

# IHP news 866 : From Bad Bunny all the way to Munich

( 13 Feb 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 are not going to make a habit of it, but for obvious reasons **Benito Antonio Martínez Ocasio** (better known as “**Bad Bunny**”) pops up for the second week in a row in the intro. You probably had your fair share of analyses of his performance at the Superbowl halftime break by now, so we won’t add to that. In our spare time, however, we also engage a bit in ‘**capacity strengthening**’ for young (and not so young?) researchers. From that point of view, Steven Nelson totally nailed it : “*...If Bad Bunny can cover the history of Puerto Rico, colonialism, transatlantic slavery, hemispheric consciousness, as well as contemporary life and politics in under 14 minutes, you can do your 15- or 20-minute conference presentation with time to spare.*” :) On a related note, we do think **Latin dance skills** should become a compulsory part of a “**GRIPP package** fit for our dire polycrisis times”: you never know you end up on a stage at the Superbowl half time event, with only one goal on your mind: ‘**Constructive disruption**’ (and we actually happen to have a colleague with hips like Elvis who would make a great coach!).

On a more serious note, Bad Bunny was no doubt also a good antidote for the multitude of commercial “**health ads**” with financial ties to the beef or dairy industries, **Big Pharma** and other “**MAHA centers**”. “**Capitalism still rules the world**”, and the US in particular. It’s a stunning success from what we can tell.

Which brings us to the rest of a rather busy global health policy week.

This newsletter features among others, coverage & analysis on **another round of PABS negotiations** in Geneva; final analysis of **WHO’s 158<sup>th</sup> Executive Board meeting**; and some health (sovereignty) reads related to the **African Union summit** (ongoing, Addis). One of the key targets: to tackle the “**\$43-per-person health deficit**” (with increased Africa CDC **calls for efficiency** among the ways forward). There’s also the **Global Fund Board meeting** (11-13 Feb), a **Global Coalition for WHO Action on Gun Violence**, and much more.

This weekend, the **Munich Security conference** also takes place in, you guessed it, Munich. The **annual report**, themed this year “**Under destruction**” sounds like a nice Friday 13<sup>th</sup> read. It describes, accurately, how “*the world has entered a period of wrecking-ball politics*”. The **Lancet Commission on 21st Century Global Threats to Health** (dubbed the “Commission of Commissions”) will also be launched in Munich. The 21<sup>st</sup> century looks full of global threats to health, some even ‘existential’. Earlier this week, other researchers pointed to the **increasing likelihood of a ‘hothouse Earth’ scenario**. And a new **BMJ call for papers** aims to zoom in on the **geopolitical determinants of health**. Timely call.

Let me leave you, however, with my idiosyncratic silver lining of the week: [coffee has been linked to slower brain ageing!](#) Even better, cognitive health in later life is also ‘strongly influenced’ by [“lifelong exposure to intellectually stimulating environments”](#) (*reading & writing, and learning a language or two*). Music to my ageing ears. (*and hope scanning IHP also qualifies as an ‘intellectually stimulating’ thing for you guys : )*)

PS: Today's **Featured article** (*see below*) was produced by **researchers from the International Health Policy Research Network (IHP Res Net)** - a collaborative health policy research network that was launched in October 2025. The network plans to evaluate the impacts and appropriateness of a range of international health policies across different LMIC contexts. Do check out their first contribution!

Enjoy your reading.

Kristof Decoster

## Featured Article

### From multilateralism to bilateralism: Is the “America first” strategy turning Global Health into the Law of the Jungle?

[Delphin Kolié, Antea Paviotti & Nicola Deghaye](#) (all IHP Res Net researchers)

Guinea is less dependent on US funding than many other African countries. As a result, the impact of changes in global health funding on Guinea (and countries like it) is often neglected. In December 2025, Delphin Kolié (*Centre National de Formation et de Recherche en Santé Rurale de Maferinyah, Guinea*) interviewed several key actors involved in the design and implementation of US-funded health interventions in Guinea. This blog draws on these interviews and brings you their perspectives and some of their concerns about the upcoming bilateral agreement on global health between Guinea and the USA. Interviewees consistently described the shift from multilateral to bilateral cooperation as an application of the “law of the jungle”, where the strongest actor sets the rules and isolation is used to increase vulnerability....

- To read the full article, see IHP: [From multilateralism to bilateralism: Is the “America first” strategy turning Global Health into the Law of the Jungle?](#)

# Highlights of the week

## Structure of Highlights section

- PABS negotiations (9-14 Feb, Geneva) (& more on PPPR/GHS)
- WHO's 158<sup>th</sup> EB meeting: Final analysis & coverage
- Coming up: Munich Security Conference
- Global Fund Board meeting
- Re-imagining global health/development/international cooperation...
- AU summit & health
- US Global health strategy, PHFFA & bilateral health agreements
- Trump 2.0
- More on Global Health Governance & Financing/Funding
- Global Tax justice & reform
- UHC & PHC
- NCDs
- Commercial Determinants of Health
- SRHR
- Human Resources for Health
- Planetary Health
- Access to medicines, vaccines & other health technologies
- Conflict/War/Genocide & health
- Decolonize Global Health
- Some more reports & papers of the week
- Miscellaneous

## PABS negotiations (9-14 Feb) & more on PPPR/GHS

WHO member states gathered again in Geneva this week for the [5th meeting of the IGWG](#) - with focus on **PABS** (pathogen access & benefit sharing). Still ongoing.

**Global Public Health Insights - Can we do better in the next pandemic on equitable access to vaccines? The jury is still out.**

S Lehtimaki; [Substack Nina Schwalbe](#);

This post nicely set the scene last weekend as a new PABS round was about to start. “**With just 10 days left to negotiate Pathogen Access and Benefit Sharing (PABS)**, it's unclear if a deal can be reached by the World Health Assembly's May deadline.”

“The main point of contention concerns whether benefit-sharing should be voluntary or mandatory...”

## HPW - Powerful WHO Members Hint at Delay in Pandemic Talks if No Legal Certainty on Pathogen Information

<https://healthpolicy-watch.news/powerful-who-members-hint-at-delay-in-pandemic-talks-if-equity-demands-are-ignored/>

Coverage of day 1 of this PABS round.

“Powerful member state blocs at the World Health Organization (WHO) stressed on Monday that they will not compromise on the final outstanding piece of the Pandemic Agreement simply to meet the May deadline.”

“The Group of Equity and the WHO’s Africa, Eastern Mediterranean and South-East Asia regions stated that they wanted a Pathogen Access and Benefit-Sharing (PABS) system with legal certainty at the second-to-last meeting of the Intergovernmental Working Group (IGWG). .... However, the European Union, backed by G7 leader France, called for pragmatism and speed....”

PS: “Some LMICs also stressed – as India did – that benefit-sharing must extend “beyond monetary contributions and donations of vaccines, diagnostics and therapeutics”. “

PS: “... The IGWG meeting – the fifth of six – ends on Saturday, and while it plans four evening sessions, co-chair Tovar da Silva Nunes reminded delegates that the meeting’s access to interpreters is limited, a casualty of WHO budget cuts....” “There are 100 days to the deadline, and by the end of this week’s talks, it should be clear whether the annex is on track for adoption in May....”

## Geneva Health Files - Biodiverse Developing Countries Stake Claim to Global Health Security, Demand Clear Terms to Govern Access to Pathogen Information & Sharing of Benefits

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

“Developing Countries Demand That Solidarity Be Designed into PABS.”

Update from Wednesday. “... This week, countries are discussing a range of technical matters: from the governance of databases to the obligations on access; on the provisions and triggers to share benefits, to how this system will be governed. Observers say that many of the issues have already been discussed at length both in formal and informal sessions with experts feeding into these deliberations. “Much of what remains to be done is political,” an expert involved in these discussions told us this week....”

“In this story, we present statements from member states and non-state actors. As you will see, the interventions are getting more specific as these negotiations close in to the specifics. We are noticing enlivening dynamics between non-state actors and how these contests outside the room are shaping the negotiations inside....” A few things we noted in Patnaik’s analysis:

PS: "Industry groups indicated they wanted a greater role on how the PABS system will define the list of Pathogens with Pandemic Potential. ...."

PS: "Africa is back": due to the bilateral health agreements "... from the United States, **African countries were perceived as being more muted in their participation in December 2025, and January 2026** when the IGWG met for deliberations, many observers and diplomats said. **But this week, they noticed an unmistakable and persistent articulation from African countries**, several negotiators told us...."

- And via HPW – [MOUs in place of multilateralism?](#)

Meanwhile, re the impact of bilateral health agreements US-African countries: "...**WHO Director-General Dr Tedros Adhanom Ghebreyesus reiterated this week that bilateral agreements between countries are "not a new phenomenon", and he did not think that the US-driven MOUs can replace the multilateral system.** "Any member state can have any MOU with any country it wants. This is between sovereign countries, and they know best for their respective countries," said Tedros."

"**Tedros also shrugged off concerns that these MOUs will undermine the PABS system being negotiated as part of the WHO's Pandemic Agreement.** "I don't see that there will be any impact on the PABS negotiations. We're not really worried... There can be bilateral agreements, and there can also be multilateral agreements. It's not one or the other. Both can exist without any problem."..."

## **Reuters – Vaccines are a national security issue, says a global health official**

[Reuters:](#)

**CEPI's Hatchett**, more in particular. "He warned that rising anti-vaccine sentiment worldwide could undermine efforts to fight future pandemics. "

## **Pandemic Fund (Brief) - Pandemic Prevention, Preparedness, and Response Projects Funded by the Pandemic Fund in the Third Call for Proposals**

<https://www.thepandemicfund.org/news/brief/pandemic-prevention-preparedness-and-response-projects-funded-pandemic-fund-third-call>

"**On February 12, 2026, the Pandemic Fund's Governing Board allocated US\$499.6 million to 20 projects in its third funding round.** The grants are mobilizing over US\$4 billion in additional financing, including US\$1.56 billion in co-investment from domestic resources and US\$2.5 billion in co-financing from international partners. **Under its first three funding rounds, the Pandemic Fund is supporting 128 countries across six regions through 67 projects.** Of these, 91 countries are accelerating investments in national and cross-border capacities for pandemic prevention, preparedness, and response (PPR), and six regional entities are bolstering regional PPR capacities that together reach 85 countries. **The 20 selected projects in the third round will receive funding to strengthen disease surveillance and early warning, laboratory systems, and the health workforce.** For the detailed funding allocations and project descriptions, please see the table below...."

## WHO's 158<sup>th</sup> Executive Board Meeting (continued): Final analysis & coverage

We start with some overall analysis via HPW and Geneva Health Files. And then continue with some of the final EB agenda points from last week (+ analysis).

### HPW - WHO Executive Board Adopted New Efficiency Measures; Can They Stick?

<https://healthpolicy-watch.news/who-executive-board-adopted-new-efficiency-measures-can-they-stick/>

“After fits, starts, hours of back room negotiations and hesitations, **the closing day of WHO’s Executive Board session Friday saw agreement on a number of small – but potentially meaningful – efficiency measures** aimed at saving both member states and the financially-strapped agency a time and money in preparing for and responding to member state mandates. **The changes come amidst mounting geopolitical and social tensions amongst member states, with an increasing share of discussion time consumed by a handful of highly politicized items, including the wars in Ukraine and Gaza, as well as sexual and reproductive health rights.** At the same time, the Executive Board and the annual World Health Assembly (WHA) have become overloaded with a growing volume of draft decisions and resolutions—many costly to implement and not always aligned with established strategic plans....”

“**Among the key reforms is an initiative to streamline timelines and criteria for member state submissions of proposed draft resolutions and decisions**, a move that could curb the proliferation of proposals seen over the past several years....”

“... Other small efficiency steps for the upcoming WHA include **a compromise on language approving WHO’s continued engagement with five NGOs working on sexual and reproductive health rights**, and **a plan to consolidate discussion around two overlapping reports around the thorny question of health conditions in the “Occupied Palestine Territory” into a single WHA agenda item**—avoiding duplications that have consumed hours of WHA time since 2024. ...”

PS: re the former: “... **The Executive Board also reached a time-saving agreement on another topic of frequent WHA filibusters – WHO engagements with non-state actors that work on sexual and reproductive health rights (SRHR).** Egypt, where abortion is illegal unless a woman’s life is at risk, and even subject to a jail sentence, has long been a leader in opposing WHO’s engagements with NGOs working in this space. This year, that included opposition to WHO collaborations with **five groups whose terms of engagement** with WHO are due to be renewed this year, as part of a routine, triannual review process. The groups include: International Planned Parenthood Federation; the American Society for Reproductive Medicine; Family Health International; the Population Council and the World Association for Sexual Health. ...”

### Geneva Health Files - Decisive Meeting at WHO Silent on U.S. Withdrawal, Debates Governance Reforms, Buys Uneasy Peace on Cultural Wars

[Geneva Health Files](#):

"In this edition, we present a wrap of key issues, dynamics that unfolded at the WHO Executive Board meeting that concluded last night on February 6th...." A few excerpts:

**"... Despite the positives, there is no doubt that a confluence of factors is making the governance of global health increasingly difficult, if not impossible. Geopolitics and cultural wars, threatened to nearly hijack the work of the Board. This was only averted by deft diplomacy, but there is no telling how these pressures will reveal themselves in the run up to the World Health Assembly and after. Below, we join the dots across issues and present the potential implications for not only WHO, but what this means for people's health more generally. The use of the principle of "sovereignty" is increasingly being deployed selectively by a range of countries across policy areas seeking carve outs from international law, norms and guidelines– this will have serious implications for global health policy-making, observers say. Sovereignty is emerging *in opposition to* universality – which underpins success in global health governance...."**

Patnaik also discusses "The Withdrawal of the US & Argentina: the Balkanisation of International Health law?" and "engagement with Non-state actors".

**"The Board also wrestled with a decision on the engaging with non-state actors, specifically collaboration with specific entities. The agenda item hung like a cloud over the proceedings during the week with suspense, and many speculations on whether it would result in difficult and raucous debate on women's rights and health, as has been in the recent past, and including at a previous executive board meeting. Countries worked to resolve sharp differences in a series of informal sessions until the last hour of the week-long proceedings. The forged compromise language on the decision was brokered by Norway among others..."**

Related: "... While there have been efforts to keep the SRHR discussion technical, the trans-national alliances and rising coordination among far-right groups has made this fight difficult and made some strange bedfellows across countries." ... Beyond the immediate implications for the health and rights of women and girls, for many, the attack on WHO's key and negotiated accountability process raises wider questions....."

And on the governance reforms: "Reeling from the financing crunch and deep restructuring in the WHO, countries also took stock of the organization's role in the evolving global health architecture. Here too, countries were divided. Sources said that not all countries believed that WHO should effectively be at the center of this coordination of global health. "Many developed countries believe that other global health agencies should assume a larger role," a developing country diplomat said of the discussions on UN80 reforms....."

## Geneva Solutions - WHO board nudges US, Argentina breakups forward before big meet

<https://genevasolutions.news/global-health/who-board-nudges-us-argentina-breakups-forward-before-big-meet>

**"Ahead of the World Health Organization's big meeting in May, board members may have granted legal favors to the US and Argentina as they withdraw from the agency."**

Includes the view of G L Burci.

