

# IHP news 862 : Global health year kicks off

( 16 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,

With much of the world on fire, and every week bringing new horrors, the global health community is gearing up for a number of meetings, discussions and negotiations in the coming weeks, also starting [2026](#) in earnest.

Next week, the PABS discussions [pick up again](#) in Geneva (20-22 January). The 158<sup>th</sup> WHO Executive Board meeting is [scheduled](#) for 2-7 Feb, with a rather full agenda as you can imagine given the state of the planet. And of course, the “Davos community” also has its yearly snowy “get-together” (19-23 January), this time in [“A Spirit of Dialogue”](#). In Davos speak, “[at a pivotal moment for global cooperation](#)”, moreover (*ahum*). Still in this part of the world, at the Munich security conference, the ‘[Commission of Commissions](#)’ (*Lancet Commission on 21<sup>st</sup> century global threats to health*) will be [launched](#) in February (we *do recommend the CSIS podcast ‘sneak preview’*).

WHO published two reports on health taxes this week, “[urging governments to unlock health taxes on sugary drinks and alcohol in order to save lives and raise revenue](#)”. EU chief diplomat Kallas didn’t really get the hint, [joking that “the World’s woes mean it’s time to start drinking”](#) (can’t say I blame her).

Obviously, this week’s issue features again a big amount of [global health governance & financing/funding updates & analyses](#) (*including some [encouraging global health related news from the US Congress](#)*). Meanwhile, the [global health](#) (& broader) “re-imagining” saga continues. Nobody still dares to use the old mantra to ‘Build Back Better’, though.

While [the Elders](#) are warning against a return to [a might-is-right world](#) (for a damned good reason), our knowledge on the [fifty shades of ‘optimism’](#) (*vital skill for our times*) also increased further this week. [Bill Gates](#) expressed his “[Optimism with footnotes](#)” (*which for some reason made me think back of a now retired colleague known for his endless footnotes : )*), while [Habib Benzian](#) reflected on “[optimism washing](#)” in a rather cool political analysis of the latest WHO report on UHC. They both nicely complement [‘Hopeless pessimism’](#) (recommended read from a few weeks ago in this IHP intro).

Having said that, I absolutely agree with the president of the UN General Assembly that “[the UN is worth fighting for](#)”. As well as a bunch of other things that the many creeps and ‘degenerated buffoons’ in power (*quoting Adam Tooze here, one of the main “[crisis whisperers](#)” of our times*) want to get rid of. And the time is now. Unless you’re into ‘apocalyptic mindfulness’ (*increasingly a thing, I heard*).

Speaking of which, you might want to look into a new [report](#) with a rather fancy title - 'Parasol Lost'.

Enjoy your reading.

Kristof Decoster

## Featured Article

### America First in global health: a lesson in the consequences of 'might is right'?

Gorik Ooms (ITM)

During the final months of 2025, the global health community got to know about the [America First Global Health Strategy](#). A complete analysis of all the problem areas of this policy would take us too far: allow me to focus here on the implications for the [ongoing negotiations on a Pathogen Access and Benefit Sharing \(PABS\) agreement](#).

During the Covid-19 pandemic, low- and middle-income countries (and even some high-income countries) became aware (again) that genuine and well-intended international cooperation is not always a two-way street. While most countries shared all available information on how Covid-19 evolved at home, the [COVAX](#) initiative developed by WHO and others, although intended to "guarantee fair and equitable access [to Covid-19 vaccines] for every country in the world", had to work with the left-overs, after high-income countries finished their shopping. "Never again", is what some leaders of low and middle-income countries thought: from now on it will be a two-way street. That is what PABS is about: basic fairness and reciprocity. At least if they reach an agreement in the coming months.

The Trump administration did not wait for the outcome, however. It pulled the USA out of the WHO (and the PABS negotiations), closed USAID, thus creating a deadly situation of financial scarcity, and then came with "an offer they cannot refuse": financial support can resume, but only to those countries who are willing to give the USA more than what PABS could ever have provided, and for a lower return.

We do not know enough about the content of the [15 bilateral agreements](#) signed so far between African countries and the USA to evaluate their long-term consequences. We do know, however, from the negotiations with [Kenya](#), that the USA wanted "a specimen-sharing agreement", which Kenya refused.

And suddenly European countries (and other high-income countries) are facing the prospect of vaccines to counter the next pandemic being developed and produced in the USA only. If tariffs do not convince pharmaceutical companies to move their vaccine development capacity to the USA, access to necessary information may. (*'Fortunately', we may still rely on the Trump administration's [antivax](#) stance to keep some of that capacity in places where vaccines are more appreciated.'*)

So, Europe may be getting a taste of its own medicine? We're not there yet, but could be there sooner than we'd like. European countries' vaccine hoarding behaviour during the pandemic may not have been a blatant violation of international law – although the commitment to international collaboration and assistance of article 44 of the [International Health Regulations](#) would have justified more generous behaviour – but it certainly was an example of (economic) 'might is right'. As long as the USA was part of Team West, 'might is right' was a bearable – albeit somewhat unbecoming – way of running global affairs, at least from a European perspective. But suddenly, it looks a lot less enticing.

Since about a decade, forcing myself to look for silver linings – always - is my first new year's resolution. Year after year, it becomes harder, though. This year, I hope for the emergence of a 'coalition of the unwilling': people, and countries, unwilling to trade in the (previous) unipolar 'might is right' regime for a multipolar 'might is right' regime.

And now I hope that the people who represent me in the PABS negotiations will take, in the near future, less of a 'might is right' position than [currently seems to be the case...](#)

## Highlights of the week

### Structure of Highlights section

- Run-up to WHO's Executive Board meeting (2-7 Feb)
- Run-up to Davos
- Bilateral health agreements US-African countries & America First Global Health strategy
- Reimagining global health, international cooperation, multilateralism, development...
- More on Global Health Governance & Financing
- Global tax justice/reform, debt crisis, fiscal space, ...
- UHC & PHC
- Human Resources for Health
- Trump 2.0
- PPPR
- Mpox
- More on Health Emergencies
- NCDs & commercial determinants of health
- Mental Health
- Access to medicines, vaccines & other health technologies
- Decolonize Global Health
- Planetary Health
- Conflict/War & health
- More reports & papers of the week
- Miscellaneous

## Run-up to WHO's Executive Board meeting (2-7 Feb)

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

Coming up in a few weeks.

Main documents: [https://apps.who.int/gb/e/e\\_eb158.html](https://apps.who.int/gb/e/e_eb158.html)

### HPW - Member States to Discuss US Withdrawal from WHO as Failure to Pay Fees Violates Agreement

<https://healthpolicy-watch.news/member-states-to-discuss-us-withdrawal-from-who-as-failure-to-pay-fees-violates-agreement/>

“When and how the United States withdraws from the World Health Organization (WHO) is an “open question” for member states to discuss, according to Steven Solomon, the body’s legal officer. This is because the US has failed to pay its WHO membership dues for the past year in violation of a 1948 agreement with the body. According to the terms of this agreement, the US needs to give the WHO a year’s notice and pay its membership fees in full for that year before withdrawing. “

“Next Tuesday – 20 January – will be the first anniversary of US President Donald Trump’s announcement that the US would be leaving the WHO. But while the one-year notice period is up, member states need to discuss how to deal with the US failure to pay its membership fees. This discussion will take place at next month’s executive meeting and at the World Health Assembly in May, Solomon told a media briefing on Tuesday.....”

PS: “Meanwhile, WHO Director-General Dr Tedros Adhanom Ghebreyesus appealed to the US to stay in the WHO, saying that it was not safe for the US or for the world that it was outside the fold....”

And: “.... Tedros said it’s not all about the money, and added that WHO has about 75% of the budget it needs for the 2026-2027 biennium.....”

### G2HC - Civil society perspectives ahead of WHO EB158

<https://g2h2.org/posts/series-of-public-briefings-and-policy-debates-hosted-by-the-geneva-global-health-hub-g2h2-online-19-23-january-2026/>

Series of policy debates hosted by the Geneva Global Health Hub (G2H2), 19 – 23 January 2026, ahead of EB158.

### Andrew Harmer - Everything starts with an E...B158

<https://andrewharmer.org/2026/01/14/everything-starts-with-an-e-b158/>

As is his yearly January habit, “**some quick reflections on the Executive Board's report on WHO funding: EB158/32.**” In Harmer’s words: “More interesting than it sounds!”

Harmer writes about EB documents that focus specifically on WHO’s program budget.

And concludes after some in-depth analysis: “..... I would make a couple of **preliminary observations.** First, the **WHO is going to struggle to fully fund its 2026-27 program budget because much of the low-lying fruit has been picked.** Second, **Member States must honour their commitment to fund the extra 20% of assessed contributions.** Third, **we should be keeping a close eye on the funding of staff as there is still a significant gap to be filled.** And fourth, **reflecting on the support of GAVI in 2024-25, one has to wonder whether and to what extent the WHO can continue to rely on its support in the coming two years.** Tedros must have breathed a huge sigh of relief to learn this week that **the US Senate and HoR included GAVI funding in their foreign assistance appropriation bill for 2026.** But one suspects that that is not the end of the story.....”

## Run-up to Davos

Via Climate Change News – [Ahead of Davos, climate drops down global elite’s list of pressing concerns](#)

“In November, the Financial Times reported that, in **order to persuade Trump to attend, WEF organisers gave assurances that “woke” topics like climate change and international development finance would not be too prominent at the forum....”**

## Global Risks Report 2026: Geopolitical and Economic Risks Rise in New Age of Competition

<https://www.weforum.org/press/2026/01/global-risks-report-2026-geopolitical-and-economic-risks-rise-in-new-age-of-competition/>

“**Geoeconomic confrontation emerges as the top global risk for 2026**, climbing eight positions in the two-year outlook, as economic risks rise fastest in the short term – with downturn and inflation both surging eight positions year-on-year. **AI anxiety soars** while environmental risks declined in ranking in the short term. **Global outlook remains uncertain: half of experts expect a turbulent or stormy global outlook; only 1% anticipate calm.”**

- Coverage also via [the Guardian: Economic conflicts \(i.e. geoeconomic confrontation \) are world’s greatest risk, WEF survey suggests](#)

“**Extreme weather events and biodiversity loss identified as the biggest global threats over a 10-year timeframe.”**

Indeed: “... **Over a longer horizon – 10 years – the most severe risks identified in the WEF survey all relate to the climate emergency.** “Extreme weather events” topped the list, followed by “biodiversity loss and ecosystem collapse” and “critical change to Earth systems”....”

**“Unlike in the two-year outlook, where these have declined in rankings, the existential nature of environmental risks means they remain as the top priorities over the next decade,”** the report says....” (I’d hope the Global Health reimagining crowd pays attention...)

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

Counting [15](#) health agreements, as of 14 Jan.

### HPW – December Deals: US Signs Bilateral Health Agreements with 14 African Countries – With Some Key Exceptions

<https://healthpolicy-watch.news/december-deals-us-signs-bilateral-health-agreements-with-14-african-countries/>

(9 Jan) **“Over December, the United States signed bilateral health co-operation agreements with 14 African countries**, setting out the parameters for aid in exchange for speedy information about new disease outbreaks – and, in some instances, clinched alongside trade deals profitable to US companies. The fourteen countries, in order of when the agreements were signed, are: Kenya, Rwanda, Liberia, Uganda, Lesotho, Eswatini, Mozambique, Cameroon, Nigeria, Madagascar, Sierra Leone, Botswana, Ethiopia and Cote d’Ivoire.”

**“Grant agreements still need to be crafted from the memorandums of understanding (MOU), which are characterised by vague disease targets and tight pathogen-sharing terms.... Notable absences are South Africa, Tanzania and the Democratic Republic of Congo (DRC) – all with high disease burdens that previously received significant grants from the US President’s Emergency Plan for AIDS Relief (PEPFAR). ...”**

With some analysis per country.

PS: “All agreements are over five years and provide opportunities for US companies to provide logistics, data, and supply-chain support. The **MOUs have been concluded in haste as countries’ PEPFAR bridging finance runs out in March, and the new MOUs are supposed to kick in on 1 April. However, MOUs still need to be reached with many countries previously part of PEPFAR**, while the 14 signed MOUs need to be translated into concrete contracts....”

### KFF Tracker: America First MOU Bilateral Global Health Agreements

<https://www.kff.org/global-health-policy/kff-tracker-america-first-mou-bilateral-global-health-agreements/>

Neat resource.

**“....This tracker provides an overview of the [14] MOUs signed to date.** Data are based on press releases issued by the State Department, as specific details provided in the MOUs (i.e. program areas, financial breakdowns, data or specimen sharing agreements, etc.) are not yet publicly

available (see [Methods](#) for more information). **This tracker will be updated as agreements are signed and more data become available....”**

## NYT - U.S. Cuts Health Aid and Ties It to Funding Pledges by African Governments

<https://www.nytimes.com/2026/01/15/health/health-agreements-us-africa.html>

“The Trump administration has signed **\$11 billion in agreements.**”

Excerpts: **“...The administration’s new mode of providing health aid differs significantly from the previous funding model. Now U.S. support is being conditioned on a cofinancing commitment from the partner country — Washington will give Nigeria about \$2 billion over five years, for example, if the Nigerian government increases its current health budget by \$3 billion in that period. In many cases, the new commitments that governments are making represent a large hike in their health spending — and it’s not clear, in countries with faltering economies and huge debt burdens, where those funds will come from....”** (example: **Malawi**)

**“The deals have been negotiated under intense time pressure and with limited transparency.** In Cameroon, the heads of key government health departments were unsure talks were even taking place until they learned a deal had been signed. In Kenya, the deal was negotiated with the Kenyan Treasury, and senior figures in the health ministry did not know its content until it was signed....”

## Emily Bass – US Foreign Aid Planning Tool drafts put America First, Health Impact Last

[US Foreign Aid Planning Tool Drafts Put America First, Health Impact Last](#)

“It's okay dude. I'm not mad at you.”

Must-read analysis.

“The series of planning tools and explanatory documents to be rolled out in the coming weeks for countries receiving funding under the America First Global Health Strategy **prioritize US interests and pay scant attention to strategies for saving lives and preserving health impact.** Submitted for approval late last week, the versions of the tools and documents that I have reviewed reinforce the **new reality of American foreign aid for health: Extraction and transaction have replaced destruction and disengagement....”**

“...**Whether these agreements plunder, pillage and scorch, or preserve, strengthen and sustain is entirely up to African civil society, impacted communities, service providers and government officials.** To these individuals: I am convinced that the fate of the humans whose health and lives depend on how this money is spent is entirely in your hands....”

“... **The documents I’ve reviewed make it clear that a detailed strategy is far from guaranteed by completing them. Indeed, a strategy will only possible if the plans are made by an inclusive, multistakeholder coalition of African stakeholders**—including civil society, impacted communities, faith leaders, non-governmental service providers, private sector and government partners—who refuse the tyranny of America’s low expectations.

...In this post, the topics I cover are:

- The Implementation Agreement direction on strategy narratives
- The Implementation Agreement direction on pre-requisites for the purchase of non-US manufactured commodities
- The Implementation Process Overview + available MoUs + Implementation Agreement Template on which entities are likely to receive funds on April 1 2026..."

