for this year's iteration of the FFP conference…. The determination of the French Ministry of Foreign Affairs to widen the tent and bring more governments to the table on a progressive agenda to uphold women's rights around the world – a very difficult task – is laudable….. The inclusion of language around 'diversity of families' and 'bodily autonomy', and the explicit mention of 'sexual and reproductive health and rights', can be considered a big win for everyone working in an international environment where these terms are consistently challenged and targeted in multilateral agreements. Indeed, it was also commendable that the **French reached a wider range of actors this year,** securing first-time attendance from Angola, Morocco, Japan, Sri Lanka and the United Arab Emirates for example….." " **This approach epitomised a noticeable and intentional gear shift behind the motivations of the conference: from advocacy to diplomacy….."**

"The FFP conferences have evolved significantly since 2022, and now seems a timely moment to take stock of the direction of travel ahead of the **next gathering in Spain in 2026."**

New Humanitarian – Inklings: What's going on at Oxfam?

https://www.thenewhumanitarian.org/newsletter/2025/12/19/inklings-whats-going-oxfam

"This is a mess". "Oxfam GB's leadership saga is spilling out across the UK press and on LinkedIn, unearthing accusations of bullying and racism and renewing questions about the organisation's culture and governance….."

PS: "This will damage Oxfam.   …. The controversy is playing out in an unforgiving UK press and in social media comments, and adding to an already thick Oxfam folder at the Charity Commission. "There's still amazing work going on despite all of this. And that's really sad. We're in the news again," said a staff member. "It just feels like a mess. It's embarrassing."…."

Devex Pro - Weathering the storm: Millennium Challenge Corporation pivot underway

https://www.devex.com/news/weathering-the-storm-millennium-challenge-corporation-pivot-underway-111606

More news from the US. "Board selects new countries in Latin America as MCC expands its work in the hemisphere on the heels of other long-awaited changes."

Devex on REsourceEU: New EU mineral strategy swaps green goals for military readiness

Devex;

"A new Brussels proposal on critical minerals drops the "green transition" pretense in favor of hard security. But experts warn it fails to offer the global south what it actually wants: value addition and high standards."

"It's not just the U.S. eyeing other countries' critical minerals — or being upfront about it. The race to secure the backbone of clean energy technologies, which power everything from solar panels to electric vehicles, is global.   That includes the European Union, which is being more explicit about its own aims. Whereas before the bloc couched its resource diplomacy in the language of the green energy transition, its new action plan, dubbed REsourceEU, indicates a shift in tone, emphasizing strategic interests such as defense readiness and economic competitiveness over the collective good…."

"They're just looking to grab as much as they can rather than finding a different way around," says Alison Doig, a climate and energy analyst. "What's on offer is an extractive deal."
And that's not the kind of deal mineral-rich, lower-income countries are seeking, experts say. Countries that can extract, process, or move up the value chain in critical minerals stand to gain revenue, infrastructure, and strategic relevance, while those locked into raw extraction risk repeating old patterns of resource dependence, my colleague Jesse Chase-Lubitz writes. Thus, critical minerals can accelerate inclusive development — or deepen existing inequalities."

"The EU is proposing €3 billion to support the action plan's initiatives, and, as Susannah Fitzgerald of the Natural Resource Governance Institute put it, "at the end of the day, money talks. "But it doesn't seem like they're quite speaking the same language that partners want to hear."…"

Guardian – Reform plan to cap aid at £1bn would damage UK's international influence, critics warn

[Guardian](#);

"**Plans by Reform UK to slash the aid budget by 90% would not cover existing contributions to global bodies such as the UN and World Bank**, shredding Britain's international influence and risking its standing within those organisations, charities and other parties have warned."

"**Under cuts announced by Nigel Farage in November, overseas aid would be capped at £1bn a year, or about 0.03% of GDP**. Keir Starmer's government is already set to reduce aid from 0.5% of GDP to 0.3% by 2027, but even that lower proportion would still amount to £9bn a year. **If a Reform government attempted to cut aid to £1bn, it would involve cutting back existing multi-year commitments to organisations, as well as global efforts connected to vaccinations and other health initiatives.**"

Global Social Policy - Confronting the mismatch between problems and solutions: Global social policy in an era of state skepticism and multilateral retrenchment

https://journals.sagepub.com/doi/10.1177/14680181251394500

By Juliana Martínez Franzoni et al.

