

IHP news 864 : Tailoring IHP to your interests & available time

(30 January 2026)

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

Dear Colleagues,

We're a few weeks into 2026, and with a somewhat revamped newsletter (*thanks to my colleagues from Communications*), we think this is a good time to draw your attention again to **how you can make best use of this newsletter & knowledge management tool**. Also with a view on the new subscribers.

True, as IHP aims for (some) comprehensiveness, this will never be the most flashy knowledge management tool - also because our pockets aren't as deep as Bill's or Elon's (and so our team has its constraints) :) We didn't change the ["double" structure](#) of the newsletter, but some of the changes should make navigation a bit easier. Over the past few weeks, we already experimented with a few, as you might have noticed, eg. '**Structure of Highlights**' (which comes right after the Feat article section, and gives you an idea on the main content). Links in the Table of Contents in the intro should also work now.

The **Highlights section** (*which you find after the introduction & Feat article*) remains a **curated compilation** of the key global health policy/governance/events of the week, as well as some high-profile reports and publications. The idea is that ideally, **if you have some time, you scan this section**. Later on, you can then still read some publications and news more in detail if you want. In our view, the 'Highlights section' is the **"weekly stop"**. Arguably, even scanning it takes a bit of time:).

The **extra sections**, on the other hand, are only relevant if you're interested in these specific areas, and mostly contain extra (peer reviewed) papers. Regular readers will have noticed that in some global health areas, this extra section is more comprehensive than in others (*after all, we're human*).

At the top of this email, in addition to the **pdf-version** of the newsletter, you normally also find **translations in French, Spanish, Portuguese** (*still considering hindi & Chinese ...*).

Importantly, as we realize that some of you have very little time, since a few months we also offer a **short (4-page) AI summary of the Highlights section, plus 20-30 key reads of the week**, selected by AI in the HL section (**& respective URL links**). Of course, such an AI summary can never substitute for the 'full experience' (*ahum*), and the selection certainly has its limits, being largely AI-driven, but if you want to have some idea on the main global health policy headlines of the week in 10-15 minutes, then perhaps this option is for you. **#workinprogress** (*you also find the AI summary at the top of this email*)

In addition, the weekly newsletter is also **published on the IHP website:**

<https://www.internationalhealthpolicies.org/newsletter/> (whether you need VPN or not :)
#tailoringIHPtoyourpoliticalregime)

Finally, if you think this weekly newsletter is a good resource, **we hope you recommend it to your colleagues and friends. They can self-subscribe [here](#).** Would be much appreciated!

Enjoy your reading.

Kristof Decoster

Featured Articles

A good world to live in for all

Jan Boeynaems (ITM)

At the start of my work for development, humanitarian NGOs (and today in academia), I studied and lived the post-colonial beliefs on development. After graduating as an economist in 1987, I began working in the Democratic Republic of Congo, then called Zaïre, in a large-scale project covering healthcare, road construction, water and sanitation, education, and agricultural production. It was kind of a “state within the state”. In those times, development led by national states, or even the military, often resulted in “white elephants” and widespread (inter)national corruption. This was followed by a shift towards the ‘trade, not aid’ agenda and structural adjustment programmes led by the World Bank and IMF. These often had a devastating effect on the public sector and access to healthcare in general in the poorest countries.

During the nineties, international NGOs took a prominent place, both the ‘structural development’ focused NGOs and the providers of humanitarian aid. Fortunately, the initial mistrust between both ebbed away over time, and the “local NGOs” in LMICs became gradually more important. They taught us to respect indigenous movements and to be culturally aware in our relationships. I’m happy to have contributed to the fair trade and alternative funding movements, which I consider to be sustainable initiatives.

When I joined MSF in 2003, I experienced a shift from apparently easy to understand conflict settings, to more complex ones involving many opposing players with unclear agendas....

- Do read the full article on IHP: [A good world to live in for all](#)

Immigration Enforcement in Minnesota: Not Just a Political, also a Public Health Crisis

[Lucia Vitale](#) (*interdisciplinary global health scholar & political scientist who studies health care access in border spaces; PhD Candidate at the University of California, Santa Cruz; a Minnesotan (born and raised)*).

What does a public health crisis look like when it is produced by state power rather than by disease in the U.S. context? [Global health scholars have grappled with this question](#) ever since the police murder of Minnesotan George Floyd in 2020, and the subsequent turn toward [naming racism as a public health crisis](#). During the Biden administration, the U.S. Congress formalized this framing with its 2024 Resolution [Declaring racism a public health crisis](#), which defined such conditions as ongoing, unequally distributed, preventable, and sustained by the absence of adequate protective measures. Recent immigration enforcement activities in Minnesota, which include the deployment of an estimated 3,000 federal immigration officers, meet each of these criteria. Just two years after the 2024 Resolution, and now under a different administration, intensified federal immigration operations in Minnesota known as “Operation Metro Surge” are giving concrete form to the conditions Congress identified as constitutive of a public health crisis, manifested through deteriorating access to health care, widespread psychological distress, and the displacement of protective responsibilities from the state onto communities themselves....

- Do read on: IHP - [Immigration Enforcement in Minnesota: Not Just a Political, also a Public Health Crisis](#)

Highlights of the week

Structure of the Highlights section

- Run-up to the 158th WHO Executive Board meeting (Geneva)
- Bilateral health agreements US-African countries & US Global Health strategy
- Reform & Reimagining of global health/international cooperation/...
- Debt & debt reform
- US leaves WHO (+ analysis)
- More on Global Health Governance & Financing/Funding
- PPPR & GHS
- Polio
- Trump 2.0
- UHC & PHC
- SRHR
- Conflict/War/Genocide & health
- Im(migration) & health
- Planetary Health
- Access to medicines, vaccines & other health technologies

- Governance for health in a turbulent world: introducing a new Lancet Commission
- Some more reports, guidelines & papers of the week
- Miscellaneous

Run-up to the 158th WHO Executive Board meeting (2-7 Feb, Geneva)

About to start now. This week, the **43rd meeting of the Programme, Budget and Administration Committee of the Executive Board** already took place (28-29 Jan).

- **Main documents re EB meeting:** https://apps.who.int/gb/e/e_eb158.html
- Via [WHO](#): **On the agenda:** “This EB session includes discussions on WHO governance reform; the financing and implementation of the Programme Budget; updates on human resources, including the prioritization and realignment process in 2025; reform of the global health architecture and the UN80 initiative; notifications by two Member States of their intention to withdraw from the Organization; and draft resolutions and decisions proposed by Member States. The Board will also hear reports of the Director-General on WHO’s work in health emergencies, including on the response in 2025 to 43 health emergencies across 74 countries and territories; health conditions in the occupied Palestinian territory, including east Jerusalem; and WHO’s support to the health sector in Ukraine. Reports on the prevention and control of non-communicable diseases, mental health, communicable diseases, universal health coverage, primary health care, substandard and falsified medical products, antimicrobial resistance, and digital health, among others, will also be on the agenda.”

WHO Director-General's opening remarks at the 43rd meeting of the Programme, Budget and Administration Committee of the Executive Board – 28 January 2026

[WHO](#)

Quote by Tedros “...Thanks to the increase in assessed contributions, the Investment Round, the hard work of our teams and the generosity of Member States and other donors, **we have now mobilized 85 percent of the resources we need for the base budget this biennium.**”

PS: But on WHO’s funding situation, you find a lot more detail in Harmer’s recent blog: [Everything starts with an E...B158](#)

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

[Geneva Health Files](#)

Primer. “First published on January 21, 2026, this **edition has been updated with information around developments of the U.S. withdrawal from WHO, and information on governance reform.**”

Lancet World Report - Top WHO bodies to examine terms of US withdrawal

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00194-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00194-7/fulltext)

“The USA has outstanding payments due to WHO, which complicates the terms of its withdrawal. John Zarocostas reports.”

“WHO's Executive Board is set to examine the USA's notification of withdrawal from WHO and the legal and financial ramifications raised by the decision....”

With among others a good quote from **James Love**: “...“Trump does not feel bound by any treaties or international norms at this point, and the WHO really has no power to make the US pay its dues...A future President and Congress may reverse his actions, so the outstanding financial liabilities will not be completely irrelevant.””

BMJ – Europe has greater responsibility in the WHO without the United States

I Kickbusch; <https://www.bmj.com/content/392/bmj.s182>

“The US’s withdrawal from WHO makes Europe the system stabiliser in global health multilateralism, writes **Ilona Kickbusch**.”

Interesting read, even though I have my own idea on what it would take for the EU to be really a ‘systems stabiliser’

Bilateral health agreements US-African countries & US Global Health strategy

Zambia US Talks Tie Medical Aid to Mining

<https://www.lusakatimes.com/2026/01/25/zambia-us-talks-tie-medical-aid-to-mining/>

“Zambia is nearing the signing of a confidential memorandum of understanding with the United States that would link health sector support to expanded access for American interests in the country’s mineral resources, including copper, gold, and cobalt.”

“The draft agreement, referred to in official circles as **the Zambia US Health Deal**, is expected to formalise a long term health financing framework while opening pathways for greater American participation in Zambia’s extractive industries. The arrangement has not yet been confirmed publicly by the government, and key elements remain undisclosed. **Information drawn from the draft indicates that the agreement connects pledged United States health assistance to preferential access for American public and private entities in Zambia’s mining sector. Negotiations over mineral access appear to have shaped the structure of the health package, with economic cooperation positioned as a central pillar of the partnership....”**

Lancet World Report – Fears that US global health deals harm reproductive health

A Green; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00195-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00195-9/fulltext)

“Countries have begun to sign new bilateral agreements with the USA on global health, but advocates warn of the harm they may do to maternal and child health. Andrew Green reports.”
Wide-ranging analysis.

Sovereignty Under Constraint: Beyond the Binary of Subordination and African Agency

E S Koum Besson; <https://www.linkedin.com/pulse/sovereignty-under-constraint-beyond-binary-african-koum-besson-gre7e/>

Also relating to the bilateral health agreements. “.... Carney’s sentences [at the World Economic Forum] pushed me to **think of sovereignty not as a binary, but as a spectrum**. Along that spectrum: Some states can refuse outright; Others can delay, renegotiate, or selectively comply; Others can only refuse at the risk of severe disruption or collapse. It can also be a mix of these....”

Emily Bass (on Substack) - The sorry fate of primary prevention in America's global HIV plans

[Emily Bass](#);

“A lone mention of PrEP amidst thousands of words speaks volumes.”

Ken Opalo (on Substack) – The international development community isn’t adapting fast enough to official aid cuts. That’s a big problem.

[Africanist Perspective](#);

“On the urgent need for a pivot to spending more time trying to supporting specific countries interested in boosting their state capacity; and catalyzing commercial revolutions in low-income countries.”

In the first part, Opalo also assesses the relative merits of the new US GH strategy (including from the above angle).

In the second part, he moves to **the future**.

“The problem we are trying to solve for is *how to deliver development aid and humanitarian assistance in a manner that helps countries along in their journeys towards structure economic change; and which does not entrench aid dependency*.Reorienting the aid industry to reduce dependency and contribute towards structural economic change in aid-recipient countries **will require a conceptual leap**. The starting point should be to understand the role of aid in the process of national development.”

Climate Change News - Africa urged to unite on minerals as US strikes bilateral deals

<https://www.climatechangenews.com/2026/01/23/africa-urged-to-unite-on-minerals-as-us-strikes-bilateral-deals/>

“In the race for minerals critical for clean energy technologies, experts at the World Economic Forum said **African nations should coordinate negotiations with trade partners.**”

“The individual approach taken by several African countries in negotiating minerals deals with Washington is not in the best interest of the continent, which would benefit from adopting a more **united front**, a senior trade official told the World Economic Forum in Davos this week. At a panel on how Africa can prosper in the “new economy”, **Wamkele Mene, secretary-general of the African Continental Free Trade Area Secretariat**, said African nations risk missing out on the opportunities offered by the global race for critical minerals if they do not coordinate their approach.... **He said the African Union (AU) has adopted a continental strategy for critical minerals** – which are essential for electrification and the clean energy transition – **but deals are still being done separately. ...**”

- Related: the Conversation - [Africa’s critical minerals are a huge economic opportunity: G20 framework sets out ways to seize it](#) (on **G20’s new Critical Minerals Framework**)
- And a link: BMJ Letter - [Health after hegemony: global health in the America First era](#) (by Nelson A Evaborhene)

“America First signals a **broader systemic reordering: centralised coordination gives way to pluralism and strategic competition....**” Seeing potential advantages & risks.

And concluding: “The pandemic did not so much expose novel failures as it repoliticised existing ones. **The challenge therefore is not to restore a depoliticised global order.** That order no longer exists, nor was it desirable, but **ensuring pragmatic, inclusive, and resilient health governance is essential.** In this regard, **regional institutions must be recognised as legitimate partners; financing should reinforce autonomy and sustainability; and sovereignty should be understood as a collective endeavour.....**”

Reform & Reimagining of global health/international cooperation/ ...

Devex – Next steps for the Accra Reset announced at Davos

<https://www.devex.com/news/next-steps-for-the-accra-reset-announced-at-davos-111745>

Must-read. “ **At the World Economic Forum** on Thursday, **Ghanaian President John Dramani Mahama announced the launch of a global secretariat, a high-level panel on global health reform, and a “Guardians’ Circle” of supporters** — a group of former prime ministers and presidents described as the “moral stewards” of the movement..... **Mahama also outlined plans to move**

billions of dollars of African money from investments abroad back onto the continent to help pay for the movement's ambitions....”

“... To date, Ghana, Nigeria, Egypt, Kenya, Mauritius, Togo, the Democratic Republic of Congo, Brazil, and Barbados have joined the effort, according to a spokesperson from the Guardians’ Circle. Several other countries are in the process of membership, and additional nations will be announced at the African Union Summit next month.....”

“The initial phase of the Accra Reset is intended to focus on global health — a response to foreign assistance for the sector [falling by 21%](#) between 2024 and 2025. Through the **newly created High-Level Panel on the Reform of the Global Health Architecture and its Governance**, four co-chairs and a technical secretariat will explore ways to link health commodities and technologies with domestic and regional production, work that will continue until 2027. That **panel will be co-chaired by Peter Piot, a professor, microbiologist, and founding executive director of [UNAIDS](#); Elhadj As Sy, the board chair of the Kofi Annan Foundation; Budi Gunadi Sadikin, Indonesia’s minister for health; and Nisia Trindade Lima, the former minister of health in Brazil. Ghana will host a technical secretariat for the work alongside a “Global North partner,”** though that nation has yet to be announced.....”

“...One way of doing that is through a “sovereign prosperity spheres platform,” Mahama explained, which will **attempt to create linkages between Africa’s sovereign wealth funds** — government-owned investment vehicles that use surplus revenue to grow countries’ wealth — and **development aims**. There are currently 36 sovereign wealth funds and 16 public pension funds on the African continent, [according to the latest data](#) from the U.N. Trade and Development agency — and cumulatively, they manage assets of more than \$400 billion. By **linking those funds with the aims of the Accra Reset, the member countries hope to invest money into regional health manufacturing, critical minerals processing, bioinnovation value chains, and cross-border market integration in both the Great Lakes and Nile Basin regions.**”

PS: “While health is the first priority for the Accra Reset, it’s not the last, said Mahama. At Davos, the president outlined **several other initiatives the group is steering toward, including a so-called South-South Policy Exchange between Accra Reset countries, India, Indonesia, South Korea, and Singapore.** The policy exchange in India will focus on manufacturing, technology and “long-term value creation...”

“... All of those commitments, Mahama said, are **part of the “Belvédère Commitments”** — and at the African Union summit next month, the team will seek formal political endorsement.....”

“**The Guardians’ Circle:** All of that work will be buoyed by 13 presidents, prime ministers, and key political leaders, including New Zealand’s Helen Clark. The former [United Nations Development Programme](#) chief is one of a dozen former heads of state that have joined the ranks of the Guardians’ Circle, along with former chair of the [African Union Commission](#), Nkosazana Dlamini-Zuma....”

““The Accra Reset is no longer an idea,” Mahama said. “It is now a sovereignty movement.”