Check out the findings. Among others, re the last point: Bass discerns a "**measured, sensible approach to financial transitions.**"

- But see also a **follow-up blogpost by Emily Bass – [Chief Science Advisor at the Bureau of Global Health Security and Diplomacy Addresses Concerns about the MoU Process](#)**

"Today **Mike Reid, Chief Science Officer for the President's Emergency Plan for AIDS Relief (PEPFAR) at the US Department of State Bureau of Global Health Security and Diplomacy** published an extensive response to my recent update on the America First Global Health Strategy on his personal substack, "**With and For. ....** His response is a hugely **valuable insight into the thinking of a seasoned professional** whose tenure working on PEPFAR spans the era before and after the changes enacted by the Trump Administration. **He explains how he views the 2025-2026 era and reflects on processes of the past....**"

**Telegraph – Copper for HIV drugs: Inside Trump's new aid trade**

<https://www.telegraph.co.uk/global-health/climate-and-people/copper-for-hiv-drugs-inside-trumps-new-aid-trade/>

"At least 14 new country-to-country deals have been signed in an 'America First' reboot of Washington's huge international aid spending". Also with some **analysis & quotes from experts.**

PS: ".... **America has previously used aid as a bargaining chip**, though sources said the new approach seemed increasingly open and had begun with the aid first having been withdrawn. **The Biden administration quietly signed bilateral deals with 50 pathogen-rich countries including Nigeria and the Democratic Republic of Congo as part of a \$1.2bn investment in biosecurity. They were given aid in return to access to the pathogen data....**"

- And a **tweet from Kalypso Chalkidou** (quoting from [Development Diaries](#) ):

"As new deals are signed and announced, **the measure of success should not be the size of funding envelopes or the number of MoUs, but whether ordinary people are healthier, safer, and better protected.**"

**Devex (Opinion) - Citizens will pay the price of health data as a bargaining chip in Africa**

J W D' Anjou et al ; <https://www.devex.com/news/citizens-will-pay-the-price-of-health-data-as-a-bargaining-chip-in-africa-111686>

**“Kenya’s \$2.5 billion health deal with the U.S. isn’t unique — at least 13 countries have made similar deals, trading health data for funding. When citizens lose control of their data, they lose its benefits and their agency.”**

#### **KFF (Brief) – The America First Global Health Strategy and Pooled Procurement**

**J Kates; <https://www.kff.org/global-health-policy/the-america-first-global-health-strategy-and-pooled-procurement/>**

**“What do we know about Existing Pooled Procurement Mechanisms?”**

**“... To support this transition, the U.S. will establish or contribute to one or more pooled procurement mechanisms, marking a departure from current practice where most commodities have been provided by the U.S. through its own stand-alone, managed channels, with limited support to external pooled procurement entities. Whether the U.S. chooses to create a new pooled procurement mechanism or shift to existing ones will be a key decision point going forward. To help inform this decision, we reviewed eight global and regional pooled procurement mechanisms to identify their key characteristics, including their operational longevity, geographic reach, range of products offered, whether the U.S. already uses to mechanism, and other components. As this review shows, there are several existing pooled procurement platforms with significant longevity, broad geographic reach, offering a range of commodities, allowing access to countries that have transitioned off donor support, and in which the U.S. already participates to varying extents. There are also others with a narrower scope or in which the U.S. does not participate....”**

#### **TGH - One Year Post-USAID, Global Health Funding Stuck in Limbo**

**A Krugman; <https://www.thinkglobalhealth.org/article/one-year-post-usaid-global-health-funding-stuck-in-limbo>**

**A view from IHME. “End-of-year estimates convey how much global health funding changed in 2025.”**

**“...After new data became available from terminated U.S. Agency for International Development (USAID) awards and non-U.S. donor budgets in July, the Institute for Health Metrics and Evaluation (IHME) updated their preliminary estimates in November to form a clearer picture of how global health funding has changed. IHME’s researchers found that many countries are in funding limbo. “As we get more information, the cuts are bigger than we expected, not less,” said IHME’s resource-tracking lead Joe Dieleman. Recipient nations are making plans to boost funding—either through the bilateral agreements or planned domestic spending—but have little concrete spending to maintain current programs....”**

**“Overall, African countries were still the hardest-hit in terms of total dollars lost, and HIV/AIDS programs still lost the greatest proportion of their funding. “In absolute terms, this is a sub-Saharan Africa problem,” according to Angela Apeagyei, who monitors domestic health funding for IHME....”**

But do read on. Also on the bilateral health agreements.

## Reimagining Global Health, international cooperation, multilateralism, development...

### Nature Health (News) – Who will pay for global health?

<https://www.nature.com/articles/s44360-025-00019-4>

Must-read! “Devastating US aid cuts offer an opportunity to reimagine global health, **with African leaders charting a new course of self-reliance.**”

Coming back on the **Africa Health Sovereignty Summit** held in Accra on 5 August 2025.

“The **Accra summit** is part of a broader push to rewrite the rules of global health, by moving away from a colonialist-era model in which wealthy nations financed and steered programmes in poorer countries to a new model of sustainable domestic health financing. **But this transformation requires political will across Africa and the commitment of presidents and prime ministers.....”**

Quote: “...**Vincent Okungu, a health economist at the University of Nairobi in Kenya, says that sustainable domestic health financing will need a blended approach**, including social health insurance schemes and raising funds from within countries, through sin taxes on products such as sugar, alcohol and tobacco...”

Also with important quotes from **Magda Robalo, Catherine Kyobutungi, Olusoji Adeyi, Keith Martin and others.**

- Related, also in **Nature Health** – [The opportunity in the global health financing crisis](https://www.nature.com/articles/s44360-025-00019-4) (by Dr Tedros)

“**Countries can navigate away from aid dependency to a new era of sustainable self-reliance, based on domestic resources.**” Even quoting Einstein: ) “*Einstein said, “In the middle of adversity there is great opportunity”.*”

### BMJ Editorial - New Year's resolutions for the climate emergency

<https://www.bmjjournals.org/content/392/bmj.s25>

See also last week's IHP newsletter. Not yet a top priority this, in the abundant GH reimagining exercises, as far as I can tell, but I still happen to think it should be one.

“How do we resolve the great challenges to health and wellbeing? Welcome to a **BMJ special issue of resolutions**. Our aim is to begin each year with a range of short essays on one of these great challenges. Inevitably, and most urgently, the climate emergency is the focus of our first ever cluster of New Year's resolutions....”

- One of the key articles: [\*\*Prosperity as health: Why we need an economy of care for a liveable future\*\*](#) (by T Jackson)

“What can a genuine prosperity possibly look like on a finite planet? The answer that comes back time and again, from the wisdom of the ages to the wisdom of the crowd, is **that prosperity is first and foremost about health: our own health; the health of our family, our friends, and our community; and ultimately the health of the planet.** As Ralph Waldo Emerson argued a century and a half ago, the first and greatest wealth is health; without health there is no wealth....”

**“Government’s role in this process....** is part oversight and part allocation. It must routinely measure what matters, regulate imbalance, curb excess, and motivate a judicious investment of the resources needed to achieve population health. **In other words, it must replace the myth of growth with an ethos of care—where care has a quite precise meaning. Care is not simply a subsector of the economy or a luxury we can afford only off the back of growth. Neither should it be seen as a site of special pleading in the contest for the moral high ground. Rather, it must be a fundamental organising principle for economic life—just as it is for organic life. A restorative force whose role is to bring us continually back into balance...”**

**University of Bath - Climate change is wrecking our ability to govern for health and equity. Health-harming corporations are capitalising.**

D Hunt; <https://blogs.bath.ac.uk/iprblog/2026/01/13/climate-change-is-wrecking-our-ability-to-govern-for-health-and-equity-health-harming-corporations-are-capitalising/>

Blog linked to a new paper by Daniel Hunt and Britta Matthes, [Safeguarding governance and advancing policy at the nexus of climate and health: a commercial determinants of health perspective.](#)

Some excerpts:

“Why ‘green hospitals’ won’t cut it – seeking a fresh approach to governing health and climate policies....”

“...In seeking new ways to grapple with norm in health and climate policymaking, and to understand how thinking about commercial determinants of health might help to shed new light on climate and health policy thinking, **our paper has explored two questions: how does climate change have intermediary destabilising impacts on systems of governance necessary for health and health equity? And as a result, how might commercial actors misaligned with health cause, worsen or exploit these destabilised conditions of governance?...**”

“... **A fundamental reimagining of ‘governance for health’:** By bringing together climate change and the commercial determinants of health as serious threats to political functioning, **we highlight that governments might need to fundamentally reimagine what they understand as ‘governance for health’.** In months and years to come, the question is not if climate change will continue to damage health – it will – but how we must think about climate change, and its commercial drivers, when politicians govern for health. Expanding our horizons might lead to new fixes. **Will governance be proactive, open-minded and transformative? Or will it be chaotic, reactive and unable to**

grasp the structural reforms so desperately needed? The answer will have profound consequences for public policy. Finding out is the urgent work of our time....”

### Bill Gates - Optimism with footnotes

[https://www.gatesnotes.com/work/save-lives/reader/the-year-ahead-2026?WT.mc\\_id=20260109\\_TYA-2026\\_BG-LI](https://www.gatesnotes.com/work/save-lives/reader/the-year-ahead-2026?WT.mc_id=20260109_TYA-2026_BG-LI)

His annual letter. “As we start 2026, I am thinking about how the year ahead will set us up for the decades to come.”

“...Friends and colleagues often ask me how I stay optimistic in an era with so many challenges and so much polarization. My answer is this: I am still an optimist because I see what innovation accelerated by artificial intelligence will bring. But these days, my optimism comes with footnotes....”

Gates lists three “footnotes” in particular.

### CSIS (podcast) - Dr. Chris Murray, IHME: The “Commission of Commissions.”

<https://www.csis.org/podcasts/commonhealth/dr-chris-murray-ihme-commission-commissions>

“Not just pandemics, wars and climate...”

“Dr. Chris Murray, IHME, co-chairs the Lancet Commission on 21st Century Global Threats to Health, which will launch its report in February at the Munich Security Conference. It is the “Commission of Commissions,” a novel, highly ambitious three-year effort to forecast what are to be the biggest, most costly problems by taking a broadened non-traditional view. It focuses on 16 factors plus hypertension, each forecast to exact over one billion life years over the next 75 years. These include the familiar big three – pandemics, climate, and conflicts – but includes other factors that rank surprisingly high: education, inequality and low economic growth, obesity, tobacco, and AMR. A wildcard such as malicious use of AI has to be taken into account. “We excluded meteors” and mirror life, the latter too early to include. The Commission calls for a rolling, annualized review, and for higher investment by governments in both promising innovative technological solutions and building better threat-ready health systems....”

With focus on the **next 75 years**, in other words.

*PS: I listened to half the podcast, and while it certainly sounds like a very interesting Commission, I also got away with the impression that the conclusion on the **climate emergency** (very serious, yes, but only one of 16-17 ‘big ones’ this century), will be very convenient for ‘the powers that be’ getting together the Munich Security conference – who largely want to keep the status quo, when it comes to the global economic system.*

## Policy Center for the New South - Crisis or Opportunity? Pockets of Effective Multilateralism in a Polycentric World

Len Ishmael, S Klingebiel, A Sumner; <https://www.policycenter.ma/publications/crisis-or-opportunity-pockets-effective-multilateralism-polycentric-world>

“This paper asks how the current moment should be viewed: does it represent a crisis or opportunity, and what does workable cooperation look like in a polycentric world? We use the 2025 Financing for Development conference in Seville as a point of reference for our reflections. Against this backdrop, we argue that a managed, issue-based new multilateralism is emerging, organized around ‘pockets of effectiveness’, or bounded, likeminded coalitions that work on concrete tasks. While universal multilateralism is likely to remain challenging, practical cooperation is feasible on some issues. If ‘the who’ is likeminded coalitions of countries, then ‘the how’ of new multilateralism is found in these ‘pockets’.”

### The future of ‘development’ – and IDS@60

Ian Scoones; <https://zimbabweand.wordpress.com/2026/01/12/the-future-of-development-and-ids60/>

“The 1960s vision of development was often paternalistic and condescending as has been much development/aid practice since. Development as imagined then should have long been over. But how can the idea of development – a progressive vision of change that confronts power and privilege and seeks out alternatives – be reimaged? As the **Institute of Development Studies** celebrates its 60th anniversary, what is the future for ‘development’?....”

Always worth reading, Ian Scoones. Some nice reflections here.

### Global Policy - Global Development Policy and the New World Disorder: The Trump Administration’s Delivery of a High-Voltage Shockwave

**A Sumner & S Klingebiel;** <https://www.globalpolicyjournal.com/blog/15/01/2026/global-development-policy-and-new-world-disorder-trump-administrations-delivery>

“Andy Sumner and Stephan Klingebiel assess how President Trump’s decision to quit 66 international organisations continues the administration’s attempt to reshape the operating space for global development policy.”

It’s in line with the new Washington Dissensus, they argue.

And they also explore what other actors can/should do.

Concluding: “.... What, then, is likely to persist of US “development” policy? A development infrastructure remains though with a renewed mandate focused on geoeconomic returns. **The Millennium Challenge Corporation and the US Development Finance Corporation appear central**, since both align with strategic competition, critical minerals, and private-sector oriented finance. This is a shift from grant-heavy approaches, toward investment instruments and compacts that sit comfortably inside an “America First” national security frame.

So, what others should do next? European decision-makers need to articulate a clearer counter-strategy, rooted in explicit commitment to global sustainable development and credible partnerships with countries in the Global South. That agenda cannot rely on rhetorical defence of multilateralism alone. It needs institutional choices, predictable finance, and alliances that extend beyond Europe, including with like-minded partners and middle powers. “

## Science Policy Forum - A theory of change approach to enhance the post-2030 sustainable development agenda

<https://www.science.org/doi/10.1126/science.adz5704>

“A better approach is needed to assess **potential impact and feasibility** of proposals.”

“As the 2030 deadline for the Sustainable Development Goals (SDGs) nears and progress remains limited, researchers are proposing measures to enhance the next, post-2030, agenda to improve implementation. With more proposals expected in future, we argue for a systematic approach to help researchers and policy-makers design and assess them. This requires a theory of change that explains how and why proposals will improve implementation of the next agenda, while also considering their political feasibility. **We start by constructing an implicit theory of change underpinning the current 2030 Agenda to revisit how the SDGs were intended to work and identify key successes and failures. We then propose an approach for assessing proposals put forward to improve the post-2030 agenda on the basis of their impact and feasibility.**”

## ECDPM (Commentary) - Europe and the post-2030 agenda: A call for action

E Sheriff; <https://ecdpm.org/work/europe-and-post-2030-agenda-call-action>

Interesting stuff. “**The new year started with a bang, and not a pleasant one for multilateralism**, marked by Trump-led US action in Venezuela and threats to Greenland. .... In this context, talking of the post-2030 Sustainable Development Agenda might seem slightly ridiculous. **ECDPM research** has indicated that the Sustainable Development Goals (SDGs) are no longer driving Europe’s international cooperation priorities (see diagram 1). Yet the future global sustainable development agenda post-2030 merits attention in 2026 precisely because of international volatility and the dramatic changing of global order....”

“**Europe's strategic and coordinated engagement on a post-2030 Sustainable Development Agenda would pay geopolitical as well as global sustainable developmental dividends.** .... The global agenda for sustainable development formally ends in 2030. The current state of global politics shows there is far from a guarantee that anything will replace it. ....”

“**While formal deliberations on a post-2030 sustainable development agenda are likely to start at the UN in September 2027**, serious engagement will depend on early preparation by thought leaders, knowledge institutes, official actors and foreign ministries, including efforts to engage partners beyond Europe. **That work needs to begin in 2026 because this is the pre-official negotiation phase** where ideas, goals, targets and indicators solidify and the realms and parameters of the possible are explored before the more structured diplomatic process begins.....”

PS: "...**So what are the scenarios for the post-2030 agenda?** The scenarios for the post-2030 development agenda can be endlessly debated and put together in various ways, with the outcome far from certain. **ECDPM has three basic and one more complex scenario**, yet all need to be taken with more than a 'pinch of salt' and are certainly works in progress...."

## More on Global Health Governance & Financing

With various updates on a number of global health stakeholders & entities (& more). Whereby clearly, some have more money than others...

### Gates Foundation Commits to Historic \$9 Billion Annual Payout, Strengthens Stewardship to Maximize Mission Impact Through Closure in 2045

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2026/01/historic-annual-budget-to-accelerate-mission>

"**Foundation is planning operating expenditures at approximately 14% annually** to ensure more funds are directed to the programs and people we serve."

"**The Gates Foundation today announced that its governing board endorsed a historic \$9 billion annual payout**, marking a culmination of a four-year plan to reach a steady-state budget at this level. The increase in spending is **part of the foundation's commitment to accelerate its mission ahead of its planned closure in 2045**. Last May, foundation Chair Bill Gates announced the foundation will invest an additional \$200 billion, double what it spent during its first 25 years, before closing at the end of 2045. The acceleration of funding and timeline will help the foundation focus on three primary goals: 1) No mother, child, or baby dies of a preventable cause; 2) the next generation grows up in a world free of deadly infectious diseases; and 3) hundreds of millions of people break free from poverty, putting more countries on the path to prosperity."

"**Approximately 70% of the budget** is currently allocated to advancing the first two goals that encompass the foundation's global health work. ...."