“Surprised by the reactions within the board, **Gian Luca Burci, adjunct professor of international law at the Geneva Graduate Institute, says nonetheless that the muted response by the executive board to the Argentine and US withdrawals was a “classical dichotomy between law and politics.”** Only a few countries, including Spain, Japan and Lebanon, he notes, came anywhere close to arguing against Argentina’s withdrawal during the discussions, instead preferring to hedge their own future options. **“There’s a clear deference to what a country does as a sovereign state, maybe not wanting to take a clear position, because while today it’s Argentina, tomorrow it can be me,” the legal expert says....”**

**“Burci warns that the board meeting may have created a new legal precedent on withdrawals, in opposition to the secretariat’s position, based on the Eastern European example. “These countries were kept on the list of members as inactive members. They then returned and paid a symbolic amount, and resumed active participation.” “... By cracking the legal door open to the possibility of countries leaving the organisation, at a time when multilateralism is being challenged, may be a “slippery slope”, he adds...”**

## **HPW – Argentina: No Withdrawal from Pan American Health Organization – Despite Leaving WHO**

<https://healthpolicy-watch.news/argentina-says-its-not-withdrawing-from-pan-american-health-organization-despite-leaving-who/>

**“Although Argentina is withdrawing from the World Health Organization’s global body, it intends to remain an active member in WHO’s regional affiliate, the Pan American Health Organization (PAHO), the country’s representative told the WHO Executive Board on Friday. ....”**

**PS: “No clear way forward on response to member states that withdraw : The EB discussion also did not yield a unanimous recommendation on whether the World Health Assembly should actively ‘accept’ Argentina’s withdrawal – or how to respond to the US withdrawal at a time when Washington stills owe some \$360 million in past dues. ... While many WHO member states at the EB meeting stressed that countries had the sovereign right to determine whether they remain in an international organization – others stressed the legal complexities around the issue and the need for further consideration before the WHA must take a position in May...”**

**PS: “China described the US move as a lack of leadership, saying: “As the most representative and authoritative intergovernmental, international health organization, the WHO bears a significant responsibility in global health governance....Major countries in particular, should lead by example. They should not treat the WHO as something to be used as it fits and abandoned when it does not. Nor should they bypass the WHO and set up alternative mechanisms,” China’s delegate said. “Countries should adhere to the rule of law and should not selectively fulfill their international obligations and commitments, and should not place [their] domestic political agenda above international law and governments.” At the same time, China called for a re-evaluation of WHO rules around the entry and exit of member states from the organization, for which WHO’s 1948 constitution made few provisions...”**

- For more, see [Stat News – China criticizes U.S. for WHO pullout, accusing it of sidestepping international law](https://www.statnews.com/2017/05/10/china-criticizes-u-s-for-who-pullout-accusing-it-of-sidestepping-international-law/)

“Trump administration is putting domestic politics ahead of global health, Chinese envoy suggests.”

## HPW - Maternal and Child Nutrition Backslides: WHO Report Reveals

<https://healthpolicy-watch.news/who-report-maternal-and-child-health/>

“The World Health Organization (WHO) Executive Board faced a grim reckoning on Thursday in a [report detailing how global progress on maternal, infant and child nutrition](#) has largely stalled or even regressed. Notably, six [critical nutrition targets remain “off track,”](#) with rising rates of anaemia and childhood obesity sliding back, threatening to reverse years of development gains, according to a report reviewed by the EB. ... In the first comprehensive debate since member states pledged to accelerate action on maternal and child nutrition in a 2025 World Health Assembly resolution, delegates called out the stagnation as a systemic crisis of inequality deepened by conflict and climate change....”

## HPW – WHO Slows Pace on Indigenous Health Strategy to Ensure ‘Meaningful’ Consent

<https://healthpolicy-watch.news/who-slows-pace-on-indigenous-health-plan/>

“The World Health Organization (WHO) has slowed the pace on the development of a [Global Plan of Action](#) to advance the health of indigenous peoples globally, with the Executive Board voting on Thursday to delay the plan’s final consideration until May 2027. The draft strategy aims to address the stark [health inequities faced by many indigenous communities](#), focusing on priority areas such as access to services, recognition of traditional knowledge, and climate resilience.”

“The decision to extend the deadline of the indigenous health plan by a full year reflects a consensus among member states to prioritise the legitimacy of the process over speed. By stepping back from the original 2026 target, the Board aims to ensure the “free, prior and informed consent” of the very populations addressed by the policy – indigenous communities that may be harder to reach or become engaged....”

- And a link: WHO - [WHO’s Executive Board reviews progress on Immunization Agenda 2030](#)

## Munich Security Conference (13-15 Feb)

PS: stay tuned for the release of the [Lancet Commission on Global Health Threats for the 21<sup>st</sup> century](#).

This year’s MS report is themed: [“Under destruction”](#)

“.... This year, it focuses more specifically on the growing backlash against core principles of the post-1945 order, evident not only in the United States but in many parts of the world. The authors also look at security developments in both Europe and Asia, as well as surveying changes in the fields of trade and development cooperation, where the consequences have been particularly visible. ... “

And re **chapter 5** more in particular: “... Like global trade, development cooperation and humanitarian assistance (Chapter 5) have long been under strain. Facing economic pressure,

populist disinformation campaigns, and a more geopolitically competitive reality, traditional donor countries have defined their national interests more narrowly. As a result, even before Trump's second term, the world was not on track to achieve any of the 17 UN Sustainable Development Goals (SDGs) by 2030 and many humanitarian responses remained underfunded. Yet US policies have pushed the already strained development and humanitarian systems into an existential crisis. The Trump administration has rejected the SDGs, denouncing them as "globalist endeavors." And its budget cuts are already impacting people in many low- and middle-income countries. **As nothing suggests that the gaps left will be fully filled by nontraditional donors, those still committed to solidarity with the most vulnerable have focused on reforms, trying to improve the efficiency and effectiveness of the development and humanitarian systems."**

PS: "... Amid recent debates in many traditional donor countries, **the analysis suggests that no single actor will fill the emerging funding gap. While Saudi Arabia, Turkey, the United Arab Emirates, Brazil, and China have become more visible as donors, their contributions still fall short of the levels previously provided by the US or Germany....**"

## Devex (Opinion)- A memo to world leaders: Food security is the basis of global stability

Ban Ki Moon et al; <https://www.devex.com/news/a-memo-to-world-leaders-food-security-is-the-basis-of-global-stability-111865>

**"Leaders at the Munich Security Conference must recognize that funding agricultural research and development is an investment in food security, stability, and lasting peace."**

**"As global leaders gather at the Munich Security Conference in Germany this week, the impact of geopolitical tensions on global food systems is increasingly difficult to ignore. More than ever, we need our leaders to recognize that stability and food security are inseparable. An interconnected "perfect storm" of unrest, weather shocks, competition over resources, migration, and rising food prices is reshaping global security. Conflict and hunger are deeply intertwined. Food insecurity can drive instability, fueling unrest and displacement, while conflict pushes countries and regions into food insecurity by disrupting production, supply chains, and markets. In 2024, nearly 140 million people across 20 countries and territories faced food insecurity that was primarily driven by conflict and instability. ..."**

## Guardian - National security plans must adapt to avoid 'new world disorder', says UN climate chief

<https://www.theguardian.com/environment/2026/feb/12/security-strategies-ignoring-climate-crisis-are-dangerously-narrow-un-climate-chief-says>

**"National security strategies that fail to take account of the climate crisis are "dangerously narrow", and will leave countries open to "a new world disorder" threatening famine and conflict, the UN's climate chief has warned. The warnings came as a draft of a key agenda for the Cop31 climate conference omitted to mention fossil fuels, and skewed instead to the interests of the Turkish hosts, such as waste management and tourism."**

**“Simon Stiell, the executive secretary of the UN Framework Convention on Climate Change, said: “Security is the word on most leaders’ lips, yet many cling to a definition that is dangerously narrow. For any leader who is serious about security, climate action is mission critical, as climate impacts wreak havoc on every population and economy.” Leaders and high-ranking officials from dozens of governments will gather in Munich this weekend for an annual conference on security. But the climate is likely to be low on the agenda, as countries discuss military spending and global instability....”**

## **Global Fund Board meeting (11-13 Feb, ongoing)**

Stay tuned for the **press release** (among others).

### **HPW - EU to Pledge €700 Million to Global Fund, Undercutting Previous Commitments**

<https://healthpolicy-watch.news/eu-pledge-to-global-fund/>

From earlier this week. **“The European Commission is set to significantly cut its contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, ending a decades-long trend of increasing contributions to the multilateral health organization.”**

“According to research by *Health Policy Watch*, the Commission plans to pledge €700 million over a **four-year span from 2026 to 2029 at the Global Fund Board meeting** starting on Wednesday (11 February). As the overall sum stretches a smaller amount of money over a longer period of time compared to previous commitments, **this will mean a reduction of roughly €60 million per year – a cut of 26.5%**. During the previous replenishment cycle, the Commission pledged €715 million over three years from 2023 to 2025, which at the time marked a 30% increase over the prior commitment....”

PS: **“No long-term budget for global health: ... With the MFF already under pressure, European global health funding is facing a precarious future, raising fears among health advocates that it will be stripped of priority in the EU’s long-term strategy. In its proposal for the next MFF, the Commission confirmed there will be “no dedicated health window”, making sure that budget appropriations are ringfenced.** Instead, it is to be split between a “global” pillar and “geographic” pillars – essentially regional accounts assigned to specific areas like sub-Saharan Africa, the Middle East, or Asia – **sparking concerns over a shift away from multilateralism.** The Commission argues that this allows funding to be more flexible and better linked with the EU’s strategic goals. **A Commission spokesperson stated that while there is no health window in Global Europe, there will be a health budget in the new European Competitiveness Fund dedicated to increasing economic growth.** Critics warn that contributions to global health initiatives will have to keep pace with infrastructure, digitalization, and security projects...”

## Re-imagining global health/development/international cooperation/...

A relatively 'quiet' reimagining week : )

Though **Hickel & Varoufakis** actually have some nice ideas: [We can move beyond the capitalist model and save the climate – here are the first three steps](#) (Guardian)

### Devex (Opinion) - Middle powers are no longer the supporting cast in global development

By Nicole Goldin; <https://www.devex.com/news/middle-powers-are-no-longer-the-supporting-cast-in-global-development-111850>

**"The future of global development may depend less on traditionally large powers, and more on what middle powers collaborate on."**

**"...Into this space has stepped a diverse and increasingly influential group of "middle power" countries** alongside Carney's Canada. Across the global south and north, from Latin America and Europe to Asia Pacific, Africa, and the Gulf countries, **middle powers are no longer peripheral players in development cooperation. They are becoming central to whether the system adapts — or fractures further...."**

**"The future of development cooperation** may be shaped less by what the largest powers decide, and more by what middle powers choose to do together...."

**"... Three realities argue for advancing a middle-power agenda for development cooperation and finance...."**

PS: *"the author's views, drawing on a forthcoming study paper with Irfana Khatoon entitled "Understanding Middle Powers in Development Cooperation" to be published with Friedrich Ebert Foundation."*

### ORF - After 2030: Defending the Global Goals in an Age of Retreat

M Sengupta; <https://www.orfonline.org/expert-speak/after-2030-defending-the-global-goals-in-an-age-of-retreat>

**"If the SDGs are to be replaced or reimagined after 2030, the most urgent task is to identify what must not be lost."**

Some quotes:

**"The SDGs attempted to reconcile universal moral aspiration with a system of sovereign states unwilling to bind themselves to enforceable obligations. The resulting compromise was predictable: ambition without teeth."**

“The question therefore is not whether the SDGs have fallen short—they have—but whether, in responding to that failure, the world is prepared to relinquish the idea that human flourishing is a shared global concern.”

### Nature (World View) – How to rescue the aid industry: focus on conflict prevention, not just relief

R Arezki: <https://www.nature.com/articles/d41586-026-00384-4>

“In an era of escalating conflict, a development-only approach to aid will yield fleeting results.”

## African Union Summit (11-15 Feb, Addis) & health

With some related reads & analyses (from **civil society, African global health protagonists, think tanks...** ), ahead of the meeting.

But first, on Africa CDC’s agenda: (via [Africa CDC](#)): “Africa CDC will participate in the 39th Ordinary Session of the African Union (AU) Summit through a series of high-level engagements to advance implementation of the Africa’s Health Security and Sovereignty (AHSS) Agenda.” “On the margins of the Summit, Africa CDC—working alongside Heads of State, Ministers, and strategic partners—will convene high-level dialogues focused on sustainable health financing, health workforce development, community health, immunization, local manufacturing, and global health architecture reform. These engagements reinforce Africa CDC’s mandate to safeguard Africa’s health and strengthen resilient, equitable health systems across the continent....”

### Africa’s health system at breaking point as \$66 Billion funding gap collides with AU summit

<https://www.tv47.digital/africas-health-system-at-breaking-point-as-66-billion-funding-gap-collides-with-au-summit-137334/>

Coverage of a (**civil society & health experts**) webinar ahead of the AU summit. “**As African heads of state arrive in Addis Ababa for the African Union (AU) Summit, health advocates are warning that the continent is staring down a full-blown financing emergency—one that could redefine public health, state stability, and political legitimacy across Africa.**”

“**At a high-level webinar held on the summit’s eve, a coalition of civil society organizations and health experts** declared that Africa’s donor-dependent healthcare model has effectively collapsed.

“A projected 70 percent drop in foreign aid, coupled with a deepening sovereign debt crisis, has left the **continent facing a \$66 billion annual health financing gap** and what speakers described as a looming “margin call” on Africa’s health security. **The convening, titled “Africa Leadership for Health Sovereignty,” was organized by AIDS Healthcare Foundation (AHF) Africa alongside AFRICA REACH, WACI Health, and RANA.** Presenters warned that **34 African countries now spend more on**

**servicing debt than on healthcare**—an imbalance they said threatens not only lives, but national stability.”

**“... Data shared during the session painted a stark picture.** Africa carries 23 percent of the global disease burden yet accounts for just 1 percent of global health spending. Meanwhile, **African governments borrow at interest rates nearing 10 percent, compared to 2 or 3 percent for wealthy nations**—a disparity speakers labeled “**financial apartheid.**” “

**“The crisis is being accelerated by what participants called a sudden “funding cliff.”** Thousands of USAID-supported programs have been terminated, European donors are retreating, and **domestic health budgets—typically stuck at 7 to 8 percent—remain far below the 15 percent target pledged under the Abuja Declaration....”**

PS: “**Speakers also warned that underfunding health is no longer just a social policy failure but a security risk.** AHF Africa Bureau Chief Martin Matabishi cautioned that fragile health systems fuel instability, stating that leaders who prioritize creditors over clinicians are “choosing fragility over the future.” **The webinar culminated in a Call to Action** delivered by Tolessa Olana Daba of AHF Ethiopia, aimed squarely at AU leaders. He said **Africa must abandon dependence on unpredictable donor aid and move decisively toward health investment and self-reliance.**”

**“The coalition’s manifesto outlines three non-negotiable demands:** a unified African position to renegotiate “odious” debt and unlock fiscal space for health; rapid operationalization of the African Medicines Agency to support local pharmaceutical production; and a shift from state-centered policy to “people-centered sovereignty,” ensuring communities facing climate-driven health shocks are not left behind.”