Devex – re an update on the Future of Development Cooperation Coalition

[Devex](#);

“... It’s not just the Accra Reset trying to change the development world. On Wednesday, **Arancha González Laya**, the former foreign minister of Spain, and **Yemi Osinbajo**, the former vice president of Nigeria, were **named cochairs of the Future of Development Cooperation Coalition** — and now, they’re **tasked with reimagining the sector** in its most fragile moment. “The future of development cooperation is about resetting **what development cooperation can be in the age of geopolitical power games**,” González told Devex President and Editor-in-Chief Raj Kumar on Thursday. **“Development is another frontier of this geopolitical rivalry.”**

“Over the coming year, the coalition will engage with governments, international institutions, private sector groups, and civil society to plot a path forward for the sector. It will analyze what worked, what hasn’t, and what needs to change about global development, **ultimately publishing a set of recommendations by October 2026....**”

ODI (Expert Comment) - Global development is lost in the fog. But it can adopt a new compass

Mark Malloch-Brown, Sara Pantuliano, Bright Simons; <https://odi.org/en/insights/global-development-is-lost-in-the-fog-but-it-can-adopt-a-new-compass/>

“None dispute that we stand at a precipice in the history of human cooperation. **The post-war, post-colonial architecture of international aid is not merely cracking; in many places, it has already collapsed.** the question facing **the World Economic Forum’s Global Future Council (GFC) on Reimagining Aid** is not how to patch the holes in the old, leaking ship, but how to navigate entirely new waters. **Can we assemble a new set of principles and concepts for new, reimagined forms of international cooperation? Can we define a new compass to help guide us? ...**”

“...principles alone are not enough. We see **four tangible “enablers”** that will drive the shift we need: **Radical finance:** Moving from grant dependency to diverse financial tools (guarantees, insurance, blended capital). **Human-centred technology:** Leveraging AI and digital infrastructure to lower the cost of delivery and democratization by “rewiring the baseline” of performance. **System design:** Shifting from rigid hierarchies to networked ecosystems. **People power:** Institutional rebalancing that places Global South leaders in the driver’s seat.”

“...**We have identified five key archetypes**, analyzed their responses to the current crisis, and mapped how they need to change if we are to move to a new model of international cooperation....”

Science Politics - The End of the Donor-Driven Era

Tom Frieden; <https://sciencepolitics.org/2026/01/23/the-end-of-the-donor-driven-era/>

Frieden **envisions a new era of global health that focuses on minimizing deaths among people under 70 and creating practical health systems that succeed at scale.**

“To move from external primacy to productive interdependence, we must recognize that **global health is not a zero-sum game but a win-win for the world.** Nations may compete economically, but health is a unique arena where the success of one benefits all. In the progression of development, we move from dependence to independence, and finally to interdependence — countries do not just help one another out of obligation but because our collective health is inextricably linked. **Productive interdependence** is the recognition that when one nation successfully stops an epidemic

or innovates a better way to protect or improve health, every other nation becomes safer and stronger. **Productive independence requires four disciplined steps.....**"

Including: **"Making Primary Care Primary:** For nearly fifty years, since the Alma-Ata conference of 1978 that established primary health care as the essential foundation for global health, we have called for better primary health care and largely failed to deliver it. To change this dynamic, primary care must actually be primary. ..."

PS: "... **The success of the next quarter-century should not be measured by the volume of capital flowing across borders but by whether we greatly reduce deaths of those under 70.** (Doing so will also reduce death and disability at all ages.)..."

Science Politics - The Rupture in Global Health Is a Warning

M Kavanagh; <https://sciencepolitics.org/2026/01/26/the-rupture-in-global-health-is-a-warning/>

"The old model is not coming back. The world must build something new, rooted in equity, solidarity, and shared humanity."

"This moment demands a foreign policy that is not about restoring a shattered agency or reviving institutions from a past era. Instead, we need a new vision capable of responding to and advancing justice and health in a transformed geopolitical environment. **A new vision should start with a recognition that the world's wealthiest countries have an obligation to finance health and wellbeing that does not stop at their borders. ...**"

"... there are existing mechanisms, especially multilateral ones like the Global Fund to Fight AIDS, TB, and Malaria, that have shown they can achieve remarkable health gains with governance rooted in local decision-making. These should be a starting point for global efforts in a new era. We can use some of these as a jumping off point to create institutions capable of meeting the moment. They should start with some key priorities: reducing inequality, providing global public goods, supporting civil societies and communities, and shifting U.S. global economic priorities...."

Concluding: **"The rupture in global health is not just a symptom of shifting geopolitics. It is a warning.** In a world where diseases don't respect borders, where inequalities fuel vulnerabilities, and where cooperation is the only viable defense, **retreating into transactional aid or nostalgia for a bygone order is a luxury we cannot afford.** The world must build something new, rooted in equity, solidarity, and shared humanity."

Geneva Policy Outlook - Global Health Governance as a Three-Body Problem

<https://www.genevapolicyoutlook.ch/global-health-governance-as-a-three-body-problem/>

"As climate, technology, and politics reshape our world, Vinh-Kim Nguyen and Ilona Kickbusch call for a 'three body solution' to govern health in an era defined by constant disruption."

"... Contrary to the many who aim to "simplify" the system and "do more with less," we argue for complexity. We propose to turn to physics for some answers on how to frame and approach the

global health challenge. **The three-body problem in physics** describes the impossibility of finding a general solution for the trajectories of three gravitationally interacting bodies, because their movements create nonlinear, chaotic, and constantly shifting dynamics. **When we apply this metaphor to global health, it can illuminate why governance, cooperation, and outcomes are so difficult to predict or control. The impossibility of predicting future direction and velocity of these interacting bodies is a classic mathematical conundrum that has informed the development of chaos theory. It has been popularised by Liu Cixin in his novel by the same name (made into a popular Netflix series as well as a Chinese Tencent video series)..." " ... We take this metaphor to argue that global health is currently facing a three-body problem. Global health governance and diplomacy must now navigate a gravitational landscape that has resulted from three powerful and distinct emerging gravitational fields – climate, digital, and political, themselves interacting with each other, generating what can only be called radical uncertainty in the years to come. ..."**

Debt & debt reform

Reuters – African nations now send more money to China than they receive

[Reuters](#):

"China shifts from net finance provider to net receiver; Africa sees \$52 billion swing in five-year net finance flows; Multilateral institutions increase global net financing contributions by 124%."

"China's role as a leading financier to developing nations has shifted over the past decade, with new loans to poorer countries falling sharply while debt repayments continue to rise, according to analysis released by ONE Data. The inaugural report by the ONE Data initiative found that many low- and middle-income countries — particularly in Africa — are now transferring more funds to China in debt payments than they receive in fresh financing from the world's second-largest economy."

"The data does not include cuts that took effect in 2025. The closure of the U.S. Agency for International Development last year and a drop in allocations from other developed countries has already hit developing economies, especially in Africa...."

"McNair said the trend was "a net negative" for African nations, as many governments face difficulties funding public services and investment - but would at the same time promote domestic accountability as governments rely less on external financing. The report also highlighted a broader decline in bilateral finance flows and private external debt - also trends likely to be exacerbated by aid cuts from 2025 onwards...."

- For more, see [ONE Data and Rockefeller Foundation to Launch New Development Finance Observatory in 2026](#)

"At a time when international funding to developing countries is in decline, ONE Data announced the "Development Finance Observatory," with US\$4 million total funding from [Google.org](#) and The Rockefeller Foundation, to help maximize the impact of every dollar. This first-of-its-kind, interactive data collaboration launching this year will improve the accessibility of development finance data and reduce data fragmentation, while integrating both financial inflows to and

outflows from developing economies. The platform is being developed with technical infrastructure support from Google's Data Commons and produced by ONE Data.... **Produced by ONE Data, the Observatory will integrate both financial inflows and outflows to developing economies.** Inflows in this analysis include Official Development Assistance (ODA) and new lending to governments — offset by outflows from governments, such as debt servicing.”

Devex - Debt's next test

<https://www.devex.com/news/davos-dispatch-a-blizzard-of-development-news-in-the-alps-111703>

“Two months ago, South Africa’s G20 presidency **unveiled a proposal** to tackle Africa’s growing **debt burden** — one that **called for a “fresh debt-refinancing initiative”** for low-income countries. Now, **that proposal is headed to Addis Ababa**, where it **will be discussed by heads of state at the annual African Union Summit in mid-February**. “Some heads of state have already indicated very large support for it, but it needs to be internalized in their decision-making,” **Trevor Manuel**, South Africa’s former finance minister, tells me. “My hope is that we can then ensure the report can be dealt with country-by-country.” **Manuel served as the cochair of the group that assembled the debt proposal and has taken its work forward in the months since its release.** From creating a borrower’s club to elevate the voice of African nations to selling gold reserves at the **International Monetary Fund**, the proposal has already been endorsed by the African Union chair and Angolan president, João Gonçalves Lourenço....”

PS: RANI’s [Newsletter](#) also zooms in on the upcoming AU summit: **“AU Summit of urgency”**: “... eyes will be on the leaders’ discussions on the **South African G20 presidency’s proposed new debt-refinancing initiative** — including a borrower’s club and sales of IMF-held gold — for LICs as African countries **paid nearly US\$89 billion in debt servicing in 2025....**”

WEF – four takeaways (re Davos)

[WEF](#):

Including: IMF’s “...Georgieva reminded her audience that some developing countries are spending **more on debt repayments than on healthcare and education** - and urged them to restructure debt. **Rebeca Grynspan, Secretary-General of the United Nations Conference on Trade and Development**, said a **public-debt crisis is one of the shocks she fears most** - with developing countries caught between a rock and a hard place on fiscal choices. **"They don't want to default on the debt, but they're defaulting on development."**....”

US leaves WHO (+ analysis)

HPW - Stars and Stripes No Longer Flying at WHO – But US Can't Really Leave Until Dues are Paid, Agency Says

<https://healthpolicy-watch.news/stars-and-stripes-no-longer-flying-at-who-but-us-cant-really-leave-until-dues-are-paid-agency-says/>

From the end of last week. “The United States said Thursday that it had officially completed its withdrawal from the World Health Organization (WHO). But WHO member states are not obliged

to accept the US departure as legally binding until it pays up on some \$260.6 million in dues owed for 2024- and 2025, WHO's Director General [contends in a report to WHO member states](#), published this week. The **report, to be discussed at an upcoming meeting of WHO's Executive Board governing body 2-7 February**, cites a little-known provision of the original Congressional Act ratifying US membership in WHO in 1948, which states: "The United States reserves its right to withdraw from the organization on a one-year notice, provided, however, that the financial obligations of the United States to the organization shall be met in full for the organization's current fiscal year."..."

"Meanwhile, an [angry joint statement](#) by US Health and Human Services Secretary Robert F. Kennedy Jr and US Secretary of State Marco Rubio accused WHO of holding hostage the US flag that has now been removed from its pole outside of WHO's Geneva headquarters until the dues are delivered....."

PS: "A separate statement by the [Department of Health and Human Services \(HHS\)](#), announcing the completion of the year-long withdrawal period on Thursday, focused on WHO's behaviour during the COVID pandemic, charging that late response to the fast-moving virus in the early days of the pandemic had exacerbated the damage done. ..."

PS: "Over the course of the past year, Director General Tedros has launched various appeals both public and behind the scenes to the US to reconsider its action – saying that the withdrawal is a [lose-lose proposition](#)."

WHO statement on notification of withdrawal of the United States

<https://www.who.int/news/item/24-01-2026-who-statement-on-notification-of-withdrawal-of-the-united-states>

Well worth a read.

- Coverage via [UN News – US withdrawal from WHO 'risks global safety', agency says in detailed rebuttal](#)

"The World Health Organization (WHO) has issued a **detailed statement** regretting the United States decision to leave the UN agency, and declaring that it will leave both the US and the world less safe as a result."

Tedros: "...Unfortunately, the reasons cited for the US decision to withdraw from WHO are untrue.... "

Related **tweet K Kupali**: "The @who.int response to the U.S. withdrawal is a masterclass in **diplomacy**: calm, factual, and respectful. It acknowledges the decision while stating plainly that it makes both the U.S. and the world less safe."

HPW - A Flag Recaptured: US Exit from WHO Highlights Anger Over COVID-19 Pandemic

<https://healthpolicy-watch.news/a-flag-recaptured-us-exit-from-who-highlights-anger-over-covid-19-pandemic/>

“A dispute over an American flag has become symbolic of the bitter public dispute between the US and the World Health Organization (WHO) after the US withdrew from the organization on 22 January. In a joint statement by Secretary of State Marco Rubio and Secretary of Health and Human Services Robert F Kennedy Jr on the termination of US membership of the WHO, they accused the organization of keeping the American flag that hung outside its Geneva headquarters captive....” (ahum)

Speaking of Medicine -Trump Didn't Break the Multilateral System. He Exposed Its Fragility

T Cernuschi; <https://speakingofmedicine.plos.org/2026/01/26/trump-didnt-break-the-multilateral-system-he-exposed-its-fragility/>

A few excerpts: « **Trump did not mobilize tens of millions of voters and fans because he misunderstood the world. He mobilized them because the world many of us are defending no longer matches the one people are experiencing.** »

« ...The next step is just as necessary: **as core financing rises, mandates must narrow. WHO — and the UN more broadly — must be brought back to their essentials....”**

« ... When Trump recently announced plans to withdraw the United States from dozens of international bodies, I looked at the list and imagined **readers divided in two: those who had never heard of most of these agencies, and those inside the system who knew them well enough to recognize the overlapping mandates, the institutional duplication, the quiet competition for relevance...**”

« ... **Trump did not break the multilateral system. He exposed the distance between what it says and what it does.** If we want fewer Trumps, we will need fewer illusions — and far more courage about what is no longer working. That work belongs to all of us. »

Governor Newsom meets with World Health Organization Director-General, announces California becomes first state to join WHO-coordinated international network

[California government](#);

“As Trump withdraws the U.S. from the World Health Organization, California has become the first and only state to join a WHO-coordinated global outbreak response network (GOARN) — strengthening rapid detection and response to emerging public health threats.”

Politico - A US return to the World Health Organization could hinge on whether Trump approves of its next leader

<https://www.politico.com/news/2026/01/22/who-world-health-organization-trump-tedros-00740545>

“The disease-fighting alliance will select a new leader next year who could make the case for reuniting.” With some quotes from American experts.

“The Trump administration [wants the global health body to be led by an American](#) director-general and inspector general, according to Larry Gostin, a global health law professor who directs Georgetown University’s O’Neill Institute....”

“... While WHO member countries will elect Tedros’ successor in May 2027, the race is expected to start at the WHO’s general assembly meeting in Geneva in May. Candidates have yet to officially jump into the race, as their governments must nominate them, but **at least two are widely expected to run: Hanan Balkhy, a doctor from Saudi Arabia who leads the WHO’s eastern Mediterranean branch, **and Hans Kluge**, a Belgian doctor who’s the head of the WHO’s Europe branch....”**

TGH - What U.S. Withdrawal From the World Health Organization Means for Africa

Ebere Okereke; <https://www.thinkglobalhealth.org/article/what-u-s-withdrawal-from-the-world-health-organization-means-for-africa>

Must-read. “A Chatham House fellow explains how, from an African perspective, the decision stripped away comforting assumptions about global health cooperation.”

More on Global Health Governance & Financing/Funding

Principles of Meaningful Involvement of Communities and Civil Society in Global Health Governance

<https://governance-principles.org/>

Not sure I already shared this.

“The Principles for the Meaningful Involvement of Communities and Civil Society in Global Health Governance are a best practice guide for all stakeholders in global health. They aim to ensure the expertise and lived experience of civil society and communities is recognised and respected and that their voices and power in decision making processes is formalised to ensure more effective and representative governance structures. ... The institutions these principles focus on are The Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaids, The Global Financing Facility (GFF), Stop TB Partnership, Gavi, the Vaccine Alliance and UNAIDS....”

Global Fund - Saudi Arabia Pledges US\$39 Million to the Global Fund’s Eighth Replenishment, Reinforcing Global Health Leadership

<https://www.theglobalfund.org/en/news/2026/2026-01-28-saudi-arabia-pledges-us39-million-global-fund-eighth-replenishment/>

Whopping contribution.