- See also AP coverage - [Gates Foundation unveils \\$9 billion budget and plans to cut staff](#)

"The Gates Foundation announced Wednesday that it will spend a record \$9 billion in 2026, maximizing its spending in key areas such as global health. **At the same time it will begin reducing the number of staff positions it has by as much as 500 over five years....**" "...The board also approved a proposal to cap operating costs — including staff, salaries, infrastructure required to run the organization, facilities, and travel expenses — **at no more than \$1.25 billion, or approximately 14% of the foundation's budget**. To meet that goal, the grantmaker will cut up to 500 of its 2,375 staff positions by 2030, including some open roles that may remain unfilled..."

### Gates Foundation Appoints New Members to Governing Board, Executive Leadership Team and Elevates Role of African and India Offices

[Gates Foundation](#);

“The Gates Foundation ... announced the appointment of Dr. Sri Mulyani Indrawati, one of Indonesia’s longest-serving and first female minister of finance, as well as the former managing director and chief operating officer of the World Bank, to its governing board that was [established in 2022](#). .... Dr. Indrawati will serve alongside fellow board members Ashish Dhawan, Dr. Helene Gayle, Strive Masiyiwa, Thomas J. Tierney, Suzman, and Gates. Baroness Nemat (Minouche) Shafik is currently taking a leave of absence while fulfilling responsibilities as chief economic advisor to UK Prime Minister Sir Keir Starmer. ....”

**“Putting Regions and Countries at the Center of Decision Making:** The foundation also announced the **creation of a new Africa and India Offices (AIO) Division**, which will be led by Ankur Vora as president, AIO in addition to his current role as chief strategy officer. **The new division brings together the foundation’s country offices across Africa and India to strengthen regional and country voices in strategy, priority setting, and execution....”**

**Times of India - Bill Gates sends 7.9 billion to Melinda Gates' nonprofit in one of the biggest charity transfers ever**

[\*\*Times of India;\*\*](#)

The funds were transferred late 2024 to the **Pivotal Philanthropies Foundation**. The transfer was part of the post-divorce agreement.

**UNU (working paper) - The Gates effect: private foundations and donor funding shifts in global health**

S Ramachandran; <https://www.wider.unu.edu/publication/gates-effect-private-foundations-and-donor-funding-shifts-global-health>

“... With its growing financial and non-financial influence, BMGF is poised to become one of the largest funders of the World Health Organization (WHO), challenging the dominance of traditional bilateral and multilateral donors. This shift raises important questions about how other donors respond to the Foundation’s presence. **This paper addresses the question: ‘How does the presence of private foundations such as BMGF influence the funding allocation of other bilateral and multilateral donors within global health?’** Using a mixed methods design, I analyse 314,107 unique health projects across 143 countries and 21 years, coupled with qualitative interviews with former BMGF staff and global health experts. **The study reveals a ‘crowding-in’ effect, where bilateral and multilateral donors increase their funding for the same disease areas within the same countries in response to BMGF.** The crowding-in effect is **strongest in the year immediately following BMGF’s involvement**, with a slight decline over time. I identify three key strategies by BMGF that drive this effect: (1) its **substantial funding volume and strategic engagement at the country level**, which influences other donors to follow suit, (2) its **‘multi-channel’ funding approach**, which amplifies its influence across various organizations, and (3) its **role on governance boards**, enabling BMGF to shape funding priorities beyond its direct contributions.”

AP - UN says the US has 'legal obligation' to fund agencies after Trump withdraws from several

[https://apnews.com/article/trump-united-nations-international-organizations-withdrawal-b97c82ba21c7da01fa554542f2b18d47?utm\\_source=copy&utm\\_medium=share](https://apnews.com/article/trump-united-nations-international-organizations-withdrawal-b97c82ba21c7da01fa554542f2b18d47?utm_source=copy&utm_medium=share)

(from last week). **"The top United Nations official on Thursday said the United States has a "legal obligation" to keep paying its dues that fund U.N. agencies** after the White House announced that it is withdrawing support from more than 30 initiatives operated by the world body. ... **"As we have consistently underscored, assessed contributions to the United Nations regular budget and peacekeeping budget, as approved by the General Assembly, are a legal obligation under the UN Charter for all Member States, including the United States,"** Stephane Dujarric, a **spokesperson for Guterres**, said in a statement."

PS: "... The U.N.'s regular budget, which finances its day-to-day operations and primary activities, is funded by its 193 member nations, each paying a percentage based on the size of their economy. **The U.S., the world's largest economy, is supposed to pay 22%**, followed by China, with 20%. There is a separate budget to fund the U.N.'s peacekeeping operations, where the U.S. is required to pay 25%. **U.N. officials said the U.S. did not pay its annual contributions to the regular budget last year, an obligation outlined in the U.N. Charter. A member that is in arrears for two full years loses its vote in the General Assembly.** "The charter is not à la carte," Dujarric said. "We're not going to renegotiate the charter." **All four other veto-wielding permanent members of the U.N. Security Council — China, France, Russia and the U.K. — have paid in full. China paid over \$685 million.**"

Devex - US Congress backs Gavi, the Vaccine Alliance, despite Trump admin cuts

[https://www.devex.com/news/us-congress-backs-gavi-the-vaccine-alliance-despite-trump-admin-cuts-111670?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=devex\\_social\\_icons](https://www.devex.com/news/us-congress-backs-gavi-the-vaccine-alliance-despite-trump-admin-cuts-111670?utm_source=bluesky&utm_medium=social&utm_campaign=devex_social_icons)

"Six months ago the Trump administration said it would cut **funding for Gavi but the U.S. Senate and House of Representatives included funding for it in its foreign assistance appropriations bill.**"

"The U.S. Senate and House of Representatives have included funding for Gavi, the Vaccine Alliance, in their foreign assistance appropriations bill for fiscal year 2026. This is a welcome development for the global health community, given that about six months ago, the Trump administration said it would cut all funding for the organization. **While appropriators from both bodies of Congress have agreed to this bill, it still needs a vote in both chambers, and then it will be presented for U.S. President Donald Trump's approval, before it can be signed into law....**"

"... Gavi's inclusion in the budget bill does not necessarily mean the organization will receive the funds, as the Trump administration has ignored congressional funding bills over the past year. Additionally, the actual bill notes that the funds "may" be used towards Gavi, whereas the House committee report that accompanies the bill specifically allocates \$300 million for the organization...." "Even so, this development illustrates a fissure between the priorities of the Trump administration versus those of the U.S. Congress, which is tasked with dictating government spending...."

PS: "Beyond saving lives and promoting global health security, **Gavi is also the largest purchaser of U.S.-produced vaccines and vaccine delivery supplies, such as drones.**"

**“More broadly, the congressional bill includes \$50 billion in total funding for U.S. foreign assistance programs — a move that’s [been praised](#) as “demonstrating real bipartisan momentum to support lifesaving foreign aid” and one that “rejects the steep aid cuts of 2025.” It’s nearly \$20 billion above Trump’s budget request, which recommended a 47.7% cut in foreign assistance funding....”**

- For more on the bill, see also Devex: [US lawmakers strike \\$50B foreign assistance deal, surpassing Trump's plan](#)

**“The compromise appropriations bill avoids deeper cuts proposed by President Donald Trump and Republican lawmakers, rebrands or consolidates major aid accounts and saves key programs.”**

**“...The funding bill would provide some \$50 billion for U.S. foreign assistance programs in fiscal year 2026, a roughly 16% cut from what was approved by Congress last year. Still, the total is higher than what the House Appropriations Committee approved in July and **nearly \$20 billion above President Donald Trump’s budget request**, which recommended a 47.7% cut in foreign assistance funding. Although the House and Senate appropriators have agreed to this package, **the bill must still clear votes in both chambers before being signed into law, ahead of a Jan. 30 deadline when the stopgap funding bill expires.**”**

**“... Cuts span most program areas, but the final compromise restores funding absent from the House bill, including support for [Gavi, the Vaccine Alliance](#), and the [International Development Association](#), the [World Bank](#)’s fund for the poorest countries. ... .... Global health programs emerge as relative winners, retaining more than \$9.4 billion in total funding. Of that, approximately \$3.5 billion is allocated for general global health programs, including child survival, immunization, nutrition, public health, and more. The bill report specifies that \$300 million of that funding should be directed to Gavi. An additional \$5.88 billion is provided to HIV prevention, treatment, and control, including a \$1.25 billion contribution to the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#). Congress also included language directing the administration to manage a transition of HIV programs under the “America First” global health policy, signaling continued congressional scrutiny and pressure for program evolution.....”**

**PS: “Questions remain about how the State Department will administer aid programs and whether it has sufficient staffing capacity to do so. The bill provides almost \$112 million for operating expenses tied to assistance administration, a sharp contrast to the nearly \$1.7 billion for USAID’s operating expenses in fiscal year 2024. The bill also includes \$12.77 billion for the State Department for the administration of foreign affairs....”**

**“...The bill also lays out funding to international financial institutions — primarily the multilateral development banks. It includes \$1.06 billion for the World Bank’s IDA. ...”**

**“... This bill has been long-awaited, but it’s not yet a done deal. And even if enacted, a central question remains: Will the Trump administration spend the money as Congress has directed?”**

- And more (recommended) analysis via Devex – [Unexpected global health wins in the US foreign aid bill](#)

**“U.S. lawmakers released a **foreign assistance appropriations bill** that allocates \$9.4 billion for global health.... Broadly, the bill would [provide some \\$50 billion](#) for U.S. foreign assistance programs, which is nearly \$20 billion more than President Donald Trump’s budget request. A joint**

explanatory statement that accompanies the bill **specifically allocates \$9.4 billion for global health — down from \$12.4 billion allocated in fiscal years 2025 and 2024.**”

“The bill, and accompanying guidance, provided insight into the conflicting views between the U.S. Congress and the Trump administration over global health priorities. They also illustrated the uncertainty global health organizations have experienced over the past year as they’ve received shifting and often contradictory messages about whether they’ll receive funding from the U.S. government....”

“There are areas where Congress and the White House aligned, such as for funding to fight HIV, polio, malaria, and tuberculosis. But there are also areas where they differ vastly. Congress supports funds for family planning, reproductive health, neglected tropical diseases, the [United Nations Population Fund](#), or UNFPA, and [Gavi, the Vaccine Alliance](#) — whereas the Trump administration proposed nixing that funding. Congress also showed support for other United Nations agencies such as [UNICEF](#) and [UNAIDS](#) — despite the Trump administration’s volatility towards the U.N. ....”

Do check out the detail on where the budget allocations align with the America First GH strategy, and where they don’t.

- For all the detail, see also [KFF – Global Health Funding in the FY 2026 National Security, Department of State and Related Programs \(NSRP\) Conference Bill & Explanatory Statement](#)
- Or [HPW – Congressional Leaders Agree \\$9.4 Billion in Global Health Spending – Restoring Much of the Aid Slashed by Trump](#)

“The \$9.4 billion package agreed to by the US Senate and House Appropriations Committees, is more than double the \$3.7 billion requested by the Trump Administration, and signals bipartisan support for maintaining significant global health aid – although the package still must be approved by both Senate and House, and could also be vetoed by president following passage.”

PS: “Notably absent in the bill is any mention of funding for the World Health Organization, from which the Trump administration is in the process of withdrawing.”

### **GHF - Global Health: Down But Not Out [GUEST ESSAY];**

**Daniel Thornton (former chief of staff at GAVI, has been responsible for fundraising at GAVI & WHO); [Geneva Health Files](#);**

A few excerpts from this must-read:

“...These shifts can be observed in WHO, and the two big global health funding agencies, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Gavi. To see behind the headlines, the funding and budgeting cycles of the different agencies (two years at WHO, three years at the Global Fund, and five years at Gavi) need to be taken into account, as well as US dollar inflation, which has been nearly 50% since 2010. Counting in 2025 dollars, the Global Fund had fairly stable funding of \$5.5bn-\$5.9bn a year since 2010, until the latest replenishment which (subject to further pledges) implies a budget of \$3.8bn a year until 2028. This represents a 35% reduction from the Global Fund’s peak at the 2019 replenishment. Gavi’s annual funding (in 2025 dollars) has also been fairly stable from 2016, at \$2bn-2.1bn, until the current replenishment which implies an annual budget

**of \$1.8bn.** This represents a 14% reduction from Gavi's peak at the 2020 replenishment. Gavi is reducing staff by 32% and the Global Fund is also making reductions though as most of their spending is on commodities - vaccines in the case of Gavi, and drugs in the case of the Global Fund - and supporting countries, this is where the biggest reductions will come. The Global Fund has already announced it will reduce its programmes to tackle AIDS, TB, and malaria by \$1.4bn.... "

**"... While the UN system of which WHO is a part is often described as vast, it is tiny compared to the public sectors of most countries. Around 130,000 people are employed in the UN and its agencies.** Taking two medium sized countries, the UN has 2% of the public sector workforce of the UK, or 15% of Tanzania, whereas the UN needs to work with and in every country on the planet to support peacekeeping, cooperation between states, and international development. And **the UN is reducing its staff by perhaps 20%...."**

Thornton then explores "... **What should the response be to the growing gap between resources and ambitions?..."**

And **concludes:** "This new year is the time to remind everyone why these institutions exist. For Gavi and the Global Fund this means tackling diseases which otherwise will spread around the world, using pooled funding rather than fragmented bilateral budgets so markets can be shaped, and working with governments and civil society to reach marginalised people. For WHO, supporting these efforts through its country presence, as well as acting as the parliament for global health, advising governments, and promoting science."

### Devex – Germany charts a new course for global aid

<https://www.devex.com/news/germany-charts-a-new-course-for-global-aid-111678>

**"Facing steep budget cuts and rising political pressure, BMZ unveils a strategy to prioritize high-impact regions and private sector partnerships."**

« ... **Under the new plan, BMZ will focus on four overarching goals:** Overcoming poverty and hunger, peace and stability with a new focus on security, sustainable economic growth through cooperation with the private sector, and strengthening the multilateral system. **The centerpiece of the reform is a move away from the practice of spreading small amounts of aid across a vast range of topics and countries.** "We cannot do everything everywhere," Alabali Radovan stated during the rollout, emphasizing that the ministry must de-prioritize significant parts of its portfolio to remain effective...."

« **The plan sets out a geographical prioritization strategy that puts Africa at the top of the list, with a specific emphasis on the Sahel and the Horn of Africa.** Closer to home, the plan outlines Ukraine and the Middle East as vital interests for German and European security...."

### Oxfam - A U.S.-Led G20 for the Billionaires? A Primer: What to expect from the 2026 U.S. G20 Presidency

<https://www.oxfamamerica.org/explore/research-publications/a-us-led-g20-for-the-billionaires-a-primer/>

**“Much is at stake as the U.S. assumes the 2026 Presidency of the Group of Twenty (G20), a major platform for heads of state and governments to address global economic issues. Given the inequality-fueling agenda that President Trump has pursued at home and around the world, U.S. leadership of the G20 in 2026 could rapidly undermine the limited progress the group has made in addressing critical global issues. Moreover, on issues from taxation to life-saving aid and the climate crisis, the U.S.-led G20 could encourage the adoption of policies and approaches that advance the interests of wealthy individuals and large corporations. Early signs suggest the U.S. is prepared to use its might to get its way, with its refusal to allow South Africa to participate in this year’s process demonstrating its willingness to employ unprecedented, coercive tactics. World leaders, international institutions, and civil society should be united in pushing back, and embrace bold new forms of multilateral cooperation that benefit billions of people, not billionaires.”**

### **Africa CDC Secures Strategic Partnership with Informa Markets to Scale CPHIA and Other Flagship Events**

<https://africacdc.org/news-item/africa-cdc-secures-strategic-partnership-with-informa-markets-to-scale-cphia-and-other-flagship-events/>

**“The Africa Centres for Disease Control and Prevention (Africa CDC) has signed a Memorandum of Understanding (MoU) with Informa Markets, a London-listed global leader in events and knowledge services. The partnership will strengthen the planning, delivery, and sustainability of the Africa CDC International Conference on Public Health in Africa (CPHIA) and other flagship public health convenings at a time of heightened demand for coordinated health leadership across the continent.”**

**“...Under this partnership, Africa CDC reinforces the institution’s central role in advancing continental priorities, including its 2023–2027 Strategic Plan and the Africa Health Security and Sovereignty (AHSS) agenda. Informa Markets, a member of the FTSE 100 Index, global exhibition leader and organizer of World Health Expo, will leverage its global reach, industry expertise and experience to **elevate CPHIA’s scale, visibility and impact across Africa and internationally.** ...”**

PS: “The fifth edition, **CPHIA 2026**, will be held in **Addis Ababa, Ethiopia.**”

### **E S Koum Besson - When Global Health Financing Frameworks Narrow African Experts’ Imagination**

E S Koum Besson; <https://www.linkedin.com/pulse/when-global-health-financing-frameworks-narrow-koum-besson-whe1f/>

(must-read) “Family Transfers, Diaspora Remittances, Out-of-Pocket Payments, and the Epistemic Limits of Global Health.” Excerpts:

**“In many African contexts: family responsibility does not stop at the household boundary; care is financed across geography; risk is pooled socially long before it is pooled institutionally....” “Yet no major global health financing framework systematically accounts for this. These transfers remain invisible in dominant models—treated as informal noise rather than as structured social infrastructure.....”**

**“...Beyond individual purchasing power, health care financing in many African contexts is organised around family, community, and responsibility. Care is not primarily funded by isolated individuals, but through networks of obligation that stretch across households, places, and generations. .... Dominant Western economic models do not account for these ways of organising care. There is no prevailing framework that seriously incorporates family-based, transnational, and community transfers as foundations for social protection.”**

PS: **“Subsidiarity Without Epistemic Authority Is Hollow:** Much is said about subsidiarity in global health—about decentralisation, proximity, and country ownership. But subsidiarity is not only about where decisions are made. It is about which realities are allowed to structure the model. **Subsidiarity without epistemic authority—the power to define problems, determine what counts as evidence, and decide which social realities are legitimate inputs into policy design—is incomplete.** If African actors are expected to implement policies but not to redefine the underlying models themselves, subsidiarity becomes procedural rather than substantive..... **Epistemic Sovereignty Begins with Seeing What Is Already There:** Epistemic sovereignty does not mean rejecting global knowledge. It means refusing frameworks that require us to forget our own societies in order to participate. **We cannot build sustainable health systems using tools that assume: individuals instead of families, households instead of networks, national borders instead of transnational obligations.** We cannot keep publishing slight variations of the same findings—while entire flows of care financing remain unmeasured, untheorised, and ungoverned. The question is not just whether Africans can pay. The question is how Africans already pay—and why our models refuse to see it.”