And a final quote: **“You cannot beg your way out of a \$43-per-person health deficit.** When countries choose debt payments over life-saving medicine, that is no longer economics—it is a moral indictment.”

## Project Syndicate - Africa Must Achieve Health Sovereignty Before the Next Pandemic

**John Nkengasong;** <https://www.project-syndicate.org/commentary/africa-must-achieve-health-sovereignty-before-next-pandemic-by-john-nkengasong-2026-02>

**“Following the outbreak of COVID-19, the Africa Centres for Disease Control received an influx of external funding to strengthen its capacity, facilitate local vaccine manufacturing, and build robust genomic networks across the continent.** To prepare for the next pandemic, African governments must commit to supporting these efforts.”

**“John Nkengasong thinks the continent should be prepared to lead its own response, or risk being left behind in the recovery.”**

He also comes back on **Africa CDC’s partnership with the Mastercard Foundation.**

Excerpt: “... A partnership with the Mastercard Foundation (where I now work) made a new strategy possible. Reeta Roy, then the Foundation’s President and CEO, approached us to ask whether \$1 billion would enable a meaningful pandemic response and, if so, what that response would look like. After explaining that these funds would allow us to purchase and distribute vaccines, strengthen our institutional capacity, and support local vaccine manufacturing, the Foundation committed \$1.5 billion to [Saving Lives and Livelihoods](#), a three-year partnership with the Africa CDC that finished in December 2025. That investment dramatically shifted how the world saw the Africa CDC. Raising money suddenly became easier. The World Bank, which had previously offered \$10 million as part of a regional grant before the pandemic, committed [\\$100 million](#) to bolster public-health preparedness on the continent. The United Kingdom followed with [£20 million](#) (\$27 million) in funding. By the time I left the Africa CDC in May 2022, the organization had mobilized about [\\$1.8 billion](#)....”

## Devex (Opinion) - Africa can pay for its own health if we choose efficiency over dependency

J D Mahama, J Kaseya et al; <https://www.devex.com/news/sponsored/africa-can-pay-for-its-own-health-if-we-choose-efficiency-over-dependency-111852>

“Africa’s main health vulnerability isn’t a shortage of funds — it’s a lack of efficiency. To finance its own resilience and reclaim its sovereignty, the continent doesn’t need to spend more, but rather spend smarter.”

“... Based on the [Africa Centres for Disease Control and Prevention’s](#) recently-released [study](#) regarding health financing on the continent, [up to 40%](#) of health spending is lost every year to inefficiency: fragmented planning, duplicative delivery systems, weak procurement, poor payroll management, ghost workers, and misaligned incentives. That level of waste would cripple even the wealthiest systems....”

“... Efficiency is Africa’s new fiscal space: We now have the evidence to rewrite the script. According to the [new study](#) from Africa CDC, if African countries systematically address inefficiencies, they can recover approximately \$14 per capita every year through better use of existing resources and some domestic reforms. That single figure is transformative: Within five years, it could be enough to replace [roughly 50%](#) of current donor financing for health across the continent and reduce dependence on external aid to below 20% of total health expenditure....”

## HPW - As the Aid Model Collapses, Africa is Rewriting Its Health Future through the ‘African Leadership Meeting’

A A Twum-Amoah; <https://healthpolicy-watch.news/as-the-aid-model-collapses-africa-is-rewriting-its-health-future-through-the-african-leadership-meeting/>

“On the eve of the African Union’s annual meeting, leaders need to secure their countries by increasing spending on health.”

“In 2019, African Heads of State, led by Rwanda’s President Paul Kagame, convened the first-ever African Leadership Meeting (ALM) on Investing in Health in Addis Ababa. It was a defining moment of collective introspection where leaders acknowledged that Africa could not build strong health systems dependent on donor priorities or external timelines. They affirmed that health is not

merely a development issue but a strategic investment foundational to economic, human security and long-term development.”

“The **ALM Declaration**, adopted unanimously, called for stronger domestic financing, enhanced mutual accountability and a new partnership between Ministries of Health and Ministries of Finance – two institutions that had too often approached healthcare challenges from opposing perspectives. That foundation is now bearing fruit and should be among the first frameworks policymakers turn to as they confront the current financing crises and seek durable solutions for the years ahead....”

“To date, 12 African Union Member States including Burundi, Kenya, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe have convened national health financing dialogues under the ALM framework in alignment with African Health Strategy (2016–2030). ...” “These dialogues, co-led by Finance and Health Ministries, are breaking long standing silos and developing more coherent approaches to mobilising domestic and blended finances, prioritising pandemic preparedness and increasing local manufacturing and innovation. Critically, they are translating political commitments into concrete budget reforms, parliamentary oversight and fiscal accountability....”

“... Anchored in the African Union’s Agenda 2063 and its vision of self-determination, the ALM takes a long-term view of Africa’s health agenda. It positions health spending not as a humanitarian cost vulnerable to shifting geopolitical shifts but as a pillar of economic resilience and national security. The tools now emerging from the ALM process are already reshaping decision-making across the continent. Regional health financing hubs, a continent-wide ALM tracker, the AU scorecard and new digital platforms for financing data are introducing levels of transparency, coordination and evidence-based planning that were once unimaginable. ...”

Concluding: “... Through the ALM, Africa has begun constructing that foundation — a continental pathway from vulnerability to sovereignty, from dependency to sustainability. What remains is to strengthen it, scale it and ensure it delivers results for every African.”

### Nature (Editorial) – African countries must take control of health policy

<https://www.nature.com/articles/d41586-026-00381-7>

“Massive cuts to global health-care funding have had a huge impact on the continent, but a more resilient system can be built from within.”

Focus in this editorial on “**One Plan, One Budget, One Report**”. “There is little doubt that this is what African countries need if they are serious about universal health coverage — ensuring that every member of their populations has access to this fundamental human right. But such an approach has never been implemented in Africa. Some of the reasons for this are outlined in a **report on health financing by the Africa Centres for Disease Control and Prevention (Africa CDC)**, the continent’s public-health agency based in Addis Ababa, published last week. **But if ever there was a time to put the idea into practice, this is it....”**

## All Africa - Africa: Building Health Systems for Africa's Vaccine Sovereignty

Chinedu Moghalu and Nicaise Ndemb;

<https://allafrica.com/stories/202602100536.html#:~:text=These%20efforts%20sit%20alongside%20broader,in%20novel%20therapeutics%20and%20vaccines.>

**“Vaccine sovereignty in Africa is no longer an abstract ambition. It is a process underway, grounded in Ubuntu and African political decisions, institutional reforms, and emerging delivery platforms.** Getting it right is not only a health imperative, but an economic and political necessity. The measure of success now is sustained delivery.”

## CGD (blog) - How African Governments Responded to the 2025 Aid Shock

B Bedasso; <https://www.cgdev.org/blog/how-african-governments-responded-2025-aid-shock>

**“This post takes a first, fast-cut look at what African governments actually did or said in response to current or impending aid cuts over the course of 2025.** The goal is to map the type, scope, and intensity of government responses during 2025, using the previous year as a baseline....”

“... I compiled a **dataset of 442 government-involved events that could be directly or indirectly linked to the aid cuts across 54 African countries in 2024 and 2025.** An “event” is defined as a discrete, dateable instance in which a government actor (e.g., president/prime minister, parliament, or a key ministry) takes an action, announces a plan, or makes an official statement related to aid cuts or associated shifts in financing and geopolitical alignment...”

“...This is an **indicative, early mapping exercise** rather than a definitive audit of country responses. But even with that caveat, **two implications stand out. First, the countries that rely most on aid appear least able to mount timely, visible sovereign responses. Second, the response signal is heavily skewed toward health, while education and other long-run investments are largely missing from the reaction frame.** If the coming years bring a broader and more sustained contraction in ODA, the risk is not only a short-run service disruption but a long-run human capital cliff....”

With **three recommendations.**

## Devex - Will Africa's health care reset leave patients footing the bill?

By David Njagi; <https://www.devex.com/news/will-africa-s-health-care-reset-leave-patients-footing-the-bill-111538>

“Africa's health systems are being forced into a rapid reset as donor funding declines. **Governments are raising taxes, borrowing, and cutting services to cope** — moves that risk pushing more health care costs onto patients.”

PS: “... Experts acknowledged that higher taxes and borrowing can help governments foot basic health care bills in the absence of development aid. But **a bigger challenge looms: financing health innovations, such as diagnostic equipment, cancer imaging, dialysis machines, and new medicines.** Africa's health care spending is expected [to grow to \\$260 billion by 2050](#) from \$110 billion in 2023, according to the [Africa Centres for Disease Control and Prevention](#). ... With major donors such as

USAID gone, governments are being left to shoulder the cost of procuring health innovations, even as they grapple with high debt servicing and limited fiscal space....”

## CGD - Aid Cuts Are Not Leading to Reforms in Sub-Saharan Africa

B Clements et al ; <https://www.cgdev.org/blog/aid-cuts-are-not-leading-reforms-sub-saharan-africa>

On the picture so far. « ... Did these developments prompt aid-recipient countries to raise domestic taxes or cut lower-priority spending to compensate for declining aid flows? In this blog post, we examine budget statements and policy announcements from many SSA countries in response to the tightening external financing environment. We find that policy responses were limited—confined to only two of the 18 countries studied—and, where they occurred, focused on mobilizing additional resources. Several countries acknowledged USAID cuts, but none took concrete steps to reprioritize spending from lower-priority areas to protect critical health expenditures.....”

## US Global Health strategy, PHFFA & bilateral health agreements

### Building Health Resilience in Burundi Through the America First Global Health Strategy

<https://www.state.gov/releases/office-of-the-spokesperson/2026/02/building-health-resilience-in-burundi-through-the-america-first-global-health-strategy/>

(6 Feb) “ On February 6, the United States and the Government of the Burundi signed a five-year bilateral health cooperation Memorandum of Understanding (MOU) that advances the [America First Global Health Strategy](#) while protecting Americans from infectious disease threats. .... Through the MOU, working with Congress, the Department of State intends to provide more than \$129 million over the next five years to support Burundi’s efforts to combat HIV/AIDS and malaria, while bolstering disease surveillance and outbreak response. The Government of Burundi commits to increasing its own domestic health expenditures by \$26 million over the course of the five-year MOU assuming greater self-reliance in its own health system....”

- Related: HPW - [US Signs Health MOU with Burundi, Chooses Hungary as Religious Partner](#)

“The pace of signings has slowed after a flurry of MOUs the US signed late last year under its “America First Global Health Strategy”. However, the health MOUs have given way to a flurry of US [trade agreements](#), focusing on critical and rare earth minerals – with at least 21 MOUs related to minerals being signed in the past five months, including 11 signed last week alone alongside a Ministerial meeting on critical minerals, [according to the US State Department](#). Curiously, the US has also [chosen Hungary](#) as its partner in advancing religious freedom in sub-Saharan Africa and the Middle East....”

## The Forsaken – Thanks, but no thanks

A Green; <https://theforsaken.substack.com/p/thanks-but-no-thanks>

**“Not everyone is so enthusiastic about the new health financing agreements Washington is striking with African countries.”**

Excerpt: “... I’ve been intrigued by **another group of dissatisfied Zambians. These include long-time leaders of HIV programs who did not want to see their government sign any new agreement with the United States.** Indeed, even as they acknowledge the unprecedented assistance America has provided in building and maintaining HIV services over more than two decades, **they now just want Washington to go away.** “This help has been made available for a long period of time,” one Zambian leader, a two-decade veteran of the HIV fight, told me. He asked to remain anonymous so as not to run afoul of the Zambian government. “We’ve gotten to the point, whereby, even where we do not need help, we think we need help.” **He worries people are already forgetting what President Trump’s order pausing foreign assistance last January revealed, which was just how dependent countries were on U.S. support for their HIV programs....”**

## Devex – As the US exports ideological harm in health aid, here’s how to resist it

Kent Buse et al; <https://www.devex.com/news/as-the-us-exports-ideological-harm-in-health-aid-here-s-how-to-resist-it-111849>

**“As the Mexico City Policy expands, U.S. aid now polices values as well as services. Silence may feel strategic — but it’s already causing harm. Here’s a global health resistance agenda.”**

“... The recent expansion of the United States’ Mexico City Policy marks a turning point for global health and development assistance. What was once a contested restriction on abortion-related services has been **transformed into a sweeping ideological test, applied across nonmilitary foreign aid.** The damage to health systems from last year’s Presidential Memorandum reinstating the Mexico City Policy is already evident, reflecting patterns well documented during previous enforcement periods. **But the more fundamental question now is whether global health groups will accept this shift — or organize to resist it....”**

“The policy has been embedded in a new framework, **Promoting Human Flourishing in Foreign Assistance**, or PHFFA, which conditions U.S. aid on compliance with opposition to what the administration labels “gender ideology” and “discriminatory equity ideology,” including diversity, equity, and inclusion programs. These requirements **apply** not only to recipient governments and foreign NGOs, but also to U.S. NGOs and multilateral organizations, extending even to humanitarian assistance, and covering a reported **\$30 billion in “assistance.” ...”**

**“Responding effectively requires action now — and five priorities stand out....”**

Authors outline a practical agenda for response — including **resisting unnecessary over-compliance, defending evidence-based and gender-responsive practice, and shifting the political cost of ideological conditionality.**

## Friends of the Global Fight against AIDS, TB and Malaria (Report) - Making country-led malaria control a reality—Innovating, financing and managing sustainable transitions

<https://www.theglobalfight.org/report-making-country-led-malaria-control-a-reality/>

“Our new report, co-published with [Malaria No More](#) and [United to Beat Malaria](#), outlines principles and pathways for a successful implementation of the America First Global Health Strategy for malaria, including insights from country case-studies from El Salvador, Indonesia, Mozambique, Nigeria and Tanzania.”

## Trump 2.0

### TGH - President Trump's Mark on Global Health and Human Rights

**L Gostin:** <https://www.thinkglobalhealth.org/article/president-trumps-mark-on-global-health-and-human-rights>

“A nation that gave birth to grand societal achievements has now shattered the norms and values of international policy.”

**Overview of the damage done by Trump 2.0, from a human rights point of view**, one year into his second term only.

### Global Public Health - The Trump administration's politics of cruelty and its impact on global health

Jane Galvão et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2626614>

“This Commentary addresses key decisions made and policies approved primarily during the first six months of the second Trump administration in the U.S.A. that affect global health, with an emphasis on their implications for the work of World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), among others. We highlight the roots of these decisions and priorities in Project 2025 (a policy guidance plan endorsed by more than 100 right-wing U.S. organizations), and their articulation through a series of Executive Orders implemented in accord with the U.S. Department of Government Efficiency (DOGE). The Commentary also addresses the ways in which what might be best be described as a politics of cruelty has informed the U.S. administration's actions, assesses the impact that this is likely to have on the future global health, and suggests some of the reasons why global health proved to be such an easy target for the incoming U.S. administration.”