Globalization & Health - China's global health diplomacy through the World Health Organization: a qualitative study

Z Shang & Y Huang; <https://link.springer.com/article/10.1186/s12992-025-01165-w>

« Existing literature has not yet comprehensively examined the China-WHO relationship in the post-COVID-19 period. This study addresses this gap by providing timely qualitative insights from high-level experts. »

« **...Five key themes emerged:** balancing sovereignty with multilateral cooperation, China's evolving role within WHO, COVID-19 as a relationship downturn, Chinese contributions to the WHO's mission, and U.S. withdrawal from the WHO as a cautious opportunity for China. **The findings reveal China's deliberate positioning within the WHO, emphasizing multilateralism rhetorically while engaging pragmatically through bilateral channels.** While China remains reserved in making larger voluntary contributions, its strategic engagement through assessed contributions, technical expertise, personnel deployment, and bilateral health programs attest to its growing influence. **Importantly, there is consensus that China does not seek explicit dominance within the WHO but aims to position itself more strategically within the evolving global health architecture.** »

« ...The study reveals that while the U.S. withdrawal creates a leadership vacuum, China does not seek to dominate the WHO but rather to enhance its strategic position through pragmatic engagement. Findings underscore the urgent need for WHO reforms in governance, representation, and financing, alongside enhanced transparency and mutual trust between China and the organization. »

Nature Health - African-led health innovation and investment can build a prosperous continent

M Janabi et al; <https://www.nature.com/articles/s44360-026-00058-5>

Re **WHO Afro's agenda** for the coming years. "The World Health Organization (WHO) Regional Office for Africa (of which M. J. is the regional director) envisions a future in which all people across the continent have access to high-quality healthcare, supported by equitable, innovative and sustainable health systems. Realizing this vision demands a clear roadmap — articulated through **ten priorities and their accompanying strategies**, which are elucidated below...."

Devex - Global aid is leaving the poorest behind, new report warns

<https://www.devex.com/news/global-aid-is-leaving-the-poorest-behind-new-report-warns-111742>

"Eurodad argues that technical reforms have diverted official development assistance away from poverty reduction and toward the commercial and political priorities of donor countries."

"... The report, released today, argues that changes to how aid is counted have hollowed out the original purpose of official development assistance, or ODA, which is to support poverty reduction and reduce inequality in the global south. Instead, aid is increasingly delivered as loans rather than grants, spent within donor countries themselves, or used to de-risk private investment — often with little evidence of development impact...."

“Key decisions on what counts as aid were made largely behind closed doors by the OECD’s Development Assistance Committee — a gathering of rich countries — with minimal input from governments in the global south.”

- For more, see [Eurodad: Aid off course - How ODA reform has left the Global South behind](#)

“This report is the first comprehensive civil society examination of how changes to the rules – known as the ‘ODA modernisation’ process – have reshaped international aid. It argues that a genuine overhaul of the aid system must now take place, with Global South countries in the driving seat.”

Devex – One year after US aid freeze, HIV care in Africa is in retreat

A Green; <https://www.devex.com/news/one-year-after-us-aid-freeze-hiv-care-in-africa-is-in-retreat-111693>

“One year after President Donald Trump froze U.S. foreign aid, HIV treatment still exists across much of Africa — but the outreach, prevention, and monitoring systems that sustained it are fraying. The Aid Report traces how those losses are reshaping access to care across Uganda, Zambia, Malawi, and Botswana.”

PS : “This reporting is part of [The Aid Report](#), Devex’s new editorial and data project tracking tracking how U.S. foreign aid cuts are reshaping programs and services on the ground. This editorially independent project is funded by the Gates Foundation.”

Human Rights Watch – Donor Nation Cuts to Global Health Financing Affect Millions

<https://www.hrw.org/news/2026/01/22/donor-nation-cuts-to-global-health-financing-affect-millions>

“Major donor nations dealt a devastating blow to the right to health for millions of people worldwide when they cut support for the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#), Human Rights Watch said today. [Only US\\$11.85 billion](#) has so far been pledged for 2026-2028 of an urgently needed US\$18 billion. All but one of the 10 leading donors reduced their pledges....”

“Human Rights Watch interviewed 47 nongovernmental organization workers, health care outreach workers, and aid recipients affected by recent cuts to global health financing in Indonesia, Laos, and Nepal, focusing specifically on HIV/AIDS prevention and care....”

All Africa - Tanzania: Not Just Statistics - Tanzania Puts Health Progress On the Global Stage

<https://allafrica.com/stories/202601260048.html>

With coverage on the **launch of the Nordic-Africa Health Conference** (in Stockholm).

“The Embassy of Tanzania in Sweden played a pivotal role in coordinating the country's participation in the **launch of the Nordic-Africa Health Conference, held on January 22, 2026, in Stockholm, Sweden**. Bringing together high-level officials, health experts, and international partners, the conference focused on two critical areas of global health: **Maternal and child health and the fight against non-communicable diseases.**”

“... Far away from home, the **Nordic-Africa Health Conference was organised through a collaboration between African Women Ambassadors based in Nordic countries and a wide network of health institutions in the Nordic region and internationally**. Partners included the Maternity Foundation, Dalberg Media, Danish Alliance for Global Health, Global Financing Facility, World Diabetes Foundation, Ferring Pharmaceuticals and Laerdal Global Health. Their combined efforts created a platform not just for dialogue but for actionable collaboration between the Nordic and African health sectors...”

“See also **LinkedIn**: the summit convened health leaders, policymakers, philanthropies, private sector representatives, and diplomats from Africa and the Nordic region **to forge a unified agenda on women's health.** “

Brussels Resilience Forum Inaugural Symposium (4 December 2025) – Outcomes

<https://brusselsresilienceforum.org/wp-content/uploads/BRF-Inaugural-Symposium-Outcomes-Outline.pdf>

3-pager.

“Europe must build people-centred resilience across systems over the course of the coming five years. **In the year ahead, the Brussels Resilience Forum (BRF) will build on the findings of its Inaugural Symposium held on 4 December 2025 to produce a Preparedness Compendium designed to guide policymakers and identify priority investment areas to ensure Europe's resilience to challenges posed by hybrid, biological, chemical, cyber, climate and geopolitical threats.**”

Among the **recommendations** for the Forum's 2026 agenda - **Advocate for whole-of-society preparedness**: Investment in health systems should be recognised as a critical component of European defence strategy...

“...**Advocate for resilience in spending and policies**: A strong, sustained commitment to advocacy ensures that the Forum's findings inform policymaking, creating durable political and institutional support for resilience. Working with our BRF partners through a networked approach, we will help **ensure that preparedness remains a fixture in long-term strategic planning. This will reinforce the value of health, security, and crisis readiness as core components of societal stability...**”

“... **The Brussels Resilience Forum, in partnership with academia, will develop a Preparedness Compendium** to promote multi-stakeholder collaboration and provide guidance for European policymakers and their partners. **The Compendium will build the case of the economic value of funding and policies for health, security, and preparedness and for integrated strategies that address the diverse threats of AMR; biosecurity; pandemic and emerging disease preparedness; cybersecurity; blood product availability; and large-scale combat operations.** Through collaboration with EU and NATO Member States and active participation in leading international fora, **the Brussels Resilience Forum will promote increased action in health, security, and**

resilience. In addition, by engaging with upcoming EU Council Presidencies, the forum will further advance its objectives by supporting Council Conclusions focused on implementing a comprehensive, whole-of-society approach to preparedness”

Devex - Heba Aly on the fight to give two-thirds of the world a seat at the UN

<https://www.devex.com/news/heba-aly-on-the-fight-to-give-two-thirds-of-the-world-a-seat-at-the-un-111769>

“Article 109 Director Heba Aly calls for the U.N. to deliver on its core purpose of maintaining peace and security, and highlights the need for a new global social contract and a more inclusive and effective multilateral system. “

“As the [United Nations](#) marks its 80th anniversary, the call for radical structural change is growing louder. At a recent event held by the United Nations Association of the United Kingdom, or UNA–UK, to commemorate the first session of the U.N. General Assembly, **Heba Aly, director of the Article 109 coalition, made the case for a “fundamental reclamation” of the U.N. Charter — the organization’s foundational document that hasn’t been significantly reviewed since 1945.** In an interview with Devex, Aly, the former CEO of [The New Humanitarian](#), argued that the current global security system is in a state of “complete breakdown.” Citing the U.N.’s inability to address sovereign breaches, artificial intelligence, and climate change, she posited that the 80-year-old architecture is no longer fit for a post-internet, nuclear, and ecologically strained world. **Aly’s vision centered on invoking a long-overlooked promise within Article 109 of the charter, which allows for a review conference to redistribute power among the two-thirds of the U.N. membership that were still colonized when the organization was founded.** Moving beyond technocratic cost-saving measures, she advocated for a new global social contract that addresses U.N. Security Council dysfunction and provides a formal voice for nonstate players.”

Science Politics - The USAID Cuts Make Room for Wealthy Investors to Bet on Global Health

S Erikson; <https://sciencepolitics.org/2026/01/22/the-usaid-cuts-make-room-for-wealthy-investors-to-bet-on-global-health/>

“Because I study the global political economy of health, my reaction when I heard about USAID’s extirpation went beyond despair. My first question was: **What does axing USAID make room for? Here’s one answer: The Trump administration, along with the World Bank and other institutions, want to increase the role of speculative finance in global health and humanitarian sectors. ...**”

PPPR & GHS

With some important updates and reports this week.

WHO - Countries progress negotiations in support of WHO Pandemic Agreement

<https://www.who.int/news/item/23-01-2026-countries-progress-negotiations-in-support-of-who-pandemic-agreement>

Press statement WHO after the latest “PABS” round. **“The World Health Organization (WHO) Member States this week advanced their negotiations on the Pathogen Access and Benefit-Sharing (PABS) system in a resumed session of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement. The PABS system is a core element of the agreement adopted by the World Health Assembly (WHA) in May 2025. During the session held on 20–22 January 2026, Member States continued text-based negotiations on outstanding issues in the draft annex and exchanged views aimed at narrowing differences and identifying areas of convergence.....”**

With some [progress](#), apparently.

Geneva Health Files - Undeterred By American Bilateral Deals, WHO Member States Focus on Negotiating Multilateral Pathogen Access Benefit Sharing System

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

Anyone following the PABS discussions (and much else) in Geneva should be a paid subscriber to this newsletter.

In this issue, Patnaik presents “ **an update on the key dynamics (not bleak, not bright) emerging from the negotiations on the Pathogen Access Benefit Sharing that took place at WHO last week.**”

A few excerpts:

“Similar to PM Carney’s approach described in his appeal at Davos, countries are assessing real versus perceived opportunities from the bilateral agreements vis-à-vis the PABS negotiations. Several negotiators across key delegations told us, the bilaterals barely came up on the negotiating floor. It was also significant, that the negotiations coincided with the formal withdrawal of the U.S. from the WHO, including visible consequences such as removal of the U.S. flag, outside the headquarters of the organization in Geneva. But it appears, the war of words on the U.S. withdrawal did not really seep into the negotiating room. Though the U.S. withdrawal has been bemoaned by WHO, experts and others, several countries would rather not have the U.S. at the WHO, diplomats told us...”

“... The success of the PABS negotiations will ultimately be determined by how countries exercise leverage in an uncertain geopolitical landscape. For now, both developed and developing countries believe that the US bilateral contracts have altered the negotiating dynamics. Many delegations reported that many countries from the Africa Group were not as vocal during the meeting last week. If other developed countries begin negotiating information access in lieu of aid, that would weaken the PABS negotiations further. For now, countries believe that if 20-30 WHO member states are drawn the bilateral way, it may not materially impact a multilateral mechanism that will be applicable to more than 190 WHO member states....”

PS: The **next meeting of the IGWG** is scheduled next month during **February 9th-14th**.

For a lot more detail, do subscribe to GHF.

Geneva Graduate Institute (Global Health Centre) – Governing Pandemics snapshot (7th issue)

<https://www.governingpandemics.org/gp-snapshot?s=09>

Recommended. “In the seventh issue of the ***Governing Pandemics Snapshot***, Daniela Morich dissects the choices facing member states in “The Pandemic Agreement on Hold: Can Countries Bridge the Divide on PABS”? In “Avoiding Contractual Fatalism: Lessons from PIP Framework for Standardising PABS contracts” Adam Strobeyko meanwhile looks at how the experience of the Pandemic Influence Preparedness (PIP) Framework could help inform the PABS process. In “PABS laboratory networks: building a new system or using what we have?” Gian Luca Burci examines whether existing WHO-managed networks could take on the additional role of a PABS laboratory network. Finally, in her piece, “Could money grease the wheels of compromise on PABS?” Suerie Moon explores how finance for Access and Benefit Sharing (ABS) could be generated in “interpandemic” times when the absence of a clear pandemic threat provides limited incentive to pharma companies to invest in related products.

“Only 12 more negotiating days remain until WHO member states hit the May 2026 deadline for an agreement on a Pathogen Access and Benefit Sharing System, set as part of the new [Pandemic Agreement adopted at last year’s](#) World Health Assembly. The gap between developed and developing blocs of countries remains large, and progress has been slow in bridging the divide. A bloc of approximately 100 low-and-middle income countries (LMICs) continues to call for mandatory benefit sharing, including guaranteed LMIC access to vaccines, therapeutics, and diagnostics (VTDs) as the price of their rapid sharing of information on novel pathogens that might pose a pandemic risk. High-income countries, on the other hand, remain focused on protecting the pharma innovation ecosystem and ensuring open pharma access to pathogen sequence data. While some skeletal elements of the PABS might actually be settled in time for adoption at [this year’s 79th WHA](#), 18-23 May, other issues are now likely to be kicked further down the road, potentially to a future Pandemic Agreement Conference of Parties (COP). ...”

IPPS - Pandemic preparedness slipping just as global risks grow, new 100 Days Mission report warns

<https://ippsecretariat.org/news/pandemic-preparedness-slipping-just-as-global-risks-grow-new-100-days-mission-report-warns/>

“Fifth Implementation Report highlights some progress, but warns that fragile systems, uneven investment and pipeline stagnation threaten the world’s ability to respond to another pandemic within 100 days.”

“Key points:

The Fifth Implementation Report of the 100 Days Mission (100DM) finds that **the 100-day target is not yet achievable in many areas**, with significant gaps persisting across diagnostics, therapeutics, vaccines and the systems required to deliver them rapidly and equitably.

The 100DM Scorecard 3.0 highlights continued pressure on global R&D pipelines, declining investment in pandemic countermeasures, and heavy reliance on a small number of funders.

Major reductions in global health and research budgets in 2025 have exposed structural vulnerabilities, disrupted development pipelines, and weakened preparedness.

A **series of outbreaks in 2025**, including mpox, H5N1, Ebola, Marburg, Rift Valley Fever, Chikungunya and measles, **demonstrated persistent weaknesses in early detection, coordination and access.**

The report identifies 2026 as a decisive year as France begins its G7 presidency, calling for coordinated action to operationalise therapeutics development, close diagnostics gaps, sustain vaccine investment, and secure the future of preparedness monitoring.”

- Related **coverage & analysis via HPW:** [Geopolitical Risk is Undermining Global Pandemic Preparedness](#)

“**Global pandemic preparedness is becoming “increasingly fragile at a time of growing biosecurity and geopolitical risk”**, according to the International Pandemic Preparedness Secretariat (IPPS), which launched its [Fifth Implementation Report of the 100 Days Mission](#) on Tuesday.”

PS: “**....For the first time, the 100-day scorecard includes an assessment of pandemic preparedness and response (PPR) capacity in Africa.** This evaluates the continent’s capabilities in clinical trials, laboratory systems, regulatory frameworks and manufacturing.....”

The report **identifies four priority action areas for 2026:** “Operationalising the Therapeutics Development Coalition to address persistent gaps in antiviral R&D. Enhancing coordination across the diagnostics ecosystem and implementing recommendations from the Global Diagnostics Gap Assessment. Sustaining vaccine investment and strengthening alignment across diagnostics, therapeutics and vaccines. Agreeing on a sustainable mechanism for pandemic preparedness monitoring, including a long-term path for the 100 Days Mission Scorecard beyond the IPPS mandate(which ends in 2027).”

Pandemic Fund Risk-Need Metric and Methodology

https://www.thepandemicfund.org/sites/default/files/2026-01/PF_Risk-Need%20Methodology%20Final%20Report%20-%20Final%20Jan22.pdf

“**A methodology for identifying High Risk and High Need Countries where outbreaks could escalate into Pandemics.**”

“...Developed over nearly a year **with contributions from a wide range of partners**, this **scientifically grounded instrument systematically identifies countries where pandemic risks are greatest and PPR needs are most pronounced, and where targeted investments can deliver the greatest impact.** The metric provides a transparent and evidence-based foundation for directing resources to those most in need. **Building on this analytical framework, the Fund is introducing a dedicated High-Risk, HighNeed funding window**, designed with several distinctive features, including: pre-allocated ceilings for eligible countries that have not previously received Pandemic Fund financing— providing greater predictability; a one-year rolling application period—allowing sufficient time for country-led preparation and partnership building; and tailored support that meets countries where they are, helping translate identified needs into actionable investment plans....”

