

IHP news 867 : Let's get on our horses

(20 February 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,

In this issue, we first cover the health sovereignty related news from the latest (39th) **African Union summit** in Addis. A quote via Africa CDC set the scene: “**Countries must lead, regions must coordinate, and the global level must support.**” That principle guided a **high-level dialogue on reforming the global health architecture**, convened by Africa CDC, South Africa and Ghana on the margins of the summit.

We also come back on the **latest PABS round** and **Global Fund Board meeting**, both in Geneva. Some days ago, France’s **heavy cut of funding to the Global Fund** came as another major shock. Still in the Swiss diplomatic capital, Health Policy Watch more or less **kicked off the WHO DG race**, with an **analysis of the current (rumoured) crop of candidates**. There are quite a few. Apparently, the organization needs a “**unicorn**”, “*someone with the political skill to navigate a fractured world but the technical discipline to focus the agency’s ambitious mandate.*” In other words, the opposite of the current White House occupant. Shouldn’t be too difficult.

In the **Global Health Reimagining & Reform** debate, this week we feature quite some interesting contributions on the ‘**missing ingredients & blindspots**’ so far. Meanwhile, sadly, the Trump administration continues to have its own ideas on how to “Re-imagine global health”, now even considering **a more expensive replacement of WHO** to duplicate its global disease surveillance and outbreak functions. Sounds like a ‘Big Beautiful Deal’ (#deepsigh).

We also pay some more attention to the **health/bio-security & development related debates** at the **Munich Security summit**. With among others, the rise of ‘**maluse of AI**’ as a global threat, also flagged by a **new CEPI global plan**. The **Lancet Commission on global health threats for the 21st century** wasn’t launched yet in the end, even if **there was** a related IHME event – maybe they went back to the drawing board after learning about the increasing likelihood of a ‘**hothouse Earth**’ scenario (**see last week**)? Meanwhile, the **World Health Summit** tried to get the following message across in Munich, at a side event: “**Health security is a cornerstone of national security**”. We agree. But as **Scott Greer** put it aptly (on Bluesky), “*The European response to the enormous cuts to US global health investment over the last year has pretty consistently been... enormous cuts to their own global health investment.*” It’s not much different elsewhere in the world, with defense funding trumping investment in global public goods big time.

Recently, we also started an **AI & health section**. This week, among others, with some news from Delhi. You might want to check out the new acronym **EVAH**.

As for some of the **publications of this week**, we already want to flag here a very rich **Lancet Global Health (March) issue** (also with some health policy articles), and a few must-reads by **Seye Abimbola**

["The evidence of things not seen"](#), and [Aku Kwamie et al](#) (Alliance for HPSR); [Advancing health policy and systems research and analysis: new frontiers, renewed relevance](#). And oh yes, there are quite some interesting [Global Health “substacks”](#) and [LinkedIn newsletters](#) these days – which we try to feature as well in our curated compilation (*well, as long as they don’t pander to the MAGA crowd :)*).

Finally, as you probably also know by now, we have entered the Chinese [‘year of the \(Fire\) horse’](#). Clearly the world is paying more attention than a decade ago, when the Chinese kick off “their” year. The year is [said](#) “*to represent optimism and opportunity, following the year of the snake, a period that represents [resilience and] transformation akin to the reptile’s habit of shedding skins.*”

Now that we have shed the skin of a disastrous first Trump 2.0 year in global health, let’s “get on our horses” and make this a better world before the nazis take over altogether. And [humanoid robots](#) :)

Enjoy your reading.

Kristof Decoster

Featured Article

The WHO process for supporting the reform of the global health architecture

Daniel López Acuña (*Adjunct Professor of the Andalusian School of Public Health, and former Senior Official of the World Health Organization*)

The reform of the global health architecture (GHA) discussed in the last WHO Executive Board (E.B.) in February 2026, is a matter of strategic importance for the future of the global health system (GHS) and its functions and for the shaping of the GHA itself.

The E.B. approved a Decision requesting that the Director General of WHO:

- (1) designs a proposal for an inclusive, transparent, time-bound, resource effective and efficient process, hosted by WHO, led by Member States, to support the transformation of the current GHA;
- (2) convenes relevant global health actors in the design of the proposal, considering ongoing global health reform initiatives;
- (3) submits a proposal on the process for the consideration of the Seventy-ninth World Health Assembly (WHA).

This is happening when there is a proliferation of initiatives undertaken by different actors to consider possible reforms to the GHS, the GHA, the WHO, the U.N. System and the development cooperation ecosystem in the field of health (DCH).

It is important that the process that WHO proposes in May 2026 is credible, useful, objective, participatory, representative, with the appropriate legitimacy of the actors involved, meaningful, impartial and binding, and leading to a roadmap for change to bring about a more efficient and more effective architecture arising from a multilateral consensus. ...

- To read the full article, see IHP: [The WHO process for supporting the reform of the global health architecture](#)

Highlights of the week

Structure of Highlights Section

- African Union Summit & Health
- Global Fund Board meeting
- Munich Security Conference
- Reform & Reimagining of global health/international health cooperation/development
- PABS negotiations & more on PPPR
- US bilateral health agreements & US Global Health Strategy
- More on Global Health Governance & Funding/Financing
- Debt/Tax reform & justice
- More on the aid cuts & transition
- Trump 2.0
- SRHR
- Human Resources for Health
- Social and Commercial Determinants of Health
- Conflict/War/Genocide & health
- Planetary Health
- AI & health
- Access to Medicines, Vaccines & other health technologies
- Some more key publications, issues and reports of the week
- Miscellaneous

African Union Summit & health

There was quite some health related news “from the margins” of the AU summit.

Among others, “**The High-Level Dialogue on Reforming the Global Health Architecture, convened by South Africa, Ghana, and Africa CDC, took place on February 13, 2026.**”

- For some of the **more general headlines**, you might want to check out a **Devex special edition on the AU summit** [Devex @AU summit](#) : “**As multilateralism fractures, Africa seeks a more perfect union.**”

With among others, **AfCTA as a key topic**: “**Its potential is immense**,” Kenyan President William Ruto said last week. “**Projections indicate that it could increase intra-African trade by up to \$3 trillion and raise Africa’s cumulative GDP by about \$1.4 trillion between 2021 and 2045.**” If development cooperation is moving toward markets, **the African Continental Free Trade Area, or AfCFTA**, is its boldest expression — and it was **one of the biggest topics of discussion in Addis**. “**Its potential is immense**,” Kenyan President William Ruto [said](#) last week. “**Projections indicate that it could increase intra-African trade by up to \$3 trillion and raise Africa’s cumulative GDP by about \$1.4 trillion between 2021 and 2045.**”....”

Africa CDC - Presidential Declaration on Advancing Local Manufacturing of Health Products in Africa

<https://africacdc.org/news-item/presidential-declaration-on-advancing-local-manufacturing-of-health-products-in-africa/>

re the **launch of ACHIEVE Africa**.

Cfr tweet by Africa CDC: “**...A historic moment for Africa’s health sovereignty: African leaders have committed to producing at least 60% of the continent’s health products locally by 2040 and to fully operationalise the African Pooled Procurement Mechanism (APPM).** This marks the **launchpad for an Extraordinary Summit on Local Manufacturing in Nairobi, 2026**, to be chaired by H.E. President William Samoei Ruto, @_AfricanUnion Champion on Local Manufacturing — a decisive step from ambition to action.” **With 5 explicit commitments.**

Related tweet by **Sania Nishtar (GAVI)**: “I commend President Ruto of Kenya for his announcement during the #AfricanUnion summit to hold a special Africa Health Products Manufacturing Summit in Kenya, co-hosted by @AfricaCDC, in the coming months. **@Gavi , through our African Vaccine Manufacturing Accelerator, has a key role to play in helping establish a sustainable, thriving vaccine manufacturing industry in Africa** and we look forward to working constructively with our partners to make this summit a success.”

Africa CDC – African Leaders Call to Scale Up Health Workforce, Commit to Deploy Two Million Community Health Workers by 2030

[Africa CDC](#)

“**African Union (AU) Ministers of Health and Finance, together with Heads of Delegation, have called for urgent and sustained investment in Africa’s health workforce, including to build a two-million-strong community health worker (CHW) workforce by 2030.** Leaders said the investment is

critical to strengthen Africa's health security and sovereignty (AHSS) and accelerate progress toward Universal Health Coverage (UHC)...."

PS: "Africa CDC's Continental Health Workforce Investment Case shows that every US\$1 invested in the health workforce yields up to US\$19 in economic returns, while inaction could cost the continent an estimated US\$1.4 trillion by 2030. An estimated US\$4.3 billion annually is required to build a two-million-strong CHW workforce by 2030....."

PS: "An Africa CDC-UNICEF survey shows that 1.042 million CHWs were deployed in 2024; however, CHW density remains at 7.5 per 10,000 population—far below the benchmark of 25 per 10,000 defined by Africa CDC as a threshold to achieve Universal Health Coverage (UHC) target of 70 percent by 2030. Only six countries finance more than 80% of their CHW programmes domestically, and 16 countries offer structured career pathways...."

"**Examples from Nigeria, Senegal, Ethiopia, and Malawi** demonstrate that large-scale workforce expansion is achievable with strong political commitment, domestic financing, and effective partner alignment around national plans consistent with the Lusaka Agenda. **Leaders urged Member States to integrate health workforce investments into national budgets, protect frontline spending, strengthen coordination between health and finance ministries, and fully implement continental accountability mechanisms**, including the AU Health Workforce Compact and the Continental Community Health Scorecard and further directed Africa CDC and Continental Coordination Mechanism for Community Health to convene in Abuja before June 2026 to launch Continental Acceleration Plan and replenishment of national acceleration plans for CHWs in a Communiqué adopted on the 13th of February 2026."

- Related Communiqué - [COMMUNIQUÉ: Investing in the Health Workforce, Community Health and Sustainable Immunization Programmes](#)

39th AU Summit: Nigeria pushes for health security sovereignty in Africa

[Nigeria gvt](#);

"Nigeria has called for a continental shift towards health security sovereignty in Africa aimed at moving the continent from reliance on foreign aids to self-sufficient, homegrown health systems. This, according to Vice President Kashim Shettima, has become a matter of necessity to ensure the health of Africans is not subjected to the uncertainties of distant supply chains or the shifting priorities of global panic. ... Senator Shettima made the nation's position known on Friday during a high-level side event on "Building Africa's Health Security Sovereignty," on the margins of the ongoing 39th Ordinary Session of the Assembly of Heads of State and Government of the African Union (AU) in Addis Ababa, Ethiopia. The Africa health security and sovereignty initiative is a collaboration between the Nigerian government and the Africa Centre for Disease Control and Prevention, to mobilise investment in the health workforce, community health and sustainable immunization programmes...."

HPW - Call for 24 Countries to Ratify African Medicines Agency Treaty 'Without Delay'

<https://healthpolicy-watch.news/call-for-24-countries-to-ratify-african-medicines-agency-treaty-without-delay/>

"The African Medicines Agency (AMA) called on the 24 African member states that are yet to ratify the AMA Treaty to "act without delay" at a meeting on the sidelines of last week's African Union assembly in Addis Ababa."

"AMA aims to improve African countries' capacity to regulate medical products, which will improve access to quality, safe and efficacious medical products on the continent. It will do so by harmonising regulatory requirements and practices across the national medicines authorities (NMRAs) of the AU member states. However, **since the AMA Treaty was signed in 2019, it has only been ratified by 31 of the 55 AU member states**, which is "leaving gaps in protection against substandard and falsified medical products and limiting the benefits of a unified African regulatory system", according to a **media release from the agency on Monday.**"

"Ratification by 15 states enabled AMA to be established, with headquarters in Kigali, and in June last year, Ghana's Dr Delese Mimi Darko was appointed AMA Director General. Darko briefed the meeting last week, stressing that AMA wants to be universally ratified, achieve WHO Listed Authority status and be financially self-reliant by 2030...."

UN News - Guterres tells AU Summit: 'This is 2026 – not 1946' in push for reform

<https://news.un.org/en/story/2026/02/1166965>

"Calling for sweeping reforms of global institutions, UN Secretary-General António Guterres told African leaders on Saturday that the absence of permanent African seats on the Security Council is "indefensible," declaring: "This is 2026 – not 1946.""

"In a world marked by division and mistrust, he said, the African Union (AU) stands as a "flagship for multilateralism," as he addressed the 39th African Union Summit in Addis Ababa....."

PS: "Mr. Guterres further warned that developing countries face a \$4 trillion annual Sustainable Development Goals (SDGs) financing gap, while Africa loses more to debt servicing and illicit financial flows than it receives in aid. At a press conference following the summit, he said it is "simply unconscionable" that Africa must contend with "an economic and financial system that remains totally unjust." He called for tripling the lending capacity of multilateral development banks and ensuring developing countries have "a real voice and a meaningful participation" in international financial institutions...."

"He also stressed that African countries must benefit directly from their natural wealth: "No more exploitation. No more plundering. The people of Africa must benefit from the resources of Africa."

Devex (Opinion) - Africa's future depends on investing in women, children, adolescents

By Jean Kaseya, R Khosla et al ; <https://www.devex.com/news/africa-s-future-depends-on-investing-in-women-children-adolescents-111874>

“At this week’s AU Summit, **Africa faces a choice: Continue with preventable maternal and child deaths and structural barriers to women’s and girls’ well-being, or make the investments needed to build resilient health systems.**”

“... **Africa needs a focused set of practical actions** that governments, regional institutions, and partners can implement....” They list 6.

- Related tweet by **Jean Kaseya**:

“Yesterday, on the margins of the 39th @_AfricanUnion Summit in Addis Ababa, I joined the Susan Thompson Buffett Foundation (STBF) High-Level Forum to launch an initiative on maternal health and sexual and reproductive health and rights (SRHR). Every hour, nearly 20 women in Africa die in childbirth. This is unacceptable — and preventable. No woman should die giving life. Under Africa’s Health Security and Sovereignty (AHSS) agenda, the focus must be on what works: stronger primary health care, a supported health workforce (including community health workers), reliable access to life-saving maternal health commodities, and better data for accountability. Now is the time to turn commitments into measurable results.”

And a link:

- [Africa CDC and FHI 360 Sign Memorandum of Understanding to Strengthen Health Security and Advance Africa’s Health Sovereignty](#)
PS: “**FHI 360, a global nonprofit organization working in more than 50 countries**, brings decades of experience in infectious disease control, surveillance systems, laboratory strengthening, data platforms, and workforce development...”

Global Fund Board meeting (12-13 Feb)

Global Fund (press release)- Global Fund Board Welcomes Final Eighth Replenishment Outcome of US\$12.64 Billion, Backs Strategic Shifts to Advance Countries’ Path to Self-Reliance

<https://www.theglobalfund.org/en/news/2026/2026-02-18-global-fund-board-welcomes-final-eighth-replenishment-outcome/>

“**The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) welcomed the final outcome of the partnership’s Eighth Replenishment – US\$12.64 billion – at its 54th meeting on 12-13 February.**”

“... Based on the final outcome of US\$12.64 billion in total pledges, **the Board approved US\$10.78 billion in allocations to countries for the 2027-2029 implementation period, complemented by US\$260 million for catalytic investments.** These catalytic investments are designed to accelerate progress in priority areas, such as expanding access to innovative health products through market shaping and strengthening regional manufacturing capacities, thereby amplifying the impact of country grants. An **additional US\$306 million in private sector funding** has been earmarked for catalytic investments...”