### Devex - The Aid report

[Aid report](#)

(Recommended) February update (21 p). « **Documenting the real world impacts of US foreign aid cuts”**  
- One year later.

Also with some country examples.

**“One year after the abrupt dismantling of large parts of U.S. foreign assistance, the real impacts are finally coming into view — often far from the headlines. The [latest special publication from The Aid Report](#) documents how those cuts are reshaping lives, services, and systems long after programs ended. Drawing on an aggregated dataset covering health, food and farming, education, governance, and displacement — alongside original on-the-ground reporting cross-published on Devex — the report tracks 348 documented impacts across dozens of countries. The picture that emerges is less about isolated program closures and more about cascading system failures.”**

**“...Across multiple countries, The Aid Report documents a largely underreported consequence of U.S. aid cuts: the collapse or destabilization of national systems used to measure hunger, monitor health trends, and guide resource allocation. These systems, which are often embedded within government ministries and relied upon by humanitarian actors, attract little attention when functioning, but their absence becomes highly consequential as conditions deteriorate...”**

**“...Across multiple countries in The Aid Report’s dataset, the closure of a single program often produced effects far beyond its original sector, revealing how tightly integrated many aid-supported systems had become....”**

**“... The Aid Report’s dataset documents a recurring secondary effect following U.S. aid cuts: erosion of trust in institutions responsible for delivering health care, education, food assistance, and civic services. This erosion stemmed not only from the loss of services themselves, but from the manner in which programs ended — often abruptly, without explanation, and without clear signals of whether support would return....”**

**“From free to fee: Some critical health services still exist but have become unreachable. Across multiple countries, changes to U.S. foreign assistance coincided with a consequential shift: services that were previously free increasingly required out-of-pocket payment, informal fees, or unaffordable travel. This shift emerged as subsidies ended, outreach staff were removed, and partner organizations withdrew....”**

**“Training pipelines tied to health and security collapsed mid-stride. Finally, The Aid Report’s dataset shows that aid cuts disrupted training, mentorship, and professional pathways tied to health system resilience, employment, and conflict prevention — leaving thousands stranded between aspiration and employment...”**

- And a link: [Cidrap News – Polls: 90% of Americans want vaccine access, for US to be global science, tech leader](#)  
“Polls from the Partnership to Fight Infectious Disease and Research!America find strong support for vaccines and scientific and technologic advancement, regardless of political stripe, with 90% and 91% of Americans saying policymakers must ensure access to vaccines and cement the country’s global leadership in medical progress, respectively.”

## More on Global Health Governance & Financing/Funding

### BMJ Public Health - Building resilience: Africa's strategic path to health security in the age of fragmentation

Nelson A Evaborhene et al ; <https://bmjpublichealth.bmj.com/content/4/1/e003761>

**“... This moment calls for a strategic reimagining of Africa CDC’s role. Its mandate cannot be confined to episodic emergency response. Instead, Africa CDC must consolidate its position as a permanent platform for continental stewardship, embedding pandemic preparedness, health security and universal health coverage within the AU’s broader governance framework. To achieve this, we propose five strategic priorities that can consolidate Africa CDC’s leadership, strengthen resilience and secure the continents ability to shape global health governance in the age of fragmentation...”**

They are: “Institutionalising Africa CDC’s authority within AU governance; Securing predictable and sustainable financing; Embedding political accountability into pandemic preparedness; Strengthening Africa’s role in shaping global health norms; Deepening partnerships with civil society and community stakeholders...”

### Global Policy – Women’s, Children’s and Adolescents’ Health in 2026: From Crisis Management to System Correction

R Khosla; <https://www.globalpolicyjournal.com/blog/09/02/2026/womens-childrens-and-adolescents-health-2026-crisis-management-system-correction>

**“Rajat Khosla lays out six priorities** to move women’s, children’s and adolescents’ health from resilience to reform in 2026.”

They are: “...Stabilize civil society as core health infrastructure... Re-anchor WCAH and SRHR in national fiscal frameworks .... ... Correct the chronic underinvestment in adolescent health... ... 4. Defend SRHR through coordinated policy action... ...Invest in regional governance and South-South cooperation... Rebalance power and decision-making towards the global south”.

### Reuters - US to participate in meeting on influenza vaccine composition, WHO official says

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-take-part-who-meeting-influenza-vaccine-composition-agency-official-says-2026-02-11/>

**“ The United States will take part in a World Health Organization meeting at the end of the month to determine the composition of upcoming influenza vaccines**, the agency's official (M van Kerkhove) said at a press conference on Wednesday....”

## Global Health Advocates (Briefing paper) – The next pandemic will test trust - not just health systems

<https://www.ghadvocates.eu/the-next-pandemic-will-test-trust-not-just-health-systems/>

“During her 2025 State of the Union (SOTEU) speech, President **von der Leyen** emphasised the threat posed by health disinformation which threatens the global progress achieved on diseases such as measles and polio, and subsequently **announced the Global Health Resilience Initiative (GHRI)**, a new non-legislative act which signals the EU’s ambition to once again take the lead on global health.”

“Today, **Global Health Advocates (GHA)** publishes a briefing paper outlining why the fight against health disinformation and increased investments in global health R&D to support PPR should be included as key pillars of the new **GHRI**.”

## BMJ Editorial - Geopolitics of global health: a call for papers

J Clark et al ; <https://www.bmj.com/content/392/bmj.s227>

“External factors are forcing change to the global health architecture, demanding creative reform amid an uncertain future.”

“....Today, amid shifting power dynamics and fierce ideological competition, global health solidarity is rapidly disappearing. Instead, health has become a byproduct of contested power, structural inequities, and fragmenting governance. **These are the geopolitics of our time:** they diminish the political priority of global health while profoundly shaping its future. **Geopolitical determinants**—the geographical factors, policies, events, and interests of countries, and their relations with others—have been largely neglected in health, but they demand greater attention if recent disruptions are to be mitigated and strategic cooperation and solidarity renewed....”

Call for papers.

## Nature Health - How to achieve global health equity without funding

Victor Mithi & Phillip Cotton; <https://www.nature.com/articles/s44360-025-00035-4>

“**Health policy leaders and implementers in low- and middle-income countries (LMICs) face a growing dilemma: how to sustain progress towards global health equity and universal health coverage amid the sudden decline of external assistance. This has occurred in the presence of rising inflation and debt-service burdens that have already shrunk domestic fiscal space**, and a persistently high number of people on out-of-pocket payments that can lead to catastrophic health expenditure. Government officials and other policy stakeholders have a duty to protect essential health services and the health workforce without adopting financing policies that deepen financial hardship or leave households in abject poverty during illness. **We outline a practical agenda to guide decisions in these times of donor funding scarcity.**”

Also with **six mitigating steps**.

## TGH - The Overlooked Benefits of Health Aid to Donor Countries

I Bharali, G Yamey et al; <https://www.thinkglobalhealth.org/article/the-overlooked-benefits-of-health-aid-to-donor-countries>

**“A recent study outlines how health development assistance creates economic gains for donor countries.”** With some findings from a study from late last year (Kiel Institute for the World Economy).

## NYT - Epstein Files Reveal Scope of Ghislaine Maxwell’s Role in Clinton Circle

<https://www.nytimes.com/2026/02/08/us/politics/epstein-clintons-maxwell.html?smid=nytcore-ios-share>

**“Jeffrey Epstein’s longtime companion helped advise on the kickoff helped advise on the kickoff of the Clinton Global Initiative and arranged for \$1 million in funding for it, emails show.”**

**“Jeffrey Epstein’s longtime companion, Ghislaine Maxwell, played a substantial role in supporting the creation of the Clinton Global Initiative, one of President Bill Clinton’s signature post-White House endeavors,** new documents released by the Justice Department show. Ms. Maxwell took part in budget discussions related to the first Clinton Global Initiative conference; talked through challenges about it with both Clinton aides and Publicis Groupe, the company that produced the inaugural event; and arranged to wire \$1 million to pay Publicis for its work on “the Clinton project,” according to emails in the massive cache of documents collected as part of the government’s investigations of Mr. Epstein....”

**“...Ms. Maxwell’s involvement in the launch of the Clinton Global Initiative took place in 2004, before Mr. Epstein’s 2006 indictment and 2008 guilty plea for solicitation of prostitution with a minor, and long before Ms. Maxwell, a daughter of the media baron Robert Maxwell, was sentenced in 2022 to two decades in prison for conspiring with Mr. Epstein to sexually exploit underage girls.”**

PS: **“In a statement, the Clinton Foundation, which now runs the Clinton Global Initiative, said it accepted only one \$25,000 donation in 2006 from an Epstein-affiliated foundation, which has been previously reported.** The foundation said it did not have any record of any other financial contributions to the Clinton Foundation or the Clinton Global Initiative related to Mr. Epstein or Ms. Maxwell....”

## Habib Benzian -The End of Rented Outcomes

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

Wonderful blog again. **“Why global health was so successful, yet so unsustainable.”**

Starting from two new publications: **“The Aid Report: US Aid Cut Impacts, One Year Later”**, published by The Aid Report, a new joint initiative of the Gates Foundation and Devex - which documents the consequences of the abrupt dismantling of US foreign assistance in 2025. And a **major new study published in The Lancet Global Health.** “That paper shows, with striking clarity and methodological rigour, that official development assistance over the past 20 years has saved lives on

a vast scale. .... The modelling suggests that current defunding trajectories could result in tens of millions of additional deaths by 2030....”

**“What both the collapse and the mortality projections expose is a global health economy built on rented outcomes.** Services functioned. Data flowed. Indicators improved. Lives were saved. But the systems that produced those results remained externally powered. Continuity was mistaken for durability. Performance was treated as evidence of sustainability. In German administrative law there is a precise term for this dynamic: **Ersatzvornahme**. It describes a situation in which a higher authority steps in to perform a task that the body legally responsible for it has not done. The intervention is meant to be exceptional and temporary. In global health, however, it often became routine....”

## Global Tax Justice & Tax reform

### Project Syndicate - Will Democracy Govern Capitalism - or Be Consumed by It?

J Stiglitz and Jayati Ghosh; <https://www.project-syndicate.org/commentary/global-corporate-tax-convention-democracy-vs-trumpian-caesarism-by-joseph-e-stiglitz-and-jayati-ghosh-2026-02>

**“Joseph E. Stiglitz & Jayati Ghosh urge the rest of the world to salvage a global tax convention that the United States wants to derail.”**

“Following aggressive lobbying by the Trump administration, more than 145 countries agreed to give big US multinationals a free pass under the global corporate minimum tax rules that were agreed in 2021. But if **democracy is to prevail over oligarchy, policymakers must tax extreme wealth appropriately – and they must do it fast....”**

Quote: “....As Oswald Spengler **warned** a century ago about the collapse of democracy and the rise of Caesarism, “**the forces of dictatorial money-economics**” are dismantling the regulatory state and multilateralism....”

Authors conclude: “... **The current tax rules for multinationals, devised in the 1920s, are no longer fit for today’s digital economy. Negotiators in New York must seize this unique opportunity.** They should abandon the fiction that a multinational enterprise is just a collection of independent entities – a conceit that big corporations use to shift profits to low-tax jurisdictions, thus abusing OECD guidelines. **A unitary taxation approach is long overdue. The current architecture starves governments of at least \$240 billion annually**, forces local firms to compete on an uneven playing field, and leads to higher taxes on workers (whose income is less mobile) as countries try to offset lost revenues. **Multinationals’ global income should be apportioned to different jurisdictions on the basis of verifiable factors such as sales and employees, rather than on the outdated principle of “arm’s-length” transactions. The text of the tax convention should reflect this.** Failing that, the current, deeply flawed rules will become entrenched, and the pursuit of “compatibility” with existing frameworks developed at the OECD will compromise both the ambition and the objectives of the UN Tax Convention. The result would be another fruitless tweak to a failing system. **If democracy is to prevail over Caesarism, we must tax extreme wealth – and we must do it fast.”**

## Forbes - How Melinda French Gates Plans To Fund “Chronically,” “Unconscionably” Underfunded Programs For Women And Girls

<https://www.forbes.com/sites/luisakroll/2026/02/09/how-melinda-french-gates-plans-to-fund-chronically-unconscionably-underfunded-programs-for-women-and-girls/>

*(Me thinks we should “chronically” and ‘consciously’ tax wealth, to then do the same.)*

**“... Melinda now has her own money to influence charitable giving as she envisions, including \$12.5 billion her ex-husband donated to Pivotal after she left the Gates Foundation in 2024. She has already donated at least \$540 million to other nonprofits focused on social progress for women and girls, calling issues affecting them “unconscionably underfunded.” That includes \$14 million last year to the National Partnership for Women & Families, \$12 million to National Women’s Law Center Fund and at least \$10 million to various nonprofits focused on women’s reproductive rights.**

**“.... Aging Americans are expected to pass on more than \$120 trillion, the largest intergenerational wealth transfer ever, and women will be the biggest beneficiaries.** Says French Gates, “From a philanthropic perspective, I can’t wait to see what they will do with it.”...”

## UHC & PHC

### Lancet Child & Adolescent health- The global need for paediatric palliative care: the evolution of serious health-related suffering in children aged 0–19 years from 1990 to 2023

J Downing et al; [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(25\)00338-4/abstract](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(25)00338-4/abstract)

**“The majority of children needing palliative care globally reside in low-income and middle-income countries (LMICs) with limited or no access to such care, resulting in an excess burden of suffering. We aimed to estimate the global burden of serious health-related suffering (SHS) among children aged 0–19 years from 1990 to 2023, providing a measurement tool essential to respond to the need for more effective palliative care policies and services for children.”**

This new study finds: **“96% of children with serious health-related suffering live in LMICs. Integrating palliative care into #UHC is now a policy imperative.”**

### Lancet Primary Care – Corporatisation of primary care: the need for critical analysis

L Jansen, J De Maeseneer et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00006-3/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00006-3/fulltext)

**“Across primary care, corporate actors are gaining influence, which reflects a broad corporatisation of health care: “the general trend throughout the healthcare industry towards higher levels of integrated control by consolidated profit-seeking enterprises”. This shift risks**

**reshaping primary care from a relationship-oriented and community-oriented approach to a market-oriented and profit-oriented enterprise.** Considering the publicly funded nature of primary care services in most countries, this development is particularly concerning and warrants both a critical analysis and an ethical and societal debate. Making a profit in primary care services is not problematic in itself; however, the practice becomes concerning when maximising profits is prioritised over providing high-quality and accessible health-care services grounded in the core values and characteristics of primary care: person-centredness, equity, professionalism, continuity, cooperation, and community-oriented and science-informed care...” “...Here, we highlight notable risks in giving space to corporatisation within primary care that warrant further investigation and, eventually, reconsideration...”