Global health financing

Devex Pro – Where did the Gates Foundation spend its money?

https://www.devex.com/news/where-did-the-gates-foundation-spend-its-money-111488

(gated) "**In the past five years, the Gates Foundation has given a total of $26.7 billion in aid**, which rivals that of some of the biggest bilateral donors in terms of ODA. Where and what did the foundation spend its money on? Devex crunched the numbers to find out."

BMJ GH - Global effects of increased taxation of tobacco, alcohol and sugar-sweetened beverages on tax receipts: a modelling analysis

A Summan, Peter Baker et al; https://gh.bmj.com/content/10/12/e017571

"**We simulated the economic effects of taxing cigarettes, alcohol and SSBs over a 5-year period** employing mathematical models informed by global economic and consumption data. … Tax-induced price increases of 20% and 50% were simulated….."

Results : "**Taxes that raise retail prices by 20% would generate US$388.73 billion in additional global tax revenue annually,** comprising US$104.20 billion from tobacco, US$202.67 billion from alcohol, and US$81.86 billion from SSBs. **At 50%, the total additional revenue would be**

US$684.75 billion annually. As a proportion of health spending, lower-income countries generate more tax revenue than higher-income countries……"

Global Policy- Between Sustainable Development, Financialisation and Sovereign Debt Crisis: The Case of Blue Finance as Yet Another Iteration of the Washington Consensus

L Choukroune; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70119

"As far as international economic law (IEL) is concerned, the 'Washington Consensus' generally refers to the World Bank and the International Monetary Fund (IMF)'s development finance policies and tools. … …. **another incarnation of the 'Washington Consensus', largely initiated and guided by the same institutions and their regional counterparts, is appearing today with the concept of 'Blue Finance' as a new derivative of 'Sustainable Finance' or 'Green finance' designed to support the Blue Economy transition**. In addressing the question of Blue Finance as a new iteration of the 'Washington Consensus', **this article interrogates Blue Finance as Sustainable Finance** (1) while later questioning the actors, rules, and beneficiaries of 'financialisation' (2) and reflecting upon the risk of sovereign debt spiralling (3). It concludes on the challenges posed by Blue Finance for the Global South notably considering its current approach *to* and practice *of* international economic law….."

PS: "… defined as the sustainable use of water resources (including oceans and fresh waters) for economic growth, jobs' creation, improved livelihoods, and aquatic ecosystem health, **the Blue Economy (BE) directly relates to the United Nations Sustainable Development Goal (SDG) 14 (Life Below Water)**. Originally coined by the Belgian economist Gunter Pauli in his book The Blue Economy, 10 years, 100 innovations, 100 million jobs, the expression was soon endorsed by the European Union, and a few years later, by the United Nations Conference on Sustainable Development held in Rio in 2012. Seen as an engine for sustainable economic growth, the concept has been at the centre of renewed economic attention since the launch of the UN Ocean Decade (2021–2030) notably. According to the United Nations Environment Programme (UNEP), the annual economic value of the Blue Economy is estimated at USD 2.5 trillion, which is the equivalent of the 7th largest economy in the world…."

UHC & PHC

International Journal for Equity in Health - Beyond cost-effectiveness: a reflective commentary on adapting global health technology assessment for equity considerations in South Africa and other LMICs

C Sriram et al; https://link.springer.com/article/10.1186/s12939-025-02676-z

"**This commentary critiques the global transplantation of Health Technology Assessment (HTA) frameworks grounded in cost-effectiveness analysis (CEA) and cost-utility analysis (CUA), highlighting their potential misalignment with the ethical and historical realities of LMICs such as South Africa.** We introduce **utilitarian principlism**, a hybrid ethical framework that combines utilitarian efficiency with the normative safeguards of principlism to enable context-sensitive health priority-setting…."