“... Given the resource-constrained environment and significant changes in global health financing, **the Board agreed that grant funding will be allocated in accordance with the key strategic shifts introduced by the Global Fund at the end of 2025 to focus resources toward the poorest countries with the heaviest disease burdens and support countries in accelerating on their path to self-reliance as they work toward ending the three diseases. ...”**

PS: “ **Executive Director Peter Sands aligned with the Board in outlining priorities for 2026 and beyond.** He stressed the need to maximize the impact of every dollar by **accelerating equitable access to game-changing biomedical innovations** – highlighting, among others, **the continued scale-up of the HIV prevention tool lenacapavir as a top priority, as well as the rollout of innovative near-point-of-care molecular diagnostics for tuberculosis, and faster access to alternative first-line treatments and new vector control tools for malaria**, such as [spatial emanators](#). ”

“In response to current political and economic realities, **Sands reaffirmed – with the Board’s support – the Global Fund’s commitment to continue to transform through implementation of the strategic shifts, and to play a proactive and constructive role in shaping a global health ecosystem that is more collaborative, more coherent and more responsive to country and community priorities**, drawing on the strengths of its model – particularly its strong leverage in market shaping, pooled procurement, and civil society- and community-led interventions.”

“**The Board concluded with a session on ongoing leadership selection processes.** The next Board Chair and Board Vice-Chair will be appointed in mid-2026 and each will serve a three-year term from October 2026 to 2029. The Board will select the Global Fund’s next Executive Director in October 2026. ”

GFO – New issue on the last GF Board meeting

<https://aidspan.org/Blog/view/32608>

“**This new issue of the GFO is essentially devoted to the 54th Global Fund Board meeting held in Geneva on 12–13 February 2026. It highlights a turning point: under pressure from shrinking aid and the weight of the United States, the Fund is accelerating prioritization and transition, with the risk of shifting risk onto African countries and weakening community responses - especially for key populations.** The editorial calls for clear transition scenarios, non-negotiable safeguards, and full transparency on Grant Cycle 8 trade-offs.”

“... **Ultimately, Geneva confirmed a shift in era:** the Global Fund will no longer be able to be all things at once- massive financier, protector of communities, rights catalyst, guarantor of access for criminalized populations, and shock absorber. The question becomes: who decides the trade-offs, by what criteria, and with what political accountability?...”

France cuts funding for Global Fund to fight AIDS, TB and malaria by more than half

<https://www.rfi.fr/en/france/20260213-france-cuts-funding-for-global-fund-to-fight-aids-tb-and-malaria-by-more-than-half>

“France cut its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria by 58 percent on Thursday, confirming a major reduction in funding that health organisations warn will cost lives.”

“After months of uncertainty, the government said its pledge for the 2026-2028 cycle will fall from €1.6 billion in the previous funding period to €660 million. ...”

PS: “France’s overall development aid contribution is set to fall by €800 million in the 2026 budget, down 18 percent from 2025 and 38 percent compared to 2022...”

Munich Security Conference (13-15 Feb)

Telegraph - AI could be used to trigger a new pandemic, intelligence chiefs warned

[Telegraph](#):

“The risk of modified or synthetic pathogens is rising, experts believe, as AI’s rapid progression leaves it vulnerable to misuse.”

“The race to have vaccines ready for distribution within three months of the next pandemic breaking out needs to take into account the possibility of an AI being used to artificially create a virus or toxin, according to the body charged with leading the 100 days mission. CEPI, the Coalition for Epidemic Preparedness Innovations, will tell intelligence chiefs and others gathered at the Munich Security Conference in Germany this weekend that its work should expand to “AI enabled threats”. “Rapid progress in AI – including genome language models already used to design novel bacteriophages – raises the prospect of misuse, enabling the modification or creation of synthetic pathogens that could challenge existing vaccine and medical countermeasure development paradigms,” says a document being circulated to delegates.”

“... For this reason, as well as others linked to the spread of conflict and the erosion of international norms, Dr Richard Hatchett, CEO of CEPI, said the organisation was now addressing problems of “international security” as well as normal health security.”

Devex - At Munich Security Conference, development tries to stay relevant

<https://www.devex.com/news/at-munich-security-conference-development-tries-to-stay-relevant-111862>

Among others, on a **ONE report** released ahead of the MSC. “As defense budgets soar and development falter, development professionals are pushing to keep their seat the Munich Security Conference table.”

“... “A security architecture monopolized by defense undermines long-term stability, even as governments spend record sums on military preparedness,” a [report](#) released Wednesday from [ONE](#) said. critics warn that this balance has skewed sharply towards defense in recent years: the **ONE report found that among the top OECD defense spenders, every dollar dedicated to development and diplomacy is matched by roughly \$7 on defense.....”**

- Check out the **ONE report** - [OECD’s military heavyweights spend seven times more on defense than on development and diplomacy](#)

“Two days ahead of the Munich Security Conference, **The ONE Campaign publishes its new report “The Security Paradox: More Defense, Less Stability?”**. It analyzes security-related expenditures by the top 10 OECD defense spenders between 2015 and 2024 and finds a clear trend: Security policy is increasingly prioritizing ‘hard power’ over ‘soft power’. ONE calls on the OECD to implement an integrated 3D approach by: matching increases in defense spending with proportional investments in development and diplomacy; allocating development and diplomacy spending more strategically, with a focus on prevention; **recognizing health as a security factor...**”

- And via **Devex** - [Devex Special edition after the Munich Security Conference](#)

“... **Throughout the summit, participants frequently championed the argument that strategic investment in development is a prerequisite for global security, rather than a byproduct of it....”**

“Over the years, MSC organizers have made a greater effort to elevate development’s role in geopolitical conversations. **This year, development-related panels were featured each day of the agenda, from climate to water to food security — and dozens of high-level officials from the development world were present**, from the U.N. Development Programme’s Alexander De Croo and Gates Foundation’s Mark Suzman to Médecins Sans Frontières’ Tirana Hassan, International Organization for Migration’s Amy Pope, and former U.N. General Assembly president María Fernanda Espinosa. Justin Vaisse, director general of the Paris Peace Forum, told me that their presence is “a testimony to the **growing success of MSC to create a powerful network effect.**.... While the topic of traditional foreign assistance was largely sidelined, “development doesn’t equate to aid,” Alexia Latortue, the former U.S. Treasury assistant secretary for international trade and development, told me. **“If you were looking for discussions on aid, they were absent. But there were conversations about trade, debt, how countries collaborate, the future of multilateral development banks, remittances, and curbing illicit financial flows.””**

“**But I heard that in many cases, development conversations existed largely in their own siloes, with climate people talking to climate people and food people speaking to, well, food people. In those cases, audiences were somewhat sparse. In addition, high-level speeches from world powers did not speak to the need for development to underpin security, sparking concern that the soft-power effect of development has been eroded and that the world will face the consequences down the line....”**

PS: “... **Global south representatives were at the core of the call for strong development financing to bolster global security. Senegalese Prime Minister Aminata Touré told me that there’s a straight**

throughline between the **debt crisis in Africa and European security** ... Overall, however, **representation from the global south left something to be desired** — in no small part because the **African Union Summit was once again scheduled to take place at the same time as MSC...**"

Sandoz at Munich Security Conference: "Europe must start to treat essential medicines as critical security infrastructure"

<https://www.sandoz.com/sandoz-munich-security-conference-europe-must-start-treat-essential-medicines-critical-security/>

"Sandoz executive addresses Munich Security Conference, calls for fundamental shift in global policy priorities to ensure security and resilience of healthcare systems. Highlights **high dependence on Asia for essential medicines, particularly system-critical antibiotics. Medicines should be treated as strategic security assets, not 'healthcare commodities'.**

"... Goeller stressed that **pharmaceuticals should be treated in policy terms in the same way as ammunition or critical raw materials...**"

Lancet Offline – Why Munich missed the mark

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00352-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00352-1/fulltext)

"Nuclear proliferation. Artificial intelligence. Energy. Populism. Venezuela. Russia. Gaza. Ukraine. Iran. Sudan. These were some of the themes of this year's Munich Security Conference, the grown-up person's Davos. Where was health? Absent. The closest one got was a single roundtable on biosecurity. The Chief Executive Officer of the Gates Foundation was there, but speaking on the debt crisis. I know that some global health advocates were attending. But they were not on the main programme...."

Reform & reimagining of Global Health, international health cooperation & Development

With this week, quite some contributions on the GH reform debate's **missing ingredients, blindspots, missing pillars** etc.

David Clarke – The Architecture Debate Is Missing Its Foundation

[Governance Rx Substack:](https://governancexrx.substack.com/p/the-architecture-debate-is-missing-its-foundation)

One of the must-reads of this week. Clarke introduced this post himself on LinkedIn:

"The global health reform debate has produced an unusual degree of convergence around sovereignty, domestic financing, and country ownership. What it has not produced is a serious account of what states actually need institutionally to exercise that sovereignty. WHO's own analysis shows that up to 13% of health budgets in low- and middle-income countries go unspent

each year — not for lack of money, but because the public financial management systems to deploy it don't exist. **If countries cannot spend what they already have, the transition to domestic financing is not primarily a revenue problem. It is a state capacity problem.** The Lusaka Agenda identified this. The Accra Reset gestures at it. But as the WHO Executive Board meets in February and the WHA follows in May, the architecture debate is still thin on the mechanics — what laws, agencies, data systems, regulatory frameworks, and political settlements make sovereignty operational rather than rhetorical.”

“In my latest Substack piece I turn to three transitions where these gaps are sharpest — domestic financing, private sector governance, and AI — to argue for a new kind of state with the capacity to exercise the new demands placed on it, and to confront a harder question about whether the state capacity frame itself risks becoming a new form of conditionality if it is not held to a genuinely different standard from the frameworks that came before.”

And some excerpts:

“Everyone is talking about reforming global health. Almost no one is asking whether the states being handed responsibility can actually exercise it. ... **I've spent long enough inside health systems to know that sovereignty is not a declaration. It is a capability. The capability question — what it takes for a state to govern a health system — is almost entirely absent from the current debate.”**

“If countries cannot spend what they already have, the transition to domestic financing is not primarily a revenue problem. It is a state capacity problem. No amount of global architecture will solve it....”

“.... The Lusaka Agenda identified this problem. Its five shifts are the right framework (African Constituency Bureau, 2025; Frymus, 2026). But as its own analysts have acknowledged, the agenda is thin on country-level mechanics (hera, 2025). How do you build public financial management systems, regulatory frameworks, strategic purchasing machinery, and analytical capabilities, without which the five shifts remain aspirations? **The Global Financing Facility, for all its alignment with national health priorities, failed in most cases to mobilise increased domestic resources — its structures substituted for public expenditure capacity rather than building it....”**

“... **Three pressures are hitting simultaneously, each demanding strong state capacity** and confronting its absence in most of the countries that need it most. **The first is the domestic financing transition.** The transition to domestic financing does not just need more money. It needs a different kind of state. **The second is the governance of mixed health systems.** **The third is AI and digital health.** Technology companies are moving quickly into health systems across the Global South, promising to leapfrog infrastructure deficits (here, 2025; Africa CDC, 2025a). The concern is not the technology. It is who governs it....”

Concluding: “**The WHO Executive Board in February and the World Health Assembly in May are genuine opportunities to put these questions on the table with operational specificity** — to ask of every proposed mechanism not just what it will finance or coordinate, but what governing capacity it will build in the states expected to lead. **If those meetings pass without that question being seriously addressed, the architecture debate will have produced another layer of frameworks resting on foundations nobody has agreed to build.”**

TGH - The Global Health Reform Debate's Dangerous Blindspot

P Duneton; <https://www.thinkglobalhealth.org/article/the-global-health-reform-debates-dangerous-blindspot>

“Unitaid's executive director compels countries to consider how the future global health system ensures equitable access to innovation.”

“The Global Health System of Tomorrow Needs an Innovation Accelerator....”

Lancet Psychiatry (Editorial) - Global health architecture: the missing pillar

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(26\)00031-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(26)00031-3/fulltext)

“The **Future of Global Health Initiatives** was launched by the Wellcome Trust in August, 2022, with the aim of rebalancing the power dynamics in global health, maximising health impacts, and simplifying the funding landscape. In 2025, five regional discussion papers from the Future of Global Health Initiatives were published but mental health was effectively missing, receiving only a brief mention. Mental health should be seen as an essential pillar of global health architecture.”

The Partnership for International Politics and Diplomacy for Health (collaboration between the Stockholm School of Economics and Karolinska Institutet) - Insights on global health reform discussions, trends and perspectives: January 2026

<https://globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-january-2026>

Published on 19 Jan already. **Good & concise overview** of the debates till then. “This is the **second in a series of Insights papers summarising our understanding and analysis of global health reform discussions, trends and perspectives**. It follows our first paper, published in early November 2025.”

“We observe that in conversations around the future of global health, attention continues to be directed at diagnosing the problems in the existing ecosystem, despite most of these being well-known and extensively described. **The unprecedented momentum for change has not yet translated into a coherent path forward, though more concrete proposals are surfacing.** “

“The **primacy of health sovereignty** is a common principle across reform initiatives and debates; **what differs is the way sovereignty is conceptualized and the extent to which it is deemed feasible**. The emerging bilateral deals and the continued strain on multilateralism are threatening further dissonance between global, regional and national health governance. “

“Amid the ongoing uncertainty, **discussions have been converging on the view that 2026 must focus on developing broad consensus and coalitions of the willing on reform priorities, and most importantly, a roadmap for how to deliver such change**. This would enable reform-related decisions to be implemented in the next 2 years, capitalizing on the political and institutional commitment for meaningful reform before it wanes. **Overall, one of the major questions for this year is whether**

the ideas and outputs coming out of the various reform initiatives will translate into political processes and actions. “

From Big Names to Hard Choices: When and How Does Global Health Move From Talk to Implementation?

Emilie Sabine Koum Besson ; <https://www.linkedin.com/pulse/from-big-names-hard-choices-when-how-does-global-move-koum-besson-qyc8e/>

Latest issue from this must-read newsletter.

Besson starts from “The article [*“Transforming the Global Health Ecosystem for a Healthier World in 2026”*](#), published by **Think Global Health**, is co-authored by **Muhammad Ali Pate**, Nigeria’s Coordinating Minister of Health and Welfare; **Donald Kaberuka**, the African Union’s High Representative for Financing the Union and former President of the African Development Bank; and **Peter Piot**, Handa Professor of Global Health at the London School of Hygiene & Tropical Medicine, former Director of the institution, and former Executive Director of UNAIDS.”