WEF – How AI is reshaping global preparedness for infectious disease

<https://www.weforum.org/stories/2026/01/ai-global-preparedness-infectious-disease/>

“AI-enabled platforms can securely synthesize information from across sectors and geographies, transforming how the world anticipates and responds to emerging and shifting infectious diseases. To harness this powerful and timely opportunity, **the World Economic Forum announced at its 2026 Annual Meeting two complementary global digital platforms to serve as global public goods: the Pandemic Preparedness Engine and the Global Pathogen Analysis Platform.**”

PS: “A **World Economic Forum-hosted and incubated project**, PPX is **led by a Secretariat** comprising the Coalition for Epidemic Preparedness and Innovations (CEPI), the University of Chicago and the European Vaccine Hub at the Sclavo Vaccine Association.... ... The **Global Pathogen Analysis Platform (GPAP)** is the world’s first globally accessible, AI-powered platform designed to turn pathogen data (from across human, animal, plant and environmental systems) into standardized, actionable intelligence at scale **Funded by the Novo Nordisk Foundation and established by the Technical University of Denmark in collaboration with the University of Copenhagen, the Statens Serum Institut and a global consortium convened with the World Economic Forum’s Health Security Initiative**, GPAP combines advanced bioinformatics and analytical AI with a federated, user-controlled data model. ...”

“... **PPX and GPAP represent a new generation of AI-enabled global public infrastructure for research and development to combat emerging and future pathogen threats. Together, they form a complementary system:** GPAP strengthens the world’s ability to detect, analyse and interpret pathogens through genomic intelligence and advanced analytics; while PPX transforms that intelligence into rapid vaccine research, development and manufacturing at scale, closing the gap between scientific insight and effective countermeasures....”

Africa CDC - Africa CDC Establishes Central Data Repository to Strengthen Public Health Surveillance

<https://africacdc.org/news-item/africa-cdc-establishes-central-data-repository-to-strengthen-public-health-surveillance/>

“A **new Central Data Repository (CDR) launched by the Africa Centres for Disease Control and Prevention (Africa CDC)** aims to strengthen how public health data is integrated, analysed and used across the continent at a time of growing and increasingly complex health risks....”

WHO Afro - Ethiopia declares end of first-ever Marburg virus disease outbreak

<https://www.afro.who.int/countries/ethiopia/news/ethiopia-declares-end-first-ever-marburg-virus-disease-outbreak>

“**The Government of Ethiopia has officially declared the end of its first-ever outbreak of Marburg virus disease (MVD)** following the completion of enhanced surveillance and the mandatory follow-up period, with no new confirmed cases reported for consecutive 42 days. The outbreak, first confirmed on 14 November 2025 in the South Ethiopia Region, was contained in less than three months through a swift, coordinated response led by the government and supported by the World Health Organization (WHO). **From the onset of the outbreak, WHO worked in close collaboration with the Ministry of Health and the Ethiopian Public Health Institute (EPHI)** to support response efforts at national and sub-national levels....”

Polio

Telegraph – The catch-22 in the global battle to eradicate polio

<https://www.telegraph.co.uk/global-health/science-and-disease/the-catch-22-in-the-global-battle-to-eradicate-polio/>

“A recent resurgence in ‘vaccine derived’ strains, including in London and New York, forces scientists to regroup ahead of a final push.”

“A new, more stable, oral vaccine protecting against the type 2 stain could provide the answer, hope scientists. Developed in part by British scientists at Britain’s Medicines and Healthcare products Regulatory Agency (MHRA), the new vaccine also uses a live virus but one which is less likely to mutate and spread. Early testing found it was 70 to 80 per cent less likely to revert back to infectious forms of polio when compared to the original oral vaccine and nearly two billion doses have been administered globally since 2021. **Last week, a major study published in Nature by scientists at the MHRA reported that the new vaccine was performing as intended: it was providing protection against type 2 polio while sharply reducing the emergence of new vaccine-derived strains....”**

Trump 2.0

Lots of dire stuff coming again from the Trump administration – see also the SRHR section below.

Reuters - Exclusive: US conditions funding to global vaccine group on dropping mercury-based preservative from shots

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-conditions-funding-global-vaccine-group-dropping-mercury-based-preservative-2026-01-28/>

“US official says Gavi has so far refused to outline a plan for removing thimerosal; Gavi says decision would need approval from its board, committees and scientific consensus; Studies have found no harm from thimerosal, a preservative used in multi-dose vials; US Health Secretary has claimed thimerosal linked to autism.”

“The Trump administration has told global vaccine group Gavi to phase out shots containing the preservative thimerosal as a condition of providing the group with funding, a U.S. official and a Gavi spokesperson told Reuters. The request, which Reuters is the first to report, is the latest sign of efforts by the administration of President Donald Trump to influence health policy globally....”

“The U.S. request applies both to the remaining \$300 million that the Biden administration had pledged to Gavi with Congressional approval, but which is still outstanding, and to any future funding, the official said.....”

PS: **“Thimerosal is mainly used to ensure vaccines in multi-dose vials remain stable. That helps immunization campaigns in low- and middle-income countries because multi-dose vials are cheaper and simpler to distribute, Gavi and the World Health Organization say....”**

- See also HPW - [US Freezes All Funds to Gavi Over Vaccine Preservative Thimerosal](#)

“The US government has frozen funds to Gavi, the global vaccine alliance, until it commits to a plan to phase out the preservative thimerosal from all the vaccines it distributes. ...Around 14% of Gavi’s vaccines contain thimerosal, which is used in some multi-dose vials to destroy any bacteria and fungi that may enter a vial each time a new dose is drawn. Multi-dose vaccines are used in many low- and middle-income countries as they are cheaper....”

“Affected Gavi vaccines include the five-in-one pentavalent vaccine (Diphtheria, Pertussis , Tetanus, Hepatitis B and Haemophilus influenzae type b), the Diphtheria, Pertussis and Tetanus (DPT) vaccine, Tetanus-Reduced Diphtheria (Td), Hepatitis B, Meningococcal A Conjugate (MenA) and Pneumococcal Conjugate Vaccine (PCV)....”

Devex Checkup – with update on budget in US Congress

[Devex:](#)

“In recent weeks, we’ve brought you updates about the U.S. foreign assistance funding bill that [contains more than \\$9 billion in global health funds](#). While it looked to be on a path to passage before funding expires on Saturday, it is now unlikely. The U.S. House of Representatives passed the legislation, and it awaits a vote in the Senate (and a signature from U.S. President Donald Trump). But it was bundled with other funding bills, including one for the [Department of Homeland Security](#). Following the fatal shooting of Alex Pretti by a border patrol agent in Minneapolis, Senate Democrats said they would not approve funding for DHS without reforms to the agency.”

“This means delays for the foreign assistance funding bill, and it sets the stage for a partial government shutdown — which could last only a couple of days and have minimal impact, or could stretch longer as lawmakers try to find a compromise....”

Devex - Trump’s ‘Donroe Doctrine’ redraws US foreign aid map

<https://www.devex.com/news/trump-s-donroe-doctrine-redraws-us-foreign-aid-map-111767>

“The strategy channels 40% of U.S. aid to the Western Hemisphere and East Asia, and ties foreign assistance to security, trade, and loyalty.”

PS: **“Africa — which is home to the world’s largest humanitarian crisis, Sudan — is only mentioned once in the State Department’s 19-page strategy, in a reference to how the U.S. feels Europe should step up its “responsibility” for defense and security in both Africa and the Middle East.”**

PS: **“Congress, on the other hand, has noted its interest in keeping Africa on the foreign aid map: in the most recent budget bill introduced by lawmakers earlier this month, at least 15% of funding on national security investment programs was mandated to be spent on the continent. That bill is still pending and has not yet been passed into law....”**

PS: re **The United Nations:** “ And then, there is the United Nations — an institution that has come under fire since the second Trump administration began. In the strategy document, the State Department is clear about where it stands with the U.N.: a multilateral body that it views less as a partner to grow with, and more as a forum to be constrained, pressured, and selectively engaged.

“The Department will no longer fund or support international organizations or conventions that act contrary to America’s interests or that erode our sovereignty,” the strategy states. “Instead, we will focus on increasing American influence and driving reform in organizations whose work affects our concrete national interests.” **The strategy notes that the U.S. will continue to push back against the U.N. Sustainable Development Goals...**”

BMJ (Analysis) - Why US import tariffs matter for health

<https://www.bmj.com/content/392/bmj-2025-086271>

“Courtney McNamara and Benjamin Hawkins argue for **greater attention to the health effects of trade policy amid tariff turmoil affecting everything** from medicine access to food availability and economic stability.”

Key messages: “The US government’s assertive use of import tariffs means the health implications of trade policy can no longer be sidelined; US import tariffs can influence health both directly and indirectly; The US could see benefits if domestic jobs are protected or demand for health harming imports is reduced; However, **evidence suggests short term harms, both in and outside the US, through higher medicine costs, volatile food prices, and increased economic uncertainty.** Trade policy needs greater attention from health researchers and public health experts to ensure the health consequences are better understood within policy debates.”

Devex – USAID bars its own experts from agency closeout jobs

<https://www.devex.com/news/usaids-bars-its-own-experts-from-agency-closeout-jobs-111779>

““The investment in training new contract staff ensures that the final closeout of taxpayer-funded obligations is handled by a team with no prior experience in the matters being settled,” reads an internal memo obtained by Devex.”

NYT - Rejecting Decades of Science, Vaccine Panel Chair Says Polio and Other Shots Should Be Optional

<https://www.nytimes.com/2026/01/23/health/milhoan-vaccines-optional-polio.html>

“Dr. Kirk Milhoan, a pediatric cardiologist who leads the Advisory Committee on Immunization Practices, said a **person’s right to refuse a vaccine outweighed concerns about illness or death from infectious diseases.**”

KFF - Global Health Funding in the FY 2026 Labor, Health and Human Services, Education, and Related Agencies (Labor HHS) Conference Bill & Accompanying Report

[KFF](#)

“...While most U.S. global health funding is provided to the State Department through a separate appropriations bill (see the KFF budget summary on this funding here), the Labor HHS

appropriations bill includes funding for global health programs at the Centers for Disease Control and Prevention (CDC) as well as funding for global health research activities at the National Institutes of Health (NIH). Total global health funding at CDC and NIH through the Labor HHS bill is not yet known, as funding for some programs (i.e. global HIV/AIDS and malaria research) at NIH is determined at the agency level rather than specified by Congress in annual appropriations bills. Funding for global health in the Labor HHS bill remained flat compared to the FY 2025 level as follows: **CDC: Funding for global health programs at CDC totals \$693 million**, the same level as the FY 2025 enacted amount. Within CDC, funding for each specific global health program area was also maintained at the FY 2025 level. **NIH: Funding for global health research activities at the Fogarty International Center (FIC) at NIH totals \$95 million**, the same level as the FY 2025 enacted amount.”

UHC & PHC

Lancet Letter - Universal health coverage, Knowledge Hub, and debt-to-health

R Komatsu, G Ooms, M Robalo et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00077-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00077-2/fulltext)

“**Universal health coverage (UHC)** aims to ensure everyone has access to the quality health care that is needed, without financial hardship. **We agree with the recent Editorial for prioritisation** especially with dwindling official development assistance to low-income and middle-income countries (LMICs) for health. The focus of the recent Accra Health Sovereignty Agenda, the Africa Centres for Disease Control and Prevention, and other stakeholders on increasing domestic resource mobilisation for sustainable health funding is highly commendable. However, **LMICs face a substantial burden of external debt—US\$8.9 trillion, with interest payments of \$415.4 billion in 2024.** This level of debt constitutes major impediments to domestic financing and the design of a minimum, accessible, and effective UHC benefit package. **Debt-for-development swaps can reduce external debt and use savings to fund development, including for health...**”

“...Considering challenges in stakeholder engagement, we commend the Government of Japan for establishing the UHC Knowledge Hub⁶ with WHO and the World Bank to engage both ministries of health and finance and other partners. **The UHC Knowledge Hub is uniquely positioned to convene ministries of health and finance of lending and borrowing countries and advocate for debt-to-health swaps to unlock financing for health and leave no one behind, including neglected populations.**”

Lancet Letter – Universal health coverage in sub-Saharan African: elegant on paper

J Aikpitanyi; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00078-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00078-4/fulltext)

Concluding: “...In sub-Saharan Africa, the more urgent problem, compared with continued **emphasis on coverage**, is that **UHC too often finances what is administratively elegant rather than operationally effective.** Without aligning what is financed with what is usable, UHC risks becoming universal in name, but largely symbolic in effect....”

Fiscal health insights - The Missing Link in Fiscal Space

Afeef Mahmood; <https://fiscalhealthinsights.substack.com/p/the-missing-link-in-fiscal-space>

“How Political Authorisation Turns Affordability into Spending.” Excerpts:

“Across much of South Asia, fiscal space analysis often explains what could be done, but struggles to explain what actually happens. The problem is not weak analysis. It is that the analysis accounts for only part of the decision-making process....”

“..... governments regularly mobilise resources for priorities that were not anticipated in fiscal frameworks. Large reallocations occur within the fiscal year. Supplementary budgets are approved despite stated constraints. Spending ceilings are overridden when political urgency is high. These decisions are rarely preceded by improvements in revenue performance or debt indicators. They are triggered by visibility, timing, or political calculus.... **The pattern is consistent: fiscal space appears rigid for politically quiet priorities and flexible for politically salient ones. ... The persistent gap between fiscal space analysis and actual budget outcomes suggests that something important is missing from how fiscal constraints are commonly understood.** Technical assessments are often rigorous, grounded in debt dynamics, revenue trends, expenditure composition, and efficiency. Yet they cannot explain why some feasible options are funded while others are not. **The missing link is political authorisation....”**

“...To capture this distinction, it is useful to separate **technical fiscal space** from what can be described as **authorised fiscal space**. ... *Authorised fiscal space refers to the portion of technically feasible fiscal space that is politically sanctioned for use through explicit priorities, executive decisions, or budgetary protection. It reflects what governments choose to fund, not merely what they can afford. Until such authorisation occurs, fiscal space remains theoretical, regardless of how strong the underlying analysis may be.....*” And then there’s also **executed fiscal space**.

Leading to a **sequential view of fiscal space...**

Habib Benzian - Authorised Possibility

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

“When fiscal space and health system planning never quite meet.”

Coming back on two recent papers in resp BMJ Global Health (global debate re health taxes) and Lancet Primary care (re oral health in Kerala), from an ‘**authorized possibility**’ angle.

“Authorised possibility refers to the politically negotiated space that determines which actions, investments, and reforms institutions consider legitimate, defensible, and fundable under prevailing conditions. It is shaped by governance, incentives, and power. It defines not only what is done, but what is allowed to be proposed without being dismissed as unrealistic.”

Benzian concludes: “ **The two papers do not contradict each other. They describe different dimensions of the same system. One shows how health sectors plan within constraint. The other shows that constraint itself is more malleable than often assumed.** What sits between global debates on health taxes and Kenya’s oral health realities is not a lack of ideas or evidence. It is the **boundary of authorised possibility**. As long as that boundary remains narrow, many areas of health

will be asked to adapt endlessly to constraint, even when credible routes to expanding fiscal space are visible. **The challenge is not choosing between realism and ambition, but deciding, explicitly and collectively, where the limits of authorised possibility should lie and who bears the cost of keeping them there.**"

SRHR

Among others, with some more analysis of the latest dire stuff coming from the Trump administration.

Rutgers - A draconian expansion of the Global Gag Rule: a defining test of collective commitment to justice

<https://rutgers.international/news/draconian-expansion-global-gag-rule-justice/>

See also last week's IHP issue.

"The Trump administration has announced a policy that significantly broadens the reach of the current Global Gag Rule. If recipients of United States foreign assistance comply with these new restrictions, the consequences for global health and human rights will be profound. This expanded Global Gag Rule lays bare an ultra-conservative, anti-rights agenda targeting women, minorities and marginalised communities. It must be challenged and rejected by everyone committed to health, dignity and human rights. "

- See also [Devex - New US funding rules tie aid to abortion, gender ideology, DEI bans](#)

"The Trump administration's Promoting Human Flourishing in Foreign Assistance Policy goes far past previous iterations of the Mexico City Policy to new funding, new constraints, and new organizations."