"…. We argue that while locally derived utility weights are necessary for more accurate local CEA analysis, use of metrics like CEA alone in contexts like South Africa fails to address systemic inequity in the population. Instead, **we propose a Multi-Criteria Decision Analysis (MCDA) framework to integrate CEA determined by using locally derived value sets with ethical and contextual considerations.** We therefore **recommend four policy shifts**: (1) ethical adaptation of economic methods; (2) localisation of HTA methods and value sets; (3); contextualisation of global HTA guidance and (4) a move away from cost efficacy only metrics and adoption of MCDA approaches. **This approach advances a model of contextual fairness and ethical pluralism, enabling LMICs to build HTA systems that reflect their own moral, historical, and public health priorities, offering a principled, equitable path forward for value-based healthcare reform."**

Dennis Law News - Assessing The "MahamaCare" Policy: A Mirage or a Reality Towards Achieving a Universal Access to Healthcare in Ghana

Silas Udia Osabutey;   [Dennis Law News](#)

"**The article critically evaluates Ghana's new "MahamaCares" health policy**, exploring its potential to address chronic non-communicable diseases and achieve universal healthcare access. **While well-intentioned, the policy's operational gaps, data limitations, and financial risks may undermine its success….."**

"…"Consequently, **allocating one-fifth of its revenue without increasing the overall public health budget is not only fiscally precarious but also structurally hazardous**.""

Pandemic preparedness & response/ Global Health Security

SSM Health Systems - From Crisis to Resilience: Catalysing Epidemic and Pandemic Preparedness through National Public Health Institutes

Thanitsara Rittiphairoj et al;

https://www.sciencedirect.com/science/article/pii/S2949856225001175

"The COVID-19 pandemic highlighted the critical role of National Public Health Institutes (NPHIs) in responding to global health emergencies. **This commentary examined the contributions and challenges of NPHIs in four countries of the Eastern Mediterranean Region (EMR), including Somalia, Morocco, Pakistan, and Jordan, during the pandemic response**. …"

"… Based on these experiences, **we proposed key strategies to strengthen NPHIs and improve pandemic preparedness. These included securing sustainable financing (e.g., contingency funds), coordinating donor support, investing in workforce training and simulations, improving peripheral laboratory infrastructure and data integration, developing standardized, multisectoral protocols led by NPHIs, strengthening international partnerships for surveillance and resource mobilization, and enhancing risk communication and community engagement**. The paper emphasized the importance of sustained political commitment and long-term investment in NPHIs to build resilient health systems capable of effectively responding to future health threats."

Guardian – Meet Dr Happi. With $100m and a steely determination could he save the world from the next pandemic?

https://www.theguardian.com/global-development/2025/dec/23/dr-christian-happi-virus-detection-pandemic-sentinel-pardis-sabeti

"The **Cameroonian professor made the Time most influential list in 2025 and saw the project he co-founded receive $100m for its virus detection work**. Now he is on a **mission to transform Africa's genomics capability."**

Re **" Sentinel… an early warning framework** co-created by Nigeria's Institute of Genomics and Global Health and the Broad Institute of MIT and Harvard. **Housed inside the African Centre of Excellence for Genomics of Infectious Diseases (ACEGID),** the programme uses genomics, surveillance and sequencing technology to identify new pathogens and then packages the science so it is ready-made for governments to act on. **Since its inception, …. … Sentinel has trained more than 3,000 health professionals across 53 of Africa's 54 countries in genomics** so they too are better able to track, identify and respond to outbreaks….."

BMJ GH - Evidence-based opportunities to address pandemic drivers via the Pandemic Agreement: lessons from the Framework Convention on Tobacco Control

H Ferdowsian et al; https://gh.bmj.com/content/10/12/e021304

"…. Framework Convention on Tobacco Control (FCTC) **implementation, including evidence-based attention to supply and demand market forces**, could provide useful lessons for successful implementation of the Pandemic Agreement….."

"…**The FCTC has exerted significant force in reducing the global toll of tobacco consumption. It has done so with an approach that ascertained supply-and-demand measures**. Implementation of the Pandemic Agreement could take a similar evidence-based approach to address pandemic drivers fueled by global market forces….."

WHO - National Health Simulation Exercise Programme

https://iris.who.int/server/api/core/bitstreams/4a921595-1896-4edf-83da-f411c7fd3c2b/content

New WHO Guidance Released on establishing a National Health Simulation Exercise Programme, helping countries strengthen emergency preparedness, readiness, and response through structured health simulations.