“**This is not a marginal intervention. Their combined stature matters—not simply because of reputation, but because they write from positions close enough to power that questions of implementation, authority, and accountability are unavoidable....** “ **“... The piece reads like what global health often produces at moments of strain:** a convergence of respected voices, a diagnosis many already share, and a set of proposals that feel simultaneously urgent, bold and familiar. **The problem is not the ideas. The problem is where they stop....”**

“**This essay is less about whether we agree on *what* needs to change—and more about **when global health moves from prestigious consensus and authoritative diagnosis to politically costly implementation....”****

After some analysis, Besson concludes:

“**The Real Inflection Point: The global health ecosystem does not lack diagnosis. It lacks decision-making courage and a clear pathway for action.** The inflection point will not come solely from another group of prominent figures agreeing on what should change. Consensus on what should change is necessary - but insufficient - until the harder questions are answered:

- **How (by what mechanism) do we initiate sunsetting?**
- **Who has the authority to initiate sunsetting?**
- **Who loses first?**
- **Who enforces the transition?**
- **And who is accountable if reform fails?**

Until then, global health will continue to circulate powerful ideas—while postponing the moment when power itself must move.”

Global Policy - Global Order in Transition: Anxiety in the North, Agency in the South

<https://www.globalpolicyjournal.com/blog/16/02/2026/global-order-transition-anxiety-north-agency-south>

“Is the present juncture a crisis or an opportunity for international cooperation? Len Ishmael, Stephan Klingebiel and Andy Sumner argue that the answer is: both.”

“...The key divide is not between order and chaos, but between Northern anxiety and Southern agency. ”

“... Is the present juncture a crisis or an opportunity for international cooperation? The answer is: both. For many **in the North**, established practices are clearly under strain, generating a pervasive sense of crisis. At the same time, **actors in the Global South** see an opportunity to shape a more inclusive and equitable multilateral system. This has long been a central aspiration. What looks like breakdown from a Northern vantage point can thus appear as rebalancing from the South. Agency has shifted, and so have the venues where cooperation advances. Institutions may be narrower in scope, but in several domains, they are broader and more innovative in delivery. **The future of global cooperation will be written less in universal declarations, and more in who exercises agency.”**

Latest round of PABS negotiations & more on PPPR

WHO - Global commitment on display as countries negotiate key annex to the Pandemic Agreement

<https://www.who.int/news/item/17-02-2026-global-commitment-on-display-as-countries-negotiate-key-annex-to-the-pandemic-agreement>

Press release after the latest round. “Member States of the World Health Organization (WHO) concluded a weeklong round of negotiations on draft annex for Pathogen Access and Benefit Sharing (PABS) – a key component of the WHO Pandemic Agreement. **The fifth meeting of the Intergovernmental Working Group on the WHO Pandemic Agreement (IGWG) – set up by the World Health Assembly (WHA) last year to negotiate the PABS annex – wrapped up over the weekend after productive discussions from 9–14 February 2026....”**

Not much in the press release, otherwise :)

Geneva Solutions - Wide gaps on pandemic treaty annex cast doubt on May deadline, says health expert Suerie Moon

<https://genevasolutions.news/global-health/wide-gaps-on-pandemic-treaty-annex-cast-doubt-on-may-deadline-says-health-expert-suerie-moon>

Recommended analysis. “**As a deadline looms to complete the pandemic treaty, public health expert Suerie Moon says WHO negotiators need to battle out divides even if it means extending talks.”**

Some excerpts:

“...As talks continued behind closed doors on Thursday, **Moon told Geneva Solutions she expected the talks to continue, possibly beyond May.....**”

“ **Suerie Moon: There's major disagreement on some of the core questions of what the annex is trying to do, namely, ensure benefit sharing, as well as pathogen and data sharing. Pathogen and data sharing is much easier to envision, because it already happens.** We know how samples are shared between labs and countries, and how pathogen data has been shared. It was shared widely and openly during Covid-19. **What is much harder to figure out and to design a system for is how to share benefits. The big divide right now is about what in the Pabs system is mandatory versus what is voluntary.** On the global north side, many countries say they support local production, technology transfer and R&D collaborations, for which provisions exist in the pandemic agreement. But the EU has been very clear it wants a voluntary approach, except for the 20 per cent product set aside for the WHO. On the developing country side, they want as many benefits as possible to be mandatory.....”

“**The Group for Equity** (a cross-regional group seeking fair, legally binding and equitable access to medical products such as vaccines and diagnostics – ed.) **and the Africa group have taken very similar positions on pandemic product-related issues....**”

PS: “**How much of a threat are the recent bilateral deals between the US and African countries to exchange pathogen data for aid to the Pabs talks? Suerie Moon:** It is one of the elephants in the negotiation room. I think they can have a very profound impact on the multilateral system. Countries are still wrestling to understand what those bilaterals mean for a multilateral Pabs system, partly because the text of all those agreements is not public. Some have been leaked and circulating, and because they are Memorandums of Understanding and not contracts or bilateral treaties, the question is how legally binding they are once the MOU is translated into a grant from the US government. Countries are weighing what they can get bilaterally and multilaterally. Ideally, countries will try to get the best from both. I haven't seen any texts saying that the deal is exclusive and cannot share pathogens with other countries or with a multilateral system. But when it gets to the contract stage, it could be different.....”

Geneva Health Files - In A Bind: G6+ Vs Developing Countries. Tightrope on the Access to Pathogen Information & the Demand for Benefits

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

Great analysis. A “.... **comprehensive update on the deliberations around the Pathogen Access Benefit Sharing System at the WHO, that took place in Geneva last week.** The process has now entered a critical phase with a **handful of negotiating days left on the calendar.** Slow progress in negotiations is potentially indicative of at least two things: one that the deliberations are deep and useful; second that neither side wants to move yet. Both of these could be true of the negotiations at the Fifth Meeting of the Intergovernmental Working Group set up to work towards a Pathogen Access Benefit Sharing system.”

“As countries got to the nubs of the discussions, issues such as **user registration to track the access to pathogen information, licensing and technology transfer as benefits**, among others, emerged as **flashpoints in the negotiations.** Although it appears that positions among the major camps (**G6+ Vs pretty much the rest**), are ostensibly still far apart, delegations may be closer than they currently

reveal, based on the numerous conversations we have had during the meeting that concluded on Saturday last week....”

“**Fundamental questions including the nature of this instrument** are being raised, albeit somewhat belatedly, such as on its framing as an Access and Benefit Sharing system. **The biggest concessions in these negotiations will include how countries will eventually agree on what the benefits flowing out of such a system will be.** We also witnessed **shadow-boxing among non-state actors** and **how these have an impact on the negotiations.** The **question of databases and how data flows are governed**, are solidly political, and near-central to how a PABS system will work....”

“In this story we try to delineate the various kinds of dynamics operating on these technical and yet political negotiations....”

And just one excerpt to provide you with a flavour, on “**The Trust Dialectic - “Trust Cannot be Mandated”: Africa Group**”:

“If you wanted to understand how difficult these negotiations were, one can get a flavour of this in the public webcast at the close of the meeting. **There was a dialectic of what “trust” means, and an interrogation of what “pragmatism” means**, with powerful statements from different countries.

Eg. “**Zimbabwe (On behalf of Africa Group)**: “...We wish to acknowledge the frank reflections shared by the Director General regarding the trust deficit that continues to shape our discussions. **Trust cannot be mandated, through text alone.** It must be built through transparency, mutual accountability and a genuine recognition of each other’s concern...”

BMJ Analysis - WHO Pandemic Agreement is only the beginning: strengthening implementation to protect global health

<https://www.bmj.com/content/392/bmj-2025-086069>

Another must-read. “The Pandemic Agreement is just words on paper—**considering the political economy of implementation will be key to ensure equitable preparedness** for future pandemics, write **Shashika Bandara, B M Meier, F Hassan and colleagues.**”

“The World Health Organization Pandemic Agreement is only the first step on the path to comprehensive pandemic preparedness, prevention, and response; **Effective implementation will require that the Pandemic Agreement be translated into meaningful national policy;** It will be necessary to **tackle equity challenges in pathogen access and benefit sharing, examine national implementation strategies in a changing geopolitical global health landscape, and assist governments to alleviate political and funding challenges;** Implementation can build on proactive leadership efforts in the global south and will require regional political and financial coalition efforts, enhanced measures to ensure access to medicines, and stronger monitoring and accountability measures.”

Do check out the “**Key interconnected challenges for Pandemic Agreement implementation**” (in box 1): Political polarisation and growing mistrust affect national commitment to implementing the Pandemic Agreement; International divisions and geopolitical manoeuvring have weakened global norm setting bodies such as WHO, affecting global coordination and standards; Diminishing

development assistance for health from high income countries puts further pressure on national budgets to choose between disease and health system priorities; Lack of willingness or funding (or both) to enhance domestic health financing leaves countries vulnerable to shifting commitments, leading to weak national implementation; Current inequities in pathogen access and benefit sharing and mistrust of the alliance between high income countries and the drug industry weaken political commitment from countries in the global south; Patent evergreening, and industry's reluctance for tech transfer can weaken regional manufacturing, especially in the global south; Absence of clear monitoring and enforcement mechanisms can result in poor accountability and token commitments."

And the authors also mention some **Key pathways to strengthen implementation of the Pandemic Agreement.**

TWN - PABS: South seeks stronger text on contracts, data governance, benefit sharing

<https://www.twn.my/title2/health.info/2026/hi260202.htm>

(13 Feb) "Developing countries called for strengthening the Bureau's negotiating text on the PABS Annex, particularly with regard to contracts, data governance, and benefit-sharing, on the first day of the Fifth Meeting of the Intergovernmental Working Group (IGWG 5)...."

TWN - WHO: Document reveals questionable practices in pathogen-sharing arrangements in WHO-managed networks

K.M. Gopakumar, Lauren Paremoer and Sangeeta Shashikant;

<https://www.twn.my/title2/health.info/2026/hi260203.htm>

"A concept note circulated by the World Health Organization (WHO) Secretariat during the Fifth Meeting of the Intergovernmental Working Group (IGWG) – the negotiating body for the Pathogen Access and Benefit Sharing (PABS) System – sheds light on questionable practices within WHO-managed laboratory networks operating across multiple pathogen and disease fields. ... "

"...Annex 1 indicates that cross-border pathogen and data sharing occurs within these networks for a range of purposes as follows – raising important questions about compliance with international and national rules on access and benefit sharing (ABS), oversight by WHO Members, transparency and implications for the Global South..."

"...the concept note identifies at least 15 WHO-coordinated laboratory networks engaged in pathogen-sharing arrangements, yet mostly without an ABS mechanism comparable to the PIP Framework. The document therefore raises serious concerns about the coherence of WHO practice with the broader ABS framework established under the CBD and Nagoya Protocol. Notably, at least seven of these laboratory networks were established after the adoption of the PIP Framework in 2011, suggesting that parallel pathogen-sharing systems have expanded without being anchored in an equivalent multilateral benefit-sharing mechanism....."

Preprint – Expert engagement and evidence use in treaty negotiations

A Bezruki, C Carlson et al ; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=6219878

"The Pandemic Agreement requires Parties to use "the best available science and evidence as the basis for public health decisions for pandemic prevention, preparedness and response," but is the treaty itself evidence-based? In this chapter, we trace how scientific and technical evidence were introduced into the Intergovernmental Negotiating Body. External experts were a key source of advice, especially on legal issues, but they were mostly excluded from the negotiations. Over time, Member States began to treat Relevant Stakeholders as a secondary source of technical expertise, introducing potential conflicts of interest into the process. In the end, scientists and stakeholders successfully leveraged scientific authority to facilitate the incorporation of One Health approach to pandemic prevention (Articles 4 and 5)-but otherwise, the treaty was shaped more by politics and pragmatism than by science. Moving forward, the Conference of Parties will be an opportunity for Member States to establish formal channels for scientific evidence synthesis and engagement-or to preserve a status quo that falls substantially behind evidence-based global governance in other areas...."

CEPI launches global plan to secure the future against epidemic and pandemic threats

<https://cepi.net/cepi-launches-global-plan-secure-future-against-epidemic-and-pandemic-threats>

"As deadly disease outbreaks become ever more frequent and disruptive, **CEPI (the Coalition for Epidemic Preparedness Innovations) is setting out a bold plan** to transform the way the world tackles the most dangerous viral threats. **The new five-year strategy—CEPI 3.0—was unveiled today as CEPI called on governments, philanthropies and partners to invest US\$2.5 billion to strengthen the world's disease defences.”**

"**The new strategy will see CEPI and its partners deliver three interconnected priorities** that will enable faster and fairer protection for all in the face of epidemic and pandemic threats. If fully funded CEPI 3.0 will: **Develop vaccines to tackle both known and emerging threats.... ... Advance rapid-response platforms so they are ready and available for swift vaccine development and production. ... Support global networks that can be quickly activated to execute the 100 Days Mission....”**

- See also Devex – [CEPI seeks \\$2.5B to address health threats, including AI-enabled risks](#)

"“**If we’re fully funded through our new strategy, we think we can cover over three-quarters of the threats that may emerge today and in the coming years,**” Aurélia Nguyen, CEPI’s deputy chief executive officer, tells Devex.”

"... **CEPI estimates it will need \$3.6 billion to deliver the strategy. It has so far secured \$1.1 billion, carried over from previous funding from its philanthropic backers** such as the [Gates Foundation](#) and [Wellcome](#) for some of its existing vaccine programs, and early pledges from Germany....”

"... **CEPI will be running a yearlong investment campaign to secure the additional \$2.5 billion it needs** for its work from 2027 to 2031. **It plans to close it out in early 2027, “likely in Davos”** Nguyen said, where it will coincide with the organization’s 10-year anniversary. CEPI was formally launched during the [World Economic Forum](#) meeting in Davos, Switzerland, in 2017. **But there won’t be a big fundraising moment similar to other global health organizations** such as [Gavi, the Vaccine Alliance](#) and [The Global Fund to Fight AIDS, Tuberculosis and Malaria.](#)”

“... ... CEPI is speaking with different potential investors across regions, including philanthropists in Asia as well as sovereign countries in the Middle East. Nguyen said they also continue to engage with different parts of the U.S. government. This year the U.S. Congress maintained CEPI’s funding in line with its fiscal year 2024 allocation of up to \$100 million....”