- And via [HPW – Latest US Restrictions on Aid 'Bully' Recipients to Accept 'Extremist Ideology'](#)

"Global health organisations have reacted with anger to the new US foreign aid policy, which prohibits all aid recipients, bar military, from performing or promoting abortion, "gender ideology", or "diversity, equity and inclusion" (DEI). "Catastrophic", "bullying", "draconian" and "ideologically driven" – are some of their reactions to the Promoting Human Flourishing in Foreign Assistance (PHFFA) policy, announced by US Vice-President JD Vance at an anti-abortion event last Friday evening...."

"The policy's three parts were published in the Federal Register on Tuesday as Protecting Life in Foreign Assistance, Combating Gender Ideology in Foreign Assistance and Combating Discriminatory Equity Ideology in Foreign Assistance Rules. The new rules apply to all foreign and US NGOs and "international organisations". "

"... in countries that allow abortion, their governments and parastatals will need to place any US funds in "a segregated account" to ensure they're not used for abortions and related activities. Governments and parastatals "may" also be required to agree that they won't use US funds to

promote or engage in “gender ideology” or DEI....” “The **US State Department defines “gender ideology” activities** as those that provide or promote “sex rejecting procedures” (defined broadly to include puberty blockers, hormones, surgeries); promote or counsel social transition; use materials that discuss changing one’s sex or pronoun usage not aligned with biological sex; lobby foreign governments on gender identity issues; and support drag queen workshops, performances, or similar activities”. **Aid recipients are also compelled to agree to US officials popping in unannounced to inspect their documents and activities, and speak to people receiving their services.”**

“... **An estimated \$30-47 billion in aid is affected**, and this “catastrophic expansion” is going to be especially harmful to “women, young people, girls and LGBTQI+ people”, added Ipas senior researcher Jamie Vernaelde....”

“... **The bilateral Memorandums of Understanding (MOU)** that the US has signed with 15 African countries as part of its “America First Global Health Strategy” **all commit countries to complying with the Global Gag Rule.** “What we’ve realised is **this inclusion of the Global Gag Rule in the MOUs was basically a Trojan horse, in the sense that now the governments have signed, they are obligated now to implement these expanded conditions, for example, on gender ideology,**” said Ipas’s Kenya director Dr Musoba Kitui....”

- And via TGH - [Expanding the Mexico City Policy Undermines Global Health](#) (by S Psaki)

“Crucially, PHFFA applies not just to global health funding but to *all non-military U.S. foreign assistance*, approximately \$30 billion annually—or 50 times more than what was covered by the **original Mexico City Policy**. The new rule also expands the universe of affected recipients to include not only foreign nongovernmental organizations (NGOs) but also international organizations, U.S. NGOs, and foreign governments, though the precise restrictions vary by type of funding recipient....”

This blog also has a **historical overview - “From Helms to Mexico City: A Brief History”** showing the expansion over time.

PS: “... Notably, **the administration does not anchor the PHFFA policy in its America First Global Health Strategy.** Instead, the proposed rule asserts that **the policy is necessary to advance U.S. foreign policy goals reflected in the Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family.....”**

- Related link: KFF Issue brief - [The Trump Administration’s Latest Expansion of the Mexico City Policy: A Funding Analysis](#)

“Reveals that nearly \$40 billion in U.S. foreign aid, spanning 160 countries, could be subject to the latest expansion. Notably, this figure is tens of billions more than the amount of global assistance subject to the policy under the previous Trump administration (about \$7.3 billion in FY 2020) and significantly more than the amount of **family planning assistance** subject to the policy during earlier administrations (between \$300-600 million)....”

HPW - Activists Organise Against Erosion of Sexual and Reproductive Health

<https://healthpolicy-watch.news/activists-organise-against-erosion-of-sexual-and-reproductive-health/>

“Grassroots organising, using the United Nations’ Universal Periodic Review (UPR) and creating new multilateral coordination are some of the ways to counter the current attack on sexual and reproductive health (SRH), **according to activists.”**

“There is a **“rise of unapologetic, unabashed, hegemonic masculinity and really harmful gender stereotypes,”** Paola Salwan Daher, Women Deliver’s senior director for collective action, told **a webinar on the anti-rights pushback.** Far-right governments “are bringing the message that women should not have the same rights as men,” and tech billionaires “have put their incommensurable wealth behind this”, she added. “We are seeing deeply biased misinformation around women’s bodies, around women’s health, and the undermining of women and girls’ agency.””

“To counter what she describes as **“Conservative International”, Women Deliver is convening a global gender equality conference in April** to enable like-minded organisations “to meet each other to strategise together”. ...” “**“We are organising to push forward a more progressive agenda that really centres the autonomy, the rights to dignity for women and girls,”** she said.”

PS: “Dr Virginia Kamowa, regional and country manager at the Global Center for Health Diplomacy and Inclusion (CeHDI), which co-hosted the event, said that the **Universal Periodic Review UPR) provides a lever to ensure better SRH services....”** “**“The UPR is the only mechanism of UN that reviews every country on a regular cycle against the human rights obligations of the governments, and produces a public on-the-record government commitment,”** explained Kamowa....”

Conflict/War/Genocide & health

Globalization& Health -Selective empathy and the genocide in Gaza: the silence of health and academic associations

R de Vogli, R Wilkinson, K Pickett et al ; <https://link.springer.com/article/10.1186/s12992-025-01168-7>

“Genocide is one of the most extreme forms of global health crisis. The ongoing mass atrocities in Gaza have resulted in a sharp decline in life expectancy, the systematic destruction of healthcare infrastructure and the highest number of medical personnel killed in any conflict ever recorded. **While multiple human rights organisations have recognised these conditions as genocide, major health and academic associations have responded inconsistently.”**

“... The silence or equivocation of many health and academic institutions in the face of genocide undermines public trust and the ethical foundations of global health. Addressing this requires global health organisations to move beyond neutrality and engage in principled advocacy to reaffirm their moral and scientific duty to defend human life and health without discrimination.”

BMJ News - Gaza: MSF is accused of “moral bankruptcy” in plan to share Palestinian staff’s details with Israel

<https://www.bmj.com/content/392/bmj.s174>

“Médecins Sans Frontières (MSF) will share details of its Palestinian staff with Israel in order to keep working in Gaza and the West Bank, the charity has said. Despite previously refusing to share staff information owing to safety concerns, MSF has now capitulated. **Explaining the move, the charity said that following “extensive discussions with our Palestinian colleagues” it was prepared to “share a defined list of Palestinian and international staff names” with Israel, as an “exceptional measure.”** The announcement sparked a widespread backlash online, with members of the public saying that they would cancel their donations to the charity and some doctors accusing MSF of failing its duty of care to staff....”

- Related: [MSF statement on staff registration and the continuation of medical care in the Occupied Palestinian Territory](#)

(Im)Migration & health

WHO - Health in immigration detention: evidence brief for policy and practice

<https://www.who.int/publications/i/item/9789240119444>

“Immigration detention poses significant risks to health and well-being, yet its use is increasing globally. Migrants, asylum seekers and other noncitizens in immigration detention experience harmful social and environmental conditions in detention facilities, leading to negative health outcomes. Universal human rights standards and recommendations provided in the Global Compact for Safe, Orderly and Regular Migration require states to ensure detention to be a measure of last resort only, and never for children, but evidence shows these principles are not consistently upheld. **This brief for policy and practice reviews global evidence on health impacts of immigration detention, identifying key challenges and gaps. It calls for stronger safeguards, improved living conditions, timely health screening and care, supporting evidence-informed policies that uphold the right to health for all.”**

NCDs & Commercial Determinants of health

BMJ - Misleading narrative of “healthy” ultraprocessed foods

L F M Rezende, C A Monteiro et al ; <https://www.bmj.com/content/392/bmj-2025-087538>

“A focus on “healthy” ultraprocessed foods is overstating benefits, legitimising industry narratives, and obscuring the priority of reducing overall consumption, argue Leandro Rezende and colleagues.”

“Transnational food corporations are increasingly expanding portfolios of “better for you,” “fortified,” and “functional” ultraprocessed foods—from high protein snacks and vitamin enriched drinks to plant based burgers. Framed within narratives of “nutrition security” and “sustainable innovation,” these products are promoted as solutions to the nutrient deficiencies and diet related diseases. In practice, however, they allow the ultraprocessed food industry to appear part of the solution while undermining front-of-pack labelling, marketing restrictions, and fiscal

measures. Their proposition is underpinned by scientific models that privilege nutrients and foods over dietary patterns. **Focusing on “healthy” ultraprocessed foods represents a scientific and policy setback that fragments a simple, evidence based message that should guide communication and policies— that is, avoid the displacement of long established diets based on fresh and minimally processed foods and cooked meals by ultraprocessed foods.”**

Key messages: “**Ultraprocessed foods are a major driver of diet related chronic diseases; They should be considered a dietary pattern, not as isolated food subgroups.** Studies comparing subgroups of ultraprocessed foods with the rest of the diet, rather than their non-ultraprocessed counterparts, conflate the effects of ultraprocessing with differences in food type or nutrient composition. Subgroup analyses are subject to methodological problems, including confounding, multiple testing, low intake variability, and exposure misclassification. **Labelling some ultraprocessed foods as healthy legitimises industry narratives, confuses consumers, and distracts from the core public health goal to reduce overall consumption.”**

IJHPN –United Nations Partnerships With the Alcohol Industry

J Yue Yan Leung, S Casswell; https://www.ijhpm.com/article_4831.html

“We identified examples of all the above relationships between various UN entities and the world’s largest TNACs, including an alcohol industry donation towards the World Health Organization (WHO) Foundation, which was created to maximise private sector donations to WHO. The focus of these engagements aligned closely with the alcohol industry’s corporate social responsibility (CSR) initiatives, including drink-driving prevention, education, sustainability, and philanthropy. These activities frequently involved support for low- and middle-income countries (LMICs) and women, which are emerging markets for the TNACs...”

“... The UN’s wide-ranging relationships with the TNACs highlight the power of these large corporations in building political influence and the UN’s failure to acknowledge the alcohol industry’s conflicting interests with health. These relationships undermine WHO’s mandate to promote health, placing the integrity and impartiality of the UN system at risk. ...”

International Journal of Social Determinants of Health and Health Services - The Invisible Hand, the Visible Wound, and the Commercial Determinants of Health: Complicity of Commercial Entities and the Palestine Catastrophe

M Moziful Islam; <https://journals.sagepub.com/doi/full/10.1177/27551938261417277>

“People often describe the ongoing catastrophic situation in Palestine, particularly in the Gaza Strip, as a political and humanitarian crisis. However, a recent report (A/HRC/59/23) by United Nations Special Rapporteur Francesca Albanese highlights the necessity of understanding the complex commercial practices of corporations that contribute—directly or indirectly—to this catastrophe. The report reveals a critical yet often overlooked aspect of public health ethics: corporate complicity in unprecedented human suffering. This article demonstrates how commercial entities contribute to public health harms, with Palestine serving as a significant and urgent case study....”

Planetary Health

Climate Change News – For proof of the energy transition’s resilience, just look what it’s up against

[Climate Change News](#);

“While the transition is fragmented and too slow, it’s driven by a new logic based on national energy security and unbeatable renewable economics. “

Climate Change News – COP30 chief calls for two-tier climate system to speed up action beyond consensus

[Climate Change News](#)

“COP30 president André Aranha Corrêa do Lago argued in a new letter to parties that the Belem climate conference “shed light” on climate diplomacy’s limitations... **As geopolitical divisions strain climate diplomacy, global cooperation should shift to a two-speed system, where new coalitions lead fast, practical action alongside the slower, consensus-based decision-making of the UN process, the COP30 president said...**”

“In a **letter** published on Tuesday, Brazilian diplomat André Aranha Corrêa do Lago wrote that the world should not abandon climate multilateralism but allow it to “mature”....”

HPW - World Enters New Era of Water Crisis, UN Says

<https://healthpolicy-watch.news/world-enters-new-era-of-water-crisis-un-says/>

See also last week’s IHP news. **“The world has entered the era of “global water bankruptcy”** as water systems relied on by six billion people, and half of the world’s food production, are pushed beyond the point of recovery, a **United Nations (UN) report** has found. **The report marks the first time UN scientists have declared water systems “bankrupt” rather than “stressed or “in crisis”,** a distinction that denotes irreversible damage to natural water systems, as opposed to acute, time-limited shortages due to factors like weather, high demand or economic shocks....”

Nature (Comment) - Exceeding 1.5 °C requires rethinking accountability in climate policy

G Ganti et al; <https://www.nature.com/articles/d41586-026-00247-y>

“A scientific foundation is required to establish nations’ responsibilities in a hotter ‘overshoot’ world.”

- Related Nature Comment: [As we breach 1.5 °C, we must replace temperature limits with clean-energy targets](#) (by K A Quagraine, M Lynas et al);

“Actionable goals are needed to guide the world towards what needs to happen most quickly: **shifting economies to clean energy sources.**” (re the ‘clean-energy shift’)

FT – Michael Bloomberg tops up climate spending to beyond \$3bn

[FT](#);

“Michael Bloomberg’s spending on the “global climate fight” has topped \$3bn over a decade, including a recent boost to contributions to the UN’s climate body, as broader financial support slides in the Trump era.”

“The 83-year-old **pledged nearly \$270mn to two climate initiatives around the UN COP30 summit late last year through his Bloomberg Philanthropies organisation**, according to **FT analysis**, with the funding coming from his family foundation and donations as an individual. **The philanthropy confirmed for the first time the extent of Bloomberg’s climate contributions stretching across a decade.** “Through Bloomberg Philanthropies, Mike has made the environment a top priority, committing over \$3bn to the global climate fight,” it said.”

“... By comparison, **the Rockefeller Foundation, another significant supporter of climate action**, has pledged to spend \$1bn over five years.”

“**Bill Gates**, who has long invested in and donated to companies and organisations focused on global warming, last year called for a rethink by the UN and other agencies on climate spending in the light of US cuts to aid. While climate change would have serious consequences, he said, it would not lead to humanity’s demise and more money should be spent on vaccines.”

“**Jeff Bezos’s philanthropic Bezos Earth Fund** has ended its support for the Science Based Targets Initiative after an \$18mn three-year grant expired....”

Guardian - Number of people living in extreme heat to double by 2050 if 2C rise occurs, study finds

<https://www.theguardian.com/environment/2026/jan/26/number-of-people-living-in-extreme-heat-to-double-by-2050-if-2c-rise-occurs-study-finds>

“Scientists expect 41% of the projected global population to face the extremes, with ‘no part of the world’ immune.”

The new paper was [published in Nature Sustainability](#).

BMJ - Nature loss threatens UK national security, intelligence chiefs warn

<https://www.bmj.com/content/392/bmj.s165>

“The collapse of global ecosystems poses a high risk to the UK’s national security and prosperity, government intelligence leaders have warned.”

“A new report, *Global Biodiversity Loss, Ecosystem Collapse and National Security*, says that the “severe degradation or collapse” of ecosystems presents a series of risks, including food shortages and price rises, global conflict, novel zoonotic diseases, and the loss of pharmaceutical resources. ... The 14 page briefing report says that the **Amazon rainforest, the Congo rainforest, boreal forests, the Himalayas, and South East Asia’s coral reefs and mangroves are of particular strategic significance for the UK. **These six ecosystems** are rich in biodiversity and are essential for human societies because they support climate, water, and weather cycles that food production relies on, says the report....”**

“... “This assessment shows that **biodiversity loss is not a distant environmental worry but a real and growing national security risk, one that deserves the same seriousness and attention as any other threat facing the UK,” said Nathalie Seddon, professor of biodiversity at the University of Oxford and director of the Nature Based Solutions Initiative...”**

Guardian - Dramatic rise in water-related violence recorded since 2022

<https://www.theguardian.com/environment/2026/jan/23/water-related-violence-increase-pacific-institute>

“Experts say **climate crisis, corruption and lack or misuse of infrastructure among **factors driving water conflicts.**”**

“Water-related violence has almost doubled since 2022 and little is being done to understand and address the trend and prevent new and escalating risks, experts have said. There were 419 incidents of water-related violence recorded in 2024, up from 235 in 2022, according to **the Pacific Institute**, a US-based thinktank.... The **institute has compiled evidence of hundreds of years of water-related conflicts**, including cases of water being a trigger for violence, a weapon of conflict or a casualty of conflict.....”