BMJ GH - Integrating mobile laboratories into global health security: advancing collaboration through GOARN-DiSC

https://gh.bmj.com/content/10/12/e022083

"**Rapid Response Mobile Laboratories (RRMLs) provide deployable, adaptable and scalable diagnostic surge capacity in all types of health emergencies**, enhancing outbreak response,

surveillance and International Health Regulations (2005) core capacities, especially in resource-limited settings. The evolution of RRMLs—from early outbreak response tools, to essential assets during Ebola outbreaks and the COVID-19 pandemic—has demonstrated their value in scaling up diagnostics, supporting research and strengthening public health systems globally. **The establishment of the Global Outbreak Alert and Response Network Strategic Group for Diagnostic Surge Capacities (GOARN-DiSC) in 2024 has created a coordinated global platform for RRML partners, promoting integration with global emergency preparedness and response frameworks through collaborative and sustainable models**. DiSC focuses on leadership, standardisation, quality assurance and workforce development to harmonise operations and improve interoperability."

Planetary health

With among others, **two new Lancet Planetary Health issues** (November & December).

Lancet Planetary Health – December issue

https://www.thelancet.com/issue/S2542-5196(25)X0014-0

- **Editorial** – **In desperate need of systems change**

Excerpts: "… It **is customary at the end of each year for** *The Lancet Planetary Health* **editorial to summarise global environmental change progress and developments**. But as 2025 draws to a close, it seems that we could, with minimal editing, simply copy and paste editorial summaries from previous years. That is a facetious statement; **of course, there have been positive developments, grinding progress, and wins on some key issues, for example the acceleration in green electricity capacity, the inclusion of health in key climate negotiations, and success in climate change litigation. However, the overall trends in greenhouse gas emissions, nature loss, and pollution are still moving us toward a future world outside of a safe, fair, and sustainable environment for all."**

"…**If the need for change is so desperate, why is progress so slow? According to the United Nations Environment Program's seventh [Global Environmental Outlook](), 2025, what we are missing is systems-level change**. It is certainly not the first time this point has been made, but **the extensive report,** a collaboration between 287 scientists from 82 countries**, fleshes out how systems change could happen.** The report diagnoses that **current efforts are too siloed and advocates for whole of society and government rethinks on the economy, materials, energy, food, and our relationship with the environment**. The economies and politics that create environmental breakdown have been likened to massive tankers, with too much inertia to change direction. **The report's transformation pathways advocate fundamental shifts to dissolve barriers or so-called lock ins, including changing economic structures that prioritize short-term, unsustainable interests, and "challenging economic hegemony" by removing harmful subsidies and aligning finance with sustainability goals**. An [IPBES Transformative Change Assessment]() aptly describes three underlying causes of ongoing biodiversity loss: "*disconnection from and domination over nature, the concentration of power and wealth, and the prioritization of short-term decision-making based on individual and material gain*". …. … **Our challenge now is to shift attention away from tinkering within current systems for the sake of preserving the economic and political status quo and toward pulling the more powerful leavers of systems change for the sake of a healthy people and planet."**

Lancet Planetary Health – November issue

https://www.thelancet.com/issue/S2542-5196(25)X0013-9

- **Editorial –** Dietary schooling

Both Lancet Planetary Health issues have plenty of interesting articles, though, so do check them out in full.

Eg: Lancet Planetary Health (Personal View) -Priority setting for environmentally sustainable health care: emerging approaches to fair resource allocation   (by Anand Bhopal et al)

"**This Personal View explores how priority setting tools can facilitate the transition to environmentally sustainable health care**. We outline the key principles of priority setting in health care and explore how environmental sustainability can be incorporated into resource allocation tools, such as health technology assessment and multicriteria decision analysis, as well as budgetary processes, such as programme budgeting and marginal analysis. …."

Global Health Action - WHO's structured process for creating health-conducive environments in countries: insights and examples from the African region

Jennyfer Wolf et al; https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2596450?src=

"**This paper presents the structured process developed by the World Health Organization (WHO) to systematically scale up actions in environment, climate change, and health at the country level**. The process is designed to implement evidence-based and data-driven actions tailored to local contexts and to bring together diverse stakeholders from various sectors such as health, environment, energy, and transport. **It contains three steps**: (1) analysing the country's current situation regarding environmental exposures and associated health impacts, (2) matching priorities with effective actions integrated with ongoing activities, and (3) assisting with implementation and monitoring. **Various resources support these steps, including data scorecards, checklists, and a catalogue of interventions…."**

Asian Development Bank Sustainable Development Working paper series – Low-carbon, climate-resilient health care supply chains

J Karliner et al ; https://www.adb.org/sites/default/files/publication/1103166/sdwp-113-health-care-supply-chains.pdf

One out of a series of Working papers.