PS: **“... Central to CEPI’s strategy is advancing its 100 Days Mission — an effort to develop and deploy safe and effective vaccines within 100 days of identifying a new pandemic threat. This means that while CEPI has made progress in advancing the development of a portfolio of vaccines against some of the pathogens identified by the World Health Organization as having pandemic potential, such as Nipah and Lassa fever vaccines now in Phase 2 trials, it also needs to make sure there are manufacturing capabilities available to produce the vaccines globally and that countries are able to deploy them....”**

Bilateral health agreements & US Global Health strategy

Think Global Health - What \$50 Billion for U.S. Foreign Affairs Changes for Global Health

J Ratevosian; <https://www.thinkglobalhealth.org/article/what-50-billion-for-u-s-foreign-affairs-changes-for-global-health>

Must-read. “PEPFAR’s former chief of staff **describes how new legislation marks a turning point for U.S. foreign assistance.**”

“Taken together, **two conclusions stand out. First, bipartisan support for global health endures—even in a chaotic and deeply polarized Congress. Second, lawmakers have clearly rejected the scale of reductions proposed by the Trump administration, preserving core global health investments despite intense pressure to cut deeper.** But the numbers alone do not explain these appropriations. **The deeper story lies in the policy language—and in what Congress is signaling about the future of U.S. global health leadership....”**

“**Three major themes stand out...:**

“**The first is authority consolidation.** The legislation reinforces the ongoing shift of operational gravity toward the Department of State.... **The second theme is the evolution of PEPFAR—and the end of HIV exceptionalism.** The bill directs a phased transition toward greater country ownership, requiring clear benchmarks, sustainability planning, and co-financing expectations. HIV is no longer treated as permanently exceptional within U.S. global health architecture.... ... **Third is the congressional codification of the America First Global Health Strategy.** For the first time, Congress explicitly references and acknowledges this strategy within appropriations language—an institutional milestone and a clear policy win for the administration’s approach. **But the recognition comes with conditions.** The legislation compels detailed reporting on the implementation of global health compacts and bilateral agreements negotiated under the America First framework. Crucially, Congress requires greater transparency around these bilateral deals—or memoranda of understanding (MoUs), ensuring that transition plans, financing expectations, and performance benchmarks are visible to congressional oversight bodies. This transparency requirement introduces

accountability into a process that will shape billions of dollars in health investments and the future structure of national health systems....”

PS: “The real test now shifts to implementation....”

CGD - Rolling Out the Trump Administration’s Global Health Agreements: What Can We Learn from Past Government-to-Government Assistance?

J Estes; <https://www.cgdev.org/publication/rolling-out-trump-administrations-global-health-agreements-what-can-we-learn-past>

“This note catalogs several historic mechanisms for channeling US economic assistance to country systems, offering context as policymakers move from agreements to execution. **It concludes with five key points to watch in the implementation of the global health agreements:** capacity constraints within the State Department, the use of layered or complementary mechanisms, balancing country ownership and conditionality, navigating congressional risk tolerance, and deploying coordinated technical assistance.....”

The Forsaken - The tap is running

A Green; <https://theforsaken.substack.com/p/the-tap-is-running>

“By halting support for HIV prevention programs, Washington undercuts its commitment to ending the AIDS epidemic.”

“.... aside from the lenacapavir commitment and a pledge to continue helping stop mothers from transmitting HIV to their newborns, prevention barely rates a mention in the America First Global Health Strategy. This is the plan that ostensibly sets U.S. priorities for how it intends to finance global health moving forward. And **there are few definitive commitments to prevention programs in the bilateral agreements the United States has drafted** with more than a dozen African countries. **Without a robust prevention effort, there is little chance of ending the AIDS epidemic....”**

Science (Editorial) – Leaving WHO does not serve America’s—or the world’s—best interests

Seth Berkley; <https://www.science.org/doi/10.1126/science.aeg1937>

Recommended read. Among others, Berkley argues why the bilateralism the Trump administration seems to prefer now, would work better complementing multilateralism: “While many of the reforms proposed in the AFGHS are laudable and long overdue, **they would work best as supplements and not replacements for working with allies in universal multilateral programs...**”

He also reckons **“Vaccines, which play a central role in epidemic and disease control, are a particularly egregious exclusion...”**. Do read on.

Al Jazeera - Why is the US targeting Cuba's global medical missions?

Al Jazeera:

"Amid Cuba's deepening fuel crisis, **countries are bowing to US pressure and winding down their Cuban medical programmes.**" Among others Guatemala.

"The Central American country's decision comes amid growing pressure from the United States, which wants to stop Cuban doctors from serving abroad. **The move aims to starve Cuba of much-needed revenue as a major share of the incomes earned by doctors goes to government coffers...**"

More on Global Health Governance & Financing/Funding

HPW - Want to Become the Next WHO Director-General? Get in Line

<https://healthpolicy-watch.news/want-to-become-who-director-general/>

(must-read). "As the mandate of Dr Tedros Adhanom Ghebreyesus approaches its expiration in August 2027, the high-stakes manoeuvring for the next Director-General (DG) of the World Health Organization (WHO) has intensified in the halls of Geneva and capital cities worldwide. While the official call for nominations is expected in April 2026 and no candidate has formally declared, the global health "rumour mill" is already hard at work – floating the names of at least 12 candidates from Jakarta to Berlin...." With a good overview of these 12 people, more or less ranked according to their chances (even if arguably, HPW says it's early days).

"Whoever makes the final list will have to deal with an existential convergence of crises facing the WHO...."

PS: "While American re-engagement may seem "imponderable" right now in the words of one diplomatic source, choosing a candidate with strong credentials as a technocrat and "reformer" could eventually help unlock a path to Washington's return – not to mention helping to right the tempest-wracked agency internally and regain public confidence. ..."

"...In the face of these immense diplomatic, economic and internal challenges, the ideal profile for the next WHO Director-General has been described as a "unicorn": someone with the political skill to navigate a fractured world but the technical discipline to focus the agency's ambitious mandate. They have to enforce long overdue fiscal reforms and fundamental changes in leadership...."

"Member states may also face pressure to find a candidate viewed as an outsider, rather than someone who is too cosy with the current "Tedros shop"...."

"The emerging line-up researched by *Health Policy Watch* presents a complex set of choices: including **competent insiders** who nonetheless carry the legacy of the current administration, versus **external reformers** offering a clean break. **Here's the brief candidate check, with some of the most talked about contenders lined up at the top** – although this is still very early days...."

PS: ".... For any of the candidates entering the race, the election process will be arduous. According to WHO rules and previous election protocols, expect the cycle to formally begin in April 2026 when

the current WHO Director-General issues the first call for candidate proposals, closing in October. In late January or early February 2027, the WHO Executive Board will then screen the candidates and nominate up to three finalists. **The World Health Assembly casts the decisive vote in May 2027, with the new Director-General assuming office in August.** Winning will require more than just staying power, it means satisfying a contradictory set of demands: the successful candidate must straddle the divide between the Global South demanding equity and European countries like France, the UK and Germany, insisting on fiscal accountability. The new DG will have to negotiate deep geopolitical divides while preparing the Organisation for future pandemics or other global health crises. And this, while also managing the daunting post-COVID challenge of reaching at least some of the targets for the 2030 Sustainable Development Goal 3, Good Health and Wellbeing, including critical indicators of infectious and chronic disease in which the world lags far behind. Not to mention Universal Health Coverage. ..." **"And, if the winds blow more favourably in Washington DC, trying to get the US back onboard."**

Guardian – Trump has pulled the US out of the World Health Organization – here's why that's sheer hypocrisy

D Sridhar; <https://www.theguardian.com/commentisfree/2026/feb/17/donald-trump-world-health-organization-hypocrisy-nigel-farage>

"There's a lesson here for the UK and the anti-WHO Nigel Farage – **Trump attacks it in public, but in private he knows he still needs it.**"

"... I am told that in all practical ways, Trump's leadership team is still engaging with the agency privately, while lambasting it publicly. This plays to his Maga base who need a foreign enemy to attack, while also ensuring the US has the necessary global intel on health risks that the WHO holds. Yet again, Trump says one thing publicly while doing the opposite privately. In another "emperor has no clothes" moment, the real story is that the US government is more dependent on the WHO than vice versa...."

Geneva Policy Outlook - Agenda-Keeping in International Geneva

L Maertens et al; <https://www.genevapolicyoutlook.ch/agenda-keeping-in-international-geneva/>

"As crises multiply, institutions in Geneva race to keep long-term priorities alive. **Lucile Maertens and colleagues reveal how UN Agencies keep vital issues on the world's agenda through agenda-keeping.**" Also with some paragraphs on global health actors in Geneva.

... how do Geneva-based organisations react to coinciding crises, political backlash, and threats to their survival? In other words, how do Geneva-based international organisations maintain the relevance of their mandates? A framework to respond to this question emerges from the concept we coin as 'agenda keeping': the process of maintaining an issue as a priority for action amid other competing problems. By deploying different agenda-keeping strategies, actors in International Geneva attempt to ensure visibility for overshadowed issues while preserving their relevance. "

With four strategies.

“... Actors in the global health community of International Geneva, faced with challenges such as the loss of diplomatic visibility, anti-science activism, and institutional dilution resulting from major financial strain, actively employ agenda-keeping strategies to ensure their relevance. These actors reframe their priorities by recasting health issues as emergencies, linking them, for instance, to international security. The World Health Organization (WHO) has notably described the budget crisis as a threat to global health security, arguing that funding is “not only a moral imperative—it is a strategic necessity”. Global health actors also engage in ‘space-securing’ by continuing to host multilateral negotiations, as portrayed by the adoption of the Pandemic Agreement at the World Health Assembly in Geneva in May 2025. In doing so, they preserve a diplomatic platform for global health cooperation despite the US withdrawal from the WHO. At the same time, global health actors are strategically positioning themselves as indispensable, with distinct mandates. When the UN80 Initiative proposed merging UNAIDS with the WHO, the former rejected such merger, defining its mandate as one “fill[ing] policy gaps and pick[ing] up where WHO [can] not.” UNAIDS also reframed AIDS as a renewed emergency, no longer a pandemic getting under control, but a “ticking time bomb”, warning about millions of projected new infections and deaths if services were to collapse following defunding of AIDS response, an instance of a ‘time-ordering’ strategy. ...”

Lancet GH - Protecting global health in the era of the America First Strategy

Nelson A Evaborhene; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00016-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00016-1/fulltext)

One of the reads of the week. “... The policy challenge is therefore not how to restore a depoliticised global health order, but how to protect health systems in an environment in which leverage determines engagement and continuity. Protection does not imply resisting bilateralism or rejecting domestic responsibility. It requires governing exposure to asymmetric power.”

Concluding: “...For policy makers, this politically conditional, bilateral health engagement requires a strategic shift. The objective is no longer to optimise within inherited systems, but to reshape the terms under which engagement occurs. This demands reconciliation that health is political, neutrality has ended, and protection depends on organising power rather than appealing to need. The global health order has not collapsed. It has been restructured. Whether health remains a shared responsibility will depend on whether states build the legal, institutional, and collective counterweights required to operate in a leverage-driven world.”

Geneva Health Files - U.S. Global Health Strategies and Funding: Compounding International Crises in Health [GUEST ESSAY]

S Halabi & L Gostin; [Geneva Health Files](#);

“ guest essay that helps us understand the implications, and the influence of American budgetary decisions on certain aspects of global health financing....”

“Scholars Sam Halabi and Lawrence Gostin from Georgetown University, takes us through the back alleys of the political economy of how money is allocated to global health within the legislative and executive corridors in the U.S. They call for a more robust resistance from the U.S. Congress to the America First Global Health Strategy and wholesale cuts to global health assistance....”

“... We argue that Congress should take three immediate steps: (1) move global health spending to 2024 levels, including directing some funds to areas to high value services and programs, like immunization and polio eradication; (2) take a more active and direct role in appropriations to reassert their constitutional authority; and, (3) insist that the President include consultations with them when determining foreign support priorities....”

“If President Trump refuses to spend allocated funds, Congress should challenge this overreach of executive power in the courts. This recognizes Congress’s prime role in budget and spending....”

PS: “... If the US is to not only secure its population from the threats that epidemics and pandemics pose, but also fulfill its role as a geopolitical leader, **it must recommit not only to financial support but to international organizational leadership. As we have argued recently, this means fully re-engaging with the World Health Organization.** Congress has a duty to exercise its authority to require that the President coordinate with them as equal partners in the relationship with the World Health Organization....”

And they conclude: “... **In conclusion, the leadership shown by Congress is welcome, but far from enough.** The US must lead a world that continues to be challenged by infectious diseases and the significant security impact of global inequality. **This means more robust Congressional resistance to the *America First Global Health Strategy* and wholesale cuts to global health assistance. This means a return to leadership at the World Health Organization, the Global Fund, Gavi (the Vaccine Alliance) and all the international health organizations that made the United States and the world healthier and safer.”**

Devex - What's behind US states joining WHO's outbreak response system

<https://www.devex.com/news/what-s-behind-us-states-joining-who-s-outbreak-response-system-111899>

“**Global health experts see the decision of the states of California, New York, and Illinois as both practical and symbolic.**”

“**Global health experts see the decision by the states of California, New York, and Illinois as symbolic** — a statement to the current U.S. federal government that they do not align with its decision to withdraw from WHO. **It also comes with mutual benefits.** ... As part of the network, the states can receive early information on pathogens circulating elsewhere and access support, if needed, from international experts during complex outbreaks....”

“... Young said **states such as California joining GOARN seem to signal a broader trend of sub-federal collaborations and partnerships emerging at the public health level** — with states forming coalitions to pool resources, information, and technical expertise amid a lack of guidance from federal leadership.... ... **“In a way, we're recreating some of the architecture of the CDC at the regional, and I dare say, politically aligned states,”** he said....”

PS: “**But Nina Schwalbe**, senior scholar at Georgetown University’s Center for Global Health Policy and Politics and a U.S. congressional candidate for New York’s 12th Congressional District, **emphasized that joining GOARN is not a substitute for being part of WHO.** “There is no viable workaround to a functioning CDC partnering with the rest of the world through WHO,” she said.

“In addition to well prepared cities and states, we need a working, functional and fully staffed and funded CDC. And we need our federal government to be a member of the World Health Organization. It’s not an either or,” she added.”

TGH – Sovereignty vs. Multilateralism Is the Wrong Debate in Global Health

V Kerry (Seed Global Health CEO); <https://www.thinkglobalhealth.org/article/sovereignty-vs-multilateralism-is-the-wrong-debate-in-global-health>

“Countries need a global health model where sovereignty sets the agenda and multilateralism enables it.”

In her conclusion, she argues for **“A New Compact for the Post-2025 World”**:

“The world is entering a new era. The aid paradigm that defined the first quarter of the twenty-first century is gone. A new order is emerging, one that should be shaped by country leadership, regional cooperation, and a reimagined multilateralism that recognizes the need to invest in global public goods, including health.”

CGD - UK Aid Cuts Now Deeper than the US After Congress Pushes Back

I Mitchell et al; <https://www.cgdev.org/blog/uk-aid-cuts-now-deeper-us-after-congress-pushes-back>

“The US Congress has just passed its [Fiscal Year 2026](#) spending bill. The bill includes much of the international affairs budget and—while there’s no guarantee these funds will be fully spent by the administration—its approval illustrates that there is still support for constructive international action among US lawmakers. **Across the pond, the UK government announced a year ago that it will reduce spend on aid to 0.3 percent of GNI by 2027.** A lack of common definitions and different fiscal years makes any comparison imperfect but in [this blog](#) we examine how the deal advanced by Congress measures up against the changes to the aid budget being implemented in the UK—and ask why UK lawmakers are not pushing back on deep cuts in the same way as Congress? We find that Congress is reducing development-related allocations by 23 percent in fiscal year 2026 relative to the base budget in fiscal year 2024, while the UK government plans a steeper cut of 27 percent in its 2026/27 budget, and 34 percent by 2027/28.”

- See also [FT – UK overseas aid cuts to outstrip those of Trump administration](#)

“Spending will drop by 27 per cent this year from 2024 levels to help fund higher defence budget.”