## NCDs

### **UNDP - Realizing the Return: Insights from a Decade of Investment Cases on Noncommunicable Diseases and Mental Health**

<https://www.undp.org/publications/realizing-return-insights-decade-investment-cases-noncommunicable-diseases-and-mental-health>

“At a moment of renewed political attention to noncommunicable diseases (NCDs), mental health and well-being, this report takes stock of a decade of experience with national investment cases for NCDs, tobacco control, mental health, and related risk factors across more than 60 countries since 2015. Developed through the Health4Life Fund’s South–South Learning Lab for Knowledge Sharing and Innovation, it examines what these investment cases have shown, where they have catalyzed real change, and what is required to overcome barriers and accelerate the implementation of evidence-based recommendations....”

“... Countries worldwide report that investment cases have catalyzed reforms in three domains: multisectoral governance, including new or stronger laws, plans, policies, coordination mechanisms, and national campaigns; sustainable financing, including increased budget allocations, strengthened health taxes on tobacco, alcohol, and sugar-sweetened beverages, and leveraged external aid; and health service access and delivery, including integration of NCDs and mental health into PHC, UHC, and HIV/AIDS programming. At the same time, no country has implemented all recommendations, and progress remains uneven and too slow given the scale of the burden.”

“... Experience from investment cases points to three mutually reinforcing shifts: First, institutionalize NCD and mental health priorities within and across core systems of government ... Second, align financing behind prevention and early diagnosis and treatment. .... Third, mobilize partnerships across society and between countries ....”

### **Devex – EAT Foundation to wind down after a decade of food systems work**

<https://www.devex.com/news/eat-foundation-to-wind-down-after-a-decade-of-food-systems-work-111875>

“After citing shifts in the donor landscape, the Oslo-based group behind the EAT-Lancet report is exploring whether any of its flagship initiatives can continue under new arrangements.”

## WHO - One in two people facing cataract blindness need access to life-changing surgery

<https://www.who.int/news/item/11-02-2026-one-in-two-people-facing-cataract-blindness-need-access-to-life-changing-surgery>

**“The World Health Organization (WHO) is urging countries to accelerate efforts to ensure that millions of people living with cataract can access simple, sight-restoring surgery – one of the most effective and affordable interventions to prevent avoidable blindness.”**

**“A new study published today in [The Lancet Global Health](#) highlights the scale of the challenge: nearly half of all people across the world facing cataract-related blindness still need access to surgery.”**

**“...Over the past two decades, global coverage of cataract surgery has increased by about 15%, even as ageing populations and rising cataract cases have increased overall demand. The latest modelling predicts the coverage for cataract surgery to rise by about 8.4% for this decade. However, progress needs to accelerate sharply to meet the World Health Assembly target of a 30% increase by 2030.”**

**“... The study, which analyzed reports from 68 country estimates for 2023 and 2024 shows that the African Region faces the greatest gap, with three in four people who need cataract surgery remaining untreated. Women are disproportionately affected across all regions, consistently experiencing lower access to care than men....”**

## Commercial determinants of health

### HPW - WHO Talks About Violence – But Not Firearms

D Peacock et al; <https://healthpolicy-watch.news/who-talks-about-violence-but-not-firearms/>

**“For nearly three decades, the World Health Organization (WHO) has recognised violence as a major public health concern. Since the landmark World Health Assembly (WHA) resolution of 1996, violence has been framed not only as a cause of injury and death, but as a driver of long-term physical, psychological, and social harm, as well as a significant burden on public-health systems. Over this period, WHO has issued technical guidance, developed prevention frameworks, and supported countries to strengthen health-system responses to violence against women and children, youth violence, and other forms of interpersonal harm. Yet one of the most lethal drivers of violence globally, firearms, remains largely absent from the WHO’s governance architecture.”**

**“A multi-method analysis, [Tracking WHO Attention to Firearm Violence, 2000–2025](#), co-published on Tuesday (10 February) by a consortium of Global North and Global South academic institutions and NGOs working on public health and violence prevention, examined WHA resolutions, WHO violence-prevention frameworks, and key institutional trends over 25 years. ... The finding is straightforward. Violence appears repeatedly in WHO resolutions, strategies, and technical documents. Firearm-related harms do not....” “ This absence shows up across WHA resolutions,**

flagship prevention frameworks, and the national policies that rely on them. It is a **governance blind spot** with practical consequences....”

PS: “**This fragmentation stands out given WHO’s expanding work on the commercial determinants of health.** WHO has been explicit about the role of tobacco, alcohol, ultra-processed foods, and other industries in driving ill-health. It has documented how corporate practices shape exposure, risk, and inequity. It has also excluded both the tobacco and arms industries from engagement under its Framework of Engagement with Non-State Actors. **Yet firearms remain largely absent from the commercial-determinants agenda.** Guns are plainly commercial products. They are manufactured, marketed, and distributed by powerful global industries. Marketing, increasingly online and often gender-exploitative, shapes norms around risk and protection. Availability is shaped by regulation, trade, and enforcement choices....”

- See also [Geneva Solutions – Gun violence is bleeding health systems dry. WHO leadership is overdue](#) (by B Borisch et al) “It is time that the World Health Organization helps turn the tide to prevent gun violence and its health impacts, says the **Global Coalition for WHO Action on Gun Violence.**”

### **Globalization & Health - Capitalising (on) industrial epidemics: examining the influence of the ‘Big Three’ asset managers on corporate governance in key health-harming commodity industries**

B Wood et al; <https://link.springer.com/article/10.1186/s12992-026-01194-z>

“In recent decades, the **Big Three** asset managers (BlackRock, Vanguard, State Street) have emerged to be among the top shareholders in thousands of listed companies worldwide. Accordingly, they have considerable influence on corporate decision-making. This paper aimed to examine the influence of the **Big Three** on the governance of leading corporations in key health-harming commodity industries responsible for a large burden of preventable death and disease worldwide (i.e., industrial epidemics).”

Findings: “... The Big Three were the most prominent shareholders across the selected corporations. **In 2024, the Big Three overwhelmingly voted against proposals calling for the incorporation of social and environmental objectives into the policies and strategies of these corporations, and invariably voted in favour of proposals seeking to boost shareholder payouts and authorise political activities.** The majority (54/73) of the Big Three’s identified ESG funds included one or more of the identified corporations, despite their well-documented health-harming products and practices. “ Concluding: ““**The Big Three appear to be reinforcing shareholder primacy in health-harming commodity industries, including by undermining many shareholder-led social and environmental initiatives**, which risks perpetuating widespread health inequities.”

### **Stat – The push to turn Big Food into the new Big Tobacco**

<https://www.statnews.com/2026/02/06/maha-movement-using-anti-tobacco-playbook-against-big-food/>

“Tobacco companies shaped ultra-processed foods. Now critics trying to reform the food landscape are working from the anti-tobacco playbook”.

“... Critics are intensifying a public relations war against ultra-processed food by highlighting its history with the widely distrusted tobacco industry — and exploring how strategies against Big Tobacco might be applied to food. Meanwhile, the food industry is fighting for its reputation with a new seven-figure ad campaign from the trade group Consumer Brands Association that emphasizes the manufacturing jobs it creates and the benefits of “everyday essentials that are convenient, affordable, and above all, safe.”....”

PS: “... Given the tobacco industry’s influence, it’s fitting that a growing body of research supports the idea that, like nicotine, ultra-processed foods are addictive. ....” Yet, on some accounts, “comparisons between cigarettes and ultra-processed foods [also] fall short....”

## Journal of sustainable tourism - On all fronts: how to end aviation exceptionalism

James MacLaurin et al;

<https://www.tandfonline.com/doi/full/10.1080/09669582.2025.2475906#d1e441>

**“We argue that aviation exceptionalism is both a demand side and a supply side problem.... ...**

Despite exponential increases in demand for international air travel, plane makers have achieved only modest linear movement toward low carbon aviation technologies. Meanwhile, the global aviation regime has become adept at shaping user practices and culture to enable and encourage unconstrained air travel consumption. This has influenced the public’s perception of possible regulatory regimes and, along with persistent overestimation of technical debt, has prevented the use of regulations similar to those that are successfully moving the automotive sector to new low-carbon technologies. **On the supply side, there is no realistic prospect of attaining sustainable aviation technology without a government-led, private-sector supported, moonshot-style collective effort. On the demand side, the psychological barriers to behavior change will not be resolved without confronting the drivers that ‘create’ air travel consumption and artificially accelerate demand.”**

## SRHR

### Lancet Obstetrics, Gynaecology & Women’s Health (Editorial) – Heavy menstrual bleeding: an overlooked global burden

[https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038\(26\)00024-5/fulltext](https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038(26)00024-5/fulltext)

“... Studies suggest that heavy menstrual bleeding affects 30–50% of women, yet it remains persistently overlooked and marginalised in clinical practice, policy agendas, and public health discourse....”

The **editorial concludes**: “Heavy menstrual bleeding is common, consequential, and treatable. The failure to adequately address this debilitating symptom reflects not a lack of clinical solutions but a lack of urgency. Translating growing awareness into concrete policy action, accessible care pathways, and sustained education initiatives is now imperative if the hidden burden of heavy menstrual bleeding is to be reduced and the daily lives of women and girls improved worldwide.”

## Human Resources for Health

### Lancet (Letter) – Health workforce at the heart of Africa's digital transformation

A E Bassey et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00103-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00103-0/fulltext)

**"The Africa Centres for Disease Control and Prevention's launch of the Africa's Health Security and Sovereignty agenda is commendable, and represents a laudable next step in African public health strategy, with digital transformation (the fourth pillar in this agenda) stated to be the "backbone of resilient primary health care". ... In practice, what does it mean for health workers who are expected to adapt to these new ways of delivering care and changing forms of work? This question should take the centre stage. Thus, for this fourth pillar to realise its promise, we contend that the health workforce needs to be placed at the centre of considerations...."**

**"Without deliberate investments in the people who deliver health care to Africa's populations, digital transformation risks deepening existing fragilities within systems. However, with deliberate investment, Africa is poised to build people-centred, resilient, and sustainable health systems for its future. Thus, for the realisation of digital transformation and equitable health gains across all 55 member states of the African Union, there needs to be partnership with, and empowerment of, the health workforce. To support this goal, we recommend priority actions presented in the [appendix \(p 1\)](#)...."**

## Planetary Health

### Guardian – Point of no return: a hellish 'hothouse Earth' getting closer, scientists say

<https://www.theguardian.com/environment/2026/feb/11/point-of-no-return-hothouse-earth-global-heating-climate-tipping-points>

**"Continued global heating could set irreversible course by triggering climate tipping points, but most people unaware."**

**"Continued global heating could trigger climate tipping points, leading to a cascade of further tipping points and feedback loops, they said. This would lock the world into a new and hellish "hothouse Earth" climate far worse than the 2-3C temperature rise the world [is on track to reach](#) ... The assessment, which was [published in the journal One Earth](#), synthesised recent scientific findings on climate feedback loops and 16 tipping elements...."**

### Guardian - Global economy must move past GDP to avoid planetary disaster, warns UN chief

<https://www.theguardian.com/environment/2026/feb/09/global-economy-transformed-humanity-future-un-chief-antonio-guterres>

**“Exclusive: António Guterres says world’s accounting systems should place true value on the environment.”**

**“The global economy must be radically transformed to stop it rewarding pollution and waste, UN secretary general António Guterres has warned. Speaking to the Guardian after the UN hosted a meeting of leading global economists, Guterres said humanity’s future required the urgent overhaul of the world’s “existing accounting systems” he said were driving the planet to the brink of disaster....”**

**“... In January, the UN held a conference in Geneva titled Beyond GDP attended by senior economists from around the world – including Nobel laureate Joseph Stiglitz, leading Indian economist Kaushik Basu and equity expert Nora Lustig. The trio are part of a group set up by Guterres that has been tasked with devising a new dashboard of measures of economic success that takes “human wellbeing, sustainability and equity” into account. A report published by the group late last year argued that, as the world wrestled with repeated global shocks over the past two decades, the need for an economic transformation had become increasingly urgent – from the financial crash of 2008 to the Covid-19 pandemic.”**

**PS: “These concerns come amid a growing debate in academia, civil society and policy circles about how to create economic structures that are compatible with greater equality and sustainability. These include green Keynesians or green growth advocates to post-growth initiatives, including doughnut, wellbeing and steady-state economics. Others are pushing for degrowth, which emphasises a planned reduction in damaging and unnecessary forms of production – specifically in richer countries – in favour of focusing on socially beneficial parts of the economy such as care, renewable energy and public transit...”**

### **Politico Pro - Obsession with growth is destroying nature, 150 countries warn**

<https://subscriber.politicopro.com/article/eenews/2026/02/09/obsession-with-growth-is-destroying-nature-150-countries-warn-ee-00771375>

**“China, India and EU countries were among the signatories of a report that criticized the prevailing measures of economic success. “**

**“More than 150 countries including China, India and European Union members have signed off on a report that warns focusing on unchecked economic growth is contributing to the destruction of global biodiversity. “Unsustainable economic activity and a focus on growth as measured by the gross domestic product, has been a driver of the decline of biodiversity ... and stands in the way of transformative change,” warns a report by the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services published Monday. **IPBES is the leading intergovernmental body for assessing the state of biodiversity.** Monday’s report follows three years of work, and was approved by government representatives at the IPBES summit that wrapped up in Manchester, United Kingdom, on Sunday....”**

## The Conversation - Heat with no end: climate model sets out an unbearable future for parts of Africa

Oluwafemi E. Adeyeri <https://theconversation.com/heat-with-no-end-climate-model-sets-out-an-unbearable-future-for-parts-of-africa-274323>

**“People often think of a heatwave as a temporary event, a brutal week of sun that eventually breaks with a cool breeze. But as the climate changes globally, in parts of Africa, that level of heat is becoming a permanent part of the weather. .... Research shows Africa’s exposure to dangerous heat is rising rapidly. Until now, estimating how severe this heat would become was challenging. This was because many widely used global climate models struggled to capture the local factors that shape heat in Africa’s diverse climate zones and habitats (humid tropics, dry savannas and rapidly changing agricultural areas). .... Our research found that by the late 21st century, most regions in Africa will stop having occasional heatwaves and will suffer from extreme heat lasting most of the year. The study shows that by 2065-2100, many parts of Africa (apart from Madagascar) could experience heatwaves on 250-300 days per year....”**

## Access to medicines, vaccines & other health technologies

Nature Africa - Africa CDC urges governments to fund first continent-wide immunization plan

<https://www.nature.com/articles/d44148-026-00026-x>

**“The agency says routine vaccination can no longer be sustained without domestic financing and stronger integration into primary health care systems.”**

**“Africa Centres for Disease Control and Prevention (Africa CDC) has set out its first-ever continental immunization strategy, calling on African governments to treat routine vaccination as a key public health investment and to take responsibility for financing it. The strategy, endorsed at a meeting convened by the Africa CDC last November in Kigali, Rwanda, will be launched in April during the 2026 World Health Summit regional meeting in Nairobi, Kenya....”**

Stat – WHO director-general calls plans for U.S.-funded vaccine trial ‘unethical’

<https://www.statnews.com/2026/02/11/hepatitis-b-vaccine-trial-guinea-bissau-ethics-questioned/>

**“The director-general of the World Health Organization said Wednesday that a U.S.-funded study of the hepatitis B vaccine in Guinea-Bissau would be “unethical” if it proceeds as planned.” “Of course, a sovereign country can decide whatever they want, but as far as WHO’s position is concerned, it’s unethical to proceed with this study,” Tedros Adhanom Ghebreyesus said during a WHO news conference....”**

PS: « Tedros noted that Guinea-Bissau has a high prevalence of hepatitis B infection, meaning there is a significant risk that newborns who go unvaccinated in the trial could contract the disease. A study conducted by the research team planning the hepatitis B trial reported that nearly 19% of adults in the country were hepatitis B positive. Tedros suggested that denying half the

children in the trial an intervention that has been proven to be safe and effective would be unethical. ...”