Suggesting 6 strategies for a climate-resilient health care supply chain, with **20 actions** providing a framework to begin the process of decarbonizing and adapting supply chains to climate impacts, while creating the enabling environment to succeed.

Lancet Planetary Health (Feature) - COP30 agrees on framework to track global climate resilience

Arthur Wyns; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00298-0/fulltext

"The **30th UN Climate Change Conference has ended with an historic deal to fund and implement a Global Goal on Adaptation**, 10 years after countries first adopted the goal enshrined in the Paris Agreement."

"The UN climate conference in the Brazilian Amazon city of Belém saw **countries agree to a set of indicators to track global adaptation progress, alongside additional financial support**. This agreement follows the adoption of a Global Goal on Adaptation (GGA) framework at COP28 in 2023, which outlined the key sectors and activities that countries need to strengthen to be resilient to the impacts of a changing climate, including in the areas of food, water, and health. **At COP30, countries further established a detailed set of indicators and methods, defining how the world's governments will assess progress on climate adaptation.**"

"… **The COP30 outcomes signal the growing recognition of adaptation as a political priority**, which for years has received less attention than efforts to reduce emissions. This **recognition is supported by the widespread adoption of national and sectoral adaptation strategies**; 144 countries are now engaged in national adaptation planning, while 67 developing countries have formally submitted their adaptation plans to the United Nations Framework Convention on Climate Change (UNFCCC), as of Sept 30, 2025….."

The article includes a panel with a **List of global health adaptation indicators adopted at COP30.**

International Health - Reframing climate disasters through the lens of a climate necropolitics of health

Anushka Ataullahjan et al; https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf157/8407152?searchresult=1

"A climate necropolitics of health offers a critical framework that illuminates how climate change disproportionately harms marginalized populations by highlighting how the lives of certain individuals are protected and whose lives are expendable. We demonstrate how entrenched gender inequity, colonial legacies and systemic underinvestment in health and education have had **negative health impacts for women and girls in the Swat Valley in Pakistan**. We propose that a **climate necropolitics of health asks us to move beyond seeing climate disasters as an isolated event, instead locating them in broader histories of environmental injustice, structural violence and social exclusion."**

Covid

UN News – WHO research shows COVID vaccines still crucial in preventing severe illness

https://news.un.org/en/story/2025/12/1166689

"Up-to-date vaccination remains the most effective way to prevent severe COVID-19 illness, new research from the World Health Organization (WHO) shows, even as the pandemic has officially ended."

"…. **Studies led by the WHO Regional Office for Europe** confirm that people who receive timely booster doses are far less likely to develop severe disease, require intensive care or die.
The **findings are based on data from the European Severe Acute Respiratory Infection Vaccine Effectiveness (EuroSAVE) network**, which monitors respiratory infections in hospitals across parts of Europe, the Balkans, the South Caucasus and Central Asia….."

Mpox

Cidrap News - Mpox infection early in pregnancy linked to poor fetal outcomes, study suggests

https://www.cidrap.umn.edu/mpox/mpox-infection-early-pregnancy-linked-poor-fetal-outcomes-study-suggests

"**A prospective cohort study from the Democratic Republic of the Congo (DRC) suggests that mpox infection during pregnancy, particularly in the first trimester, is associated with a high risk of fetal loss. The study**, published late last week **in** *The Lancet*, pooled data from four studies conducted between December 2022 and June 2025 in one DRC region where mpox clade 1b is in circulation and two regions in which mpox clade 1a is endemic. …"

Infectious diseases & NTDs

Devex – Why NTDs are a prime investment for philanthropy

https://www.devex.com/news/sponsored/why-ntds-are-a-prime-investment-for-philanthropy-111621

"With the elimination of more NTDs within reach and the potential for gains across the broader health system, **Mohamed bin Zayed Foundation for Humanity's Tala al Ramahi explains why philanthropic foundations should be investing in NTDs."**

"… **Neglected tropical diseases, or NTDs, offer philanthropy "something rare in global health**," said Tala al Ramahi, director of the United Arab Emirates' presidential court and representative of the Mohamed bin Zayed Foundation for Humanity — **that's "a finishable agenda**." …. … Speaking to

Devex, **al Ramahi laid out the investment case for philanthropic foundations in NTDs, explained what the Mohamed bin Zayed Foundation for Humanity is doing in this regar**d, and detailed the potential for impact beyond simply NTD response but wider health system strengthening….”