“... The CGD analysis shows that the **UK aid cuts between 2024 and 2026 will be the steepest of any G7 country.** The cuts were first announced to provide additional funding for military spending from 2027 to help counter the aggression of Russian President Vladimir Putin. But **the scale of the cuts may cause particular embarrassment for a centre-left Labour government that has historically backed higher aid spending.”**

TGH – The Lusaka Agenda Shows the Power of Community Voices

Ahmed Ogwell (former interim Africa CDC director); <https://www.thinkglobalhealth.org/article/the-lusaka-agenda-shows-the-power-of-community-voices>

“By prioritizing primary health-care systems led by locals, the Lusaka Agenda can transition power back to Africa.”

“... Since its launch, global and regional leaders have doubled down on their commitment to the [Lusaka] agenda. In late 2025, the G20 Leaders Declaration made reference to the Lusaka Agenda, and it is embedded in two objectives in the Global Health Architecture Reform Africa Regional Dialogue paper. At the same time, the Africa Centres for Disease Control and Prevention finalized the Lusaka Agenda Monitoring and Accountability Framework. These actions are helping to move the Lusaka Agenda from theory to action across the continent for 2026 and beyond....

With also some **examples from Malawi, DRC and Liberia.**

FT – Gates Foundation ‘sullied’ by Epstein link, chief says

<https://www.ft.com/content/2ecd2da1-5479-4c0d-85fa-c7d514901ef8>

“The Gates Foundation’s chief executive said he feels “sullied” by its association with Jeffrey Epstein, as he seeks to manage the fallout from the sex offender’s interactions with the philanthropic body and its chair Bill Gates.”

“Communications between foundation staff and Epstein over an abortive fundraising plan were “deeply unsettling and depressing” and “shouldn’t have happened”, Mark Suzman told employees. His comments came in response to staff concerns about potential knock-on damage to the \$86bn foundation from Gates’ involvement with Epstein for several years after the financier’s 2008 conviction for soliciting sex from a minor. **“I feel somewhat sullied by just any association of Epstein with the work we do,” Suzman told employees at a town-hall meeting on February 5. “And having that association just makes [our mission] more uncomfortable and more challenging and more difficult in ways that it shouldn’t.”...**

“... The subject of Epstein and the fallout from the scandal came up several times during the Gates Foundation town hall, according to a transcript reviewed by the FT. One staff member asked Suzman what he would say to people “struggling to reconcile their commitment” to the foundation’s goals with “concern about what they’re hearing and reading about the chair”. **Another expressed worries about the apparent tension between the the “name on our wall and what we are learning”, and “our mission and our belief that all lives hold equal value”.**”

“The foundation said the **town hall was a quarterly event** where Suzman discussed a variety of topics, including the external pressures related to the “devastating aid cuts” of the past year.”

“Gates Foundation employees and Epstein discussed a plan to channel donations to the organisation, according to emails released by the US Department of Justice last month. ... The contacts took place “on the basis of Epstein’s claims that he could mobilise significant philanthropic resources for global health and development”, the foundation said in a statement this week. **The foundation made no payments to Epstein, did not pursue any collaboration with him, and no fund**

was ever created, it said. It would continue to review materials released in connection with the matter, it added....”

Policy circle - India's global health opportunity amid US withdrawal

Joe Thomas; <https://www.policycircle.org/opinion/global-health-diplomacy-who/>

“India is often described as a natural leader in global health. The claim is not rhetorical. The country supplies roughly 60% of global vaccine demand, dominates the generics market, and has demonstrated operational reach- from Vaccine Maitri during the Covid-19 pandemic to sustained engagement with low- and middle-income countries across Africa and South Asia. **Yet India still lacks a coherent institutional strategy to convert this capacity into durable global influence.** That gap matters now. The global health system is fragmenting. Multilateral leadership is thinning. Funding flows are being rerouted. No single country is positioned to replace the vacuum. But several can shape parts of what comes next.”

“... The global health system is no longer anchored by a single hegemon. It is splintered, negotiated, and increasingly transactional. India already operates across these fault lines—with WHO, BRICS, QUAD, and bilateral health agreements. What is missing is an institutional spine: a defined global health doctrine, a coordinating structure, and clear political ownership. Without that, India’s influence will remain episodic—visible in crises, diluted in governance....”

- And a link: **UNICEF (report) - [Pathways to the Sustainable Financing of Social Protection in Eastern and Southern Africa](#)**

“The report provides a comprehensive assessment of how Eastern and Southern African countries are financing social protection and what it will take to build sustainable, domestically financed systems. It highlights persistent gaps in coverage and spending, the growing reliance on concessional lending amid declining aid. Despite significant fiscal constraints, the analysis shows room for budget expansion. Even modest increases in **social protection spending – currently just over US\$2 per capita per month** – could expand coverage. “

“The report outlines how additional fiscal space can be unlocked through removing regressive subsidies, advancing debt restructuring, and improving efficiency via program consolidation and digitalized delivery systems. ...”

See also a **comment by an author (M Irving) on LinkedIn**: “*Regressive subsidies absorb more than four times the budget of social protection across East and Southern Africa ... so is the primary constraint to expanding SP programmes really fiscal space?*”

Debt/Tax reform & justice

Eurodad - Momentum builds in UN Tax Convention negotiations - trillion-dollar treaty remains within reach

T Ryding; [Eurodad](#);

(13 Feb) “Last week, the 4th negotiation session for the UN Framework Convention on International Tax Cooperation came to a close. For two weeks, delegates from around the world discussed what should be in the new Convention, which is set to be finalised by mid-2027, along with two early protocols.”

“...the Terms of Reference specify that the new treaty will cover key elements such as equitable taxation to multinational corporations and effective taxation of the world richest, as well as ensuring that tax policies are directly linked to sustainable development. The negotiations also include the question of which countries should be allowed to tax what income – known as allocation of taxing rights....” “The UN Tax Convention has the potential to become a trillion-dollar treaty that can crack down on tax havens and boost public financing for development and environmental protection around the world. This is also a historic opportunity to reduce inequalities – both within and between countries.”

Debt Justice -Lower-income country debt payments hit highest level since 1990 as hedge funds swoop in

<https://debtjustice.org.uk/press-release/lower-income-country-debt-payments>

“Lower-income country debt payments have hit their highest level for 35 years, after more than trebling since 2010. Average debt payments for 56 lower-income countries reached 19.2% of government revenue in 2025, the highest level since 1990. The debt crisis is being swooped on by vulture funds, who have just announced they are suing Ethiopia in the UK after a break-down in debt relief negotiations.”

Trump 2.0

Washington Post - After leaving WHO, Trump officials propose more expensive replacement to duplicate it

<https://www.washingtonpost.com/health/2026/02/19/alternative-world-health-organization-proposal/>

“HHS proposes spending \$2 billion a year to re-create systems the U.S. accessed through the WHO at a fraction of the cost, according to officials briefed on the matter.”

“After pulling out of the World Health Organization, the Trump administration is proposing spending \$2 billion a year to replicate the global disease surveillance and outbreak functions the United States once helped build and accessed at a fraction of the cost, according to three administration officials briefed on the proposal. The effort to build a U.S.-run alternative would re-create systems such as laboratories, data-sharing networks and rapid-response systems the U.S. abandoned when it announced its withdrawal from the WHO last year and dismantled the U.S. Agency for International Development, according to the officials, who spoke on the condition of anonymity to share internal deliberations....”

“While President Donald Trump accused the WHO of demanding “unfairly onerous payments,” the alternative his administration is considering carries a price tag about three times what the U.S. contributed annually to the U.N. health agency. **The U.S. would build on bilateral agreements with countries and expand the presence of its health agencies to dozens of additional nations, the officials said.** The **new initiative envisions expanding that footprint to more than 130 countries**, according to the officials briefed on the proposal. “

KFF - The Mexico City Policy: An Explainer

<https://www.kff.org/global-health-policy/the-mexico-city-policy-an-explainer/#7d193d95-de3f-4390-87a2-84afdf06b295>

(17 Feb). Resource. “Understanding the Trump Administration’s **“Promoting Human Flourishing in Foreign Assistance” Policy.**”

- See also **Action Against AIDS Germany (position paper):** [When Ideology Costs Lives: Why the Expansion of the Global Gag Rule Undermines Global Health](#)

Stat News – Exit of CDC’s acting director highlights agency’s lack of leader

<https://www.statnews.com/2026/02/15/cdc-lacks-director-jim-oneill-susan-monarez/>

“The CDC has had a Senate-confirmed director for just 28 days of Trump’s term.”

“For 28 days last summer, the Centers for Disease Control and Prevention had a director who had been confirmed by the Senate. But in less time than it took **Susan Monarez** to get approved, she was fired for not kowtowing to her boss, Robert F. Kennedy Jr., over vaccination policy. **It’s starting to look increasingly possible that that less than monthlong stretch may be the only period in the second Trump administration when the agency has a full-time director, according to several public health experts who follow the CDC closely.** President Trump hasn’t nominated a new director to replace Monarez, and a White House spokesperson didn’t respond to a request for comment....”

- But see also **Stat - NIH Director Bhattacharya to lead CDC after O’Neill’s exit** (18 Feb)

“**National Institutes of Health Director Jay Bhattacharya will take on leadership of the Centers for Disease Control and Prevention on an acting basis**, an administration official not authorized to speak publicly confirmed to STAT. Bhattacharya is taking the role after the previous acting director, Health and Human Services Department Deputy Secretary Jim O’Neill, exited the department. **Bhattacharya will still run NIH, as well.**”

Nature News – Exclusive: Key US infectious-diseases centre to drop pandemic preparation

<https://www.nature.com/articles/d41586-026-00468-1>

“**Staff members have been instructed to scrub this topic and ‘biodefense’ from the agency’s website.**”

“Staff members at the United States’s premier infectious-disease research institute have been instructed to remove the words “biodefense” and “pandemic preparedness” from the institute’s web pages, according to e-mails Nature has obtained. The directive comes amid a broader shake-up at the US National Institute of Allergy and Infectious Diseases (NIAID), one of 27 institutes and centres at the National Institutes of Health (NIH). The NIAID is expected to deprioritize the two topics in an overhaul of its funded research projects, according to four NIAID employees who spoke to Nature on the condition of anonymity, because they are not authorized to speak to the press....”

More on the aid cuts (impact) & transition

CGD – US Aid Cuts Fueled Conflict in Africa

L Crawfurd; <https://www.cgdev.org/blog/us-aid-cuts-fueled-conflict-africa>

Linked to a new paper by three Australian economists.

“...After January 2025 there is a clear break, with a **roughly 5 percent increase in the number of conflict events for countries with higher exposure to USAID cuts....”**

El Pais - The fight against hepatitis in Africa hangs in the balance after US cuts: Clinics closed, fewer tests and canceled research

<https://english.elpais.com/health/2026-02-18/the-fight-against-hepatitis-in-africa-hangs-in-the-balance-after-us-cuts-clinics-closed-fewer-tests-and-canceled-research.html?outputType=amp>

“Up to 40% of organizations report ‘major impacts’ on their work, according to surveys by the Coalition for Global Hepatitis Elimination and other groups, which warn of the risk of rising cases and severe liver disease.”

Re the impact on the 72.5 million people in Africa living with hepatitis B and C.

- Linked to a new **Lancet Gastroenterology & Hepatology** study - [Voices from the frontline: how global funding cuts are reshaping the viral hepatitis response.](#)

Devex - After US aid cuts, South Africa’s HIV response strains to hold the line

<https://www.devex.com/news/after-us-aid-cuts-south-africa-s-hiv-response-strains-to-hold-the-line-111855>

“The withdrawal of U.S. support has shuttered community clinics, strained public hospitals, and forced South Africa to rethink how it funds HIV care. But one year after USAID’s collapse, South Africa is beginning to pick up the pieces.”

“...In July, Health Minister Aaron Motsoaledi announced that the National Treasury had released — “as a starting point” — \$47 million to address the health gaps left by USAID’s collapse. The Gates

Foundation and the Wellcome each contributed \$6.3 million to that funding pool, with the condition that each of their grants be doubled by the South African government over the next three years. Others are stepping in, too: in November, China announced a \$3.5 million funding partnership to expand HIV services in South Africa, facilitated by UNAIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria is also distributing lenacapavir — a new, injectable HIV prevention drug — in South Africa, allowing the nation to reach 450,000 people in 23 high-incidence districts, according to UNAIDS....”

““There is no way we are going to allow the world’s biggest HIV/AIDS program to collapse,” said Motosoaledi, according to the transcript of a speech the minister gave in July. “Never.””

UNDP - The Power of Prevention: Community-led advocacy for HIV prevention in Southern Africa

<https://www.undp.org/africa/blog/power-prevention-community-led-advocacy-hiv-prevention-southern-africa>

“...UNDP, with support from the Gates Foundation, has launched the **Power of Prevention project to strengthen national efforts to ensure that HIV prevention for key populations remains a central part of political and funding agendas in southern Africa**. The initiative builds on UNDP’s longstanding partnerships with governments and communities on HIV issues related to key populations, legal and policy environments, and sustainable financing. The **Power of Prevention project** responds to a simple truth – prevention tools alone are not enough. Legal and policy environments, financing, community demand and community leadership determine whether prevention efforts succeed or fail. In recognition of this, **in January 2026, UNDP awarded 22 grants to key population-led organizations who are driving change in South Africa, Malawi and Zimbabwe**. The grants support community groups to focus on three mutually supportive strategies.”

Devex - Life after DREAMS: Kenya’s girls navigate HIV risk without US support

<https://www.devex.com/news/life-after-dreams-kenya-s-girls-navigate-hiv-risk-without-us-support-111837>

“The end of the PEPFAR-funded DREAMS program cut off HIV-prevention support for millions of girls across sub-Saharan Africa. In Kenya, health experts warn the consequences are already visible.”

“... Launched in 2014 with an initial commitment of \$385 million, the DREAMS initiative was funded through PEPFAR — also known as the U.S. President’s Emergency Plan for AIDS Relief — in partnership with the Gates Foundation, Girl Effect, Gilead Sciences, Johnson & Johnson, and ViiV Healthcare. PEPFAR had invested over \$1.6 billion in DREAMS goals since its inception, according to a 2022 report to the U.S. Congress. It was an initiative credited for its success in driving reductions of 25% or more in new HIV diagnoses among adolescent girls and young women across nearly all of its geographic regions. **The gains were especially significant in sub-Saharan Africa**, where women and girls accounted for 62% of all new HIV infections in the region in 2023....”

PS: “... There is no movement within the U.S. government to revive the DREAMS program, according to the former State Department employee. Yet several of the administration’s stated priorities — including expanding access to new HIV treatments such as long-acting antiretroviral

lenacapavir and reducing mother-to-child transmission — are unlikely to be met without the prevention and support systems DREAMS once provided.....”

“...To address the gap in Kenya, the National AIDS and STIs Control Program, or NASCOP, under the country’s Ministry of Health, has launched an effort to train health care workers to provide adolescent-friendly sexual and reproductive health services....”

PS: “Several health professionals familiar with the program said it has always been an expensive model that would be difficult for countries to replicate or sustain with domestic resources alone. ... Emily Bass, a public health advocate and coauthor of a Physicians for Human Rights report, told Devex that while comprehensive HIV prevention for adolescent girls and young women remains essential for long-term success, the program has not yet been replaced in countries such as Uganda and Tanzania.....”