### Lancet Editorial - Statin safety: when warnings outlive the evidence

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00303-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00303-X/fulltext)

This week's Lancet editorial. “More than 30 years after the Scandinavian Simvastatin Survival Study showed that statins save lives, **their full public health potential remains unrealised**. Statins are underused worldwide, and as a result, millions of people remain at risk of cardiovascular events that statins could help prevent...”

Concluding: “...The stakes are not **merely theoretical**. In low-income and middle-income countries, only about one in ten eligible people use statins for primary prevention. In high-income countries, fewer than half—and in some settings only about one-third—of eligible adults are treated. **Underuse of statins** translates into avoidable strokes, myocardial infarctions, disability, carer burden, and health-system costs. The evidence now calls for action. Regulatory authorities worldwide should review statin product labels and remove or recategorise harms unsupported by causal evidence. **Safety communication needs to reflect the best available evidence, not outdated or unsupported warnings**. Patients deserve protection from both drug harms and the harms of inaccurate risk communication.”

### Science News – Rare, dangerous side effects of some COVID-19 vaccines explained

<https://www.science.org/content/article/rare-dangerous-side-effects-some-covid-19-vaccines-explained>

Based on a new paper in NEJM. ““Groundbreaking” study uncovers why adenovirus-based shots caused life-threatening blood clots and bleeding in some people.”

“....Scientists show how an adenovirus protein triggers “rogue” antibodies in people with an unlucky combination of genetic background and a particular mutation in their antibody-producing B cells. Instead of targeting a viral protein, the rogue antibodies bind to PF4, setting off a dangerous cascade....”

PS: “The new findings may help address concerns about the possible risk of VITT in adenovirus-based vaccines for other diseases. For instance, one of the two approved vaccines against Ebola uses the same adenovirus as J&J’s COVID-19 vaccine. Adenoviral vaccines—which are inexpensive to make and easy to distribute because they don’t need to be stored at very low temperatures—are also being developed against influenza, malaria, meningitis, tuberculosis, and emerging diseases such as Nipah. “Adenoviral vectors have a major role to play in producing new vaccines against outbreak pathogens, and also for diseases with low potential for vaccine profits,” says University of Oxford vaccinologist Sarah Gilbert, who helped develop AstraZeneca’s vaccine. **The new study could help make these new shots safer**, she says. It is unlikely that pVII can simply be removed from the virus, but scientists might be able to design versions that don’t resemble PF4 as closely, Gilbert says. ....”

## Telegraph - Cheaper HPV jabs boost global rush to eliminate cervical cancer

[Telegraph](#):

**“... Now, the plummeting cost of the vaccine and the understanding that only one dose is needed to provide lifetime protection mean that it is being rolled out across the developing world.”**

“**The single dose is the big game-changer**, and it will probably drive the future of HPV vaccination worldwide,” said **Paul Bloem**, a senior technical expert at the World Health Organization (WHO). “The question for countries has shifted from ‘Should we introduce?’ to ‘When will we introduce?’” ...

PS: “**The WHO launched its cervical cancer elimination campaign as a landmark global public health policy in 2020, setting ambitious 90-70-90 targets for 2030.** The targets include 90 per cent of girls being fully vaccinated against HPV by age 15, 70 per cent of women screened with a high-performance cervical cancer test by the age of 35 and again by the age of 45, and 90 per cent of women with cervical cancer receiving timely treatment. It **prioritises reaching women in low- and middle-income countries.**”

PS: “**Experts say the single-dose HPV vaccine is transformative** because it halves delivery complexity, slashes costs, frees up limited supply, and makes large-scale school-based vaccination more feasible. “**This single-dose approach has been a real game-changer in scaling up programmes, especially in low-income countries, and particularly in Africa,**” said Dr Sandra Mounier-Jack, a Professor of Health Systems and Policy at The London School of Hygiene and Tropical Medicine.”

PS: “... **The Gardasil vaccine has dominated programmes since 2011, powering early national programmes in Rwanda, South Africa, Uganda, and Tanzania, but the next phase of scale-up increasingly relies on lower-cost Chinese vaccines like Cecolin and Walrinvax.** The Serum Institute of India has also launched its own domestically produced vaccination. ... “**When HPV vaccines first came to market, they were very expensive, easily around US\$100 per dose,**” said Dr Bloem. “Now we have moved from two manufacturers to six, and they are based across more continents, including India and China. **This diversification is extremely important.** With greater volume and more choice, **competition on price naturally begins to emerge.**”

## APA News - South Africa launches trial of locally developed HIV vaccine

<https://apanews.net/south-africa-launches-trial-of-locally-developed-hiv-vaccine/>

“**South Africa has begun the first-ever human trials of a locally developed HIV vaccine, marking a landmark moment in global health and a potential turning point in the decades-long fight against HIV and AIDS.** The trial, launched in Cape Town at the Desmond Tutu HIV Foundation based at Groote Schuur Hospital, is the **first human HIV vaccine study designed and led entirely by African scientists.**”

“Twenty HIV-negative volunteers have already been enrolled to help researchers assess the vaccine’s safety and its ability to trigger an immune response. The **initiative is being driven by the South African Medical Research Council, the Wits Health Consortium and the Desmond Tutu HIV Foundation under the BRILLIANT Consortium.** Health experts say the trial represents a major scientific and symbolic milestone for a continent that carries the heaviest burden of the epidemic....”

## **The South Centre ( Research paper) - UN Human Rights Council Resolutions on Access to Medicines and the Use of TRIPS Flexibilities: A Review**

By Nirmalya Syam; <https://www.southcentre.int/research-paper-228-14-january-2026/>

**"This paper reviews almost twenty years of the United Nations Human Rights Council's (UNHRC) work on access to medicines.** The UNHRC has repeatedly framed access to medicines as part of the right to health and has urged States to rely on flexibilities in the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) to make essential treatments more affordable. Although the UNHRC has strengthened the human rights foundation for using such flexibilities, its resolutions have produced little change on the ground. The commitments embodied in the UNHRC resolutions stay broad and non-binding, leaving the deep structural barriers in place, including restrictive intellectual property (IP) clauses in trade deals, pressure from powerful States, limited technical and manufacturing capacity, and weak policy coordination within governments. Moreover, several recent resolutions reaffirm the value of IP protection, which creates tension that dilutes the Council's support for the wider use of TRIPS flexibilities. **The paper finds that the main gap between global human rights commitments and national action on advancing access to medicines reflects political choices and structural barriers, and concludes by calling for stronger mandates for States to review access barriers during the Universal Periodic Review, increased technical assistance from the Office of the High Commissioner for Human Rights, more civil society participation, national right-to-health action plans, and systematic monitoring of TRIPS implementation."**

## **TGH - Beyond Thimerosal: Preserving Vaccine Access Amid Growing Hesitation**

P Yadav et al; <https://www.thinkglobalhealth.org/article/beyond-thimerosal-preserving-vaccine-access-amid-growing-hesitation>

**"Vaccine ingredients such as thimerosal have long safety records. U.S. discourse could sow dangerous doubt among global partners."**

## **Conflict/War/Genocide & health**

### **International Feminist Journal of Politics - Why Palestine is a feminist issue: a reckoning with Western feminism in a time of genocide**

Nicola Pratt et al; <https://www.tandfonline.com/doi/full/10.1080/14616742.2025.2455477>

**"...The interventions presented here originated from roundtable discussions that we organized during the annual conferences of the British International Studies Association (BISA) and the British Society for Middle Eastern Studies (BRISMES) in the summer of 2024. These discussions aimed to demonstrate why Palestine is a feminist issue and to challenge the complicity of mainstream feminist frameworks in systems of oppression...."**

## Decolonize Global Health

Alliance for HPSR - Financing, fragmentation and the future of health policy and systems research

Kumanan Rasanathan <https://www.linkedin.com/pulse/financing-fragmentation-future-health-policy-systems-research-rb7ee/>

“... On the threats, while much attention has rightly been paid to the effects of aid withdrawal and constrained domestic fiscal space on health service delivery, far less attention has been given to the impact on health research, including HPSR. In most low- and lower-middle-income countries, HPSR has been almost entirely dependent on external aid. As development partners reduce health research budgets and pivot away from a focus on health systems, an already small pool of funders is shrinking further – placing many leading HPSR institutions in countries at risk. As external funding contracts, countries will increasingly need to fund HPSR themselves. This is a difficult ask at a time when many governments are struggling simply to sustain essential health services. Yet a small number of countries in recent years have shown that domestic funding for HPSR is possible. The Alliance is commencing targeted work to address this challenge, including documenting country experiences and developing practical options to support sustainable domestic financing of HPSR....”

IHP (blog) – Quantitative versus qualitative research in public health: a colonial legacy.

Willem van de Put; <https://www.internationalhealthpolicies.org/blogs/quantitative-versus-qualitative-research-in-public-health-a-colonial-legacy/>

“There was an interesting talk last Thursday at ITM about the institutional decolonization of global health, knowledge and practices. We heard from Dr. Seye Abimbola, Dr. Özge Tunçalp, Yvon Englert, Adriana Moreno Cely and Prashanth Srinivas. The session made me think of two points – as always closely connected....”

## Some more reports & papers of the week

Guardian – Declining health and education in poor countries harms earning potential, World Bank says

<https://www.theguardian.com/business/2026/feb/12/declining-health-education-poor-countries-harms-earning-potential-world-bank>

“Report says children born today could earn 51% more over lifetime if their country’s human capital improved.”

“Deteriorating health, education and training in many developing countries is dramatically depressing the future earnings of children born today, the World Bank has said. In a report, the

World Bank urges policymakers to focus on improving outcomes in three settings: homes, neighbourhoods and workplaces.”

“The report, **Building Human Capital Where it Matters**, finds that in **86 of 129 low- and middle-income countries health, education, or workplace learning declined between 2010 and 2025**. Analysing the links with earnings, the World Bank says children born today in low- and middle-income countries could earn 51% more through their lifetime if their country’s human capital matched that of the best-performing nations at similar income levels....”

## Global 50/50 launched its inaugural Global Justice 50/50 report: Gender (In)Justice?

<https://global5050.org/2026-justice-report/>

Via Kent Buse (on LinkedIn): “This first-of-its-kind, independent **analysis assesses 171 global law and justice organisations** — including courts, elite international law firms, intergovernmental bodies, NGOs, professional associations, commissions, and funders — to examine who leads, whose voices count, and whether institutions tasked with upholding justice meet the standards they espouse.”

**Key question:** Do global law and justice organisations uphold gender equality and fairness and equity in their work and workplaces?

### “The findings are sobering:

- ◊ Women hold 40% of leadership roles overall — yet men dominate the very top: 71% of senior judicial leadership and 80% of leadership in elite international law firms.
- ◊ 81% of the most powerful positions are held by nationals of high-income countries, while just 1% are held by women from low-income countries.
- ◊ Across the sector, workplace policies and governance practices continue to fall short on fairness, equity, and inclusion.”

## Lancet Public Health (Viewpoint) – Paralysis in public health and policy: when evidence becomes an alibi

H Benzian et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00009-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00009-5/fulltext)

“Public health operates in an era of unprecedented data availability and analytical sophistication, yet action on well-established health challenges is frequently delayed. **We argue that evidence increasingly functions as an alibi—a means of legitimising deferral of decisions and displacing responsibility onto uncertainty rather than being a guide for decision making.** Drawing on recent policy experience, we discuss how expanding evidence requirements can generate analysis paralysis, privileging refinement over implementation. **We argue that many contemporary health challenges require timely action under imperfect knowledge and that public health systems should be designed to act, learn, and adapt, rather than wait for unattainable certainty.”**

## Miscellaneous

### Guardian - UK and US sink to new lows in global index of corruption

<https://www.theguardian.com/world/2026/feb/10/uk-and-us-sink-to-new-lows-in-global-index-of-corruption>

“Countries’ drop in scores in annual table comes amid ‘worrying trend’ of backsliding in established democracies.”

“The UK and US have sunk to new lows in a [global index of corruption](#), amid a “worrying trend” of **democratic institutions being eroded by political donations, cash for access and state targeting of campaigners and journalists**. Experts and businesspeople **rated 182 countries based on their perception of corruption levels in the public sector** to compile a league table that was bookended by Denmark at the top with the lowest levels of corruption and South Sudan at the bottom.... The **Corruption Perceptions Index**, organised by the **campaign group Transparency International**, identified an **overall global deterioration**, as 31 countries improved their score, while 50 declined....”

“**In particular, the report identified backsliding in established democracies**, warning that events during Donald Trump’s presidency and the revelations contained in the [Epstein files](#) could fuel further deterioration....”

### Guardian - ‘Coca leaf is life itself’: Andean growers’ hopes fade as WHO upholds global ban

<https://www.theguardian.com/global-development/2026/feb/10/coca-leaf-cocaine-bolivia-colombia-sacred-indigenous-un-ban-us>

“**Under US pressure as part of the ‘war on drugs’**, the WHO still categorises the sacred Indigenous remedy as akin to heroin or fentanyl, despite its many therapeutic properties....”

### TGH – When Working Too Much Turns Deadly

E Every (CFR); <https://www.thinkglobalhealth.org/article/when-working-too-much-becomes-deadly>

“As awareness grows around karoshi, or “death by overwork,” so do calls to rethink the boundaries of sustainable work.”

Includes a ‘**geography of exhaustion**’.

And concludes: “With growing evidence from trials worldwide, the **four-day workweek has emerged as a data-driven solution to a global health crisis...**”

# Global health governance & Governance of Health

## GPF - How the UN funding crisis will worsen in 2026

Bodo Ellmers; [Global Policy](#):

**“Only 51 UN member states have paid on time, 142 have not.”**

PS: “...The financial crisis has also revived proposals for the UN system to generate revenue through global taxation. Coincidentally, this growing debate coincides with negotiations on a framework convention on tax at the UN. Innovative financing could fundamentally reshape how the UN finances global public goods, making funding more stable and sustainable in future.”