Cidrap News - More than half a million chikungunya cases reported globally in 2025

https://www.cidrap.umn.edu/chikungunya/more-half-million-chikungunya-cases-reported-globally-2025

“**Through December 10, the world has seen more than 500,000 chikungunya cases worldwide, with almost 300,000 in the Americas region alone, the World Health Organization (WHO) reported in a risk assessment** yesterday.”

“With a high degree of confidence, **the WHO classified the risk of infection with chikungunya virus to be moderate worldwide,** “driven by widespread outbreaks across multiple WHO regions during the 2025 season including areas with previously low or no transmission.”   “**The resurgence and emergence of cases in new geographic areas are facilitated by the presence of competent *Aedes* mosquito vectors, limited population immunity, favorable environmental conditions, and increased human mobility,”** the agency noted.”

AMR

Lancet Primary Care – Reducing antibiotic exposure to combat antimicrobial resistance: rethinking use, packaging, and dispensing practices

Maarten Lambert, Saleh Aljadeeah et al;
https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00084-6/fulltext

“… **Reducing unnecessary antibiotic exposure is a crucial step in combating AMR**. Inappropriate use, including prolonged treatment durations, non-prescription supply, and use of leftover medicines, undermines antibiotic stewardship efforts. Optimising treatment requires adherence to evidence-based shorter courses than currently used longer antibiotic courses and addressing barriers to treatment adherence. Packaging reform and exact-dose dispensing are key but overlooked interventions to reduce antibiotic misuse and waste. Although legal and logistical challenges remain, particularly in low-income and middle-income countries, these solutions should be integrated into broad strategies that address systemic barriers. ….”

NCDs

Nature Medicine - The global macroeconomic burden of diabetes mellitus

Simiao Chen et al; https://www.nature.com/articles/s41591-025-04027-5

"An analysis of 204 countries estimates that **diabetes will cost the global economy $ 10.2 trillion between 2020 and 2050."**

NYT - Older Americans Quit Weight-Loss Drugs in Droves

https://www.nytimes.com/2025/12/21/health/older-people-glp1-weight.html

"In some studies, half of patients stopped taking GLP-1s within a year despite the benefits, **citing the expense and side effects."**

Lancet Primary Care (Comment) – Unlocking the full potential of pharmacists in the fight against non-communicable diseases

Members of the Regional Assembly of the Commonwealth Pharmacists Association ; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00089-5/fulltext

"**The Commonwealth Pharmacists Association welcomes the zero draft of the political declaration of the 2025 UN high-level meeting on non-communicable diseases (NCDs).** We commend its recognition of primary health care, equitable access to medicines, and workforce strengthening as central aspects of the global NCD response. **This moment presents an unprecedented opportunity to unlock the full, underutilised potential of pharmacists in the prevention, early detection, and management of NCDs.** Recognised by WHO and the International Pharmaceutical Federation as trusted and accessible health-care professionals, pharmacists are crucial in improving health outcomes, particularly with regards to NCDs. **We call on policy makers and health leaders across the Commonwealth and beyond to ensure that pharmacists and their teams are fully integrated into national NCD strategies, action plans, and health-policy frameworks. …"**

Mental health & psycho-social wellbeing

BMJ GH - The neuropsychiatric toll of rising temperatures on women's health in low-income and middle-income countries: a scoping review

R G Künzel et al ; https://gh.bmj.com/content/10/12/e021455

"… We found evidence suggesting positive associations between exposure to high ambient temperature and adverse psychiatric, neurologic and neurocognitive outcomes among women from LMICs."

Sexual & Reproductive health rights

Lancet Letter - Oversights in global gynaecological disability measurement – Authors' reply

By M A Dirac, C Murray et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02129-4/fulltext

Reacting to one letter.

Lancet GH – Diagnostic criteria for postpartum haemorrhage treatment: a cost-effectiveness study

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00446-2/fulltext

By N Scott et al.

Critical Public Health - Is reproductive agency associated with subjective well-being? A population-based cross-sectional study among men and women in four sub-Saharan African countries using the World Values Survey

https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2604450?src=

By Karin Båge et al.

Child Health

Lancet Regional Health Africa (Viewpoint) - Are all widely consumed products good to fortify—the West and Central African bouillon cubes debate

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(25)00009-4/fulltext

By Arnaud Lailloua et al.