Nature (World View) - How to eat well and within Earth’s limits

J Rockström; <https://www.nature.com/articles/d41586-026-00236-1>

“Dietary change, supported by bold policies, is essential for a sustainable planet.” (re the updated Planetary Health Diet, see a report last October)

PS: “....But this transformation won’t be cheap, requiring an estimated investment of up to US\$500 billion annually. Yet, the net benefits — roughly \$5 trillion to \$10 trillion — strongly outweigh those costs and reflect avoided health-care spending because of healthier diets, reduced climate damages and lower environmental degradation.”

Climate & Community Institute - Scaling Climate Finance in a Broken System

L Merling et al; <https://climatecommunityinstitute.substack.com/p/scaling-climate-finance-in-a-broken>

“Will international financial architecture reform take center stage?”

“... Among the most prominent developments was the formal launch of the Baku-to-Belém Roadmap (the Roadmap), a process intended to scale up climate finance to at least \$1.3 trillion per year by 2035 for developing countries. The Roadmap signals growing political recognition that climate action cannot advance at the required scale without much larger, more predictable financial flows, and it has helped bring long-standing finance debates to the center of the UN climate agenda.... **... At the same time, the Roadmap stops short of engaging with the structural features of the global financial system that shape how finance is actually delivered.** The central problem is not simply a shortage of climate finance, but the entrenched inequities within the international financial architecture that shape the terms and conditions on which different countries access finance....”

“Initiatives such as the Tropical Forest Finance Facility (TFFF), launched at COP30, sidestep engagement on these issues and instead turn to so-called “innovations” that aim to direct public resources to efforts around attracting private capital. ...”

“... As detailed in our recent work on green industrial policy and the international financial architecture, transformative climate action depends on more than mobilizing funds at the margins. What is required is a development strategy capable of delivering structural transformation at scale. **Green industrial policy offers such a pathway.** It combines public investment, strategic coordination, and long-term planning to build productive capacity, shift economies away from extractive models, and align climate action with jobs, equity, and development....”

“But green industrial policy cannot function in isolation from global finance. It depends on three conditions that the current financial architecture systematically undermines: long-term, predictable, and affordable public finance; policy space to deploy industrial strategies; and macro-financial stability that protects investment over time....”

PS: “Colombia provides an example of how to start...”

Global Policy Journal - Beyond Obstruction: Rethinking the Far Right and Climate Governance

N Hall; <https://www.globalpolicyjournal.com/blog/30/01/2026/beyond-obstruction-rethinking-far-right-and-climate-governance>

“Far-right governments are often assumed to obstruct global climate cooperation – but the reality is far more complex – as our current research shows. When and why do some far-right leaders engage with international environmental institutions? “ Pointing to Italy and India, among others.

Access to Medicines, vaccines & other health technologies

Developing World Bioethics – Lenacapavir and the open veins of Latin America

Alejandra Guadalupe Armenta Espinoza & Timothy Daly;
<https://onlinelibrary.wiley.com/doi/10.1111/dewb.70023>

“Lenacapavir is an important innovation for HIV prevention but Gilead's voluntary license for Lenacapavir currently excludes 11 countries in Latin America. ...”

“ the exclusion of Latin America's trial host countries whose communities actively enrolled from Gilead's Royalty-Free Voluntary Licensing for generic Lenacapavir violates the Helsinki criterion of reciprocity towards vulnerable communities. As the sponsor benefiting from community participation, we consider that Gilead is obliged to increase access to long-acting PrEP innovation by expanding generic availability in host countries in Latin America to Lenacapavir.”

PS: **““As Uruguayan writer Eduardo Galeano famously argued in *Las Venas Abiertas de América Latina* [Open Veins of Latin America], for the last five centuries, the region has been pillaged by imperialist endeavours. In the PURPOSE 2 trials of Lenacapavir, Latin American trial participants in situations of vulnerability literally opened their veins to aid HIV innovation development of this potentially game-changing tool for prevention developed by the North American pharmaceutical company, Gilead, who has an opportunity to shift the neo-colonial power dynamic in the region....”**

Guardian - ‘Mother of all deals’: EU and India sign free trade agreement

<https://www.theguardian.com/business/2026/jan/27/eu-and-india-sign-free-trade-agreement>

“Deal expected to ease access for European cars and wine, in return for Indian exports of textiles, gems and pharmaceuticals.”

- See also [Euractiv - EU, India slash pharmaceutical tariffs in new trade deal](#) (gated)

“The EU's deal with the ‘world’s pharmacy’ trades tariff cuts for stricter rules.”

BMJ GH - TRIPS flexibilities help change policy and practice to increase access to medicines: evidence from 2001 to 2024

M Dunn, Ellen ‘t Hoen et al ; <https://gh.bmj.com/content/11/1/e021481>

« This study of 2001–2024 presents the most comprehensive review of uses or potential uses of compulsory licensing and the LDC transition measure since the adoption of the Doha Declaration on TRIPS and Public Health, including previously unreported instances and validation of all instances. TRIPS flexibilities remain a routine tool for WTO Members to improve access to medicines, with 199 reported instances between 2001 and 2024 (mostly compulsory licensing (n=149) and the LDC (Least Developed Countries) pharmaceutical transition measure (n=46)). »

« Compulsory licensing activity in high-income countries has increased over time, driven by high-priced treatments for cancer, rare diseases and heightened interest during the COVID-19 pandemic. No countries have publicly invoked their right to use the LDC pharmaceutical transition measure since 2009, likely due to the absence of notification requirements and possibly due to the expanded use of voluntary licences. »

PS : **“This paper should inform the WTO’s 30-year review of the TRIPS Agreement, as proposed by Colombia and currently under consideration.”**

- Coverage via Stat+ [More high-income countries have used compulsory licenses to gain access to meds, study finds](#)

“ The number of licenses pursued by wealthier nations rose significantly between 2005 and 2024.”

Cidrap News - Moderna chief: Company won't invest in new late-stage vaccine trials

<https://www.cidrap.umn.edu/misc-emerging-topics/moderna-chief-company-won-t-invest-new-late-stage-vaccine-trials>

“Moderna chief executive officer Stephane Bancel said the company does not plan to invest in new late-stage vaccine trials because of growing opposition to immunizations from health officials in the United States. His comments were made last week during the World Economic Forum in Davos, Switzerland. “

““You cannot make a return on investment if you don't have access to the U.S. market,” Bancel told Bloomberg TV. He said the vaccine market in the United States is much smaller as more anti-vaccine guidelines have become the norm....”

Boston University (Global development policy group) - What the EU's New Compulsory Licensing Policy Signals for Global Health Governance and Flexibilities for Middle-Income Countries

R Trasher et al; <https://www.bu.edu/gdp/2026/01/23/what-the-eus-new-compulsory-licensing-policy-signals-for-global-health-governance-and-flexibilities-for-middle-income-countries/>

« In a [recent report](#), researchers from the Boston University Global Development Policy Center's [Working Group on Trade and Investment Treaties and Access to Medicines](#) explore the extent to which a selected set of middle-income countries have incorporated key provisions of the TRIPS Agreement into their own compulsory licensing laws. This research compares the language of different country laws and then measures them against a more complete list of compulsory licensing provisions that could contribute to better access to health products as best practices. **While each of the countries studied had adopted some relevant legislation, they differ widely in their adoption of various beneficial aspects of those laws and could benefit from increasing certain flexibilities relevant for health....”**

“... The study examined the extent to which countries [typically excluded](#) from voluntary licenses have incorporated TRIPS-compliant flexibilities into their domestic compulsory licensing laws in ways that make those laws as effective and easy to use as global rules allow. The countries assessed include Algeria, Argentina, China, Colombia, Ecuador, Jordan, Malaysia, Mexico, Panama, Peru, Philippines, Romania, Thailand, Turkey and Ukraine, all of which have been excluded from MPP voluntary licenses in the past....”

PS: “The [African Continental Free Trade Agreement](#) and [Association of Southeast Asian Nations](#) both have active negotiations taking place that could address the need for each region to develop a region-wide intellectual property policy and a region-wide compulsory licensing

mechanism. By **learning from the EU**, they could starkly improve health outcomes for their member states and be better prepared for the next global health crisis.....”

Lancet Letter – Cancer medicines remain absent from global access metrics

K Jenei et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02501-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02501-2/fulltext)

“Cancer is now a major cause of premature mortality in every region, yet the global health system still cannot answer basic questions about access to essential cancer medicines. Spending on oncology medicines reached US\$223 billion in 2023, but there is no global mechanism that monitors whether these medications are available, affordable, or used appropriately. **This absence of routine metrics has become a structural barrier to planning and accountability.”**

“... The 2025 update to a revised indicator for access to medicines under Sustainable Development Goal target 3.b highlights this broader neglect. The new composite index draws on existing tracer indicators, most of which focus on infectious diseases or reproductive health. No measure captures cancer medicine access. This approach reinforces historical investment patterns and leaves oncology outside of the global monitoring framework. **There are practical steps WHO and partners could take...”**

Governance for health in a turbulent world: introducing a new Lancet Commission

C M Brux, R Horton, O P Ottersen et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00145-5/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00145-5/abstract)

“Over a decade has elapsed since the Lancet–University of Oslo Commission on Global Governance for Health published its report in 2014....”

The editorial then discerns **worrying and more positive trends.**

And then concludes: **“... the current landscape is one of cascading, compounding, and intersecting crises,** in which health, equity, sustainability, and peace are subordinated to political, military, and economic goals. **This calls for nothing short of a decolonial transformation towards a new multilateralism anchored in equity, shared values, and accountability.** Low-income and middle-income countries must lead and codesign global solutions, local and regional capacities must be invested in, and knowledge production and dissemination must be democratised. **Governance and economic systems must be reconfigured towards equitable interdependency, sustainability, and wellbeing. Health, education, food security, and essential technologies must be treated as global public goods.** Across the board, **equity—epistemic, intergenerational, socioeconomic, global, racial, and gender—must be the common denominator,** as a measurable outcome and moral imperative.”

“With a commitment to this hopeful and forward-looking vision, the new Lancet Commission on Global Governance for Health convenes a diverse group of interdisciplinary experts **who will identify and evaluate key megatrends of significance for global health and global health equity across geopolitical, economic, ecological, technological, and sociocultural domains.** Governance functions and dysfunctions will be analysed, as will the power dynamics and processes through

which health inequities are produced and propagated. **Ultimately, the Commission will address the questions of what needs to be done and how, when, and by whom.** The final report will present novel governance recommendations and pathways, with the aim of galvanising a transformation of global governance in service to health equity, sustainability, and justice.””

Some more reports, guidelines & papers of the week

UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (UN-Water GLAAS report)

<https://www.who.int/news/item/26-01-2026-new-un-water-findings--stronger-wash-systems-needed-for-safe-drinking-water--sanitation-and-hygiene-for-all>

“Urgent action is needed to strengthen national water, sanitation and hygiene (WASH) systems so countries can accelerate progress towards Sustainable Development Goal (SDG) 6 and protect health, especially in the face of growing climate-related risks and recurring disease outbreaks.”

“New findings from *State of systems for drinking-water, sanitation and hygiene: Global update 2025*, the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) report developed jointly by WHO and UNICEF, provide a comprehensive picture of what is holding WASH services back. Across countries, **the pattern is clear: plans exist, but delivery capacity is thin.** Many countries have policies and targets in place, but implementation is constrained by fragmentation, workforce gaps, and financing that does not reliably translate into results...”

“... Despite steady global progress, unmet needs remain vast. WHO/UNICEF Joint Monitoring Programme (JMP) estimates show **that 2.1 billion people still lack safely managed drinking-water, 3.4 billion lack safely managed sanitation, and 1.7 billion lack basic hygiene services.** These gaps have **severe health consequences:** at least 1.4 million people died in 2019 from preventable causes linked to unsafe water and poor sanitation, and in 2024 there were over 560 000 cholera cases and 6000 reported deaths across 60 countries. “

“The report was released at the opening of the High-Level Preparatory Meeting for the 2026 UN Water Conference (26–27 January 2026, Dakar, Senegal), co-hosted by Senegal and the United Arab Emirates, ahead of the main conference in December 2026....”

WHO urges schools worldwide to promote healthy eating for children

<https://www.who.int/news/item/27-01-2026-who-urges-schools-worldwide-to-promote-healthy-eating-for-children>

“Healthy food in schools can help children develop healthy dietary habits for life, according to the World Health Organization (WHO), which **released a new global guideline on evidence-based policies and interventions to create healthy school food environments.** For the first time, WHO is advising countries to adopt a whole-school approach that ensures food and beverages provided in schools and available throughout the broader school food environments are healthy and nutritious...”

Miscellaneous

Guardian – Doomsday Clock at 85 seconds to midnight amid threats from climate crisis and AI

<https://www.theguardian.com/us-news/2026/jan/27/doomsday-clock-seconds-to-midnight>

“Planet closer to destruction as Russia, China and US become more aggressive and nationalistic, [says](#) **advocacy group (Bulletin of the Atomic Scientist members)**.”

“The scientists cited **risks of nuclear war, the climate crisis, potential misuse of biotechnology and the increasing use of artificial intelligence without adequate controls** as it made the annual announcement, which rates how close humanity is from ending.....”

“... **International trust and cooperation is essential because, “if the world splinters into an us-versus-them, zero-sum approach, it increases the likelihood that we all lose,”** said Daniel Holz, chair of the group’s science and security board.... “

“The group also **highlighted droughts, heatwaves and floods linked to global warming, as well as the failure of countries to adopt meaningful agreements to fight global warming** – singling out Donald Trump’s efforts to boost fossil fuels and hobble renewable energy production.”

IISD - Thought Leadership for a Post-2030 Global Sustainable Development Agenda

<https://sdg.iisd.org/commentary/guest-articles/thought-leadership-for-a-post-2030-global-sustainable-development-agenda/>

“**Researchers at the Stockholm Environment Institute and Monash University established a thought leadership initiative for the next global sustainable development agenda – the Post-2030 Initiative.**”

“The group of 35+ experts from around the world **met for the second time in December 2025** to explore key policy demands and stakeholder needs and identify concrete ways that science can support decision making for sustainable development beyond 2030. **A first collective output was recently published in Science, proposing a theory-of-change approach to design and assess proposals for a post-2030 framework.....**”

- Related: [IISD – Normative Power of SDGs: Universality, Indivisibility, Leave No One Behind](#)

“**The 2030 Agenda set out the normative framework by articulating the three core principles of sustainable development.** We need to ensure that any conversations about either the legacy of the 2030 Agenda or what comes next look beyond the disappointing progress on target implementation and take normative successes into account....” *(those were the days, my friend, we thought they’d never end... #sigh)*

Nature Health – A €1.84 billion partnership to boost African health research

<https://www.nature.com/articles/s44360-025-00046-1>

“Michael Makanga talks to *Nature Health* about the European and Developing Countries Clinical Trials Partnership, a two-decades-long clinical-trials partnership between Africa and Europe, with tailored global collaboration.”

“Global health is in a funding crisis, and the USA and many European countries are cutting their aid budgets. But a rare glimmer of hope and constancy comes from the **European and Developing Countries Clinical Trials Partnership (EDCTP)**, a 21-year-old collaboration between the European Union, 15 European and 31 African governments and the private sector, including the pharmaceutical industry and philanthropy. Global Health EDCTP3 is the third iteration of this partnership and has a **€1.84 billion budget** for funding clinical trials and related capacity on poverty-related and neglected infectious diseases....”

Global health events

PMAC Bangkok (ongoing)

Check out the [Message from the Co-Chairs of the International Organizing Committee](#).

This year’s theme: **Navigating Global Demographic Transition** through innovative policy: an equity-centered approach.

Global health governance & Governance of Health

Geneva Health Files - Who's Who At The World Health Organization HQ: An Interactive Organogram

[Geneva Health Files](#)

(gated) The organogram after the restructuring.

BWI 80 (report)- Facing Up to the Future: Navigating Disruption, Building Trust

<https://www.bwi80.org/>

“Following a year of global consultations with ministers, civil society leaders, financiers, and practitioners, the message was clear: **the BWIs [Bretton Woods Institutions] must listen more, navigate today’s geopolitical complexities with care, and resist taking sides. Above all, they must put individual countries first** - not the political priorities of any influential shareholders. **The three mutually reinforcing priorities emphasised in this report – country ownership, scaled up**

finance, and modernised governance – are not standalone objectives. They are interdependent, and each is indispensable to effective reform...”