## CEPEI (report) - The Triple Disconnect: Power, Money, and Voice in the UN Development System — Mapping Influence and Informality

<https://cepei.org/en/documents/the-triple-disconnect-power-money-and-voice-in-the-un-development-system-mapping-influence-and-informality/>

“The UN Development System sits at the heart of global development cooperation—not because it controls the most resources, but because it shapes the norms, priorities, and legitimacy of multilateral action. Yet behind the formal architecture of boards, committees, and mandates lies a more complex reality: decisions are increasingly shaped by informal power, financial leverage, and unequal access to influence. **This report maps where power actually resides inside the UN Development System, revealing how governance works in practice and why current dynamics are eroding legitimacy at a critical moment for UN reform.**”

Among the main findings: **“The UN’s development governance is defined by a “triple disconnect”: formal authority sits with governance bodies, financial control is held by a handful of major donors, and the countries most affected by UN development work have limited voice at the global level.”**

**“Funding architecture shapes outcomes more than policy debates:** core voluntary funding has dropped to 13%, leaving most resources driven by earmarked contributions negotiated outside formal oversight. **Influence increasingly depends on informal mechanisms:** donor coordination, drafting power, and closed consultations shape decisions well before formal meetings take place—reinforcing structural asymmetries in access and impact.”

## ECDPM - Geopolitical branding: Why ‘globetition’ requires new marketing skills for Europe

<https://ecdpm.org/work/geopolitical-branding-why-globetition-requires-new-marketing-skills-europe>

“In this guest commentary, **Christian Lungarotti and Carlo Alberto Pratesi** explore to what extent an effective geopolitical branding strategy can help strengthen a country or international organisation’s global standing and support its economic and political objectives.”

**“Globalisation is undergoing a transformation:** formerly centred primarily on cooperation with a win-win logic, it is now increasingly characterised by a growing component of competition and zero-sum games. **We call this new context, where globalisation is reframed through a competitive lens, ‘globetition’.** Its primary feature is that some of the typical dynamics of rivalry between large private companies are now emerging between geopolitical actors....”

### **ECDPM (Brief) – The EU’s 2025 DAC peer review: From diagnosis to action**

P Van Damme; <https://ecdpm.org/work/eus-2025-dac-peer-review-diagnosis-action>

“Looking at the 2025 OECD-DAC peer review of the EU’s development cooperation, Philippe van Damme highlights the **report’s call for the Union to sustain its poverty reduction focus amid the Global Gateway strategy’s more interest-driven turn.**”

### **Geneva Solutions - ‘Status quo is not an option’, says WTO chief ahead of major meeting focused on reforms**

<https://genevasolutions.news/sustainable-business-finance/status-quo-is-not-an-option-says-wto-chief-ahead-of-major-meeting-focused-on-reforms>

“The Nigerian head of the World Trade Organization said **long overdue reform of the 30-year old body** will be “front and centre” at **next month’s ministerial conference in Cameroon**, as it grapples with an existential crisis.”

### **Lancet Regional Health Europe (Viewpoint) - Geopolitics and public health: Europe under the shadow of the U.S. National Security Strategy**

by J Cylus & M McKee. <https://www.sciencedirect.com/science/article/pii/S2666776226000372>

“...This **Viewpoint analyses the implications of the 2025 U.S. National Security Strategy for public health and health systems in Europe, with particular attention to welfare, migration, climate, and multilateral cooperation.** A weakened WHO, reduced U.S. multilateral engagement, and more transactional transatlantic relations threaten global health security. Europe must safeguard health systems, equity, and the multilateral global order.”

### **Lancet Correspondence - New approaches for UK–China global health cooperation**

Minghui Ren et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00219-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00219-9/fulltext)

« **A 2025 conference on strengthening UK–China research cooperation for global health during times of crisis, jointly organised by the Institute of Development Studies, Peking University, China, and the Howard Dalton Centre, University of Warwick, UK, explored what a new kind of cooperation might look like.** This cooperation would build on earlier collaboration on China’s domestic health challenges and on the work done in the 2010s when the two countries sought a new, post-aid relationship....”

« ... A new kind of UK–China cooperation must be an evidence-based response to common challenges. A strong case can be made for **cooperation on science and the regulation and governance of innovation to support access to affordable medical technologies in LMICs**. .... The conference identified several entry points for this type of cooperation. ...”

## GLOHRA - The Double Dividend: Why Germany should invest in Global Health Research

[https://www.globalhealth.de/fileadmin/user\\_upload/Documents/Argumentationshilfe/GLOHRA\\_Positionpaper\\_5\\_reasons\\_for\\_investing\\_in\\_global\\_health\\_research.pdf](https://www.globalhealth.de/fileadmin/user_upload/Documents/Argumentationshilfe/GLOHRA_Positionpaper_5_reasons_for_investing_in_global_health_research.pdf)

Listing **5 reasons**. “...Germany’s investments in global health research **deliver a double dividend**: they save lives worldwide and strengthen the positions of Germany and its partners as innovative, credible, and secure countries....”

## Devex - Taiwan positions itself as new regional international NGO hub

<https://www.devex.com/news/taiwan-positions-itself-as-new-regional-international-ngo-hub-111856>

“Alert to the threat of a potential Chinese invasion, Taiwan deploys NGO collaboration as a defense tool.”

- And a link: [UNFPA and Africa CDC Forge Strategic Partnership to Advance Health and Innovation Across Africa](https://www.devex.com/news/taiwan-positions-itself-as-new-regional-international-ngo-hub-111856)

“The United Nations Population Fund (UNFPA) and the Africa Centres for Disease Control and Prevention (Africa CDC) today signed a landmark Memorandum of Understanding (MoU) to strengthen collaboration on women and adolescents’ health innovation, data-driven policymaking, and sustainable investment across Africa. The agreement, **signed during the African Union Summit 2026** by **Ms. Diene Keita**, Executive Director of UNFPA, and **Dr. Jean Kaseya**, Director-General of Africa CDC, cements a shared commitment to accelerate progress toward universal access to sexual and reproductive health and rights (SRHR), promote demographic resilience, and build resilient, equitable health systems through innovation and strategic partnerships....”

## Global health financing

### The Conversation - Taxing Africa’s informal economies: technology’s promise and pitfalls

A Gwaindep; <https://theconversation.com/taxing-africas-informal-economies-technologys-promise-and-pitfalls-275324>

“Africa has entered a new “tax era of development”. As external funding dries up, many African countries are now relying more on their own ability to raise money through taxes. **But large parts of**

African economies are informal, and that's widely seen as an obstacle to collecting tax revenue." "  
**"My recent work, too, shows that countries with high levels of informality tend to collect less tax revenue and face other related challenges. ... ... "**

**"Roughly 85% of working age people in sub-Saharan Africa are informally employed.** That makes it extremely difficult for tax authorities to track economic activity or enforce compliance. **Informality makes it harder for governments to build the three capacities needed for effective taxation: identification, detection and collection.**"

**"Technology provides an answer to all three challenges. But, as my research shows, it isn't a complete solution.** Poorly designed tools can amplify existing challenges or create new unfairness, weaken trust and drive people back to cash...."

## UHC & PHC

**The Conversation - Public healthcare and contracting out: can it work? Global review presents some answers**

Z Khan et al; <https://theconversation.com/public-healthcare-and-contracting-out-can-it-work-global-review-presents-some-answers-274464>

**"... Our team of researchers in South Africa, Brazil and India conducted a global review of the evidence,** analysing over 80 peer reviewed studies from around the world. We wanted to understand, firstly, whether contracting improved access, quality and equity in primary care. Health systems grounded in strong primary care typically perform better. Secondly, we wanted to find out whether involving local communities in the governance (design and monitoring) of these contracts made a difference...."

**"Our review painted a complex picture.** On the positive side, the evidence was clear that contracting out often improved access to primary care. This was particularly true in peripheral or remote areas where the state's reach and resources were limited. However, the impact on service quality was far less clear. On the community question, our research found that when communities had a real say in designing and monitoring contracts, the results were better. It helped to improve access and make services more responsive to local needs...."

**Plos GPH - A deep dive into Brazilian health technology assessment: Structure, policies, and processes**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005914>

By Mohammed Alkhaldi et al.

# Pandemic preparedness & response/ Global Health Security

## Plos GPH - Building systems for preparedness: Global scoping studies on institutional governance and National Public Health Agencies

S D Sasie et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005427>

“Public health emergencies remain a persistent threat to global health security, with the COVID-19 pandemic exposing critical weaknesses even in advanced health systems. **National Public Health Agencies (NPHAs), particularly National Public Health Institutes (NPHIs), have emerged as central actors in coordinating preparedness and response functions.** However, institutional maturity, financing, and subnational integration remain uneven, especially in low- and middle-income countries. This scoping review consolidates evidence on governance, institutional arrangements, workforce development, financing, and cross-cutting determinants shaping public health emergency preparedness and response...”

## CEPI and Korea discuss future of AI-driven international health cooperation

<https://cepi.net/cepi-and-korea-discuss-future-ai-driven-international-health-cooperation>

“**Seminar held at the National Assembly discussed strategic link between AI technology and Health ODA.** CEPI expects Korea to play a **leading role in the new AI platform, Pandemic Preparedness Engine.** Consensus reached among Korean government, National Assembly, international organisations and industry to **expand AI-enabled Health ODA.**”

“... the event was convened to explore new models of health cooperation that could harness AI to move beyond traditional aid methods and strengthen Korea’s role in vaccine R&D and pandemic preparedness....”

PS: “**Dr. Hatchett introduced the Pandemic Preparedness Engine, a revolutionary new AI platform which will be a key feature of CEPI’s upcoming strategy.** The Engine will integrate multiple datasets into a single, secure platform for scientists to identify whether a pathogen has pandemic potential and propose potential vaccine candidate designs. ...”

## Via RANI’s newsletter – re CEPI

<https://mailchi.mp/rani/a-moment-of-choice-resilience-action-playbook-12-feb?e=da8439b1d4>

“**CEPI launched its first Biosecurity Policy and FAQ**, which established approaches to identify and reduce biosecurity and biosafety risks across its funded research. It also announced a **collaboration with Samsung Biologics** to strengthen outbreak-ready vaccine production and global pandemic preparedness through an expanded manufacturing capacity and technology partnership. **Stay tuned for the launch of CEPI’s 3.0 Investment Case.**”

## Planetary health

Climate Change News - COP31 chief slams climate backsliding, but rejects priority focus on fossil fuels

<https://www.climatechangenews.com/2026/02/12/cop31-chief-slams-climate-backsliding-but-rejects-priority-focus-on-fossil-fuels/>

“After a first COP31 strategy meeting, Türkiye’s environment minister Murat Kurum said **he would “safeguard the development priorities” of developing countries.**”

“...when pressed about the country’s own reliance on fossil fuels, he said it was important to keep a balance between growth and climate action in developing nations....”

Science (Policy Forum) – Using markets to adapt to climate change

<https://www.science.org/doi/10.1126/science.aea7431>

“Research shows if and when markets can help limit the harms from climate change.”

Ecological Economics - Radical ecological economics: A paradigm from the global south

David Barkin et al; <https://www.sciencedirect.com/science/article/pii/S0921800926000248>

**“Radical Ecological Economics is a more appropriate way for collaboration with communities in the Global South.** It transcends the conceptual and methodological premises of Ecological Economics, integrating realities that are not commonly considered, but exist and actively resist throughout the world. The text **addresses three major areas:...**”

PIK - Climate change could halve areas suitable for cattle, sheep and goat farming by 2100

<https://www.pik-potsdam.de/en/news/latest-news/climate-change-could-halve-areas-suitable-for-cattle-sheep-and-goat-farming-by-2100>

And even that is a fairly conservative estimate, timing wise, some others reckon...

**“ A new study conducted at the Potsdam Institute for Climate Impact Research (PIK) shows that grassland-based grazing systems – currently covering a third of the Earth’s surface and representing the world’s largest production system – will see a severe contraction as global temperatures rise.** Depending on the scenario analysed, 36-50 percent of the land with suitable climatic conditions for grazing today will experience a loss of viability by 2100, affecting more than 100 million pastoralists and up to 1.6 billion grazing animals. **The study, published in the scientific journal PNAS today, identifies a ‘safe climatic space’ for cattle, sheep and goat grazing.** To date, these agricultural systems have thrived within certain ranges of temperature (from -3 to 29°C),

rainfall (between 50 and 2627 millimetres per year), humidity (from 39 to 67 percent) and wind speeds (between 1 and 6 metres per second). “**Climate change will shift and significantly contract these spaces globally, leaving fewer spaces for animals to graze. ...”**

## Infectious diseases & NTDs

### NYT - 4 Months Trapped in a Hospital for an Obsolete Way of Treating Their Disease

<https://www.nytimes.com/2026/02/12/health/tb-sanitarium-cameroon.html>

“Health workers in developing countries know that **isolating tuberculosis patients** is an outdated and potentially harmful practice, but **lack the resources to move away from it.**”

“**... The sanitarium model of TB treatment — confining people in isolation for a lengthy period —** was declared obsolete in the United States and other high-income countries some 60 years ago. It lingered in Eastern Europe until 15 years ago, but **it is still used in some low-income countries in Africa and Asia, where health systems lack the resources to update policy, retrain staff or deploy community health workers to help patients at home.**”

“**For the past 15 years, the World Health Organization has said that TB patients should not be isolated or confined, or hospitalized at all, unless they are acutely ill.** Research shows that their TB treatment would be more successful if done at home, because patients would have better mental health and would be less exposed to other infections. And the hard truth about the risk of infection is that by the time people have been diagnosed, they have probably already exposed their families and co-workers. After just a few days of treatment, their bacteria count will plunge, and so there is no further risk to having them stay among family after diagnosis....”

“**But efforts to have the updated guidelines adopted everywhere have been hobbled by disruptions and declines in international funding for tuberculosis care....”**

With focus on Cameroon here.

## NCDs

### Lancet - Adult obesity and risk of severe infections: a multicohort study with global burden estimates

Solja T Nyber et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02474-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02474-2/fulltext)

« Adult obesity has been linked to specific infections, but evidence across the full spectrum of infectious diseases remains scarce. **In this multicohort study with impact modelling, we examined the association between this preventable risk factor and the incidence, hospitalisations, and mortality of 925 bacterial, viral, parasitic, and fungal infectious diseases, and estimated their global and regional attributable impact....”**

- Related [Lancet Comment: Mutually reinforced burdens of obesity and infections](#)
- Related [Guardian coverage - People with obesity 70% more likely to be hospitalised by or die from infection, study finds](#)

**“People living with obesity are 70% more likely to be hospitalised by or die from an infection, with one in 10 infection-related deaths globally linked to the condition, research suggests.”**

“Being an unhealthy weight significantly increases the risk of severe illness and death from most infectious diseases, including flu, pneumonia, gastroenteritis, urinary tract infections and Covid-19, according to a study of more than 500,000 people. **Obesity may already be a factor in as many as 600,000 of 5.4 million deaths (11%) from infectious diseases every year**, researchers found....”

### **Lancet Public Health (Viewpoint) Rethinking health-care systems to tackle social isolation and frailty**

Fereshteh Mehrabi, et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00324-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00324-X/fulltext)

**“Ageing populations face increasing burdens from frailty and social isolation, which are two inter-related public health challenges that increase the risk of dementia, hospitalisation, and mortality.** Despite health systems' potential to intervene, the co-occurrence of frailty and social isolation remains overlooked in policy, research, and routine care, leading to fragmented and insufficient responses. Structural barriers (eg, cultural and linguistic obstacles, low health literacy, complex system navigation, financial constraints, geographical isolation, and care coordination) further limit access. **In this Viewpoint, we highlight four priorities to address these challenges: (1) screening in primary and acute care; (2) integrated medical and social care; (3) social prescribing; and (4) equity-focused policy and research within ageing strategies...”**

### **Plos GPH - Exploring stakeholder perceptions of peer support initiatives in the management of diabetes in low- and middle-income countries: An online survey study**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005840>

By Bishal Gyawali et al.