## Project Syndicate - An Overlooked Way to Close Africa's Health Gaps

Ndidi Okonkwo Nwuneli and Ekhosuehi Iyahen; [Project Syndicate](#):

**“Although remittances from the African diaspora have grown steadily and consistently, their full potential remains untapped, because they usually fund immediate consumption rather than being pooled to drive systemic change. A new social model would make better use of the same funds, starting with health care.”**

**“.... a working group comprising leading experts in health financing, insurance innovation, diaspora engagement, and global advocacy came together as part of the 17 Rooms Initiative to develop what we are calling HealthBridge.....”**

**“HealthBridge reimagines Africa's remittances not as emergency transfers, but as a foundation for financing proactive health care. The idea is straightforward: build a mechanism that allows diaspora communities voluntarily to channel a small portion of their remittances into a pooled fund that will finance essential health services for their families and communities back home. Rather than scramble to send money after a health crisis, those across the diaspora can ensure that families are covered before disaster strikes.....” “The HealthBridge model has four core components....”**

## TGH – China's Evolving Global Health Leadership

G Jones, R Wang et al; <https://www.thinkglobalhealth.org/article/chinas-evolving-global-health-leadership>

“China's global health ascendance offers alternatives for partnerships that differ from traditional, U.S.-dominated models.”

Update on the **Health Silk Road (HSR) Strategy**.

A few excerpts:

**“In late September 2025, China's ambassador to Nigeria announced a plan for Chinese companies to build an insulin-production facility in the West African nation. That announcement follows a string of deals between Nigerian and Chinese companies to construct facilities for manufacturing antimalarials and antiretrovirals. Although these agreements are made between corporations, they are part of China's Health Silk Road (HSR) strategy. The HSR is one element of the Belt and Road Initiative (BRI)....”**

**“... Although the HSR is associated most frequently with China's foreign aid, it also includes public-private partnerships that finance institutions through loans and investments. Chinese companies manage the implementation, such as with Shanghai Fosun Pharmaceutical's investments in Nigeria. Since the COVID-19 pandemic, these partnerships have become increasingly relevant to China's footprint in the global health space....”**

**“... The HSR has evolved since China and the World Health Organization (WHO) signed a memorandum of understanding in 2017, which set a high-level commitment for greater cooperative working between the nation and the global health agency....”**

**“... Still, China's role in global health is anticipated to significantly evolve over the upcoming years. At that World Health Assembly, multilateral forums delegations voiced their support for a strong global health governance and China's readiness to scale up its role. Already a global leader in digital health, electronic records, and AI diagnostics and therapeutics, China is likely to collaborate in these areas with partner countries under the HSR....”**

**Concluding:** “The recent years of the HSR have not replicated the traditional global-health support mechanisms, nor have they wholesale revised the global health architecture. As countries move into a new phase of global health cooperation, the HSR has the potential to be an effective tool among many within a strengthened global health system. ”

**The Gavi Leap: Transforming the Vaccine Alliance through simplicity, transparency and synergy**

[https://www.gavi.org/sites/default/files/2025/Gavi\\_Leap\\_brochure.pdf](https://www.gavi.org/sites/default/files/2025/Gavi_Leap_brochure.pdf)

24 p. With some more detail on the GAVI Leap.

- See also **Devex Pro** (gated) - [Sania Nishtar: Gavi reforms put countries in the driver's seat](#)

“.... Over the past year, the organization was preoccupied not just with fundraising, but also putting the systems and policies in place to simplify its processes and reduce the burden on countries, and

give them the choice on what vaccines to roll out and which partners to work with in delivering them.”

## Wellcome – Annual report

[https://wellcome.org/insights/reports/wellcome-annual-report?utm\\_source=&utm\\_medium=o-wellcome&utm\\_campaign=bluesky&utm\\_content=](https://wellcome.org/insights/reports/wellcome-annual-report?utm_source=&utm_medium=o-wellcome&utm_campaign=bluesky&utm_content=)

**“In the 2024/25 period, Wellcome invested £1.9 billion in supporting science, health and wellbeing, while addressing urgent global health challenges...”**

**“... Strategic partnerships:** Wellcome, the Novo-Nordisk Foundation and the Gates Foundation launched the **Gram-Negative Antibiotic Discovery Innovator (GRAM-ADI)**. This £37 million consortium will accelerate the discovery of new drugs for Gram-negative bacteria, which are among the leading causes of death from antimicrobial resistance.”

**“Global health advocacy:** During COP30, we **launched an initial \$300 million fund as part of the new Climate and Health Funders Coalition** - a global group of philanthropies committed to accelerating action on challenges like extreme heat, air pollution and infectious disease....”

## Devex Pro - From crisis grants to open calls: Novo Nordisk Foundation's aid work

(gated) <https://www.devex.com/news/from-crisis-grants-to-open-calls-novo-nordisk-foundation-s-aid-work-111662>

(gated) “As aid budgets shrink, the **Novo Nordisk Foundation is rethinking global development** by combining systems-level research, flexible funding, and rapid humanitarian response — **focused on NCDs, food systems, and climate resilience in LMICs.**”

- Somewhat related link: Stat - [Novo Nordisk Foundation gives \\$850M to nonprofit to help commercialize research in Europe](#)

## Global Tax Justice/reform, debt crisis, fiscal space, ...

### CESR - States' submissions to the UN Tax Convention reveal uneven ambition

M E Mamberti; <https://www.cesr.org/states-submissions-to-the-un-tax-convention-reveal-uneven-ambition/>

Neat analysis on the state of affairs. “**Latest States' submissions to the UN Tax Convention discussions highlight contrasting approaches to global tax cooperation, with repeated resistance from Global North countries and uneven engagement across much of the Global South.** The choices ahead will determine whether the convention actually delivers a fair and effective tax cooperation framework, or misses a once-in-a-lifetime opportunity to address the drawbacks of the status-quo.”

## Guardian - Quarter of developing countries poorer than in 2019, World Bank finds

[https://www.theguardian.com/business/2026/jan/13/developing-countries-poorer-world-bank-report?CMP=share\\_btn\\_url](https://www.theguardian.com/business/2026/jan/13/developing-countries-poorer-world-bank-report?CMP=share_btn_url)

“Global growth ‘downshifted’ since Covid pandemic and sub-Saharan Africa particularly affected, report says.”

“A quarter of countries in the developing world are poorer than they were in 2019 before the Covid pandemic, the World Bank has found. The Washington-based organisation said a large group of low-income countries, many in sub-Saharan Africa, had suffered a negative shock in the six years to the end of last year. The bank said the group included Botswana, Namibia, the Central African Republic, Chad and Mozambique. South Africa and Nigeria, which has a fast-growing population, also failed to raise average incomes over the period, despite growing by 1.2% and 4.4% respectively last year. The bank said global growth had “downshifted” since the pandemic, and the pace was now “insufficient to reduce extreme poverty and create jobs where they’re needed most”....”

## Devex - Taxing smarter is the key to thriving in an era of declining aid

G Mascagni (executive director of the International Centre for Taxation and Development )  
[https://www.devex.com/news/taxing-smarter-is-the-key-to-thriving-in-an-era-of-declining-aid-111665?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=devex\\_social\\_icons](https://www.devex.com/news/taxing-smarter-is-the-key-to-thriving-in-an-era-of-declining-aid-111665?utm_source=bluesky&utm_medium=social&utm_campaign=devex_social_icons)

“Scaling up tax mobilization is a necessary condition to succeed in the post-aid era of development.” “2026 is the year to focus on solutions for the post-aid era, and to recognize that success hinges on lower-income countries’ ability to dramatically raise more public revenue, and on the partnerships they can count on as they do so....”

PS: “....According to the [Mo Ibrahim Foundation](#), official development assistance to African countries amounted to nearly \$75 billion in 2023, compared to the nearly \$480 billion they already collected domestically in taxes in 2022. The broader group of low- and lower-middle-income countries already collects at least \$1.5 trillion in tax revenue to finance its own development. Although that is nowhere near the [\\$4 trillion required to plug the financing gap](#) toward the Sustainable Development Goals, it is where our best chance lies....”

## The Conversation - Stablecoins are gaining ground as digital currency in Africa: how to avoid risks

Iwa Salami; [The Conversation](#);

“The use of stablecoins in Africa is on [the rise](#), particularly in Nigeria, South Africa and Kenya. ...”

“... My book, [Financial Technology Law and Regulation in Africa](#), looked at their operation as a crypto-asset in African states. I raised concerns about their potential impact on emerging economies, including African countries, in [2019](#) and [2020](#). A recent [International Monetary Fund paper](#) has echoed these concerns. ... [The rise in the use of stablecoins poses a risk of dollarisation](#), as US dollar-denominated stablecoins account for 99% of the stablecoin market. Dollarisation is the

excessive use of the dollar in local African economies. **It could be a threat to African states' monetary sovereignty and drive capital flight from African economies....”**

**“... In summary, stablecoins can truly advance financial inclusion in Africa, but heavy reliance on foreign-denominated stablecoins risks deepening dollarisation and weakening monetary sovereignty....”**

*The article explains the risks of relying on dollar-denominated crypto currency in Africa, which essentially removes people's savings from the local banking system and leaves banks with less money to lend out locally. That is, stablecoin contributes to capital flight from Africa (and many countries are not regulating this risk).*

## UHC & PHC

**Habib Benzian - The Politics of Progress: Reading the WHO report on Universal Health Coverage as a political document**

**Habib Benzian (on Substack)**

“Every now and then the global health system pauses to take stock. A major monitoring report arrives. **In December 2025 the most recent assessment of Universal Health Coverage (UHC) was published.** The new edition follows a familiar ritual. It reassures us that progress continues, though not at the pace we hoped for. Improvements are uneven but broadly encouraging. The tone suggests a world that is moving forward, even when the numbers would not immediately support that impression. This **gap between evidence and narration** is not accidental. **It reflects the politics of progress and is not narrative spin in the usual sense.** This is **optimism-washing: a structural tendency to frame limited or stalled change as progress, not through deception, but through the routines of measurement, reporting, and institutional self-preservation.** Optimism-washing does not require intent. It emerges when stability is rewarded, disruption is risky, and indicators are asked to reassure as much as they are asked to inform....”

**HP&P – Primary health care networks and impacts in LMICs: A systematic review**

D D Gadeka, I Agyepong et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag003/8426676?searchresult=1>

“Primary healthcare provider networks (PHCPNs) are increasingly recognized as promising strategies to effectively strengthen health systems in low- and middle-income countries (LMICs). However, there is limited information on the influence PHCPNs may have on the process and clinical outcomes of health services. **This study sought to answer the questions: what is the extent, range and nature of research on PHCPNs in LMICs, what are the types of PHCPNs described, and what are the processes e.g. access to care, coverage of health services, quality of care and services, safety of care and the clinical care outcomes of PHCPNs reported in the published literature?...”**

**Lancet Primary Care - Advancing primary care through equitable research**

Diego Garcia-Huidobro et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00085-8/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00085-8/fulltext)

“Primary care research is crucial for advancing population health, clinical practice, and enhancing health system capacity and performance, as outlined in the [WHO Declaration of Astana](#) and [Operational Framework for Primary Health Care](#). One way to assess the state of primary care research worldwide is to examine its outputs, with scientific publications being readily accessible for analysis. .... **We conducted a bibliometric review to map the past 50 years of primary care research** and to compare its overall productivity with publications in medicine as a broad field....”

Conclusion: “...In sum, global primary care output has grown substantially but remains geographically and economically concentrated. Bridging this gap will require strengthening research capacity, addressing structural barriers that limit visibility and influence in the global evidence base, fostering equitable international collaboration, and supporting locally driven research agendas. A **more balanced global evidence base is essential to ensure that primary care innovations are applicable, sustainable, and equitable worldwide. Prioritising primary care research is essential to ensure that scientific advancements translate into meaningful health gains for the populations most affected by common, high-burden diseases.**”

## Human resources for Health

### BMJ GH - Medical specialists in LMICs: a systematic review and best-fit framework synthesis of the evidence on their roles and contribution to health systems

G Russo, V Sriram et al ; <https://gh.bmj.com/content/11/1/e018905>

“Medical specialists are integral to the medical workforce and play a pivotal role in referral systems. However, in **low-income and middle-income countries (LMICs)**, there is a perception that specialists often fail to align with local health needs, system capacities and **Universal Health Coverage (UHC)** objectives.”

“**A systematic review was conducted in 2024 using a best-fit framework to assess the contributions of specialists to health systems and population health in LMICs:** .... We found evidence of scarcity of specific specialists, such as surgeons, anaesthetists and psychiatrists. Literature was uncovered on some of their functions within health systems, such as referral of cases, hospital management, mentoring and research. We found governance of specialties to be uneven across countries, with gaps in regulation of the professions....”

“We offer a theoretical, empirically-based framework to conceptualise specialists’ role within health systems. We identify areas of further research and policy to align the role of specialists within Universal Health Coverage goals....”

### Lancet Primary Care - The case for community health workers in high-income countries

Azeb Gebresilassie Tesema et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00068-8/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00068-8/fulltext)

“Health systems in high-income countries (HICs) face multiple complex challenges, including ageing populations, multimorbidity, workforce shortages, and increasing health-care costs. Some of these challenges can be addressed by community health worker (CHW) programmes that extend first-contact access, bridge gaps in the social determinants of health, and reinforce continuity of care in the community. Although the recognition of CHWs is growing across HICs, their role remains fragmented, inconsistently financed, and often limited to pilot initiatives or marginalised populations. In this Viewpoint, we highlight the need for integrated CHW programmes in HICs that could collaboratively work with interprofessional primary care teams and communities to provide holistic, person-centred primary health care. We propose embedding CHW programmes within the existing health systems and provide a range of potential community-based services for the population...”

**Guardian -Face masks ‘inadequate’ and should be swapped for respirators, WHO advised**

<https://www.theguardian.com/global-development/2026/jan/09/health-professionals-respirator-grade-masks-who-advise>

“Experts are urging guideline changes on what health professionals should wear to protect against flu-like illnesses including Covid.”

“Surgical face masks provide inadequate protection against flu-like illnesses including Covid, and should be replaced by respirator-level masks – worn every time doctors and nurses are face to face with a patient, according to a group of experts urging changes to World Health Organization guidelines. ... There is “no rational justification remaining for prioritising or using” the surgical masks that are ubiquitous in hospitals and clinics globally, given their “inadequate protection against airborne pathogens”, they said in a letter to WHO chief Dr Tedros Adhanom Ghebreyesus. .... The letter came out of discussions at an **online conference** organised last year called Unpolitics, looking at the implementation of evidence-based policies. ...”