Core argument: see [here](#). (20 p.)

ECDPM (Commentary) - How will Europe craft and navigate new variable alliances?

<https://ecdpm.org/work/how-will-europe-craft-and-navigate-new-variable-alliances>

“**Sophie Desmidt** warns that the US’s escalating disregard for international norms marks a breaking point for Europe’s multilateral identity. **She argues that the EU must take the lead in crafting a new global order to navigate Amitav Acharya’s ‘world-minus-one’.**”

PS: also re ‘multiplexity’: “...This approach resonates with the international relations academic, **Amitav Acharya’s ‘world-minus-one’ optimism, which is underpinned by ‘multiplexity’** (not just multiple clashing poles). **Multiplexity is not about one global order, but many overlapping ones, and a patchwork of issue-specific constellations:** for example, on peace and security, with high-level or regionally driven initiative, or on climate and digital, with stronger cross-regional cooperation. **Multiplexity is different from minilateralism, as non-state actors** (private sector, platforms, insurers, logistics firms, regional organisations) **are structural players, not accessories....**”

College of Europe (Policy Paper) - Unpacking the Global Gateway’s financial structure: a critical look at the development logic

G M P Vico et al ;

https://www.coleurope.eu/sites/default/files/uploads/page/policy_paper_vol6_.pdf

“**Due to its private-sector focused approach, the Global Gateway contradicts the development narrative initially promoted by the European institutions** and breaches the NDICI-GE Regulation within which it is embedded. This policy paper argues that the profits accrued by European companies, the lack of investments in key development sectors in beneficiary countries, the limited volume of grants and the growing use of export credit facilities within the framework of the initiative turn it into a **vehicle for advancing trade and commercial interests rather than a genuine development policy**. Key recommendations include the **official framing of the Global Gateway as a trade policy rather than a development finance initiative...**”

Devex – UK aid allocations delayed; new numbers promised 'as soon as possible'

<https://www.devex.com/news/uk-aid-allocations-delayed-new-numbers-promised-as-soon-as-possible-111756>

“U.K. aid minister Jenny Chapman **also called the future of the country's independent aid watchdog into question.**”

« The United Kingdom’s international development minister confirmed last week that **multiyear aid allocations for 2026-29 have still not been published**, months after they were due to be

released, as the Foreign, Commonwealth & Development Office grapples with a 40% cut to overseas development spending. Development minister Jenny Chapman also signaled a potential rethink of aid oversight itself at a parliamentary hearing. »

PS: “ Chapman defended the U.K.’s shift away from bilateral programmes toward multilateral institutions, arguing that the approach allows the FCDO to retain influence despite sharply reduced resources. She told the committee that the government intended to prioritize funding for major multilateral institutions such as the World Bank, The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the African Development Bank....”

Review of International Political Economy - The moral economy of global priorities: fusing profit and public duty in malnutrition governance

Juanita Uribe; <https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2615410>

Recommended read. “This article examines a shift in the discourses through which attention to problems is justified in global governance. Whereas appeals to the public good and private gain were once invoked as distinct and often conflicting grounds for collective action, contemporary governance discourses increasingly bring them into alignment. Grasping this shift, I argue, requires a moral economy lens that can account for the novel entanglements between profit and moral obligation in an era where hybrid arrangements and the language of stakeholder collaboration have become commonplace. Empirically, the article traces how malnutrition moved from episodic recognition to unprecedented prominence within the United Nations (UN) governance architecture after 2008. It argues that two practices were central to this shift: the communalization of market solutions and the recasting of the problem as a win–win opportunity. The paper underscores the need for an analytical reintegration of morality in international political economy (IPE) not only within the confines of financial or corporate practice, but also as part of a wider transformation of how the global ‘common’ is being articulated. More broadly, the analysis shows that moral discourses may function not as a remedy for capitalism but as one of the means through which it anchors its core principles at the heart of public life.”

Project Syndicate - Trump Has Abandoned the World

Gordon Brown; <https://www.project-syndicate.org/commentary/trump-withdrawal-from-international-organizations-is-harmful-not-popular-by-gordon-brown-2026-01>

“President Donald Trump’s decision to withdraw the United States from 66 international organizations is ostensibly aimed at cutting waste, but **the inclusion of agencies supporting girls and women underscores the move’s arbitrariness and vindictiveness**. It will have dire consequences for people around the world.”

Including: “The **Trump administration wrongly assumes that Americans and foreign nationals support the dismantling of international organizations. But the vast majority of people want countries to work together to address shared problems**. In a recent [public-opinion survey](#) conducted across 34 countries, covering every region, **more than 90% of respondents said that international cooperation was essential for global health, human-rights protection, and conflict prevention**. Only 5-6% of the respondents, and no more than 7% in any one region, believe – as the Trump administration seems to – that such collaboration is “generally a waste of time and resources....”

“Moreover, contrary to reports of growing skepticism about multilateralism, respondents often reported more trust in international organizations than in their own governments. Trust in the WHO stands at 60% globally (rising to 85% in Sub-Saharan Africa), while trust in the UN is at 58%....”

Cambridge Review of International Affairs - On the medicalisation of global politics: a conversation with Roberto Esposito

M Riemann et al <https://www.tandfonline.com/doi/full/10.1080/09557571.2025.2564262#abstract>

Check it out.

Global health financing

ODI - What will ODI Global's public finance experts be looking at in 2026?

<https://odi.org/en/insights/what-will-odi-globals-public-finance-experts-be-looking-at-in-2026/>

“A fragmenting world order adds to the challenges of taking collective action on issues central to ODI Global’s mission, including artificial intelligence, climate change, trade and international development. It also places additional pressure on public finances at a time when global public debt is more than US\$100 trillion and fiscal institutions are under strain. Against this backdrop, we highlight some issues that will be on the radar for our public finance experts this year....”

Devex Pro - Development finance trends to watch in 2026

<https://www.devex.com/news/development-finance-trends-to-watch-in-2026-111740>

(gated) **“From private capital mobilization, pressure on MDBs and DFIs, a geographic shift in focus and local currency solutions to greater self-interest. Here's what to expect.”**

FT – UN seeks private finance drive for development projects

[FT](#);

“UN looks to businesses to bankroll more development projects.”

“...The UN’s development arm will try to attract more funding from businesses, its new chief has said, as the agency battles deep budget cuts from governments and criticism from the Trump administration. Alexander De Croo, the head of the United Nations Development Programme, told the FT that there was “absolutely no doubt that today the private sector really is at the core of development”. ”

“De Croo said the UNDP would have to be “more selective” in its use of public funds following blistering budget cuts from western countries, notably the US. ... “We have to be very, very

selective in using public money only in those places where private investment cannot take place,” De Croo said. Public funds should also be used in circumstances where they encourage private investment, he added....”

UHC & PHC

BMJ Feature - How politics destroyed Colombia’s model healthcare system

<https://www.bmj.com/content/392/bmj.s76>

“Colombia’s bungled reforms show why healthcare systems must be shielded from politics. **Luke Taylor** reports.”

Nature Africa - Reorienting Ebola care toward human-centered sustainable practice

R K Omasumbu et al ; <https://www.nature.com/articles/s41591-025-04174-9>

« **The recent Ebola outbreak in the Bulape health zone, Kasai Province, Democratic Republic of the Congo**, underscores both persistent challenges and emerging opportunities in outbreak responses. The rapid scale-up of responses with short-term interventions and heavy reliance on externally supported logistics has often failed to build sustained capacity or community trust...” “ **In Bulape, collaboration by the Ministry of Health, the World Health Organization, Médecins Sans Frontières, the United Nations World Food Programme and other partners led to a new approach for clinical care that strengthens patient care, reinforces local systems and promotes a more sustainable, patient-centered model of care....”**

« ... Together, these innovations **illustrate how emergency responses can serve as a platform for sustainable development, strengthening the local health system** and providing long-lasting benefits....”

World Bank (Results Brief) – Strengthening Health Systems in Sahel’s Fragile Communities

<https://www.worldbank.org/en/results/2026/01/23/strengthening-health-systems-in-sahel-fragile-communities>

“**From 2018 to 2024, World Bank–supported programs strengthened health systems and improved nutrition services in Mali and Mauritania**, focusing on women and children in fragile and conflict-affected areas. Using performance-based financing and community-driven interventions, these programs significantly increased the use of maternal and child health services, improved the quality of care, and achieved high-impact outcomes despite insecurity and COVID-19– related shocks.”

International Journal for Equity in Health - “Poverty is a social issue, not a mathematical problem”: examining the lessons for beneficiary identification from implementation of the UHC indigent program in Kenya

<https://link.springer.com/article/10.1186/s12939-026-02767-5>

By B Maritim, E Barasa et al.

Pandemic preparedness & response/ Global Health Security

Telegraph - Asian countries tighten borders over Nipah outbreak in India

<https://www.telegraph.co.uk/global-health/science-and-disease/asian-countries-tighten-borders-over-nipah-outbreak-india/>

“Nepal, Thailand, Taiwan and Sri Lanka ramp up surveillance and introduce health screenings.”

Science - Bird flu antibodies found in cow in the Netherlands, a first outside of U.S.

<https://www.science.org/content/article/bird-flu-antibodies-found-cow-netherlands-first-outside-u-s>

“Dead cat led to discovery, but officials stress no further spread of H5N1 has been detected.”

BMJ GH - How effective are international deployments in strengthening low- and middle-income countries (LMICs) to respond to outbreaks in the long term?

F Nzegwu et al; <https://gh.bmj.com/content/11/1/e022221>

“This study assessed the extent to which deployments contribute to long-term, sustained impacts on the national outbreak response capacities of African Union Member States.”

Conclusion: “International deployments contribute to the sustained impact of outbreak response, particularly when they are country-led and align with local priorities. The findings suggest that international deployments should be viewed not only as emergency surge mechanisms, but also as strategic opportunities for contributing to longer-term impacts on national systems. Future deployment models should prioritise developing soft skills of deployees, ensure deployments are timely, context-appropriate and supported with additional resources to maximise their enduring value.”

Planetary health

Nature Health – How Rwanda is preparing its health system for the climate crisis

P Henley et al; <https://www.nature.com/articles/s44360-025-00006-9>

In case you missed this.

Plos Climate - Intensive monitoring of workers' health outcomes in a warming world: Opportunities and challenges

Constanza Vielma et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000795>

“...This opinion argues that **current methods used to estimate worker's health under heat strain are suboptimal, given the range of technological solutions now available....**”

Lancet Planetary Health - Global health burdens of plastics: a lifecycle assessment model from 2016 to 2040

Megan Deene et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00284-0/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00284-0/fulltext)

“...We estimated a cumulative 83 million DALYs associated with business as usual (BAU) **projections of the global plastics system (2016–40)**, mainly due to the health burdens of global warming, air pollution, and chemical toxic effect-related disease and premature mortality. **Compared with BAU, reducing total global primary plastics production, combined with improving waste collection and disposal, increasing recycling, and replacing specific plastics with alternative materials and reuse systems reduced annual DALYs by 43% (46–23% in material substitution ratio sensitivity analyses) in 2040, but still indicated rising global health burdens over time.** Reducing primary plastics production, without material substitution, was the most effective single lever for reducing emissions and alleviating associated health burdens.”

Plos Med (Editorial) – Intervention research to protect human health in the era of climate extremes

Till Barnighausen et al;
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004918>

“Climate change is accelerating the frequency and severity of extreme weather events and increasingly threatening human health and life, particularly in low- and middle-income countries. **Research on the effectiveness of climate adaptation interventions for human health, as well as their desirability, implementation, and financial viability, are urgently required.**”

Mpox

WHO - WHO's response to the global mpox outbreak

<https://www.who.int/publications/m/item/who-s-response-to-the-global-mpox-outbreak-donor-report>

Donor report (August 2024 – September 2025). “This report provides a consolidated update on WHO’s response to mpox during the PHEIC period (August 2024–September 2025), aligned with the objectives of the extended Global strategic preparedness and response plan (SPRP). It outlines key actions taken to detect and reduce transmission, protect vulnerable populations, and strengthen readiness and response capacities across regions....”

Lancet Infectious Diseases - Household transmission of mpox in Africa: limited in adults but more prevalent in children

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00503-1/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00503-1/abstract)

By O Mitja et al.

Infectious diseases & NTDs

Carbonbrief - Climate change could lead to 500,000 ‘additional’ malaria deaths in Africa by 2050

<https://www.carbonbrief.org/climate-change-could-lead-to-500000-additional-malaria-deaths-in-africa-by-2050/>

“Climate change could lead to half a million more deaths from malaria in Africa over the next 25 years, according to new research.”

“The **study, published in [Nature](#)**, finds that extreme weather, rising temperatures and shifting rainfall patterns **could result in an additional 123m cases of malaria across Africa** – even if current climate pledges are met....”

Lancet Infectious Diseases - A transformation in cholera surveillance

A K Debes et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00408-6/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00408-6/abstract)

(from August last year – early online). “**The integration of rapid diagnostic tests (RDTs) into cholera surveillance marks a pivotal shift in global cholera control strategies.** In 2024, Gavi, the Vaccine Alliance initiated the shipment of cholera RDTs to cholera-endemic countries via Gavi diagnostic support, aligning with the publication of the Global Task Force for Cholera Control (GTFCC) surveillance for cholera guidance. The GTFCC guidance recommends systematically testing suspected

cases of cholera with RDTs. Implementing these tests at scale requires substantial changes to health systems spanning logistics, operations, and finance, such as supply chain adaptations, training key personnel, and integrating RDTs into national surveillance systems. ... **This Personal View argues that RDT-driven surveillance can close long-standing data gaps, refine burden estimates, and improve targeted interventions, such as vaccines, through early outbreak detection and rapid response.** Despite complex factors that must be accounted for during implementation, **with sustained support from Gavi and the GTFCC, the roll-out of RDTs for cholera is a major step towards achieving the 2030 cholera elimination goals.** ”

AMR

Cidrap News - CARB-X receives \$60 million from Wellcome to support early-stage antibiotic R&D

<https://www.cidrap.umn.edu/antimicrobial-stewardship/carb-x-receives-60-million-wellcome-support-early-stage-antibiotic-rd>

“CARB-X (Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator) said yesterday that it will receive \$60 million in funding over the next two years from global charitable foundation Wellcome. ...”

PS: **Wellcome co-founded CARB-X in 2016.** “Wellcome officials hailed CARB-X’s focus on products that address high-burden infections in low- and middle-income countries, including lower respiratory tract infections, bloodstream infections, and sexually transmitted infections....”

International Health - Antimicrobial stewardship interventions currently implemented at primary healthcare settings across low- and lower-middle-income countries (LLMICS)

<https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf136/8436287?searchresult=1>

By Abdulhammed O Babatunde et al.

NCDs

Health Systems & Reform (Editorial) -A Health System Approach to Address Diabetes

Pablo Villalobos Dintrans, M R Reich et al ;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2612754#d1e235>

Editorial of a Collection. “This **Collection in *Health Systems & Reform*** offers insights to rethink the efforts toward a more effective and equitable response to diabetes, using a comprehensive perspective (a health system approach) to identify problems, gaps, and solutions....”

Colgate-Palmolive and WHO Foundation Announce Global Partnership on Oral Health

<https://www.colgatepalmolive.com/en-us/news/colgate-palmolive-and-who-foundation-announce-global-partnership-on-oral-health>

“Multi-year funding will advance oral health, as oral diseases are among the most prevalent and overlooked noncommunicable diseases impacting 3.7 billion people globally....”

Nature – The surprisingly big health benefits of just a little exercise

<https://www.nature.com/articles/d41586-026-00237-0>

“‘Exercise snacks’ and other forms of everyday movement can greatly reduce the risk of heart disease and death.”

On the benefits of **“vigorous intermittent lifestyle physical activity”** (VILPA) :)

Nature (News) - Longevity is in the genes: half of lifespan is heritable

<https://www.nature.com/articles/d41586-026-00300-w>

“Understanding the genetic controls of ageing could lead to more therapies that forestall it.”