### **Nature Medicine - Practical solutions to weight management in primary care**

Nerys Astbury & E Morris; <https://www.nature.com/articles/s41591-026-04205-z>

“Data suggest that primary care practices could help deliver effective weight management — but only with robust implementation strategies that acknowledge the realities and pressures of primary care settings.”

## Plos Med – The impact of the Lancet Commission definition of obesity on its prevalence and implications on long-term cardiovascular-kidney-metabolic outcomes in East Asians: Observational study of two community-based cohorts

David T. W. Lui, et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004749>

« The Lancet Commission proposed an update in January 2025 on the definition of obesity which requires at least one anthropometric measurement in addition to body mass index (BMI) to confirm excess adiposity. Also, the presence of obesity-related organ dysfunction is used to differentiate between clinical and pre-clinical obesity. **We evaluated how applying the Lancet Commission proposed definition of obesity, which required an additional anthropometric measurement to verify excess adiposity, would affect its prevalence, and its implications on the cardiovascular-kidney-metabolic health....**”

And a link:

- Lancet Letter - [Malawi's strategy on childhood non-communicable diseases](#)

## Social & commercial determinants of health

### International Journal of Social Determinants of Health and Health Services - Fossil Health: Deconstructing the Health and Energy Relationship to Reimagine a Viable Future

Laila Vivas et al; <https://journals.sagepub.com/doi/full/10.1177/27551938261419437>

“In an era of socio-ecological crisis, the dominant cultural narratives of the Anthropocene paradoxically reinforce a deep reliance on fossil fuels. These systems profoundly shape modern life, including our most fundamental conceptions of health. **This article argues that societal conceptions of health in the Global North are constituted within, and constrained by, fossil-fuelled paradigms.** To analyse this lock-in, **we propose Fossil Health as a conceptual tool designed to show how fossil fuel dependency perpetuates productivist and unsustainable notions of health.** By applying this lens through an integration of political ecology, sociology, and public health, we trace its manifestations across healthcare systems, policies, behaviours, and daily practices. **Ultimately, transcending this cycle is essential for re-imagining more equitable and ecologically-attuned relationships between society, nature, and health.**”

PS: “... **health in the Anthropocene must be understood not as a static noun but as an active verb**, echoing Lynn Margulis and Dorion Sagan's expression “life as a verb” (p. 14). It is both a product of its surroundings and a shaper of society, deeply embedded in its material and cultural environment. Recognizing that our health imaginaries – how we envision health and its causes – contribute to the socio-ecological crisis opens essential pathways for transformation. **Within this context, we present the Fossil Health framework to analyse how health imaginaries are intertwined with energy systems and guide the exploration of possibilities for more sustainable and equitable ways of living....**”

**BMJ (blog) - Behind Closed Doors: Tobacco industry lobbying in the EU aims to weaken health policies worldwide**

[BMJ Tobacco control](#):

“ A new report, [\*Behind Closed Doors: How the Tobacco Lobby Influences the European Union and Beyond\*](#), exposes the scale and tactics of well-resourced, coordinated tobacco industry lobbying at the heart of decision-making within the European Union (EU) and its current focus on increasing the availability of the industry’s addictive, harmful products. Drawing on analysis of EU transparency registers, other public records and extensive freedom of information (FOI) requests, our analysis reveals a concerted effort by tobacco companies—particularly Philip Morris International (PMI)—to both influence EU policy and leverage the EU’s diplomatic and trade power to undermine policy well beyond Europe’s borders. ....”

## Mental health & psycho-social wellbeing

**P Marquez - Wellbeing with AI: What’s Possible, the Risks, and the Imperative to Invest in Brain Health**

[P Marquez](#):

“In this post, I reflect on both the promise and the risks of AI for the mental health and wellbeing of individuals in societies already strained by economic uncertainty, social fragmentation, and rapid technological change. Across the evidence reviewed, a consistent message emerges: AI does not diminish the importance of human capacities—it intensifies their relevance. Curiosity, critical thinking, and self-regulation become more valuable as AI systems expand, not less. When these capacities are supported, AI can enhance learning, judgment, and care. When they are weakened—through hidden data extraction, over-automation, or poorly governed digital environments—wellbeing deteriorates, trust erodes, and social risk accumulates....”

**Guardian - ‘At 2am, it feels like someone’s there’: why Nigerians are choosing chatbots to give them advice and therapy**

<https://www.theguardian.com/global-development/2026/feb/12/nigeria-mental-health-ai-chatbots-psychiatry-therapy-depression-privacy>

“With many unable to access or afford qualified therapists, AI is filling the mental healthcare vacuum, **amid calls for tighter regulation.**”

## Sexual & Reproductive health rights

**The Conversation - Women's control over fertility is linked to education, money and digital access – study of 16 African countries**

T O Michael et al ; <https://theconversation.com/womens-control-over-fertility-is-linked-to-education-money-and-digital-access-study-of-16-african-countries-274291>

“.... what happens when **these three forces – education, economic autonomy and digital access** – are examined together across several countries....” Check out the findings.

**Plos GPH – Associations between water insecurity and reproductive health outcomes among adolescent girls and young women in Sub-Saharan Africa**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005978>

By A Bawuah et al.

## Access to medicines & health technology

**Journal of Global Health - International collaborative research and development (R&D) on traditional medicine and its contextual factors: a cross-sectional analysis from 1996 to 2022**

<https://jogh.org/2026/jogh-16-04029>

By Yinuo Sun et al.

## Decolonize Global Health

**Health Care - A Scoping Review of African Health Histories from the Pre-Colonial to SDG Eras: Insights for Future Health Systems**

H Karamagi et al; <https://www.mdpi.com/2227-9032/14/2/147>

“This scoping review aims to systematically examine the extent of the literature on African health histories throughout the pre-colonial, colonial, post-independence, primary health care (PHC), Millennium Development Goals (MDG), and Sustainable Development Goals (SDG) periods....”

## Conflict/War & Health

### SSM Health Systems - Research Capacity Strengthening in Fragile and Shock-Prone Settings: Insights from a Research Consortium

J Khalil, J Raven et al; <https://www.sciencedirect.com/science/article/pii/S2949856226000243>

**“Research capacity strengthening (RCS)** is acknowledged as a critical element for improving health systems through contextually-embedded research findings and recommendations. However, RCS remains a critical gap in the field of Health Policy and Systems Research (HPSR), especially in fragile and shock-prone settings facing unique challenges that further constrain research capacity. **The ReBUILD for Resilience (ReBUILD) consortium, operating in Lebanon, Myanmar, Nepal, and Sierra Leone, sought to strengthen HPSR capacity across individual, organizational, and community levels. This paper reflects on the RCS approaches of the ReBUILD consortium, analyzing strategies and lessons learned....”**

### Nature Health - Integrating epistemic justice in global cancer research

M S Patel et al ; <https://www.nature.com/articles/s44360-025-00047-0>

**“Current systems of cancer research marginalize knowledge from low- and middle-income countries, where most future cancer cases will occur, by privileging high-income country evidence and often overlooking local expertise and context-specific needs.”**

## AI & health

### Nature Health - Large language models for frontline healthcare support in low-resource settings

<https://www.nature.com/articles/s44360-025-00038-1>

Cfr a **study in Rwanda**. ““... findings support the potential of LLMs to strengthen frontline care quality in low-resource, multilingual health systems.”

## Miscellaneous

### CGD (blog) - The Global Collapse in Funding for the Food Insecure

C Kenny; <https://www.cgdev.org/blog/global-collapse-funding-food-insecure>

“On a planet that is producing more food per person than ever before, it is a moral stain that so many still suffer malnutrition or face the risk of famine. And, **if sustained, the recent collapse in global humanitarian funding from \$37 billion in 2024 to \$21 billion in 2025 will only increase that risk of famine. Most urgently, the forgotten food crises across Africa, South Asia, and Central America must be addressed....”**

**“...While the global level of food insecurity has remained broadly constant since 2022, humanitarian funding has rapidly declined, including to the countries where the food insecure live. Between 2019 and 2024, each additional person in IPC phase 3 or higher was associated with that country receiving an average of \$73 in additional humanitarian support. In 2025, that fell to \$38....”**

### **Brookings - The present and future of global inequality**

J C Cuaresma, H Kharas et al ; <https://www.brookings.edu/articles/the-present-and-future-of-global-inequality/>

PS: this original commentary was **first published by World Data Lab** on January 20, 2026.

## **Papers & reports**

### **Globalization & Health - Addressing global health equity through Global Collaborative Evidence Networks: a narrative literature review of governance models, power and participation**

B Pilla et al; <https://link.springer.com/article/10.1186/s12992-026-01192-1>

« This review critically examines the conceptual, structural, and governance dimensions of Global Collaborative Evidence Networks to assess their potential and limitations in advancing Global Health Equity....”

### **WHO – Scaling innovations in public health systems: guidance and toolkit**

<https://www.who.int/publications/i/item/9789240120761>

“The World Health Organization guidance and toolkit for scaling innovations in public health systems offer an evidence-based, practical framework to assist governments to lead, coordinate and sustain the scaling of health innovations – specifically, to steward a move from promising pilots to system-wide adoption, grounded in principles of health system strengthening and country ownership. It is designed primarily for ministries, national and subnational agencies, and public sector institutions involved in public health. “

“... The guidance outlines three strategic approaches to scaling: directive efforts to make it happen, collaborative processes to help it happen and supportive conditions to let it happen. It furthermore identifies seven critical roles that government actors play in scaling health innovations. Three interconnected processes (and a related toolkit) led by public sector entities form the operational core of innovation scaling: exploring, adapting and learning....”

### **Organisation - Toxic experts in longevity business: A multilevel relational framing of emergence**

A Merghen, T Greenhalgh et al; <https://journals.sagepub.com/doi/10.1177/13505084251379172>

“In this paper, we introduce and theorize the **concept of toxic experts as individuals who, by virtue of their perceived or actual expertise, systematically engage in behaviors characterized by professional and intellectual vices**. Despite maintaining an appearance of legitimacy, toxic experts exploit public trust by disseminating unsubstantiated, misleading, or harmful claims for personal and commercial gain. Drawing on a multidisciplinary framework, we integrate diverse insights to explain how toxic expertise emerges and persists. Specifically, we combine ethical and epistemic perspectives that distinguish genuine expertise from opportunistic misrepresentation...”

## Development – Editorial: The Power of Pendulum: Religions and Development in a Globalized World

N Denticco; <https://link.springer.com/article/10.1057/s41301-025-00477-z>

Editorial from an issue. Concluding: “**The metaphor of the pendulum, as illustrated in the articles of this issue, represents well the problematic contour of all religions, including those blessed with a lighter historical legacy and a more benevolent societal perception**. The dichotomy between spirituality and reality, between secular, materialistic development and unworldly religious pursuit, can be resolved, as writers point out, by cultivating a greater sense of the sacred in all things and beings. **Just as we need to decolonize religions and faith, we need to liberate development from its persisting anthropocentric vision. Only when we have recognized the essential unity of life, interconnected in all its forms and epistemologies, shall we see religion, faith, and development as a seamless whole.**”

## HP&P - Expert stakeholders on the role of qualitative research in World Health Organisation guidelines

Melissa Taylor et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf105/8472636?searchresult=1>

« **Despite recognizing the value of qualitative research, stakeholders agreed there is still potential for more systematic use of qualitative research in WHO guideline development.** Clinical guidelines are often framed simplistically. For some questions, this may overlook the broader social context. One value of qualitative research is related to ‘contextual information’ but exactly how this is achieved has not been delineated. »

“...We interviewed 16 participants, and **identified three themes**: (i) respondents endorsed using qualitative research findings in developing WHO guidelines, and highlighted examples where this approach had been useful; (ii) recommendation questions in the guideline process are built on clinical decision-making, which can sometimes be too detached from social contexts for broader health problems; (iii) using qualitative research findings to help delineate context has a greater potential role in guidelines. **We interpret these findings to indicate that qualitative research could be used more systematically, particularly to inform a broader framing of a health problem, or later in recommendations, to tailor to particular contexts....”**

## Tweets (via X, LinkedIn & Bluesky)

### Themrise Khan

**"There is a completely expected, deathly silence from all those in the #globalhealth and #internationaldevelopment community who have benefited from Gates Foundation funding in the wake of the #epsteinfiles.** I have consistently refused to take any funding from Gates due to his condescending attitude towards the marginalized of the world, his comments on #Africa, his consistent lobbying of governments for his own benefit and his never ending quest for power. And of course billionaire #philanthropy And this was way before his name ever even came up in connection with Epstein. But now, after his biggest exposure in the recent dump of files, I cannot understand why anyone who has taken his funding would want to continue taking it with a straight face. So this means, that it really doesn't matter where the money comes from for everyone in the sector. Even if it comes from someone who has openly cavorted with a pedophile and has defiled both the #genderequality and #health norms that his philanthropy apparently stands for. It says a lot about wanting to "do good" for the world."

### Yanzhong Huang

**"As the United States withdraws from the WHO, China stands poised to emerge as the leading assessed contributor to the agency—yet Beijing has chosen a measured and cautious approach to filling the resulting financial gap.** 1 / 4 With Washington's departure, Beijing would account for approximately 20% of WHO assessed funding, making it the largest state contributor. Even so, assessed contributions would still constitute no more than 30% of the organization's total budget for 2026. 2/4 **The Chinese delegation has taken an active role in the 154th and 156th sessions of the Executive Board**, voicing support for the WHO's role in global health governance and advocating for a "shared community of health for humanity." 3 / 4 **Despite its elevated position, Beijing has shown no intention of bridging the financial shortfall left by the United States. Indeed, China was one of only two states to once again express opposition to the 20% increase in assessed contributions for 2026**—an increase agreed to in principle in 2022 as part of a stepwise plan to raise member state funding to 50% of the WHO's budget by the end of the decade. 4/4."

### Leah Libresco Sargeant

**"Moderna's CEO announced the company will no longer invest in new Phase 3 vaccine trials for infectious diseases: 'You cannot make a return on investment if you don't have access to the U.S. market.'** Vaccines for Epstein-Barr virus, herpes, and shingles have been shelved."

## Podcasts

### Trailblazers with Garry: A Conversation with Axel Pries

<https://www.youtube.com/watch?v=2BME7DTYhdI>

**"For this episode, Garry sat down with Axel Pries during the World Health Summit in Berlin in October 2025. Axel is the President of the World Health Summit, based in Germany. He is a medical doctor by training and a professor of physiology, with a long career spanning research, academia and leadership. Together, they explore how the World Health Summit is working to transcend silos in**

global health, the shared values needed in a changing world and why good communication is essential in shaping the global health narrative of the future.”