Mail & Guardian – What will HIV funding look like in 2026?

<https://mg.co.za/health/2026-02-09-what-will-hiv-funding-look-like-in-2026/>

From last week. “Health organisations that merge, more investment from the private sector, larger contributions from local governments and a much bigger focus on preventing new HIV infections. That’s how the international health advocate, Mitchell Warren, sees HIV programmes surviving this year after the US government’s massive funding cuts in 2025. Warren heads the New York organisation, Avac, which also works in East and Southern Africa. ... We talked to Warren about what we can expect in the Aids world this year, what we can do differently and how he thinks we should rebuild.....”

Telegraph - Botswana health crisis deepens as diamond trade drains the country's finances

<https://www.telegraph.co.uk/global-health/terror-and-security/botswana-health-crisis-as-diamond-trade-drains-finances/>

“Six months after the nation declared a public health emergency due to low supplies, a watchdog report paints a bleak picture.”

“Botswana’s health system, which was once regarded as one of the best in Africa, has plunged into crisis as a downturn in the diamond trade drains the nation’s finances. A broken procurement system and funding woes have led to severe medicine shortages, long waits for treatment and overwhelmed hospitals. Six months after the nation declared a public health crisis due to low supplies, an ombudsman’s investigation has painted a bleak picture....”

SRHR

HPW - ‘No Woman Should Lose Her Life, Giving Life’

<https://healthpolicy-watch.news/no-woman-should-lose-her-life-giving-life/>

“Over 60% of maternal deaths in 2023 took place in countries and territories experiencing conflict or institutional and social fragility, according to a World Health Organization (WHO) report published on Tuesday.”

“In 2023, an estimated 260,000 women died from causes related to pregnancy and childbirth. Around 160,000 of those deaths occurred in settings experiencing conflict or institutional fragility,” Jenny Cresswell, WHO sexual and reproductive health scientist, told a media briefing in Geneva on Tuesday. **“The majority of women dying in pregnancy today are not dying because we lack medical solutions. They are dying because of structural weaknesses in health systems, often rooted in conflict, crisis and instability,”** Cresswell added.

“The maternal mortality ratio in conflict-affected countries was 504 maternal deaths per 100,000 live births in 2023, according to the report. In fragile settings, it was 368 deaths per 100,000 and countries not affected by these challenges, it was 99 per 100,000. Around 10% of women of reproductive age lived in the 17 countries and territories classified as experiencing conflict by the World Bank, where 21% of all live births, and 55% of all maternal deaths occurred. The 20 countries and territories classified as experiencing institutional and social fragility were home to just 2% of all women of reproductive age, 4% of all live births and 7% of all maternal deaths....”

“But progress is possible, as the report shows.....”

- For the related WHO report, see [**Conflict and instability make pregnancy more dangerous**](#)

“New analysis connects health system stability to maternal deaths”

“Nearly two-thirds of all maternal deaths worldwide occur in countries marked by conflict or fragility. The risk of a woman who lives in a country affected by conflict dying due to maternal causes is around five times higher for each pregnancy she undergoes compared to her peers in stable countries. A [new technical brief**](#) offers analysis as to why pregnant women living in certain countries are more likely to die in childbirth. “**

“In 2023 alone, an estimated 160 000 women died from preventable maternal causes in fragile and conflict-affected settings, that is 6 in 10 maternal deaths worldwide, despite these countries accounting for only around one in ten of global live births.”

Devex - Steep aid cuts put slow gains against female genital mutilation at risk

<https://www.devex.com/news/steep-aid-cuts-put-slow-gains-against-female-genital-mutilation-at-risk-111848>

“In places where female genital mutilation is deeply embedded in local traditions, progress toward ending it is slow. Now, sharp cuts to foreign aid have hindered global efforts to eliminate FGM, including funding reductions from the U.S. and U.K.”

- And a link: [**Toronto City News - Foreign aid groups urge Canada to maintain funding for abortion, LGBTQ+ advocacy.**](#)

Decolonize Global Health

Health Promotion International - The evidence of things not seen

Seye Abimbola; <https://academic.oup.com/heapro/article/41/1/daag016/8475297?login=false>

A few excerpts from this must-read.

“... Make sure everyone has income in excess of living income, is well housed and nourished, and most of the things we want to do to promote health are no longer necessary, because people will do them without our prompting, and if they do not, it will be their rightful choice as people with capabilities and freedoms to make, contest, or alter the choice as individuals, households, communities, and countries. This should be the central claim of public health. The claim will not always be true. But it will be true often enough for it to be what we build inquiry and action around. It is what our statements and declarations, our charters and agenda point to, repeatedly—or should. It means focussing primarily on the things that allow individuals, households, communities, and countries to not be poor, deprived, dispossessed, marginalised, low income. It means doing whatever we do downstream, in the meantime, with an eye upstream, optimising capabilities and freedoms, especially of marginalised actors, and making sure what they know, and how they make sense of the world, is at the heart of our work.”

“But why is this big problem, **this self-evident truth that links poverty and ill health**, not already the central logic of public health inquiry and action? Perhaps because we often accept self-evident truths without their essence or rationale, that over time we lose sight of what makes them true, and they ossify into politically palatable versions or framings that get restated, carried forward. Or perhaps because the people who articulate them benefit from the status quo so much that they only restate parts or forms of the truths they deem non-threatening...

Seye concludes: “**The self-evident truths of public health remind us that knowledge is power, but power is not truth. They remind us, or should, of the basics; that ill health and inequity in health, are, via poverty, deprivation, or low-income, structurally determined, and that this is where our efforts must aim, ultimately.** They remind us that local knowledge and sensemaking, vulnerable as they are to the same structures, via poverty, deprivation, or low-income, **must be at the heart of our efforts to promote health and equity in health**, fully aware of our tendency to disregard or neuter them, to not fully recognize or grasp them; a slippage that is often as self-serving as it is power-preserving. **These are the basics of which our self-evident truths speak, our statements and declarations, charters and agenda, our articles of faith, our condensed articulations of explanatory insight, reflecting our commitment that everyone is equal, and should have equal opportunity to be healthy, to function in their full capabilities and freedoms as individuals, and as households, communities, and countries.** There is a huge gap between that commitment and the things we do in reality, which tend to skew downstream. Upstream is where the central logic of our inquiry and action belongs.”...”

Human Resources for Health

BMJ GH - Training without jobs is a waste of aid: why Japan's partnership with the World Bank must tackle the 'fiscal space' for health workforce

K Kubota; <https://gh.bmj.com/content/11/2/e023190>

“Japan’s Prime Minister recently announced a strategic partnership with the World Bank to support human resource development for Universal Health Coverage (UHC) in the Global South. While this pivot from infrastructure to human capital is timely, it risks falling into the ‘training trap’—producing skilled workers whom national governments cannot afford to employ. **This commentary argues that in many low- and middle-income countries, the primary bottleneck to workforce expansion is not a lack of trained staff, but the ‘paradoxical surplus’: a coexistence of acute health needs, unemployed health workers and rigid fiscal constraints on public sector wage bills.** Drawing on recent evidence from sub-Saharan Africa and beyond, **we demonstrate that supply-side interventions (education) without demand-side reforms (employment) will merely fuel brain drain.** We propose that the true value of the Japan-World Bank partnership lies in bridging the gap between Ministries of Health and Finance. **Japan must leverage the World Bank’s macroeconomic influence to expand ‘fiscal space’ for health, ensuring that Official Development Assistance (ODA) for education is matched by domestic capacity to absorb and retain graduates.** Only by coupling training with fiscal reform can Japan’s UHC pledge become a sustainable reality.”

Plos Med - Eliminating ghost workers and optimizing resources to strengthen Community Health Worker programs in sub-Saharan Africa

Temesgen Ayehu et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004929>

“Although Community Health Workers (CHWs) play a vital role in filling health workforce gaps and expanding access to essential health services, they remain inadequately compensated due to insufficient domestic financing. **Eliminating ghost workers, as demonstrated in several SSA countries, can unlock resources to reinvest in frontline health workers, including CHWs.** We argue that close collaboration between Ministries of Health and Civil Service agencies, with effective and comprehensive civil service reforms, will help to address human health workforce challenges.”

“The newly established Health and Public Service Network of Africa (HaPSNA) provides a critical platform for collaboration between Civil Service Agencies and Ministries of Health, with the goal of improving efficiency and accountability in the health sector. By addressing persistent challenges, such as the prevalence of ghost workers and weak workforce management, the network seeks to improve governance and optimize the use of limited resources through South–South partnerships and peer learning. **HaPSNA has developed a Community Health Program Maturity Matrix and Index** to enable countries to self-assess the extent to which community health programs are integrated into primary healthcare and civil service systems, and to identify priority areas for improvement.”

Social and Commercial determinants of health

Lancet Public Health - Social protection for tuberculosis—how can we make it universal?

J Kathiresan & M Pai; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00004-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00004-6/fulltext)

They conclude: **"The tuberculosis epidemic continues to thrive because of the neglect and reluctance to invest in social protection.** What we need is not more evidence, but more resolve at the political level to invest in social protection, more imagination and innovations to target all and leave no one behind, and to take a rights-based approach to deliver social protection benefits to every tuberculosis-vulnerable household."

Lancet Letter – The EAT–Lancet Commission: issues and responses

J Garay et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02508-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02508-5/fulltext)

"The EAT–Lancet Commission by Johan Rockström and colleagues has made an important contribution to planetary health by linking dietary change to both human health and planetary boundaries. We commend its effort to place food at the centre of global debates. **Nonetheless, we are concerned that several key issues remain unaddressed.** The Commission emphasises global nutrient targets, but does not sufficiently question the industrial food system that underpins many of the current environmental and health crises. By overlooking the structural drivers of monocultures, herbicide and high energy dependence, and the dominance of ultra-processed foods, the Commission risks leaving intact the same agro-industrial model that has fuelled ecological degradation and dietary transitions away from traditional, whole foods. Equally, the Commission continues to promote dairy as a structural element of the planetary health diet. This position neglects the environmental costs of industrial dairy production, which are often driven by intensive feed production, and the profound animal welfare concerns inherent to intensive livestock systems. **Most importantly, the Commission does not place food sovereignty and agroecology at its core....**"

- For the reply by the authors, see [The EAT–Lancet Commission: issues and responses – Authors' reply](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02508-5/fulltext)

Conflict/War/Genocide & health

Lancet GH – Violent and non-violent death tolls for the Gaza conflict: new primary evidence from a population-representative field survey

M Spagat et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00522-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00522-4/fulltext)

They conclude: **"... This first independent population survey of mortality in the Gaza Strip shows that violent deaths have substantially exceeded official figures whereas the demographic**

composition of casualties aligns with MoH reporting. **Non-violent excess deaths, although substantial, are lower than some projections have suggested....”**

- Related Lancet GH Comment – [From enumeration to inference: what the Gaza Mortality Survey reveals—and misses—about counting deaths in the Gaza Strip](#) (by B Aldabbour et al)
- Coverage via the Guardian - [Gaza death toll in early part of war far higher than reported, says Lancet study](#)

“ Research suggests more than 75,000 killed in the first 16 months of conflict, 25,000 more than announced at the time.”

“... “The combined evidence suggests that, as **of 5 January 2025, 3-4% of the population of the Gaza Strip had been killed violently** and there have been a substantial number of non-violent deaths caused indirectly by the conflict,” the authors of the study, a team including an economist, demographer, epidemiologist and survey specialists, wrote in the Lancet Global Health..... **Spagat**, who has worked on the calculation of casualties of conflicts for more than 20 years, said the new research suggested 8,200 deaths in Gaza from October 2023 to January 2025 were attributable to indirect effects , such as malnutrition or untreated disease....”

Lancet (Comment) - Rethinking current famine classification: insights from history

Ingrid de Zwart, Alex de Waal et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00214-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00214-X/fulltext)

“.... **The mass starvation in Gaza has called into question how famine is defined and measured.** On Aug 22, 2025, the Famine Review Committee of the Integrated Food Security Phase Classification (IPC) determined that the food situation in Gaza Governorate had reached phase 5: famine. This famine status followed repeated warnings from humanitarian organisations and medical professionals that starvation deaths and acute malnutrition among children were rising sharply due to Israeli Government policies and Israel Defense Forces' actions in the Gaza Strip, including denying humanitarian aid. Although the IPC famine declaration was retracted in mid-December, 2025, **the Gaza case shows the limitations of a universal mortality threshold, which could mask the character of famine's effects. We therefore call for a fundamental re-examination of how famine thresholds are set....”** Pointing out 5 points.

Among others, “...First, the **IPC's mortality thresholds were designed for rural African settings and not for middle-income, urbanised populations....** “

Then the authors conclude: “.... **On the basis of these lessons from historical famines, we therefore question the continued application of a mortality-based classification system.** This system is insensitive to the varying demographic profiles of populations. Furthermore, the reliance on overall mortality **masks early signs of famine stress**, including rapid changes in birth outcomes and rises in infant deaths. These early signs could reduce the time lag between acute food insecurity and rising death rates among the population at large. **We therefore advocate for the systematic collection of more sensitive famine indicators to provide a more timely, accurate, and powerful diagnostic tool for the necessity of humanitarian action.”**

When Protests Become a Health Crisis: Iran and the Failure of Global Health Governance

A Mehdi; <https://www.dohainstitute.org/en/ResearchAndStudies/Pages/when-protests-become-a-health-crisis-iran-and-failure-of-global-health-governance.aspx>

“The central argument of this paper is that state repression during periods of internal unrest constitutes a legally cognizable public health failure when it predictably disrupts medical neutrality, emergency care, and health surveillance. Drawing on Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), and the International Health Regulations (2005) (IHR), the analysis treats health systems as protected civilian infrastructure. Their impairment engages binding international legal obligations and constrains the lawful design and application of sanctions, diplomatic engagement, and technical cooperation....”

Planetary Health

PIK - Global warming must peak below 2°C to limit tipping point risks

<https://www.pik-potsdam.de/en/news/latest-news/global-warming-must-peak-below-2degc-to-limit-tipping-point-risks>

“Global warming must peak below 2°C then return under 1.5°C as quickly as possible to limit the risk of triggering tipping points in the Earth system. In the long term, global temperatures must cool to around 1°C above pre-industrial levels, experts say. The new study by an international team of researchers from the Potsdam Institute for Climate Impact Research (PIK), the University of Exeter, and the Centre for International Climate Research (CICERO) was published in Environmental Research Letters today....”

“Up to eight tipping points could be reached below 2°C warming, according to the new study. It builds on a chapter of the 2025 Global Tipping Points Report, which was presented at the UN Climate Conference COP30 in Belém, Brazil. “It’s concerning that, even with a small and relatively brief overshoot of the 1.5°C target, up to five Earth system tipping points could be triggered – especially as it now appears almost unavoidable that global warming will exceed 1.5°C in the late 2020s or early 2030s,” says co-lead author Nico Wunderling from PIK and Goethe University Frankfurt....”