Access to medicines & health technology

NYT - Trump Announces Pricing Deals With Nine Drugmakers

https://www.nytimes.com/2025/12/19/health/trump-drug-pricing-deals.html

(19 Dec) "**The companies were the latest to agree to sell drugs to Medicaid and directly to consumers at discounted prices**. President Trump said he would soon begin similar negotiations with health insurers…."

"**Mr. Trump has now reached deals with 14 of the 17 drugmakers to which he sent letters in July demanding that they lower prices**. The nine companies participating in Friday's announcement were **Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Roche's Genentech unit, Gilead, GSK, Merck, Novartis and Sanofi….**"

- Related: **Stat - Drugmakers promise to stockpile certain drugs** as part of new drug pricing deals

" **Brand drugmakers have agreed to donate bulk ingredients to a national stockpile as part of deals with the Trump administration focused on lowering U.S. drug prices to levels available to other wealthy countries**. … But **the stockpile is a new aspect**. Some of the nine companies agreed to donate six months' worth of certain drug ingredients to the Strategic Active Pharmaceutical Ingredient Reserve and to make finished-dose products from those ingredients during emergencies. Among them, Merck will supply the bulk ingredients for its antibiotic ertapenem; Bristol Myers Squibb will provide the blood thinner apixaban, commonly sold under the brand name Eliquis; and GSK will donate albuterol….."

FT – Europe races to placate pharma as Trump turns up the pressure

https://www.ft.com/content/2f3ebc7c-c47e-4d61-87b6-8a899c9fc737

(gated) « Tariff deals with the US have bought time but investment momentum is elsewhere. »

Plos GPH - Beyond the prescription: Global observations on the social implications of GLP-1 receptor agonists for weight loss

Sissel Due Jensen et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005516

"Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are transforming medicine globally. Given the efficacy and the demand for these drugs for weight loss, significant and complex social implications will follow. **Drawing on our current qualitative studies** with users in Brazil, Denmark, Japan, the United States, and online communities, alongside our pre-GLP-1RA studies in ten additional countries, **we identify nine emerging global trends**. These include the profound sense of "normality" users describe after weight loss, demand driven by pervasive weight anxiety, and the willingness of many to endure significant side effects, costs, and sacrifices to maintain access. We also observe extensive medication tinkering, unregulated sourcing, changing dynamics in clinical consultations, entwinement with disordered eating, gendered patterns in use and outcomes, and the central role of social media in shaping beliefs and practices. **Rather than reducing weight stigma, these drugs may intensify social judgments and inequalities.** GLP-1RAs are thus **not only biomedical innovations but also social technologies that reshape bodies, identities, and health systems…**"

Plos GPH – Challenges in the medical oxygen ecosystem of Peru: A political economy analysis

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005667

By Patricia J. Garcia , F Ssengooba et al.

Human resources for health

Plos GPH - Task sharing for point-of-care testing: Review of national health policies and implementation landscape in 19 African countries

Zibusiso Ndlovu et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005485

"**World Health Organization recommends task sharing (TS) for point-of-care testing (POCT) with lay health workers (LHW) to improve access when professional capacity is limited**. Despite many benefits of POCT, TS remains underutilized. **This study examined uptake of TS for POCT in national policies and the implementation landscape in 19 African countries from November 2024 to March 2025. "**

Among the findings: "… Over half of national health strategic plans (10/19; 53%) recognize LHWs as vital for expansion of primary healthcare services, but fewer (7/19; 37%) mention TS. While 58% (11/19) of national laboratory strategic plans aimed to expand POCT access and quality, 84% did not mention LHW to support TS. Among national HIV/AIDS strategic plans, 53% (9/17) referenced TS for POCT, mainly for HIV diagnosis; with only one addressing POCT for advanced HIV disease. **Outside HIV and malaria, LHW POCT was rarely emphasised in disease-specific strategic plans**. …. All reported that LHW conduct POCT, mainly with donor-support. **HIV rapid testing was cited as having the most structured training program.** National laboratory leaders acknowledged implementation challenges but saw opportunities to expand LHW-led POCT. **Shifting from fragmented, disease-specific approaches to multi-disease TS model is crucial for sustainable POCT. Coherent policy and implementation reforms are needed to institutionalize TS amid declining resources**. National laboratory leadership should drive the adoption of training and quality assurance for TS for multi-disease POCT….."