“... While the suggested guidance would apply only in healthcare settings, where the risk of infection is higher, it is likely to provoke controversy ... .... The WHO cannot mandate global policies, but the signatories argue that an **update to its infection prevention and control guidelines to recommend respirators** could have a profound impact. They also suggest that the WHO’s **procurement infrastructure could help increase access to respirators even in poorer countries**, with production of surgical masks phased down over time....”

PS: “...A WHO spokesperson said the letter required “careful review”. They said the organisation consulted widely with experts from different health and economic contexts when producing guidance on personal protective equipment for health workers, adding: “**We are currently reviewing WHO’s Infection Prevention and Control guidelines for epidemic and pandemic-prone acute respiratory infections, based on the latest scientific evidence to ensure protection of health workers.**” “

- And via Development Diaries: <https://developmentdiaries.com/as-africa-signs-new-global-health-deals-who-sets-terms-and-who-bears-the-risk/>

“....Alongside these bilateral deals, African governments are also pursuing collective solutions. **Health ministers, working with the World Health Organisation, are advancing the Africa Health**

**Workforce Agenda 2035, a ten-year plan to address the chronic shortage of doctors, nurses, and midwives across the continent....”**

## Trump 2.0

The weekly sh\*\*\*show continues. Also with some **analysis**.

### **Devex – After a year of chaos, US CDC’s global health work hangs in the balance**

<https://www.devex.com/news/after-a-year-of-chaos-us-cdc-s-global-health-work-hangs-in-the-balance-111240>

Must-read analysis. “**Staff cuts, loss of expertise, shuttered programs, and the withdrawal from the World Health Organization** are worrying those who’ve invested deeply in the agency’s decades-long work in global health.”

Also with some analysis of the **potential role (left)** for CDC in the bilateral health agreements.

### **Lancet World Report - Trump announces withdrawal from 66 global organisations**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00085-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00085-1/fulltext)

“**Several health-related organisations are targeted** by the USA's announcement, although the details of how withdrawal will work in practice are unclear. Faith McLellan reports.”

### **CGD - The US Is Staying in Most International Organizations, but Slashing Support**

C Kenny; <https://www.cgdev.org/blog/us-staying-most-international-organizations-slashing-support>

“On January 7, a [Presidential memo](#) announced the review had concluded with a decision to exit from 66 entities. **The good news is that the review leaves US official involvement in most major international organizations intact (for now). The bad news is that US financial support for those organizations is still critically low....”**

Kenny concludes: “... **The US remains a member of the international community, but it is increasingly delinquent on its contributions—it still wants to play, but won’t pay.** Happily, **Congress looks set to agree on a budget that preserves considerably more targeted funding for international organizations than the administration had requested** (in the core and international organizations budgets, \$1.7 billion in funding compared to an administration request of \$0.3 billion and an FY2024 budget of \$2 billion). **Now that the considerable majority of international organizations have been deemed aligned with the interests of the United States, hopefully the administration will gratefully expend the extra resources.”**

## HPW - Monetary Cost of Air Pollution's Health Impacts Dropped from EPA Assessments

<https://healthpolicy-watch.news/monetary-cost-of-air-pollution-s-health-impacts-dropped-from-epa-assessments/>

“While the **US Environmental Protection Agency** will still consider the health benefits of emissions regulations, it will no longer publish estimates of the economic costs of deaths, illness and disability from unsafe air pollution levels.”

## NYT – In the New Vaccine Schedule, Signs of Bigger Changes to Come?

<https://www.nytimes.com/2026/01/11/health/kennedy-vaccines-children.html>

“**Comments by Robert F. Kennedy Jr. and his allies** suggest the **revised schedule may presage an approach to immunization that prizes individual autonomy and downplays scientific expertise.**”

PS: “... Mr. Bigtree ( a prominent anti-vaccine activist- and other allies of Mr. Kennedy’s have recently suggested that people may now directly sue vaccine manufacturers — who have for decades been shielded from liability — if they believe they were harmed by vaccines that are no longer routinely recommended.....”

PS: “**Some international experts worried that the changes to the U.S. schedule could jeopardize immunizations well beyond America’s borders.** “I think people will begin to doubt if the recommendations that we do have in Germany or other countries are really necessary,” Dr. Reinhard Berner, a pediatrician who heads the panel that recommends vaccines in Germany, said....”

## Nature Medicine (World View) –US vaccine policy must put America first

Angela Rasmussen; <https://www.nature.com/articles/d41591-026-00002-w>

“**« Aligning US vaccine policy with that of other countries ignores what is best for Americans.»**

Concluding : “.... **The evidence base is very clear:** the MMR vaccine has a 50-year record showing that it is safe and 97% effective at preventing measles. This is probably why Denmark also recommends it: the evidence shows that it offers outstanding benefits to everyone when population immunity is high. **Controlling measles in the USA will require returning population immunity to the 95% threshold. This will mean re-establishing evidence-based policies, practices and guidance, and restoring core public health functions and capacity. To make America healthy, American health must come first.**”

## Stat - When it comes to vaccine schedules, the U.S. is now the outlier

<https://www.statnews.com/2026/01/09/childhood-vaccination-fact-check-denmark-not-america-is-the-outlier/>

“**STAT analysis shows top officials have put the country out of step with peer nations.**”

## Stat - A new entry in the dietary guidelines: advice on maintaining healthy testosterone levels

<https://www.statnews.com/2026/01/12/dietary-guidelines-now-include-testosterone-health/>

“While experts disputed some of the recommendations, they welcomed the attention to men’s health.”

## PPPR

As mentioned in the intro, a new ‘PABS’ round is coming up next week.

Via Rani’s [newsletter](#): “**The fourth meeting of the Intergovernmental Working Group (IGWG 4) will resume for an extended session 20-22 Jan. – see [programme of work](#).** Issues around contracts and pathogen access and benefits obligations remain hot topics, and are expected to take most of the negotiation time. **Member States also held closed-door informal sessions this week, – 13-15 Jan. – to discuss terms, governance, and implementation of a pathogen access and benefits sharing (PABS) system...**”

## Geneva Health Files - The Competing Objectives of the Bilateral American Global Health Agreements & the WHO Pathogen Access Benefits Sharing System

P Patnaik; [Geneva Health Files](#):

(must-read) In-depth and very timely analysis. “In this edition we look at recent developments, commentaries and **compare how the proposed bilateral deals intersect with the on-going negotiations on the Pathogen Access Benefit Sharing (PABS) system at the World Health Organization....”**

Just a few excerpts to provide you with a flavour:

“Some key takeaways for PABS as we see it:

“**The U.S. bilateral Memorandum of Understanding, do not promise reciprocal benefits.** And yet 14 countries have signed the deals, according to the U.S. Department of State. **In the PABS negotiations, as agreed in Article 12 of the Pandemic Agreement, countries have agreed to treat the access to pathogen information and sharing of benefits on an equal footing.** Soon, WHO negotiations will have to determine and find way to link these two parts of the mechanism.”

“Often, many countries (both developed and developing) have balked at the prospect of changing domestic laws and rules to accommodate requirements of Pandemic Agreement. From technology transfer, to having rules on how researchers may access information, or larger issues of data governance. Yet, we see in these deals, that African countries will need to reform their systems, and laws to accommodate the provisions in American bilateral deals. Apart from asymmetry in negotiations, it also shows, in general, what countries are willing to do to protect their interests.

Does that mean there is scope for stronger provisions in an international agreement? We will have to see how countries approach this, particularly the EU, among others....”

PS: The bilateral agreements also have an impact on PPPR (and the pandemic agreement), beyond PABS, Patnaik argues.

## CEPI to Fund Pivotal Phase 3 Trial for Moderna's mRNA Pandemic Influenza Candidate

<https://cepi.net/cepi-fund-pivotal-phase-3-trial-modernas-mrna-pandemic-influenza-candidate>

**“Up to \$54.3 million CEPI investment aims to help advance Moderna’s H5 pandemic influenza vaccine candidate to licensure. Partnership strengthens global preparedness against a significant pandemic threat. If licensed and in the event of an influenza pandemic, Moderna will allocate 20% of its H5 pandemic vaccine manufacturing capacity for timely supply to low- and middle-income countries at affordable pricing.”**

## Lancet Planetary Health - Pandemic Agreement implementation agenda for international wildlife trade

Jamie K Reaser et al ; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00296-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00296-7/fulltext)

« On April 16, 2025, after 3 years of intense negotiations, the 194 WHO member states reached a landmark agreement, proposing key measures to prevent, prepare for, and respond to pandemics. On May 20, 2025, the World Health Assembly adopted the agreement by consensus, a positive outcome from multiple perspectives, including attentiveness to nature-based prevention. As Co-Chairs of the International Alliance Against Health Risks in Wildlife Trade’s (Alliance) Science-Policy Working Group, we are particularly interested in how two key articles (Articles 4 and 5) of the WHO Pandemic Agreement help to establish a clear course of action for mitigating the risk of pathogen spillover in international wildlife trade....”

« ...Building on these articles of the WHO Pandemic Agreement and pre-agreement priorities for global governance, we propose agendas for One Health researchers, practitioners, policy makers, donors, and relevant stakeholders (panel)....”

## NYT – Bird Flu Viruses Raise Mounting Concerns Among Scientists

[https://www.nytimes.com/2026/01/10/health/bird-flu-viruses-health.html?unlocked\\_article\\_code=1.DVA.ze8O.i5z4Kf56D9un&smid=url-share](https://www.nytimes.com/2026/01/10/health/bird-flu-viruses-health.html?unlocked_article_code=1.DVA.ze8O.i5z4Kf56D9un&smid=url-share)

“Researchers are not just worried about the virus popping up on American farms. Other types are causing trouble around the world. »

## Mpox

### Africa CDC - Emergent BioSolutions, PANTHER Partner to Advance Africa CDC-Led Mpox Study

<https://africacdc.org/news-item/emergent-biosolutions-panther-partner-to-advance-africa-cdc-led-mpox-study/>

“Emergent BioSolutions has announced a collaboration agreement with PANTHER to provide additional financial support to continue progressing the Africa CDC-led ‘Mpox Study in Africa’ (MOSA). This initiative aims to advance research into effective treatments for patients diagnosed with mpox, a virus for which there is currently no dedicated antiviral therapy. Launched in 2024, MOSA is a double-blind, platform-adaptive clinical trial designed to evaluate potential treatment options for mpox across multiple African countries. The study initially received funding from the European Union and Africa CDC, with the Democratic Republic of the Congo (DRC) being a major area of focus. “

...”. As the study continues, Africa CDC and PANTHER intend to extend the study to new countries, including a site in Uganda, and enrol patients to reach the next milestone....”

## More on Health Emergencies

### Lancet (Letter) - Ebola and health-care providers: the case for preventive vaccination

Jean-Pierre Van Geertruyden, P Van Damme et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02459-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02459-6/fulltext)

Concluding: “...Routine vaccination of health-care providers in Ebola virus disease-prone regions is therefore justified not only as a disease control measure, but also as a core occupational health intervention. Incorporating preventive vaccination into national preparedness and workforce protection frameworks would strengthen epidemic response capacity and health system resilience. Sustained investment and community engagement are essential to ensure durable implementation in endemic settings.”

## NCDs & Commercial Determinants of Health

### WHO - Cheaper drinks will see a rise in noncommunicable diseases and injuries

<https://www.who.int/news/item/13-01-2026-cheaper-drinks-will-see-a-rise-in-noncommunicable-diseases-and-injuries>

Press release related to two new global reports on Tuesday. “WHO urges governments to unlock health taxes on sugary drinks and alcohol to save lives and raise revenue.”

**“Sugary drinks and alcoholic beverages are getting cheaper, due to consistently low tax rates in most countries, fueling obesity, diabetes, heart disease, cancers and injuries, especially in children and young adults. In two new global reports released today, the World Health Organization is calling on governments to significantly strengthen taxes on sugary drinks and alcoholic beverages. The reports warn that weak tax systems are allowing harmful products to remain cheap while health systems face mounting financial pressure from preventable noncommunicable diseases and injuries....”**

**“... The reports show that at least 116 countries tax sugary drinks, many of which are sodas. But many other high-sugar products, such as 100% fruit juices, sweetened milk drinks, and ready-to-drink coffees and teas, escape taxation. ...” “A separate WHO report shows that at least 167 countries levy taxes on alcoholic beverages, while 12 ban alcohol entirely. Despite this, alcohol has become more affordable or remained unchanged in price in most countries since 2022, as taxes fail to keep pace with inflation and income growth. Wine remains untaxed in at least 25 countries, mostly in Europe, despite clear health risks.....”**

**“... WHO found that across regions: tax shares on alcohol remain low with global excise share medians of 14% for beer and 22.5% for spirits; sugary drink taxes are weak and poorly targeted with the median tax accounting for only about 2% of the price of a common sugary soda and often applying only to a subset of beverages, missing large parts of the market; and few countries adjust taxes for inflation, allowing health-harming products to become steadily more affordable.”**

- Related coverage HPW: [Country Taxes on Alcohol and Sugary Drinks are ‘Too Low to be Effective’, WHO Finds](#)

### **BMJ (Analysis) - How should public health respond to rise of alcohol-free and low alcohol drinks?**

<https://www.bmj.com/content/392/bmj-2025-086563>

**“John Holmes and colleagues argue for a precautionary approach that is guided by public health interests and considers both risks and benefits.”**

**Key messages:** “Alcohol-free and low alcohol (nolo) drinks are increasingly popular with consumers in high income countries; Nolo drinks have the potential to affect public health, but there is little evidence on whether benefits or harms are being realised now, or will be in the future; Public health actors should help develop and implement a strategic and precautionary approach to nolo drinks to minimise risks; This includes agreeing on the basic aims of nolo drinks, the actions that might deliver these aims, and where further evidence is required.”

## **Mental health**

### **BMJ Editorial – Global trends in youth suicide**

P Padmanathan et al ; <https://www.bmj.com/content/392/bmj.s4>

« Suicide is the third leading cause of death in young people. It accounts for more than 150 000 deaths each year worldwide, most of which occur in low and middle income countries (LMICs). Concerningly, youth suicide rates seem to be rising in many countries, including in the UK. In India and China, which together account for around a third of the world's youth population, previously downward trends appear to have reversed. Interpreting these trends is complex....”

“ ... Suicide related research has typically prioritised mental illness as a key determinant. However, for youth suicide prevention strategies to have the greatest global impact, it is essential to understand trends in the underlying social determinants and incorporate evidence from India, China, and other LMICs, which are often unrepresented in global suicide research...”

“ ... Access to treatment for mental illness is important and often the focus of national suicide prevention strategies. However, particularly in LMICs, many people who die by suicide do not have a mental illness, and scaling up interventions to reach everyone at risk of suicide is unlikely to be feasible. Instead, universal, population level interventions may yield larger reductions in suicide rates despite having limited individual level benefit....”

## Access to Medicines, Vaccines & other health technologies

### BMJ GH - Global health is in crisis: to reach neglected patients, we need to reimagine medical research

Luis Pizarro <https://gh.bmj.com/content/11/1/e022292>

“Amid the current debate over the devastating impact of recent aid cuts on global health programmes, the question of non-profit development of health tools for public health needs has received little attention. Both the global health landscape and the market-based pharmaceutical research and development (R&D) system are undergoing radical shifts, which will impact the alternative medical R&D model that has successfully delivered new diagnostics, treatments and vaccines on a not-for-profit basis over the last two decades. We urgently need to find new approaches to continue to deliver medical innovations for populations neglected by the market-based R&D system....”

Pizarro sketches a path forward. Making four points.

### CGD (blog) - Rethinking Regulation for a Changing Africa: A Three-Part Reform Agenda

<https://www.cgdev.org/blog/rethinking-regulation-changing-africa-three-part-reform-agenda>

Blog linked to a new CGD Policy paper - [A Roadmap for Strengthening and Diversifying Regulatory Pathways in Africa](#) (by J Guzman et al)

“... Drawing on recent developments in Africa and beyond, the paper proposes a three-part reform agenda: modernizing WHO PQ (Prequalification programme) into a rapid, reliance-based validator; diversifying regional and national pathways through twinning, WLA designation, and mutual

recognition; and aligning downstream enablers such as procurement rules, transparency standards, and legal frameworks. **These reforms are essential for creating a more inclusive, efficient, and regionally grounded regulatory system** that supports timely access to essential health products and aligns with the realities of LMICs today.....”