AP News - Trump administration urges nations to call for the withdrawal of a UN climate proposal

<https://apnews.com/article/un-resolution-climate-international-court-justice-trump-31f4164aebd2b7bf8b9b4d1c89af9f50>

“The Trump administration is urging other nations to press a tiny Pacific island country [i.e. Vanuatu] to withdraw a United Nations draft resolution supporting strong action to prevent climate change, including reparations for damage caused by any nation that fails to take action. In guidance issued this week to all U.S. embassies and consulates abroad, the State

Department said it “strongly objects” to the proposal being discussed by the U.N. General Assembly and that its adoption “could pose a major threat to U.S. industry.”...

Indian, Regional, and Global Partners Launch Initiatives to Address Extreme Heat in South Asia

[Rockefeller foundation](#):

“The World Health Organization (WHO)–World Meteorological Organization (WMO) Climate and Health Joint Programme, The Rockefeller Foundation, and Wellcome announce new regional efforts to connect climate science to health action to prevent heat impacts, help communities flourish, and save lives.”

AI & health

Philanthropic Partnership Backs Country-Led Research to Guide the Use of AI in Health

[Gates Foundation](#).

“The Gates Foundation, Novo Nordisk Foundation, and Wellcome will support locally led evaluations of AI tools that have the potential to improve health outcomes in low- and middle-income countries.”

“The Gates Foundation, Novo Nordisk Foundation, and Wellcome today announced a joint investment of US\$60 million to support locally led evaluations of AI health tools in low- and middle-income countries (LMICs). The Evidence for AI in Health (EVAH) initiative will help governments and health systems determine which tools work, where they add value, and how they can be used responsibly. Announced during the AI Impact Summit in New Delhi, EVAH is designed to address a critical gap in evidence on how AI performs in real-world health settings in LMICs. ”

“EVAH marks the second investment of the US\$300 million [global health research and development partnership](#) launched by these three philanthropic organizations in 2024. ...”

Lancet Planetary Health – Governing artificial intelligence for planetary health

F Creutzig et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00287-6/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00287-6/fulltext)

“Establishing global governance of artificial intelligence (AI) is becoming an increasingly pressing challenge to ensure the provision of global public goods and to mitigate harmful effects on societies and the planet. Current debates around AI take various forms, follow diverse narratives, and centre variously on economic, social, environmental, or safety aspects. Here, we make three contributions. First, we classify risks and challenges of AI across the social, planetary, and safety domains. Second, we show that AI should be governed as a global commons, requiring coordinated interventions across all three domains, reflecting relevant inter-domain feedback loops, and root

drivers, such as the pursuit of monopolistic AI power and the AI-infused media environment. **Third, we identify data, energy, and compute as relevant regulatory dimensions across social, planetary, and safety domains...**"

Lancet Global Health – Beyond disclosure: stop using AI imagery in global health

I Bakelman & K Buse; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00492-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00492-9/fulltext)

From the new Lancet GH March issue (see also below).

This is our “**proposed practical standard for image use in global health communications**. First, no use of AI imagery depicting people or contexts of vulnerability—at all. Second, commission local photographers, editors, and curators from the communities depicted, with fair pay, documented consent, and shared editorial control. Third, adopt dignity-first, enforceable image policies that reject decontextualised suffering and embed accountability, regardless of medium.”

“We invite organisations that are seeking a concrete approach to ethical visual practice—across image sourcing, use, and representation—to engage with **This is Gender : Global 50/50's visual initiative advancing justice through photography**. This is Gender is a living collection of 400 works selected from 5000 submissions across 140 countries. This is Gender offers a pathway to source and commission ethical visuals, co-design internal training for teams working with visual materials, and collaborate on open calls and artist commissions shaped around shared thematic priorities centred on consent, context, and dignity. **If we mean to rebuild trust in global health, we must redirect budgets from synthetic imagery to local image makers and make space for images that do not just illustrate problems, but reimagine power.**”

Access to Medicines, Vaccines & other health technologies

Vaccine (Comment) – Mpox vaccines: an urgent equity imperative

Yap Boum, J Kaseya et al ;

<https://www.sciencedirect.com/science/article/pii/S0264410X25014562?via%3Dihub>

Update on the state of affairs re Mpox vaccines in Africa.

See also a **comment by J Kaseya**: “ In a new paper with @AfricaCDC and @WHO colleagues, **we estimate 6.4 million doses are needed to interrupt transmission**. By January 2026, 5.1 million had been shipped — important progress, but still not enough to achieve sustained control....”

Emily Bass - Is the United States Planning to Replace WHO Prequalification?

[Emily Bass](#):

“**A trial balloon for a US shake-up of global health procurement** goes by.”

"At a recent briefing for staff of the US Congress House of Representatives, Jeff Graham, Senior Bureau Official and Acting Global AIDS Coordinator said that, while no firm decisions had been taken, the US was exploring creating an “alternative” to the World Health Organization pre-qualification process. This step, if taken, could bring disruption and duplication to the current global approach to identifying safe, high quality health products for procurement by countries and pooled mechanisms...."

"... Graham's proposition—let's call it AmeriQual™, for convenience—could fundamentally change the procurement of global public goods if implemented as a replacement for WHO prequalification and a requirement for products procured by countries or mechanisms receiving US funds. Introducing it as a parallel system—another meaning of the word “alternative”—would be less disruptive, but still introduce costs and inefficiencies across the global procurement system. In either scenario, the US government would have extreme control over which products are procured directly by countries co-signing AFGHS Memoranda of Understanding...."

"... If the US does not recognize WHO prequal, and it does stand up AmeriQual™, would be difficult for countries without stringent regulatory authorities would be able to buy anything other than US-vetted products....."

- Check out also the related **Update by Emily Bass: [Important update to a recent post](#)**

"US Department of State Leader Says His Comments Are Mischaracterized."

"Jeff Graham told me that he did not say that the US was exploring alternatives to WHO prequalification at the briefing. (I did not attend the meeting and based my reporting on others' notes and recollections.) Prior to making the edits, I asked Graham whether it was inaccurate to say that the US was exploring a WHO pre qualification-like regulatory option at all. Graham declined to answer directly, though he did write, in the LinkedIn chat where this exchange occurred, “Prequal is an FDA issue, not State.” Because the mischaracterization identified was with regard to remarks at a specific event, and not with the possibility of an American alternative approach to regulatory approval for global public goods, I have chosen to leave the post up, in edited form, rather than removing it as Graham requested..."

WHO - Statement on the planned hepatitis B birth dose vaccine trial in Guinea-Bissau

<https://www.who.int/news/item/13-02-2026-statement-on-the-planned-hepatitis-b-birth-dose-vaccine-trial-in-guinea-bissau>

WHO lays out why withholding the vaccine is unethical.

- And an **update via Reuters (18 Feb) [Guinea-Bissau stops vaccine study funded by Trump administration](#)**

"Guinea-Bissau's foreign minister has said his government has stopped a study funded by the Trump administration aiming to evaluate side effects of the life-saving hepatitis B vaccine, including any links to autism...."

Devex - Cholera prevention campaigns resume after years of vaccine scarcity

<https://www.devex.com/news/cholera-prevention-campaigns-resume-after-years-of-vaccine-scarcity-111880>

“Multiple efforts helped boost the supply of oral cholera vaccines, and more manufacturers could join the market in the future. **But declines in global health funding could have an impact on the future of cholera prevention.”**

Re the funding: “**... declines in global health funding could have an impact on future cholera prevention programs. Gavi, which is the main purchaser of OCVs globally and finances the stockpile, faces a funding shortfall. It only raised some \$9 billion out of an \$11.9 billion target during its replenishment event last year. And while the U.S. Congress has allocated funding for it for fiscal year 2026, it’s not clear if the Trump administration will release that funding....”**

Guardian - Weight-loss race: how switch from injections to pills is expanding big pharma's hopes

<https://www.theguardian.com/science/2026/feb/15/weight-loss-race-injections-pills-big-pharma>

“Tablets could make treatment more mainstream, with sector predicted to be worth \$200bn by end of the decade.”

“**... Analysts at Goldman Sachs predict 2026 will be a “pivotal year for the development of the obesity market” with the launch of the Novo and Lilly pills, “potentially significantly increasing the addressable population for obesity medications”.**”

Stat – FDA’s rejection of Moderna threatens to stifle broader vaccine industry

<https://www.statnews.com/2026/02/12/fda-moderna-rejection-upends-vaccine-industry/>

“**Experts predict innovation will move overseas: ‘Do we know what the rules are?’”**

« The Food and Drug Administration’s refusal to review Moderna’s flu vaccine this month has renewed fears that Trump administration policies could paralyze the vaccine industry, dissuading companies from developing new shots in the U.S. and leaving the country flat-footed in the event of future pandemics. ...”

- See also [NYT – Vaccine Makers Curtail Research and Cut Jobs](#)

“**Federal policies under Robert F. Kennedy Jr. that are hostile to vaccines have “sent a chill through the entire industry,” one scientist said.”**

- But see also this (Wednesday) update from Reuters - [US FDA reverses course, will review Moderna's revised flu vaccine application](#)

And a related tweet by Gavin Yamey: “So, I guess there IS a limit to how much the Trump Administration will allow RFK Jr to push his very extreme, dangerous anti-vaccine activism. The Wall St Journal wrote a scathing editorial about the initial decision; I wonder if that's what prompted the reversal?”

Project Syndicate - Science Alone Won't Stop Lassa Fever

Oyeronke Oyebanji and Virgil Lokossou; <https://www.project-syndicate.org/commentary/west-african-countries-must-be-prepared-for-lassa-fever-vaccine-by-oyeronke-oyebanji-and-virgil-lokossou-2026-02>

“Three promising Lassa fever vaccine candidates are in clinical development, one of which could be licensed in the next decade. But to ensure a swift and effective rollout, **West African countries must start planning now to determine who should receive it, how to deliver it, and how to finance and regulate it.**”

Some more key papers, reports, issues & publications

HP&P - Advancing health policy and systems research and analysis: new frontiers, renewed relevance

Aku Kwamie et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag014/8488861?login=false>

“.... In March 2025, a group of health policy and systems experts were convened by an organization, to consider the ‘new frontiers’ of the field in the context of shifting global and national landscapes. Deliberations centred on the critique that health policy and systems research (HPSR) need to restate its core foundations, better articulate its impacts in real health systems and policy processes, while defining its role within or apart from ‘global health’. Six frontiers were identified: new institutional forms of HPSR beyond academic settings; more fully theorized and hypothesized studies that go beyond descriptive; more applies systems thinking; new educational models to support analysis, networking and systems leadership; more domestic financing for HPSR; and genuine engagement with a new set of health system development actors. For HPSR to remain relevant, strengthening the science and practice of how diverse actors engage to bring about collective action for health equity and social justice is imperative. The current global geopolitical, financing, and planetary shifts, while critical, present an opportunity for these new frontiers in HPSR to deepen the impact of the field.”

Lancet Global Health – March issue

<https://www.thelancet.com/journals/langlo/issue/current>

Very rich issue. Also including a number of **Health Policy** articles.

Here we already flag:

- [Editorial: Safeguarding women and girls in the age of AI](#)

“As artificial intelligence (AI) technologies become increasingly embedded in global health research and practice, they offer new opportunities to address gaps in women's health, including maternal health and gender equity. Additionally, as shown by Peige Song and colleagues in this issue, AI could help identify and prioritise research directions that address the needs of marginalised groups. **Yet these technologies may also be misused to amplify harm and perpetuate inequities.** The recent [Grok AI scandal](#), involving the non-consensual creation and dissemination of explicit sexual images of women and girls through generative AI, is a clear warning of the misuse of AI. **With their growing use, an urgent question emerges: how can we ensure that the rapid advancement of AI serves to respect and protect women, rather than expose them to new forms of risk and injustice?...”**

- [Lancet GH \(Health Policy\) - The tuberculogenic environment](#) (by M Coleman et al)

« Tuberculosis persists as the world's deadliest infectious disease, despite improved diagnostics and effective treatment. **The tuberculogenic environment** describes the **sum of influences, vulnerabilities, policies, life conditions, and health factors that sustain the tuberculosis pandemic in vulnerable communities.** The persistence of these environments is attributable to challenges upstream of the health system, involving sectors such as trade, taxation, finance, agriculture, employment, social services, and education. The availability, affordability, access, and acceptability of safe infrastructure (including housing), nutritious foods, protection against harmful consumption (tobacco, alcohol, sugar, etc), and adequately resourced health services are all linked to tuberculosis risk. Yet people affected by tuberculosis and national tuberculosis control programmes continue to bear almost the sole responsibility for a problem that is largely beyond their control. **Reframing tuberculosis through the lens of complex systems science highlights the array of decision makers who, by action or inaction, have a shared responsibility to end tuberculosis as a global pandemic.”**

- And HPW covered another Lancet Global Health paper from this issue, see [Investment in Malaria Venture Yields 13x Health Benefits](#)

“**Every \$1 invested in the Medicines for Malaria Venture (MMV) between 2000 and 2023 yielded \$13 in monetised health benefits**, according to a [study published in The Lancet Global Health](#) this week.”

“**MMV is a not-for-profit product development partnership (PDP) that works with public and private sector partners to discover, develop and deliver accessible and affordable medicines to treat, prevent and eliminate malaria.** Since its launch in 1999, it has brought 19 malaria medicines to the market that have treated or protected more than 1.3 billion people worldwide. **The total investment received by MMV was \$2.3 billion over the 23-year study period, and the antimalarial drugs developed and launched with the support of MMV averted an estimated 1.6 million deaths and 87 million disability-adjusted life-years (DALYs).** The cost of delivery is estimated to be \$785 million.”

But do check out the whole issue!

BMJ GH - Beyond the Demographic and Health Survey: on the past and future of population health surveillance

J Nott et al ; <https://gh.bmj.com/content/11/2/e022023>

“...Detailing the history of the DHS and its role in Malawi’s health system, this commentary outlines what the DHS programme provides national health systems, what it may have cost them and how these shortcomings might be addressed going forward.”

“The DHS repository is now back online, thanks to stopgap funding from the Gates Foundation; interim funding has also been secured for the completion of unfinished surveys, including Malawi’s. However, this period of transition is also the moment to consider the shape and orientation of future surveys. After the DHS was shuttered in February, the United Nations Statistical Division (UNSD) began a ‘task force on sustainable demographic and health statistics’. The World Bank and the Gates Foundation have been proposed as sources of longer-term funding. Grassroots efforts to independently secure older datasets have also emerged. Alongside the broad consensus that the DHS should be saved, and that surveys half-finished should be quickly finished, are conversations around what happens next....”

“Our four discrete suggestions for the future of health surveillance are national ownership and oversight; community involvement; the streamlining of surveys; and the continuation of international collaboration around accessibility and standardisation.”

“We conclude by arguing that greater consideration of the history of the DHS, and a more critical analysis of donor-driven cross-sectional surveillance, is essential for the future reorientation of population health.”

Miscellaneous

People's Dispatch - Remembering David Legge: a tribute

<https://peoplesdispatch.org/2026/02/13/remembering-david-legge-a-tribute/?ref=peoples-health-dispatch.ghost.io>

“The People’s Health Movement reflects on the work and legacy of founding member David Legge, who passed away at the beginning of February 2026.”