HRH - Digitalized human resources for health information systems in low- and middle-income countries: a scoping review

https://link.springer.com/article/10.1186/s12960-025-01043-x

By M Nagai et al.

Decolonize Global Health

Development Today – Save the Children to international NGOs: stop competing with local actors for UN pooled funding

A D Usher; https://www.development-today.com/archive/2025/dt-10--2025/save-the-children-localisati

(gated) "**As a way of getting more resources to local humanitarian actors**, **Save the Children will, starting in January 2026, no longer apply for funding from the UN country-based pooled funds**, which this year allocated USD 800 million to 17 crises. It is **calling on other NGOs like Danish Refugee Council, CARE, Oxfam, and Norwegian Refugee Council to follow suit.....**"

WHO - WHO publishes new global analysis revealing major equity gaps in human genomics research

https://www.who.int/news/item/21-12-2025-who-publishes-new-global-analysis-revealing-major-equity-gaps-in-human-genomics-research

" **The World Health Organization (WHO) has published a new global analysis of human genomics in clinical research, covering more than three decades of studies registered between 1990 and 2024**. The report, *Human genomics technologies in clinical studies – the research landscape*, together with an accompanying interactive dashboard provides the most comprehensive overview to date of how human genomic technologies are being applied in clinical research and **highlights significant gaps in equity and inclusion.**"

"… However, **the report highlights a striking imbalance in where and for whom this research is conducted.** More than 80% of genomic clinical studies were concentrated in high-income countries, while fewer than 5% were conducted in low- and middle-income countries (LMICs). In many cases, LMICs participated only as secondary study sites, constrained by limited sequencing capacity and research infrastructure…." " **Significant demographic gaps were also evident…**"

Papers & reports

Unawareness, or What We Do Not (Want to) Know

Seye Abimbola;
https://www.researchgate.net/publication/397629121_Unawareness_or_What_We_Do_Not_Want_to_Know

"**Why do researchers do empirical social research that they have reason to know not to do? Why do they sometimes pose research questions that sidestep what they (ought to) know about context and complexity or time and place?** This chapter presents an analysis of publications from and about one such apparent research project; a **prominent study (a randomised controlled trial of an intervention to improve safe childbirth in Uttar Pradesh, India), which was published in a prominent academic journal (New England Journal of Medicine), and which informed a prominent**

policy call (to move all childbirths around the world to hospitals). The **analysis suggests a twofold hypothesis: first, motivated unawareness (things they know but act as if they do not know, given their discipline or career incentives); second, genuine unawareness (things they do not know because they were educated or socialised by their discipline or career to not know or seek to know).** The chapter concludes with a call for radical transparency: researchers should systematically work through their (un)awareness of context and complexity and of time and place and should openly declare how they did so for each research project before (as part of its justification), during, and after the project."

Globalization& Health - How are sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC) addressed in UN conventions, treaty bodies, and decisions: a scoping review

M Seppey, C Zarowsky et al. https://link.springer.com/article/10.1186/s12992-025-01180-x

"**Sexual orientations, gender identities and expressions, and sexual characteristics (SOGIESC) concepts are not mentioned in human rights treaties but are increasingly present in the activity of UN treaty bodies, resulting for instance in decisions, general comments and recommendations, concluding observations**. … …. This **scoping review** aims to better understand how treaty bodies address diverse SOGIESC issues, while illustrating information gaps and contemporary debates through academic literature…."

Plos GPH - Menteeship as power: Global health must Rethink how it grows its leaders

Ojong Samuel Akombeng et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005446

"Within global and public health practice, emerging professionals navigate cross-cultural, power-laden systems shaped by donor influence, colonial legacies, and entrenched hierarchies that stifle mentorship's transformative potential. **Although often framed as a collaborative alliance for mutual growth, mentorship remains largely mentor-centric, concentrating power and success in established figures and fostering dependency on mentor agency, access, and authority**. This approach is not tailor-fit for today's volatile realities. **Evidence from low- and middle-income country programs shows that meaningful growth hinges on the mentee's ability to negotiate these asymmetries.** In these settings marked by linguistic diversity, multi-generational teams, and transnational norms, such self-agency is indispensable. **We therefore center "menteeship" within the alliance, as a disciplined practice of self-agency, strategic learning, and ethical reflexivity within power-sensitive ecosystems. We also identify common pitfalls, offer a practical toolkit, and outline its operationalization…."**