### Stat - Unitaid will provide funds for South Africa and Zambia to widen access to Gilead's HIV prevention drug

<https://www.statnews.com/pharmalot/2026/01/13/aids-hiv-gilead-unitaid-africa-lenacapavir/>

“The plan is to quickly expand distribution through unorthodox channels.”

“Seeking to prevent the spread of HIV, **Unitaid is providing \$31 million to South Africa and Zambia in hopes of widening access to a groundbreaking prevention medicine beyond traditional health clinics.** The United Nations global health organization **will work with local health ministries and community groups, among others**, to facilitate **distribution of lenacapavir to vulnerable populations** — including sex workers and pregnant and breastfeeding women — **through venues like pharmacies and hair salons.** The plan is to **quickly expand distribution through unorthodox channels** in order to build on the promise of the injectable medicine, which is seen as a game-changing tool to eradicate HIV because it offers virtually complete protection against contracting the virus with just a single administration every six months. ...”

- For more, see the **UNITAID press release** - [Unitaid approves new investments to accelerate equitable access to lenacapavir for HIV prevention](#)
- Related: [From innovation to impact: Reflections from Dr. Philippe Duneton on 20 years of Unitaid](#) (Executive director of UNITAID)

### Guardian - Controversial US study on hepatitis B vaccines in Africa is cancelled

<https://www.theguardian.com/us-news/2026/jan/15/hepatitis-b-vaccines-study-africa-cancel>

“\$1.6m project **drew outrage over ethical questions** about withholding vaccines proven to prevent disease.”

“The controversial US-funded study on hepatitis B vaccines among newborns in Guinea-Bissau has been halted, according to **Yap Boum, a senior official at the Africa Centres for Disease Control and Prevention (CDC).**”

Related tweet: *Important to highlight: This move is coming from African health officials. It signals that “the institutions are getting stronger” by pushing back on unethical and exploitative studies in Africa, @boghuma.bsky.social said.*”

### Science - New hepatitis B drug could help ‘functionally cure’ some patients

<https://www.science.org/content/article/new-hepatitis-b-drug-could-help-functionally-cure-some-patients>

**“Scientists welcome GSK announcement that two trials succeeded—even though data are still lacking.”**

PS: “...researchers have long pushed for a functional cure: a finite period of treatment that will drive down viral levels low enough for the immune system to control the virus on its own. Existing drugs—analogs of nucleosides or nucleotides that foul up the virus’ DNA replication—can gum up an enzyme that makes new viruses, but they provide a functional cure in no more than 1% of people who take them. They’re also inaccessible to many patients in low- and middle-income countries, and they sometimes fail to stop the progression of disease....”

## Gavi Uses Football in Africa to Boost HPV Vaccine Confidence

<https://healthtimes.co.zw/gavi-uses-football-in-africa-to-boost-hpv-vaccine-confidence/>

**“Gavi, the Vaccine Alliance, working in partnership with CAF and UEFA, has launched the Goal Getters programme [ [a while ago](#) ], which uses football to challenge myths and build confidence in the HPV vaccine....”**

“In an exclusive interview with HealthTimes, Olly Cann, Director of Communications at Gavi, the Vaccine Alliance, explains how the initiative is changing perceptions and strengthening trust across Africa.....”

Quote : “From Gavi’s perspective, sport and football in particular, is a uniquely powerful gateway to engage adolescents who are often missed by traditional health communication channels.....”

## Decolonize Global Health

**Daniel Reidpath - On becoming a decolonial scholar**

<https://www.papyruswalk.com/2026/01/on-becoming-a-decolonial-scholar/>

Well written. But it’s time to organize a (virtual) debate/webinar between the protagonists in this debate, I’d say (@Health Systems Global, Alliance for HPSR, ... can you make it happen)?

## Planetary Health

**Guardian - Human activity helped make 2025 third-hottest year on record, experts say**

<https://www.theguardian.com/environment/2026/jan/14/human-activity-helped-make-2025-third-hottest-year-on-record-experts-say>

“Data leads scientists to declare 2015 Paris agreement to keep global heating below 1.5C ‘dead in the water’.”

- See also Climate change news - [\*\*Global warming topped key 1.5C limit over last three years, EU scientists say\*\*](#)

““The world is set to breach the Paris accord’s long-term 1.5C temperature limit before the end of the decade at the current rate of warming, Copernicus says.”

University of Exeter - Underestimates in global warming pose major climate and financial risks

<https://news.exeter.ac.uk/faculty-of-environment-science-and-economy/underestimates-in-global-warming-pose-major-climate-and-financial-risks/>

“New analysis suggests the planet may be more sensitive to greenhouse gases than many models assume, meaning temperatures could rise faster and bring much greater climate risks than policymakers and financial institutions are planning for. A hidden “cooling” effect from air pollution acts as a sunshade, currently reducing warming by around 0.5°C, but as this pollution is being cleaned up, that protective effect is disappearing, thus contributing to further warming. **Actuaries and scientists call for emergency action – a Planetary Solvency plan – to avoid extreme climate impacts and tipping points that could undermine the global financial system and cause catastrophic human, societal and economic impacts.**”

“The [\*\*Parasol Lost report\*\*](#) warns that global temperatures are accelerating faster than predicted, driven by a loss of “aerosol cooling”, a hidden sunshade effect created by air pollution which has offset around 0.5°C of warming. This hidden sunshade is now receding as pollution is being cut down, particularly by shipping regulations. The faster rate of warming is also explained by the Earth’s sensitivity to greenhouse gases (“climate sensitivity”), which recent studies suggest could be higher than previously estimated. Co-authored by Dr Jesse Abrams from Exeter’s [\*\*Green Futures Solutions\*\*](#) team and [\*\*Global Systems Institute\*\*](#), the report warns that – without action – global warming is now likely to reach 2°C by 2050. This level of warming is associated with catastrophic impacts on societies and economies worldwide, with major disruption to water and food systems, migration and human health....”

“This raises the risk of climate-driven inflation, financial shocks and the withdrawal of insurance from high-risk areas much sooner than many expect which, in turn, increases the chance of widespread financial instability and “**Planetary Insolvency**” – the risk of societal and economic collapse from the loss of nature’s critical support systems.”

Phys.org - Scientists call for 'systems reset' to redefine sustainable development

<https://phys.org/news/2026-01-scientists-reset-redefine-sustainable.html>

“A [\*\*new international study\*\*](#) calls for a fundamental reset in how humanity understands and pursues sustainable development. The article is published in the journal **Communications Sustainability**.”

“The paper argues that current sustainability frameworks—built on a three-pillar model separating nature, society and economy—have not been fit for purpose in a world facing accelerating climate change, biodiversity loss and inequalities. The authors propose a new systems model that, bottom-up, positions nature as the foundation, supporting economies as the next level, which delivers

**benefits to the third level, society.** From a top-down perspective, societal values and governance systems determine how people organize their economies, and therefore how these affect nature, on which they are dependent....”

“This shift from isolated pillars to integrated layers, incorporating bottom-up and top-down perspectives, supports rebalancing global development within planetary limits and ensuring equitable outcomes for all. .... The model posits that **three types of capital—natural, economic and social—underpin sustainability** and are linked through feedback that determines whether societies thrive or decline. **When one type of capital is over-developed or depleted, the system destabilizes.** The systems model argues that **when all types of capital are maintained in balance, resilience and long-term well-being and security become possible.”**

“... By clarifying the relationships between nature, economy and society, **the model provides both a conceptual and a pragmatic upgrade to the current framing of sustainable development and its Sustainable Development Goals (SDGs), supporting discussions for a post-2030 global sustainability agenda framed around systems balance and diverse values.** The paper **calls for a “systems reset” to reorient development**—not only from the perspectives of governments, but also for businesses and the whole of society, towards balance between nature, economy and society.....”

They recommend 4 shifts.

**Guardian - Coal power generation falls in China and India for first time since 1970s**

<https://www.theguardian.com/business/2026/jan/13/coal-power-generation-falls-china-india-since-1970s>

“‘Historic’ moment in biggest coal-consuming countries could bring decline in global emissions, analysis says.”

“The simultaneous fall in coal-powered electricity in the world’s biggest coal-consuming countries had not happened since 1973, according to analysts at the Centre for Research on Energy and Clean Air, and was driven by a record roll-out of clean energy projects. The research, **commissioned by the climate news website Carbon Brief**, found that electricity generated by coal plants fell by 1.6% in China and by 3% in India last year, after the **boom in clean energy across both countries was more than enough to meet their rising demand for energy....”**

**UN News - ‘Beyond GDP’ economists push for clearer metrics on wellbeing, sustainability**

<https://news.un.org/en/story/2026/01/1166740>

“Top finance experts are **meeting** at UN Geneva this week to push for a radical shake up in the way economic growth is gauged, in response to concerns that GDP measurements provide little insight about progress on key sustainability targets that are vital to our survival. **Backed by the UN trade and development agency, UNCTAD and other partners, the “Beyond GDP” initiative** acknowledges a warning from Secretary-General António Guterres that global policymaking is over-reliant on Global Domestic Product data.”

“... Their discussions later this week at the Palace of Nations in Geneva will be the **second in-person meeting of the expert group since it was founded in May last year, after UN Member States signed the 2024 Pact for the Future**; its aims include making global governance more inclusive and effective. “Our approach will emphasize how better well-being and its drivers - such as health, social capital and the quality of the environment - are not only good for societal welfare but also contribute in an integral way to economic prosperity,” the expert group said in an [interim report](#) published in November.”

“... Their tasks include **developing an initial list of country-owned and universally-applicable indicators of sustainable development to form a dashboard** that equips governments with the information they need to meet the 17 Sustainable Development Goals (SDGs). The expert group will **also provide guidance on how to maximize uptake of the dashboard and how to prioritize data collection in order to operationalize the dashboard and SDG indicators.**”

### **Guardian - World’s richest 1% have already used fair share of emissions for 2026, says Oxfam**

<https://www.theguardian.com/environment/2026/jan/10/world-richest-used-fair-share-emissions-2026-oxfam>

“**Richest 1% took 10 days while wealthiest 0.1% needed just three days to exhaust annual carbon budget, study shows.**”

### **Guardian - Trump’s move to pull US from key UN climate treaty may be illegal, experts say**

<https://www.theguardian.com/us-news/2026/jan/12/trump-un-climate-treaty-unfccc>

“President’s memo stating US ‘shall withdraw’ from UNFCCC marks first time any country has tried to exit the agreement.”

### **Social Forces –Does stringent climate policy decouple economic growth from greenhouse gas emissions?**

R P Thombs et al <https://academic.oup.com/sf/advance-article-abstract/doi/10.1093/sf/soaf217/8417706?redirectedFrom=fulltext&login=false>

“... Here, **we extend the literature by testing whether more stringent climate policy moderates the effect of economic growth on greenhouse gas emissions using panel data from 1990 to 2022 for forty-nine countries.** Building on the extended two-way fixed effects estimator, we advance an approach for estimating country-specific and average short-run and long-run effects with dynamic models that we show outperform other macro panel estimators using Monte Carlo experiments. Using this approach, **we find that, on average, strong climate policy stringency decouples economic growth from emissions in the short run and the long run and that the decoupling effect is largest in higher-income nations.** However, **we also find that greater policy stringency is associated with increases in emissions in lower-income and middle-income nations.** We then build a hypothetical three-nation World that consists of a lower-income, middle-income, and higher-income nation and develop a suite of scenarios that differ based on their rate of economic growth and climate policy

stringency. The results suggest that steady-state and degrowth scenarios offer the most sustainable futures in terms of lower emissions and that degrowth is the most equitable in terms of reducing emissions..."

## Conflict/War/Genocide & Health

**Guardian - Gaza war leads to 41% fall in births prompting allegations of reproductive violence**

<https://www.theguardian.com/world/2026/jan/14/gaza-war-fall-in-births-reproductive-violence>

"Israel's war in Gaza has caused high numbers of maternal and neonatal deaths, say two reports."

"... **Two reports by Physicians for Human Rights, in collaboration with the Global Human Rights Clinic at the University of Chicago Law School, and Physicians for Human Rights-Israel** document how the war has led to high figures for maternal and neonatal mortality and forced births in dangerous conditions and systematically dismantled health services – consequences of "**a deliberate intention of preventing births among Palestinians, meeting the legal criteria of the Genocide Convention**," researchers said."

### **Lancet (Letter)- Health, human rights, and the Palestine exception**

E Reinhart et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02629-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02629-7/fulltext)

Coming back on: "In December, 2025, Harvard T H Chan School of Public Health announced that **Mary T Bassett would be stepping down** as Director of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights....."

Concluding: ".... A public health field that cannot describe the destruction of Gaza's health system forfeits its ethical authority everywhere, a human rights discourse that excludes Palestinians cannot credibly claim universality, or any legitimate basis at all, and a university that disciplines scholars for applying established methods to politically inconvenient realities does not merely betray its ideals; it actively reshapes itself in the service of repression."

### **New Humanitarian - Gaza to Sudan: Moral consistency as a colonial alibi**

Gert van Hecken; <https://www.thenewhumanitarian.org/opinion/2026/01/12/gaza-sudan-moral-consistency-colonial-alibi>

"These are not competing tragedies but **linked sites of racial capitalism, militarism, and abandonment.**"

## Some more papers & reports

### Lancet Regional Health Africa – Health disparities and the burden of fungal infections in Africa

F Bongomin et al; [https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011\(25\)00014-8/fulltext](https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011(25)00014-8/fulltext)

**“Fungal infections represent a silent yet devastating contributor to morbidity and mortality in Africa. Despite being responsible for an estimated 3.8 million deaths globally each year, comparable to tuberculosis (TB) and HIV, fungal diseases remain neglected within public health priorities and research agendas. The consequences of this neglect are stark across the African continent, where weak diagnostic capacity, therapeutic inequities, and low clinical awareness perpetuate preventable deaths. Sub-Saharan Africa bears the heaviest burden of fungal disease worldwide....”**

**“...Addressing fungal disease disparities in Africa requires a paradigm shift grounded in health equity. Three domains demand urgent attention. First, diagnostic capacity must be scaled through regional reference laboratories, affordable point-of-care tests, and integration of fungal diagnostics into existing HIV and TB platforms. The success of cryptococcal antigen screening demonstrates that bedside fungal testing can transform outcomes. Second, antifungal access must be secured through pooled procurement, generic licensing, and local manufacturing approaches. The Global Fund model offers a template for ensuring equitable access to lifesaving antifungals. Third, education and research must be strengthened. Mycology should be embedded in medical and laboratory curricula, and African-led research should be prioritized to generate context-specific data and innovations. Locally generated evidence, such as the CM trials, has already reshaped WHO guidelines and reduced CM mortality by nearly a quarter. ...”**

**“The 2022 WHO Fungal Priority Pathogens List provides a roadmap for advocacy and policy reform. Inclusion of fungal diseases in universal health coverage schemes, essential medicine lists, and national AMR strategies. North–South and South–South collaborations should focus on technology transfer, capacity building, and equitable research partnerships....”**

**“... As Africa strengthens pandemic preparedness and universal health coverage, mycology must no longer remain in the shadows. Integrating fungal diseases into HIV, TB, and NCD programs is both a scientific imperative and a matter of justice. Without deliberate investment, millions of Africans will continue to die from treatable infections....”**

### Lancet Comment – Yellow fever vaccine minimum fractional dosing does not extend to infants

L Turtle; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02364-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02364-5/fulltext)

**Comment related to a new Lancet study – [Low-dose yellow fever vaccination in infants: a randomised, double-blind, non-inferiority trial](#)**

Study in Kenya & Uganda.

Interpretation of the findings: “**Compared with the standard yellow fever vaccine dose**, a dose of 500 IU did not meet the non-inferiority criterion, suggesting that **minimum dose requirements in adults are not generalisable to infants**. Therefore, **standard yellow fever doses should be used for infants in the routine WHO Expanded Programme on Immunization.**”

## Miscellaneous

### Lancet -Offline: Information—crisis, what crisis?

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00039-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00039-5/fulltext)

Horton dwells on **the 21<sup>st</sup> century information crisis**.