Mental health & psycho-social wellbeing

Wellcome commissioned (Report) - Understanding how interventions for youth depression and anxiety work

T Bere et al; https://wellcome.org/insights/reports/understanding-how-interventions-youth-depression-and-anxiety-work?utm_source=linkedin&utm_medium=o-wellcome

“This report identifies what we do and don’t know about how interventions for youth anxiety and depression work. It also includes recommendations for future research to fill the gaps and better inform policy and funding decisions. “

“Youth anxiety and depression are among the leading causes of disability worldwide, but most research comes from wealthy countries. That’s not where the greatest need for better treatments is. **A new report commissioned by Wellcome shows why understanding *how* interventions work - and adapting them for different contexts - is key to improving outcomes globally.**”

Neonatal and child health

Bloomberg - Babies Are Getting Sick From Formula That Mimics Mother's Milk

[Bloomberg](#);

"A widening recall shows that as the infant food gets more nutritionally complex, the systems designed to keep it safe are struggling to keep pace." With some **in-depth analysis**.

Access to medicines & health technology

Review of International Political Economy - 'Don't come with your lessons in morality': ontological imperialism and the MERCOSUR-EU intellectual property negotiations

Asha Herten-Crabb; <https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2618083?src=>

"International trade governance is often framed as neutral and technocratic, emphasizing fairness, modernization, and mutual benefit. Yet, vast inequalities between the Global North and South persist, not as mere byproducts of developmental progress but the endurance of an imperial order historically structured by domination, extraction, and racialized hierarchies. Scholarship has illuminated the material and institutional mechanisms underpinning these inequalities, including through trade; however, less attention has been paid to their ontological foundations – that is, to the categories that define what counts as legitimate economic activity and which interests, claims, and forms of authority are recognized as legitimate within trade governance. **This article develops the concept of ontological imperialism to capture how such categories are embedded in trade agreements and negotiations** in ways that stabilise hierarchy at the level of meaning as well as material exchange. Drawing on 62 semi-structured interviews with negotiators, business representatives, and civil society actors, alongside official negotiation texts and statements, **the paper examines the Southern Common Market-European Union (MERCOSUR-EU) trade negotiations as a case study of ontological imperialism in trade-related intellectual property governance**. While MERCOSUR states resisted some Trade Related Intellectual Property Rights (TRIPS)-plus provisions, the broader negotiation framework constrained alternative approaches, reinforcing Western legal and economic logics. "

Economist – Britain's good idea for custom genetic medicines

<https://www.economist.com/leaders/2026/01/22/britains-good-idea-for-custom-genetic-medicines>

"A way to tackle the tricky economics of drugs designed for one person."

"This month Britain's Medicines and Healthcare products Regulatory Agency (MHRA) approved a novel sort of clinical trial. Ten children, each suffering from an ultra-rare genetic neurodegenerative disease that threatens his or her life, will each receive a unique version of a known drug molecule. If the trial is successful, the MHRA will give the nod not to each custom drug one by one, but to the

process of making them. The firm doing the tailoring, EveryONE Medicines, would be able to make as many variants as there are children in Britain needing care and treatable with the underlying compound. America's Food and Drug Administration is adopting a similar approach. **The world's other regulators should likewise follow Britain's lead...."**

PS: ".... **EveryONE Medicines reckons that process approval could cut the cost of developing custom therapies from \$2m-3m to below \$1m and the time it takes from two or three years to less than nine months.** As prices fall, demand will rise, including, eventually, from state-run health-care systems...."

Book - Peak Pharma: Toward a New Political Economy of Health

Susi Geiger, Théo Bourgeron; <https://academic.oup.com/book/61632>

"This book argues that we have reached the 'peak' of a particular model for pharmaceutical innovation—the neoliberal value model that has been in place since the early 1980s. 'Peak' designates a state where a given and socially significant resource becomes rarer, more difficult to access, and more expensive, to a point where the balance of societal costs incurred and value gained reaches a tipping point. We argue that the neoliberal pharmaceutical system is reaching its 'peak' in several vital respects: peak pricing, peak concentration, peak financialization, peak expansion. We thus use the term to signal the crisis and possible end of an era-defining business model in the pharmaceutical sector. ...

"... Projecting what might follow post-peak, we sketch two scenarios. The first is a dystopian one, the pharmafeudal value regime, where the alienation and exclusion the system has fostered is being driven ever-further through developments in so-called personalized medicine. The second is a more optimistic, dare we say utopian, one that we call the commons-based value regime, where current experiments with alternative pharmaceutical economies are systematically supported and come to represent a true alternative to the current market forces at play. "

- And a link: [Plos GPH - Reaching the 100 by 2027 target for universal access to rapid molecular diagnostic tests for tuberculosis in Africa: In-sight but out of reach](#)

Decolonize Global Health

Critical Public Health - Epistemic injustice in global health knowledge creation: bibliometric analysis of the universal health coverage/global health security intersection English-language literature

Elisabeth McLinton et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2617710>

"... Although a modest diversification of authorship patterns was observed between the pre- and post-2020 periods, a consistent pattern of disproportionate representation favouring authors affiliated with institutions of the Global North remains in the English-language peer-reviewed literature...."

Science Politics - Sects, Money and Global Health

Jishnu Das; <https://sciencepolitics.org/2026/01/25/sects-money-and-global-health/>

“An open, honest discussion about how foreign aid can help countries develop systems of local health research and knowledge ... and not inadvertently create an elite cabal.”

Devex - Scoop: Emails reveal accountability standoff at AIIB over evictions

<https://www.devex.com/news/scoop-emails-reveal-accountability-standoff-at-aiib-over-evictions-111696>

“Leaked emails show the Beijing-based lender sidestepping on-the-ground meetings with Indigenous communities, fueling concerns that its accountability reforms are merely “cosmetic.””

“A leaked email exchange between the Asian Infrastructure Investment Bank and a civil society watchdog group over alleged human rights abuses at a tourism development project in Indonesia is shedding light on how the Beijing-based lender handles complaints — just as critics warn its revamped accountability mechanism may still fall short....”

Global Policy –Why Africa Is Always 'Emerging,' but Never Arrives

<https://www.globalpolicyjournal.com/blog/27/01/2026/why-africa-always-emerging-never-arrives>

“Titilope Ajeboriogbon examines why Africa remains perpetually labeled as "emerging" despite decades of development initiatives, tracing the structural causes to colonial legacies, debt dependencies, brain drain, and international financial institutions that were designed without African input. It argues that genuine development requires Africa to define its own trajectory rather than conforming to externally imposed metrics of progress.”

Conflict/War & Health

Globalization & Health - From ground realities to policy: a framework for assessing multipolar health system governance in conflict-affected and high-risk areas

M Alkali, K Blanchet, P Spiegel et al; <https://link.springer.com/article/10.1186/s12992-025-01183-8>

“ This study develops a framework to analyse health system governance in conflict-affected and high-risk areas, including fragmented systems.”

“This paper aims to present a working framework to assess the non-hierarchical governance of a health system in CAHRAs using the experience derived from the Syrian case and building on Siddiqi et al.’s HSG framework and an introductory paper by Alkhalil et al. (2024) focusing on the legitimacy of health systems in 198 conflict settings ...”. (ps: CAHRAs stands for Conflict-Affected and High-Risk Areas)

SSM Health Systems - Mapping resilience in conflict and recovery: A systems analysis of the health sector in Ethiopia's Tigray region (2020-2025)

<https://www.sciencedirect.com/science/article/pii/S2949856226000188>

By M H Tequare, S Witter, M Bertone et al.

Lancet Regional Health Africa - Sudan's collapsed health system: why community-led structures are now the backbone of survival

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(25\)00017-3/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(25)00017-3/fulltext)

By A Homeida et al.

Lancet – A 25% extraterritorial tariff shock and the health burden in Iran

R Majdzadeh et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00102-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00102-9/fulltext)

“...This Correspondence does not address the ongoing violence, which we defer until reliable information allows for a clearer assessment. **Our focus is a distinct and preventable harm: erosion of the right to health through restricted access to essential medicines and medical technologies during a period of acute need and fragile health system conditions....**” “On Jan 12, 2026, the US President publicly announced an immediate and conclusive 25% tariff on any nation conducting business with Iran....”

“We urge WHO and relevant UN agencies to treat extraterritorial trade measures as de facto public-health interventions that require...” a number of safeguards.

AI & Health

Guardian - Google AI Overviews cite YouTube more than any medical site for health queries, study suggests

<https://www.theguardian.com/technology/2026/jan/24/google-ai-overviews-youtube-medical-citations-study>

“Exclusive: German research into responses to health queries raises fresh questions about summaries seen by 2bn people a month.”

Guardian - Google DeepMind launches AI tool to help identify genetic drivers of disease

<https://www.theguardian.com/science/2026/jan/28/google-deepmind-alphagenome-ai-tool-genetics-disease>

“**AlphaGenome** can analyse up to 1m letters of DNA code at once and could pave way for new treatments.”

“**The company** has said its AI summaries, which appear at the top of search results and use generative AI to answer questions from users, are “reliable” and cite reputable medical sources such as the Centers for Disease Control and Prevention and the Mayo Clinic. **However, a study that analysed responses to more than 50,000 health queries, captured using Google searches from Berlin, found the top cited source was YouTube. ...**”

Miscellaneous

KFF - KFF Health Tracking Poll: Health Care Costs, Expiring ACA Tax Credits, and the 2026 Midterms

[KFF](#);

“Americans are most worried about health care costs compared to other household expenses like food, rent, and utilities, according to [a new KFF poll...](#)”

World Inequality report (World Inequality Lab)- Global Economic Inequality

<https://wir2026.wid.world/insight/global-economic-inequity/>

“Inequality remains one of the defining economic challenges of our time.”

Quote from chapter 1: “...**the top 1% includes about 56 million adults, similar to the adult population of the United Kingdom.** The top 0.1% (5.6 million adults) is similar in size to the total population of Singapore. The top 0.01% amounts to 556,000 adults, about the total population of Genoa in Italy. The top 0.001%, with 56,000 adults, could all fit inside a football stadium. Going further, the top 0.0001% (around 5,600 adults) would fill a concert arena, the top 0.00001% (560 adults) a theater, and **the top 0.000001% (56 adults) a single classroom.** These comparisons will help illustrate **just how concentrated the very top of the distribution is...**”

Vox Dev - Global poverty trends through a new lens

Oliver Sterck; <https://voxdev.org/topic/methods-measurement/global-poverty-trends-new-lens>

“Global poverty trends look radically different depending on the poverty line used. **A new measure that doesn’t depend on ‘lines’ – the average time needed to earn a dollar – shows that global poverty has fallen sharply, by about 55% since 1990.** This was driven mainly by income growth in East Asia.”

Guardian - ‘Manosphere’ influencers pushing testosterone tests are convincing healthy young men there is something wrong with them, study finds

<https://www.theguardian.com/society/2026/jan/22/manosphere-influencers-testosterone-tests-young-men>

“Researcher points to ‘medicalisation of masculinity’ after investigating how men’s health is being monetised online.” Cfr a study published in the journal **Social Science and Medicine**.

“Researchers analysed 46 high-impact posts about low testosterone and testing made by TikTok and Instagram accounts with a combined following of more than 6.8 million, to **examine how masculinity and men’s health are being depicted and monetised online**. The lead author of the study, Emma Grundtvig Gram, a **public health researcher at the University of Copenhagen**, said **influencers promoting routine testosterone screening often framed normal variations in energy, mood, libido or ageing “as signs of pathology”**”

BMJ Feature - New synthetic drugs more powerful than fentanyl pose a new epidemic threat

<https://www.bmj.com/content/392/bmj.r2653>

“Synthetic drugs are raising the risk of an epidemic worse than that of fentanyl in the UK and Europe. Marianne Guenot explains what these drugs are and what clinicians need to know.”

Papers & reports

HP&P - Celebrating the 40th anniversary of Health Policy and Planning

Anne Mills, Gill Walt, Lucy Gilson et al;

<https://academic.oup.com/heapol/article/41/1/1/8439478?searchresult=1>

On the purpose and content of the journal, then and now.

Plos GPH - Towards an international research agenda for public health advocacy: Practice, preparedness and knowledge gaps

Katherine Cullerton et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005713>

“ ...To better support advocacy efforts, we sought to understand global advocacy practices, identify effective strategies, and determine where additional resources or evidence are most needed. ... Notably, **respondents from middle-income countries reported higher self-assessed advocacy skills than those from low- or high-income countries...**”

JCPH - The post-politics of partnership: Understanding corporate power in multistakeholder governance

Rob Ralston; <https://journalhosting.ucalgary.ca/index.php/jcph/article/view/80109>

Part of a special issue on **decentring health systems**.

- See Editorial - [Decentring health systems: Narratives, agency and resistance in critical public health](#)

“The concept of ‘health systems’ is pervasive in contemporary public health policy and scholarship. Health systems are invoked as objects that can be strengthened, made resilient or reformed through better design, improved governance arrangements or more rational use of evidence. Yet, as much work in critical public health has shown, health systems are not neutral, coherent or stable entities. They are made and remade through the actions of situated actors, drawing on particular historical trajectories, ideas and interests, and they routinely reproduce social and health inequalities. **This Special Issue of Journal of Critical Public Health brings interpretive and decentred approaches on public governance to bear on a set of empirical cases that span European economic governance, European Union (EU) meta-regulation, multistakeholder food policy partnerships, housing policy, place-based public health, integrated care reforms and healthcare within prisons.** Collectively, the papers ask: **what happens when we stop treating health systems as unitary structures or technocratic projects and instead treat them as contingent, contested practices?** In doing so, they invite us to rethink how we conceptualise ‘systems’, and what it might mean to pursue more just and inclusive forms of public health....”

Global Public Health - ‘Stigma is a tough beast... we need all the allies’: A qualitative study on prospects for an integrated approach to reduce health-related stigma from civil society organisations' perspective

Chrysa Menexi et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2617774>

« In line with global efforts to reduce health-related stigma to ‘zero’ by 2030, researchers propose **integrating disease-specific stigma reduction programs into a united approach.** This study explored civil society organisations' (CSOs) perspectives on using an integrated approach across diverse health conditions to mitigate stigma and its associated implications. ...”

Plos GPH - The Stigma of self-report in health research: Time to reconsider what counts as “Objective”

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005521>

By N A Alwan.

SS&M - Departures from health universalism? A value set of AP-7D in Japan as an attempt to develop a “culture-specific” preference-based measure

<https://www.sciencedirect.com/science/article/abs/pii/S0277953626000973>

“Health universalists believe developed instruments can be applied worldwide. Health pluralists disagree, as they argue that health concepts differ across cultures. To incorporate the health pluralist view, we developed AP-7D, a cultural-specific PBM for Asian populations....”

- And a link: **Nature Health** - [Operational research to improve health systems in the Global South](#) (by E F Kamara et al)

“The **Structured Operational Research Training Initiative** has increased operational research capacities in Sierra Leone, and provides a model for Global North–Global South and Global South–Global South regional partnerships for health system planning and performance.”

Blogs & op-eds

CGD - Reflections on the World Economic Forum: AI, Geopolitics, and Biothreats

R Glennerster; <https://www.cgdev.org/blog/reflections-world-economic-forum-ai-geopolitics-and-bio-threats>

“It has been more than 15 years since I last attended **the World Economic Forum in Davos**, and a lot has changed. **Development used to be a major focus, but this year it was artificial intelligence (AI) and geopolitics** (especially Greenland). ...”

Tweets (via X & Bluesky)

Daniel Reidpath

“Many have suggested that the US made well founded points about WHO's inefficiencies and bureaucratic tangles. **When an argument is strewn with lies and bullshit, grains of truth exist as subterfuge.**”

Jayati Ghosh

“I'm continuously surprised (though not shocked) at how racist/colonial the western discourse on the **Carney speech** at Davos has been. **Gaza is not seen at all as a "disruption" or end of a rules-based world order, and western "values" are still upheld by the enablers of genocide...**”

Podcasts

(Global Health Matters) Podcast - Building the brain economy

<https://www.buzzsprout.com/1632040/episodes/18548691>

“As development leaders gather at the Prince Mahidol Award Conference to discuss profound shifts in global demographics, brain health is top of mind for many. Brain health influences

whether people can live productive and meaningful lives and whether the economies of countries can thrive. **In this episode, host Garry Aslanyan is joined by two pioneers who make the case for strengthening brain capital and the brain economy.** George Vredenburg is the founding chairman of the Davos Alzheimer's Collaborative, a global public-private initiative focusing on linking and scaling Alzheimer's and brain health research and delivery systems worldwide. Joining him is Rajinder Dhamija, distinguished neurologist, Professor of neurology, and Director at the Institute of Human Behaviour and Allied Sciences in New Delhi."