“I suggested last week that Filipino journalist Maria Ressa (Nobel Peace Laureate, 2021) is a good place to start if you are seeking a guide to political advocacy for health. Her book *How to Stand Up to a Dictator* (2022) is a memoir, but so much more. Another writer receiving a great deal of attention (in the UK, at least) is **Naomi Alderman and her book *Don’t Burn Anyone at the Stake Today* (2025)**. Alderman is a classical scholar, novelist, and broadcaster. Although Ressa and Alderman write from different perspectives, their targets coincide. **They both diagnose an information crisis as being emblematic of our time...**”

Horton somewhat disagrees. And concludes, drawing upon Hannah Arendt: “**.... certain public institutions are crucial bulwarks for defending those facts**. Arendt names **two “refuges of truth”**: **the judiciary and universities**. She argues that it is within these institutions of justice and knowledge that conditions are created for truth to prevail. And perhaps this is where the origins of our activism lie—within the knowledge we create, disseminate, and advocate.”

### Stat - ChatGPT and Claude get into the business of health advice. Should you trust them?

<https://www.statnews.com/2026/01/12/chatgpt-claude-offer-health-advice-should-you-trust-it/>

(gated) “**Chatbots could expand access for some users, but the tools aren’t validated for consumer health questions.**”

“These companies are entering the health advice space while facing high-profile lawsuits accusing their chatbots of causing harm, or even death. And they’ve been criticized by lawmakers for not doing enough to prevent those alleged impacts. Still, for patients who can’t get to the doctor, it might be nice to have something rather than nothing when health questions come up. Read more ...  
... on **how experts are weighing the technology’s risks and potential benefits....**”

### BMJ (Opinion) - The BMJ appeal 2025-26: Breaking the cycle of sexual violence in the Democratic Republic of the Congo demands action

Anonymous; <https://www.bmjjournals.org/content/392/bmj.s38>

**“Sexual violence must be treated as a collective responsibility, not an isolated tragedy.”**

“... Sexual violence in the DRC is a critical medical emergency that endangers the health, dignity, and lives of thousands of women, girls, men, and boys. I carry this reality in my personal life. I am a **Congolese mother working with Médecins Sans Frontières (MSF). The fear that my daughters might experience the violence that I’m confronted with daily never leaves me.....”**

**UN News - At the heart of change: Spotlight Initiative highlights breakthroughs in tackling gender-based violence**

<https://news.un.org/en/story/2026/01/1166721>

“When it comes to protecting women and girls from gender-based violence, change happens when they are “at the heart of every decision,” according to Erin Kenny, Global Coordinator of the **Spotlight Initiative a United Nations–European Union partnership aimed at tackling all forms of abuse against women and girls.”**

**“At the heart of change: Spotlight Initiative highlights breakthroughs in tackling gender-based violence ....”**

“... Since 2017, Spotlight, has been working to prevent violence, sexual and gender-based violence (GBV), as well as femicide, human trafficking, and labour exploitation. Worldwide, one in three women has experienced physical or sexual violence, and in many places, this number is even higher. **Here are some of the initiative’s major breakthroughs highlighted in a report focusing on its innovative approaches, and its sustained achievements over the past seven years. ....”**

## **Global health governance & Governance of Health**

**UN News - The UN is ‘worth fighting for’: General Assembly President**

<https://news.un.org/en/story/2026/01/1166763>

**“With the multilateral system under pressure and under attack, Member States must fight for the United Nations, the President of the General Assembly said on Wednesday, laying out her priorities for its resumed 80th session. ”**

**“... “My main priority today and for the next 237 days as President of the General Assembly, is to defend – together with you – this institution, its Charter, and the principles enshrined in it,” said Ms. Baerbock. ”**

**Devex - Exclusive: Inside US-UN plan to remake funding for humanitarian crises**

<https://www.devex.com/news/exclusive-inside-us-un-plan-to-remake-funding-for-humanitarian-crisis-111682>

**“A confidential memorandum of understanding signals a shift in balance of power among U.N. relief agencies.”**

**“In the waning days of last year, the United States pledged to give the United Nations \$2 billion through 2026 to respond to the world’s most urgent humanitarian crises in some seventeen countries, including the Democratic Republic of the Congo, Haiti, Syria, and Sudan. At the U.N., the new funding plan marked something of a shift in the institutional balance of power, placing management of U.S. funds in the hands of the U.N.’s emergency relief coordinator, Tom Fletcher, while empowering U.N. humanitarian coordinators in the field to determine how that money is spent....”**

**“The U.N.’s biggest and most powerful aid agencies, including the World Food Programme, UNICEF, and the UN Refugee Agency, will have to compete inside the U.N. bureaucracy for scarcer resources. Over time, the State Department envisions all U.S. funding of U.N. humanitarian work to be channeled through pooled funds managed by Fletcher’s office....”**

Also with the **view of J Konyndyk**.

### **Devex (Opinion) – Development leaders must win the narrative battle or disappear**

B Farnoudi (former spokesperson Kofi Annan); <https://www.devex.com/news/development-leaders-must-win-the-narrative-battle-or-disappear-111668>

**“Most people can name the leaders of Tesla and Meta, but not the heads of organizations protecting climate, democracy, and nature. In today’s media landscape, that invisibility is a death sentence.”**

**“... By limiting themselves to administration rather than becoming publicly visible champions, the senior leadership of these organizations has committed the cardinal sin of invisibility in an attention economy — a strategic miscalculation hundreds of thousands depending on these organizations are now paying for....”**

Part of the story, indeed, I guess – though not the full one.

### **Devex - AfDB and Arab financiers move toward closer cooperation**

<https://www.devex.com/news/afdb-and-arab-financiers-move-toward-closer-cooperation-111689>

**“The two sides signed a joint declaration to deepen coordination across financing, operations and long-term planning.”**

**“The African Development Bank and the Arab Coordination Group wrapped up meetings in Abidjan, Côte d'Ivoire, this week, marking the first time the bloc of Arab development finance institutions has convened at the AfDB’s headquarters. The gathering was widely seen as a signal of deepening ties between the bank and the Arab region at a moment when Western aid budgets are under pressure and African financing needs remain vast. For AfDB President Sidi Ould Tah, who**

took office in September, the meetings also offered an **early test of his pitch to position the bank as a bridge between Africa and new sources of capital, particularly from the Gulf....”**

### **Global Policy - South Africa: The Ambiguities of a Middle Power**

Garth L. le Pere; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70120>

**“South Africa represents an interesting species of a middle power.** This derives from its inherited economic muscle as Africa's powerhouse and the liberation struggle against apartheid, both of which have shaped its democratic transition. The traditions of liberation and democracy, in turn, have profoundly influenced how South Africa has conducted its foreign policy under the ruling African National Congress. Its external relations derive their logic from a firm belief in the compatibility of human rights, democracy, solidarity diplomacy, active internationalism and the country's own development imperatives aimed at addressing the racial deprivations of the apartheid past. However, the country has faltered in responding to fast-changing, complex and demanding exigencies at home and abroad. **Although it has certainly registered impressive gains as a respected ‘norm entrepreneur’ on the global stage, which has burnished its multilateral credentials, its global brand and image have suffered because of an increasing pathological syndrome at home, which includes corruption, poor governance, abuse of public resources, compounded by increasing levels of racially defined poverty, unemployment and inequality.** The article aimed to tease out how these ambiguities have inhibited and circumscribed South Africa's ambitions as a middle power.”

### **Development Pathways - Taking social security back to the 19th century: has this been the main achievement of the World Bank's engagement in social security in recent decades?**

S Kidd; [Development Pathways](#);

Neat book review.

“Bloomsbury have just launched a **new book by Matthew Greenslade, called “*Beyond the World Bank: the Fight for Universal Social Protection in the Global South.*”** As the name suggests, it's a strident critique of the World Bank's approach to social security across low- and middle-income countries. It shows how, **despite the World Bank's apparent commitment to universal social protection – as attested by its membership of USP2030 – it has consistently promoted a neoliberal, regressive form of social security**, using its considerable power to ensure that countries conform to its will....”

### **IDOS (Policy Brief) - Making global benefits pay: the World Bank reform to support global public goods**

<https://www.idos-research.de/policy-brief/article/making-global-benefits-pay-the-world-bank-reform-to-support-global-public-goods/>

**“... One year ago, the World Bank launched the Framework for Financial Incentives (FFI) to strengthen the support of GPGs in its operations.** This novel instrument encourages countries to

implement investment projects and policies that have positive spillovers to other countries by offering targeted financial incentives. As a core element of the World Bank's Evolution reform, the FFI reflects the recognition that relatively modest investments in client countries can generate substantial global benefits – for other developing and emerging economies as well as for the Bank's shareholder countries. Its challenges lie in incorporating the non-financial aspects of GPGs and the multi-faceted motivations to provide them in bankable operations. **This policy brief discusses the relevance of GPGs for development and presents the World Bank's approach to supporting their provision in client countries through the FFI. ....**" Check out key takeaways.

## BMZ reform: How Alabali Radovan is responding to criticism of development cooperation

<https://table.media/en/africa/feature/bmz-reform-how-alabali-radovan-is-responding-to-criticism-of-development-cooperation>

"The German Federal Ministry for Economic Cooperation and Development (BMZ) has presented its reform plan entitled "Shaping the Global Future Together." Development cooperation is to be geared towards new geopolitical realities and more clearly aligned with German interests."

- The plan (in German): [Zukunft zusammen global gestalten](#).

Check out more via [S Klingebiel](#) (LinkedIn): <https://www.linkedin.com/in/stephan-klingebiel-9242892b/>

## Final report midterm review of the "German Federal Government's Global Health Strategy" (2020)

<https://www.bundesgesundheitsministerium.de/service/publikationen/details/ergebnisbericht-zum-review-prozess-der-strategie-der-bundesregierung-zu-globaler-gesundheit.html>

Via Global Health Hub Germany (LinkedIn): <https://lnkd.in/dKp2H7Vy>

"The report examined what has been achieved so far and where adjustments are needed, particularly in light of the evolving global health architecture. **It outlines how Germany aims to further develop its role in global health and defines eight key priority areas through 2030** – from prevention, climate action in the health sector and resilient health systems, through international cooperation and health workforce development, to pandemic preparedness as well as research and innovation...."

## UHC & PHC

### Lancet Regional Health Americas - Drivers and barriers for the implementation of value-based healthcare in Latin America: a cross-country qualitative policy analysis

Michael Touchton, F M Knaul et al ; [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(25\)00318-7/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(25)00318-7/fulltext)

« Value-Based Healthcare (VBHC) represents a paradigm shift from the traditional fee-for-service model to a fee-for-value model, aiming to optimize patient outcomes relative to cost. This study assesses the transition to VBHC in three Latin American countries: Argentina, Brazil, and Mexico. By identifying barriers and opportunities to unlock value in these health systems, it provides recommendations for advancing VBHC across the region.....”

### Health Systems & Reform - Expanding Social Health Insurance Coverage for the Informal Sector in Zambia: Lessons and Insights from LMICs

<https://www.tandfonline.com/doi/full/10.1080/23288604.2025.2592387?src=>

By Oliver Kaonga et al.

## Pandemic preparedness & response/ Global Health Security

### International Health -Advancing IHR capacities in the DRC: findings from the 2022 e-SPAR and NAPHS evaluation

<https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf145/8424009?searchresult=1>

By Jean Paul Muambangu Milambo et al.

## Planetary health

### Climate Change News – Renewables create fewer jobs globally as energy transition enters new phase

<https://www.climatechannews.com/2026/01/11/renewables-create-fewer-jobs-globally-as-energy-transition-enters-new-phase/>

(gated) “The surge in employment linked to clean energy equipment and installation is slowing as large scale plants and increasing automation require less labour. “

**Guardian - 'Profound impacts': record ocean heat is intensifying climate disasters, data shows**

<https://www.theguardian.com/environment/2026/jan/09/profound-impacts-record-ocean-heat-intensifying-climate-disasters>

**"Oceans absorb 90% of global heating, making them a stark indicator of the relentless march of the climate crisis."**

**"The world's oceans absorbed colossal amounts of heat in 2025, setting yet another new record and fuelling more extreme weather, scientists have reported. More than 90% of the heat trapped by humanity's carbon pollution is taken up by the oceans. This makes ocean heat one of the starker indicators of the relentless march of the climate crisis, which will only end when emissions fall to zero. Almost every year since the start of the millennium has set a new ocean heat record."**

The analysis was published in [the journal Advances in Atmospheric Sciences.](#)

**The Conversation - Africa's climate finance rules are growing, but they're weakly enforced – new research**

P D'Orazio; <https://theconversation.com/africas-climate-finance-rules-are-growing-but-theyre-weakly-enforced-new-research-270990>

**"... physical risks are compounded by "transition risks", like declining revenues from fossil fuel exports or higher borrowing costs as investors worry about climate instability. Together, they make climate governance through financial policies both urgent and complex. Without these policies, financial systems risk being caught off guard by climate shocks and the transition away from fossil fuels. This is where climate-related financial policies come in. They provide the tools for banks, insurers and regulators to manage risks, support investment in greener sectors and strengthen financial stability. Regulators and banks across Africa have started to adopt climate-related financial policies. These range from rules that require banks to consider climate risks, to disclosure standards, green lending guidelines, and green bond frameworks. These tools are being tested in several countries. But their scope and enforcement vary widely across the continent. "**

**"My research compiles the first continent-wide database of climate-related financial policies in Africa and examines how differences in these policies – and in how binding they are – affect financial stability and the ability to mobilise private investment for green projects. A new study I conducted reviewed more than two decades of policies (2000–2025) across African countries. It found stark differences. South Africa has developed the most comprehensive framework, with policies across all categories. Kenya and Morocco are also active, particularly in disclosure and risk-management rules. In contrast, many countries in central and west Africa have introduced only a few voluntary measures...."**

**Nature Climate Change (Comment) -Irreversibility in climate action**

[Nature Climate change;](#)

**“Nine climate researchers and policy leaders, including the chair of the UK Climate Change Committee, argue that “key elements of climate action are irreversible” despite factors “such as the deliberate efforts by the current US administration to weaken climate policies, discredit climate science and promote fossil fuels”. They point to backstops that prevent regression, such as the proliferation of long-lived infrastructure to carry renewable energy. Another essential positive force: talking about what’s going well. “Stories that envision a positive, achievable future are themselves feedback loops,” they write.”**

## **WHO Bulletin - WHO's ethical criteria for health research priority-setting in the context of climate change**

B Pratt et al ; [https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293973.pdf?sfvrsn=789ab3fb\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293973.pdf?sfvrsn=789ab3fb_3)

« ... We consider whether the ethical criteria for health research priority-setting recently proposed by the World Health Organization (WHO) should be used by funders when allocating resources among health research projects focused on climate change....”

## **Mpox**

### **Nature Medicine - Mpox infection in pregnancy linked to high risk of adverse outcomes**

<https://www.nature.com/articles/d41591-026-00003-9>

“New data confirm that mpox infection during pregnancy — and particularly in the first trimester — is associated with a substantial risk of fetal loss and congenital infection, calling for targeted prevention and treatment strategies.”

## **Infectious diseases & NTDs**

### **Cidrap News - US cuts to HIV programs in sub-Saharan Africa pose global risk, experts say**

<https://www.cidrap.umn.edu/hivaids/us-cuts-hiv-programs-sub-saharan-africa-pose-global-risk-experts-say>

**“After HIV antiretroviral therapy (ART) became available in Rakai, Uganda, rates of orphanhood due to HIV/AIDS dropped 70%, from 21.5% in 2003 to 6.3% in 2022, highlighting the importance of continued US funding from the President's Emergency Plan for AIDS Relief (PEPFAR) and similar organizations in sub-Saharan Africa. An estimated 10.3 million children in sub-Saharan Africa have lost a parent to HIV-related causes, making up 75% of such orphans in the world, said the Columbia University-led authors of the Uganda study, published last week in *The Lancet Global Health*. And cuts to PEPFAR and other HIV/AIDS programs by the US government could lead another 2.8 million children to lose their parents to the virus.....”**

"In Africa, an estimated 387,000 people died of AIDS-related conditions in 2024, according to the Joint United Nations Programme on HIV/AIDS ([UNAIDS](#)). This is just one example of the potentially deep and wide-ranging detriments that slashing US aid to not only Africans but infected and at-risk people around the world, HIV experts warn. ... ... the repercussions won't be confined to Africa. Countries such as the United States, which has already seen cuts to the sexually transmitted infections division at the Centers for Disease Control and Prevention (CDC), may see higher rates of HIV as a result of more cases in Africa. "An estimated 30 million people on the African continent are living with HIV, and of course, Africa is not sealed off from the rest of the world," Titanji said...."

### Scienceshots – How to cool down African homes—and keep mosquitoes out

<https://www.science.org/content/article/how-cool-down-african-homes-and-keep-mosquitoes-out>

"Painting roofs white and adding screens to doors and windows is a low-cost way to increase comfort and curb malaria risk."

"Combining two simple interventions can help cool down homes in rural Africa and keep mosquitoes at bay, a [study published](#) last week in ***Nature Medicine*** shows...."

### Guardian – Cloth wraps treated with 'dirt cheap' insecticide cut malaria cases in babies

<https://www.theguardian.com/global-development/2026/jan/16/cloth-wraps-treated-with-insecticide-cut-malaria-cases-in-babies>

"Soaking fabrics in a commonly used insect repellent is a simple and effective tool as mosquito bites become more common during daytime, [study shows](#)."

### Lancet HIV - Identifying priority populations for HIV interventions using acquisition and transmission indicators: a combined analysis of 15 mathematical models from ten African countries

<https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018%2825%2900199-7/fulltext>

By Romain Silhol et al.

## AMR

### Lancet World Report - Research focus: the Fleming Initiative

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00087-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00087-5/fulltext)

"A collaboration based at Imperial College London aims to find multidisciplinary solutions to the growing health issue of antimicrobial resistance. Sharmila Devi reports."

## NCDs

### WHO Bulletin – Population changes and demographic dividends

David Bloom et al ; [https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.295004.pdf?sfvrsn=4af94d89\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.295004.pdf?sfvrsn=4af94d89_3)

(early online, probably part of an upcoming PMAC related supplement) “....**Demographic shifts have powerful implications for health systems, social and political stability, and economic well-being.** Some of these shifts could slow economic progress, while others create opportunities for fostering economic growth, reducing poverty and increasing wellbeing. **A comprehensive and integrated strategy of behavioural and infrastructure changes, technological innovations, institutional changes and policy advancements can mitigate adverse impacts of demographic shifts and enhance beneficial impacts....**”

### The Conversation - High cholesterol and insulin resistance are rising among young South Africans – what that means for public health

T T Sigudu; <https://theconversation.com/high-cholesterol-and-insulin-resistance-are-rising-among-young-south-africans-what-that-means-for-public-health-269364>

« In a small mining town in South Africa’s Limpopo province, **young people are showing worrying signs of diseases that were once thought to affect only older adults. These include type 2 diabetes, high blood pressure, high cholesterol, obesity and insulin resistance.** This is not unique to Limpopo or South Africa. It reflects a global trend, where young adults in many low- and middle-income countries are increasingly experiencing early-onset metabolic diseases due to rapid urbanisation, lifestyle changes, unhealthy diets and reduced physical activity....”

### Global Health Action - How is goal setting used in interventions for chronic disease prevention and management in sub-Saharan Africa? A systematic review and narrative synthesis

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2608423?src=>

By Cathryn Pinto et al.

### Guardian - Five minutes more exercise and 30 minutes less sitting could help millions live longer

<https://www.theguardian.com/society/2026/jan/13/five-minutes-exercise-30-minutes-less-sitting-millions-live-longer>

“Research finds minor changes in physical activity could hugely reduce number of premature deaths.”

- See the Lancet - [Deaths potentially averted by small changes in physical activity and sedentary time: an individual participant data meta-analysis of prospective cohort studies](#)

## Social & commercial determinants of health

**The Journal of Climate Change & Health - Safeguarding governance and advancing policy at the nexus of climate and health: a commercial determinants of health perspective**

Daniel Hunt & Britta K Matthes;

<https://www.sciencedirect.com/science/article/pii/S2667278225001099>

**“Climate change is destabilizing systems of governance for health and health equity. Commercial actors misaligned with health can cause or exploit this destabilization. Destabilized governance is relevant to commercial determinants of health research. Destabilized governance warrants more attention in health and climate policymaking. Public policy responses should prioritize commercial and wider determinants of health.”**

### BMJ GH - The global health case report

T Patel et al; <https://gh.bmj.com/content/11/1/e021672>

**“Global health case reports published by BMJ Case Reports analyse the social determinants of health (the causes of the causes of disease in individual patients). Analysis of global health problems requires extensive research of not simply medical literature, but public health, epidemiology, anthropology, economic and sociopolitical literature. The analysis of global health problems through the lens of the care of individual patients gives us insight into the reality of living and working conditions that contribute to ill-health and the extent to which people are able to access health and social care. The global health case report may serve as a useful resource for advocacy in global health: better living and working conditions; improvements in the social determinants of health; improved access to healthcare; and improved resourcing of health and social care.”**

## Sexual & Reproductive health rights

**Devex (Opinion) - How can we tackle menstrual discrimination? Put dignity at the center**

By Shamila Bhandari et al; <https://www.devex.com/news/how-can-we-tackle-menstrual-discrimination-put-dignity-at-the-center-111641>

**“Existing global efforts to tackle menstrual discrimination have predominantly focused on menstrual hygiene, rather than taking a holistic approach that integrates menstrual health and dignity into broader social, economic, human rights and health dialogues.”**

## Neonatal and child health

Plos Med - Distribution of capsule and O types in *Klebsiella pneumoniae* causing neonatal sepsis in Africa and South Asia: A meta-analysis of genome-predicted serotype prevalence to inform potential vaccine coverage

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004879>

By Thomas D. Stanton et al.

## Access to medicines & health technology

HPW - Most Vaccine Hesitancy can be Successfully Overcome, New Lancet Study Finds

<https://healthpolicy-watch.news/vaccine-hesitancy-temporary-for-majority/>

“Fears over the side effects of COVID-19 jabs, which led to initial vaccine hesitancy, mostly gave way to acceptance in the course of the pandemic, with only a small minority remaining unvaccinated due to deep-seated mistrust, a new major study published in *The Lancet* finds.”

“For the first time, the study [“Profiling vaccine attitudes and subsequent uptake in 1.1 million people in England”](#) compared attitudes towards vaccinations with actual vaccination behaviour on a large scale. Based on the findings, health policy experts call for evidence-based, group-specific and long-term communicative approaches to counter vaccine hesitancy. “

“Many of the initially hesitant individuals chose a wait-and-see approach. They were driven by concerns over side effects and efficacy, but eventually opted for the jab as [real-world evidence of safety and efficacy](#) grew. The benefit of vaccination was recognised by the majority of those initially hesitant, mainly due to public health communication, community outreach and vaccine rollout itself. “Our findings suggest that most COVID-19 vaccine hesitancy was rooted in concrete concerns that can be addressed and successfully overcome with time and increasing availability of information,” according to the principal authors, Paul Elliott, who is Chair in Epidemiology and Public Health Medicine at the Imperial College in London, and Marc Chadeau-Hyam, Professor of Computational Epidemiology and Biostatistics....”

Washington Post- These are the treatments dominating the business of living longer

<https://www.washingtonpost.com/health/2026/01/12/longevity-maha-antiaging-health-rfk/>

“The big money, big promises and uncertain evidence behind the booming longevity business.”

“... Global investment in longevity companies surged to \$8.49 billion in 2024, a 220 percent increase from the previous year, according to industry analysts at Longevity.Technology. Much of

that investment was centered in the United States, analysts say. **The longevity and preventive wellness market** — defined as the money customers spend on products, services and technologies aimed at extending their lives and enhancing their health — **is expected to explode globally from \$784.9 billion in 2024 to \$1.9 trillion by 2034**, according to MarketResearch.com....”

“...Momentum around the industry hit a tipping point last year, as powerful allies of the industry ascended into the federal government. Health Secretary Robert F. Kennedy Jr., a longevity enthusiast himself, has described his own antiaging routines that include a “fistful” of vitamins, testosterone and a stem cell treatment he once received in Antigua. ....”

### Cidrap News -CEPI announces funding for Rift Valley fever vaccine

<https://www.cidrap.umn.edu/rift-valley-fever/cepi-announces-funding-rift-valley-fever-vaccine>

“**The Coalition for Epidemic Preparedness Innovations (CEPI) announced earlier today that the University of Oxford has entered a licensing arrangement with the Serum Institute of India (SII) to create the largest-ever reserve of an investigational Rift Valley fever vaccine ready for testing.** **Under the agreement,** CEPI said, SII will manufacture up to 100,000 doses of Oxford’s investigational vaccine candidate, ChAdOx1 RVF. The first 10,000 doses will be used in a potential upcoming clinical trial assessing the safety and immunogenicity of the vaccine candidate in outbreak-affected areas....”

### Cidrap News - GARDP, Debiopharm to collaborate on new gonorrhea antibiotic

<https://www.cidrap.umn.edu/gonorrhea/gardp-debiopharm-collaborate-new-gonorrhea-antibiotic>

“**The Global Antibiotic Research & Development Partnership (GARDP) and Swiss biopharmaceutical company Debiopharm today announced a collaboration on a novel antibiotic targeting gonorrhea.** Under the collaboration and license agreement, **GARDP and Debiopharm will jointly develop Debio1453, a first-in-class antibiotic candidate that targets an enzyme that's essential for the growth of *Neisseria gonorrhoeae* and has shown potent clinical activity against the bacterium in preclinical studies, including multidrug-resistant strains....”**

### WHO Bulletin – Medicines for treatment of older people in guidelines and essential medicines lists, WHO African Region

K Wei Foon et al. [https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294289.pdf?sfvrsn=45e8483\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294289.pdf?sfvrsn=45e8483_3)

Among the conclusions: “....Countries in the African Region with a higher proportion of people older than 65 years were more likely to include geriatric medicine content in their standard treatment guidelines and essential medicines lists.”

### Reuters - Indian hospital chain Narayana Health eyes international expansion

Reuters:

“**India's Narayana Hrudayalaya plans to expand into select Western markets, exporting its low-cost healthcare model as it continues to scale operations at home, a senior executive said....”**

## Human resources for health

**WHO - Integrating community health workers into health systems: a step-by-step policy implementation guide**

<https://www.who.int/publications/i/item/9789240110298>

**“This guide presents steps that policy-makers, planners, managers and their partners should undertake when considering a national or subnational policy initiative to integrate community health workers (CHWs) into health systems.** The guide integrates and complements WHO’s prior body of work with the aim of provide a sequencing and prioritization of policy actions, including: assessment, stakeholder analysis, determining the governance structure, the objective, the financing mechanisms, the design, including flexibility in emergency contexts, monitoring and evaluation of CHW integration.”

## Decolonize Global Health

**Review of International Political Economy - The extractive foundations of Bretton Woods: gold, apartheid, and the racial politics of monetary order**

Jeremy Green; <https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2594477?src=>

**“This article revisits gold’s role within Bretton Woods**, contributing to recent efforts to develop a more global and thematically inclusive international political economy (IPE). **Challenging dominant representations of the gold issue, I foreground Bretton Woods’ hidden extractive foundations through a focus on the racial politics of South African gold mining....** I argue that the relationship between international liquidity, monetary stability, and economic expansion under Bretton Woods pivoted on gold supply from Apartheid South Africa, threading colonial continuities of racial extractivism through postwar monetary order. South African gold’s importance to international monetary stability rose in tandem with the racial brutality of Apartheid during the 1960s, transforming the extractivist foundations of gold supply from a naturalized background condition to a central concern linking the politics of international monetary stability and racial equality. I develop the concept of the ‘monetary color line’ to trace how extractive, racial, and monetary hierarchies intersected under Bretton Woods. ...”

**Telegraph - Amazon healthcare delves deep into the jungle’s ‘medicine cabinet’**

<https://www.telegraph.co.uk/global-health/science-and-disease/amazon-healthcare-delves-deep-into-jungles-medicine-cabinet/>

“Long dismissed as superstitious mumbo-jumbo, attitudes are changing about the medical efficacy of indigenous healing practices.”

## Miscellaneous

### World Bank (paper) - African Trade and Investment for Global Resilience : The Mattei Lecture at the World Bank's 2025 Africa Growth and Opportunity—Research in Action (AGORA) Conference

Okonjo-Iweala, Ngozi; <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099842001132634461>

**"This paper, based on the Mattei Lecture that the author delivered at the 2025 Africa Growth and Opportunity—Research in Action Conference, argues that Africa can anchor a new model of growth—and bolster global resilience—by shifting from commodity dependence to value-added production and deeper integration into trade and investment networks. .... The paper advances a two-track agenda: (i) reforming the global trading system, including World Trade Organization modernization and investment facilitation, to restore predictability and openness; and (ii) accelerating African reforms to implement the African Continental Free Trade Area, reduce intra-African trade frictions, and attract efficiency-seeking foreign direct investment into manufacturing, services, and “industries without smokestacks.” Leveraging Africa’s megatrends—demographic dynamism, rising middle classes, and mineral and arable endowments—and “green comparative advantage,” the paper highlights opportunities to locate energy-intensive activities where renewable resources are abundant, closing gaps in clean energy investment.... A pragmatic, delivery-focused partnership—particularly with Europe, via a modernized “Mattei formula”—is proposed to de-risk investment and prioritize timely, transformative infrastructure, yielding shared gains in growth, jobs, and supply chain diversification."**

## Papers & reports

### Lancet Editorial – The rise of China's research: a global opportunity

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00084-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00084-X/fulltext)

That's exactly right.

### SS&M - The impact of incarceration on health: A global systematic review

<https://www.sciencedirect.com/science/article/abs/pii/S0277953626000213>

by L A Pearce.

### Cochrane Evidence Synthesis and Methods – “Interest-holders”: A new term to replace “stakeholders” in the context of health research and policy

Elie A. Akl et al; <https://onlinelibrary.wiley.com/doi/10.1002/cesm.70007>

From Oct 2024. **First in a series of seven papers** by the MuSE Consortium (formerly the Multi-Stakeholder Engagement Consortium) **on the topic of interest-holder engagement in evidence synthesis.**

“This **first paper** introduces the term “**interest-holder**.” ... ... We define “**interest-holders**” as groups with legitimate interests in the health issue under consideration. The interests arise and draw their legitimacy from the fact that people from these groups are responsible for or affected by health-related decisions that can be informed by research evidence....”

## **WHO Bulletin - Towards a shared vision for research on evidence-informed policy-making**

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294211.pdf?sfvrsn=3f5efd23\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294211.pdf?sfvrsn=3f5efd23_3)

By B Kolt et al. Among others with an update on the ‘**Global Coalition for Evidence**’.

## **Lancet Regional Health (Western Pacific) – Social prescribing in the Western Pacific region**

<https://www.thelancet.com/series-do/social-prescribing>

“**Social prescribing is an approach that connects individuals to community support and services to improve health and well-being. The Series on social prescribing in the Western Pacific region** features four papers from regional experts, highlighting available evidence on social prescribing models and offering perspectives on adapting these approaches to meet the region’s diverse health needs. The Series also explores the impact of traditional arts and events on mental and social well-being, and proposes a stage-sensitive evaluation framework to guide the implementation and scaling of social prescribing in the region. The final paper presents a community-led social prescribing model from the Lao People’s Democratic Republic.”

## **Tweets (via X & Bluesky)**

### **Kalypso Chalkidou**

“As for a possible merger between The Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Gavi — which Nishtar said is the “most popular question” she’s often asked — “anything is theoretically possible.””

### **Matthew Kavanagh**

“**Congress has actually never been supportive of the Trump cuts to global health.** Here they are doubling-down. These are not a foregone conclusion. **The real story is struggle between branches of USG not the death of global health.** “

### **Adam Johnson**

**"five essays, 3000+ words in the NYT on how the "rules-based order" is collapsing and not one mention of Gaza.** Guess the plan from the Liberal Rules Based Order set is to keep acting like there wasn't a genocide and still isn't one on-going...."

### **Justice Nonvignon**

(referring to a [World Bank blog](#) from early December)

"Between 2022 and 2024, about \$741 billion more flowed out of developing economies in debt repayments and interest than flowed in through new financing. This was the largest debt-related outflow in more than 50 years." **The debt situation of LMICs is getting more complex, sacrificing investments in critical social services like health and education.** How can an unhealthy future population produce to repay the debts of their forefathers, if we do not invest in health today?

### **Katri Bertram**

**"As the development sector discusses the post-2030 agenda, the world isn't sure it will get to the end of 2026. #disconnect #dissonance"**