“... His life and legacy will always be celebrated for the two outstanding leadership roles he has played. The first of these is his contribution as a thought leader and theoretical guide for developing the discipline of public health based on a comprehensive understanding of the political economy of health. His vision on this issue was not limited to public health. It was a comprehensive analysis of the causes of global inequity and injustice and a condemnation of exploitation and oppression in its very many forms. And the second contribution is his role in developing the People’s Health Movement (PHM). “

PS: “David also helped shape PHM’s Democratizing Global Health Governance program, perhaps best known through the WHO Watch. A major part of this work involved his curation of the WHO Tracker, a website which maintains a dynamic record of all agenda items and discussions of every World Health Assembly, and the preceding Executive Board meetings, over the last 20+ years, along with a PHM comment on each of these. … , David Legge, this methodical genius, in addition to leaving us the WHO Tracker, the Political Economy for Health blog site and the CDIH Archive, also created a personal website where he left a lot of his carefully curated writings and presentations.”

Bloomberg – How to create jobs for the world’s 1.2 billion new workers

A Banga; <https://www.bloomberg.com/opinion/articles/2026-02-11/how-to-create-jobs-for-the-global-south-population-boom>

By the World Bank president.

“The world is facing a challenge with 1.2 billion young people in developing countries coming of working age over the next 10 to 15 years, with only about 400 million jobs expected to be generated. This issue is not only a development challenge, but also an economic and national security challenge that requires investment in people and connection to productive work to build lives of dignity and stability. The World Bank Group is pursuing a jobs strategy built on three pillars: creating infrastructure, creating a business-friendly environment, and helping businesses scale, with a focus on five sectors that generate employment at scale.”

GAVI – Six major health threats that could shape 2026: here’s what experts are watching

<https://www.gavi.org/vaccineswork/six-major-health-threats-could-shape-2026-heres-what-experts-are-watching>

“A [new Gavi insight paper](#) highlights six immediate threats to global and regional health in 2026, and some of the initiatives, tools and solutions designed to keep them at bay.”

They are: conflict-associated outbreaks; climate change and arboviruses; global health funding cuts; misinformation; Marburg virus disease; Disease x.

Lancet (Comment) - Getting to zero: what will it take to eliminate violence against women?

C Garcia-Moreno et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00304-1/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00304-1/abstract)

“A staggering 840 million women and adolescent girls worldwide have experienced physical violence, sexual violence, or both by an intimate partner or sexual violence by a non-partner at least once in their lifetime—a number that has barely changed in the past two decades. In 2023, an estimated 263 million women aged 15 years and older were subjected to sexual violence by men other than partners at least once since age 15 years; the stigma of disclosing and reporting and narrow measures of this form of violence used in surveys means this number is highly likely to be an underestimate. These estimates of the prevalence of intimate partner violence and non-partner

sexual violence against women in 2023 (published in 2025 by WHO, on behalf of the UN Interagency Working Group on Violence against Women Estimation and Data) highlight that the average global annual decline of physical or sexual violence or both by an intimate partner from 2000 to 2023 is a mere 0·2% per year. At this rate, no country will reach the Sustainable Development Goal target 5.2 on the elimination of all forms of violence against women and girls....”

UN News - Epstein files: ‘No one is too wealthy or too powerful to be above the law’; rights experts demand accountability

<https://news.un.org/en/story/2026/02/1166980>

“The large-scale disclosure of materials known as the “Epstein Files” has revealed “disturbing and credible evidence” of what independent human rights experts describe as a possible global criminal enterprise involving systematic sexual abuse, trafficking and exploitation of women and girls.”

“In a **statement** on Monday, the independent experts – who serve in their individual capacities under mandates from the UN [Human Rights Council](#) and are not UN staff – **warned that the alleged acts documented in the files could amount to some of the gravest crimes under international law**. The reported conduct could amount to sexual slavery, reproductive violence, enforced disappearance, torture, inhuman and degrading treatment, and femicide, according to the experts. “So grave is the scale, nature, systematic character, and transnational reach of these atrocities against women and girls, that a **number of them may reasonably meet the legal threshold of crimes against humanity**,” they said....”

PS: “They added that “all the allegations contained in the ‘Epstein Files’ are egregious in nature and require independent, thorough, and impartial investigation, as well as inquiries to determine how such crimes could have taken place for so long.” “These crimes were committed against a backdrop of supremacist beliefs, racism, corruption, extreme misogyny, and the commodification and dehumanisation of women and girls from different parts of the world,” they said.”

Global health governance & Governance of Health

Devex – Ex-NATO chief warns against boosting defense budgets at expense of aid

https://www.devex.com/news/ex-nato-chief-warns-against-boosting-defense-budgets-at-expense-of-aid-111775?utm_source=bluesky&utm_medium=social&utm_campaign=devex_social_icons

“Former NATO chief George Robertson calls on the next U.N. secretary-general to refuse the post unless the P5 veto is suspended and warns against reducing aid budgets to fund national defense.”

“.... P5 refers to the council’s “permanent five” members — the United States, France, Russia, the United Kingdom, and China — and they each hold the power to unilaterally block substantive resolutions. ... During the conversation, the former NATO chief weighed in on the “trade-off” between defense and development spending, arguing that while national security is paramount, it should not be funded by cutting aid budgets that serve as the front line against disasters....”

Health Policy Open - Strengthening global health cooperation-insights from worldwide WHO collaborating centres

Sophia Achab et al; <https://www.sciencedirect.com/science/article/pii/S2590229625000231>

Conclusions: “**WHO CCs are vital to global health but require structured strategic management and leadership development.** Their strategic management must take into account both the similarities and differences with other organizations. **Expert recommendations include securing financial resources, improving WHO- WHO CCs communication, and fostering leadership skills to ensure sustainability and impact....”**

CGD (blog) – The Battle of the EU's Next External Action Budget

M Gavas et al; <https://www.cgdev.org/blog/battle-eus-next-external-action-budget>

“... Last summer, the European Commission proposed merging three existing instruments for external spending—on development cooperation, humanitarian aid and pre-accession assistance—to create a single external action instrument. This new instrument is called **Global Europe**, and has a proposed envelope of EUR 200.3 billion, nearly double the current external action budget. As draft opinions and amendments are shared within the European Parliament and Council of the EU (i.e., the 27 Member States), it is becoming clear that while there is broad agreement on the size of the budget, there is far less agreement on what the money should be for. At the outset of the negotiations, we warned that the core question would be this: will Global Europe reinforce the EU’s role as a long-term development partner or will it formalise a more transactional, interest-driven model of external action?...”

PHM – PHM Appoints New Global Coordinator: Renewed Commitments and New Challenges Ahead

<https://phmovement.org/phm-appoints-new-global-coordinator-renewed-commitments-and-new-challenges-ahead>

“At its meeting in Morocco in February 2026, the Steering Committee of the People’s Health Movement (PHM) took an important decision regarding its **Global Coordination** — at a moment marked by intensifying global struggles for the right to health and its social, economic, and political determinants. **Aziz Rhali, Moroccan health activist**, Vice President of the International Federation for Human Rights (FIDH), former President of the Moroccan Association for Human Rights, and member of the Board of Directors of the Global Sumud Flotilla, **has been appointed Global Coordinator of PHM for a three-year term.**”

“After four years of global coordination based in Latin America under the leadership of Colombian public health advocate Roman Vega, the movement’s coordination now transitions to the Middle East and North Africa (MENA) region. This marks the **first time in PHM’s history that its Global Coordinator is based in the MENA region** — a significant step reflecting the movement’s commitment to regional equity and global solidarity.”

PS: “**This transition represents a major evolution in the Movement’s global governance.** The Global Secretariat will continue to operate as a collective, ensuring diverse regional representation

while supporting the shift of coordination to the MENA region. **It will also lead preparations for the Sixth People's Health Assembly, to be held in Morocco in 2028....”**

Development Today – Parliamentary watchdog throws a wide net, Epstein files hit Norwegian aid like a tsunami

<https://www.development-today.com/archive/2026/dt-1--2026/parliamentary-watchdog-throws-a-wide-net-epstein-files-hit-norwegian-aid-like-a-tsunami>

“The oversight committee of Norway’s parliament has called for an independent investigation into the extensive contacts between the sex offender Jeffrey Epstein and high-level Norwegian former politicians and diplomats. The committee has sent the Foreign Ministry 28 questions which also target Norwegian aid financing of organisations, think tanks, and institutes that facilitate network building.”

PS: “...Some politicians have called for Parliament to look into Norwegian support for the Clinton Foundation, as well as Norway’s close aid cooperation with Bill Gates. Bill and Hillary Clinton and Bill Gates are referred to in the Epstein files, but they have all rejected any wrongdoing....”

The British Academy and the Carnegie Endowment for International Peace (Policy paper) - Navigating the global politics of artificial intelligence and healthcare

<https://www.iffs.se/publikationer/ovrigt/navigating-the-global-politics-of-artificial-intelligence-and-healthcare/>

“Policymakers face unprecedented challenges in navigating the global politics of artificial intelligence (AI) and healthcare. While AI offers transformative potential, it can exacerbate health inequities and contribute to negative health outcomes along its opaque, transnational value chain. **This paper provides an overview of the most pressing global political concerns related to AI and healthcare that warrant policymakers’ attention.** These are: defining artificial intelligence, The scales of global political discourse on AI and healthcare, AI and the global political economy of healthcare, The emerging global governance landscape, Security and conflict, Global political risks and limitations of AI (mis)use, The global politics of health data in the age of AI, and The environmental impacts of AI.”

“By doing so the paper offers a currently under-represented global political perspective on the responsible adoption of AI in healthcare, to support policy makers the responsible adoption of AI in healthcare.”

Oxfam - No Representation, No Peace: The African demand for a reformed Security Council

<https://policy-practice.oxfam.org/resources/no-representation-no-peace-the-african-demand-for-a-reformed-security-council-621781/>

From last week. **“No Representation, No Peace** exposes how Africa’s exclusion from permanent membership on the UN Security Council continues to undermine global peace and security. **Drawing on case studies from the Democratic Republic of the Congo and Western Sahara, the report shows**

how decisions taken without African representation have fuelled implementation failures, sidelined local voices, and entrenched injustice. It presents Africa's unified Common Position—rooted in the Ezulwini Consensus and championed by the African Union's Committee of Ten—which calls for at least two permanent seats for Africa with full veto rights, five non-permanent seats, and sweeping reforms to make the Council more democratic, transparent, and accountable. Aligning with Oxfam's Vetoing Humanity findings, the briefing outlines a six-point agenda to secure Africa's permanent voice, abolish the veto, strengthen AU-UN cooperation, and centre women and affected communities in peace processes. It is a call to correct historical injustice and build a fairer multilateral system.”

Review of International Political Economy - Twilight of the oligarchs

Nikhil Kalyanpur; <https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2627936>

“The hyper-wealthy are increasingly, blatantly influencing politics both at home and abroad. Despite multiple paths to plutocrat-status, and perpetual infighting within the very top of the economic hierarchy, political economy scholarship largely treats plutocrats as possessing the same sources of power and facing similar threats to their wealth. Drawing on comparative political economy and international relations theory, **this Commentary develops a typology of billionaires based on their sources of income and their relationship to state power**. The value of the typology is to **help us understand a new phase of international politics that is likely to be marked by the decline of autonomous plutocratic power and the rise of state-dominated kleptocracy**. As U.S. hegemony recedes and the liberal economic order weakens, states are set to reassert control over capital, mirroring trends long observed in authoritarian regimes. **This transition reshapes global governance**: legal institutions once designed to protect capital mobility are set to become sites of contestation between states and the super-rich. **Coercion and legal warfare against plutocrats are set to replace markets and the instrumental power of business as key mechanisms underpinning the international economic order.**”

“... The empirical, and necessary conceptual shift, from oligarch to kleptocrat is not just a story of elite adaptation. It represents a broader transformation in the structure of world politics. ...”

Global health financing

ODI (Working paper) – MDBs as an asset class

<https://odi.org/en/publications/mdboas-an-asset-class/>

“Multilateral development banks (MDBs) are under growing pressure to mobilise far greater volumes of private capital for emerging and developing economies. **In response, they are experimenting with new instruments, partners and balance sheet techniques - prompting some observers to ask whether MDBs are becoming an asset class in their own right.**”

“...This paper examines how MDB financial innovation is reshaping development finance. It looks at the evolution of senior bond markets, the growth of loan syndication and insurance-based risk transfers, the emergence of portfolio securitisations, and the recent use of hybrid capital to expand lending headroom. Together, these tools are designed to stretch limited public capital further and crowd in private investors at scale....”

Eurodad/ActionAid & CONCORD - Blended finance and the illusion of development: Lessons from the EFSD+ for the next EU budget

https://www.eurodad.org/mff blended finance illusion development?utm_campaign=newsletter_19_02_2026&utm_medium=email&utm_source=eurodad

“This report by ActionAid, CONCORD and Eurodad warns that proposals for the next Global Europe Instrument in the MFF (2028–2034) risk weakening the EU’s development mandate by prioritising investment-led approaches over poverty reduction and inequalities. Drawing on lessons from the current EFSD+, it calls on the European Parliament and Council to safeguard grant-based funding, strengthen oversight of blended finance and guarantees, and uphold the EU’s development effectiveness commitments.”

UHC & PHC

BMJ Public Health - Using performance-based grants to subnational governments to improve health outcomes: a repeated cross-sectional evaluation of the Saving One Million Lives Programme in Nigeria

<https://bmjpublichealth.bmj.com/content/4/1/e004048>

By I F Adewole et al.

Lancet World Report – Cuba's health woes deepen

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00356-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00356-9/abstract)

“Cut off from Venezuelan oil, Cuba is facing increasing pressure including on its ailing health system. Joe Parkin Daniels reports.”

Pandemic preparedness & response/ Global Health Security

New WHO Pandemic and Epidemic Intelligence Research Funding Tracker from Pandemic PACT

<https://www.glopid-r.org/new-who-pandemic-and-epidemic-intelligence-research-funding-tracker-from-pandemic-pact/>

New resource.

BMJ Analysis - Biological threats and community level approach to early detection

<https://www.bmj.com/content/392/bmj-2025-086457>

“Nikki Romanik and Ashish K Jha propose a new surveillance system to detect and attribute emerging biological threats to enable a rapid public health response.”

“Gene editing tools, synthetic biology, and AI are accelerating both medical innovation and the potential for engineered biological threats, making bioweapons more accessible. Most existing surveillance systems do not have the adequate capacity to detect new and emerging threats. A bioradar system combining metagenomic environmental sampling from wastewater and other data sources with anonymised health and behavioural data could provide earlier detection of threats. Local control, data privacy, and transparency communication are essential for effectiveness and trust?”

BMJ GH - Global trends of pandemic-prone and epidemic-prone disease outbreaks in 2024

J A T Munguia et al ; <https://gh.bmj.com/content/11/2/e020708>

« During 2024, the number of pandemic-prone and epidemic-prone disease outbreaks worldwide was estimated at 301. The data highlight a shift in disease outbreak patterns, with a decline in the number of countries reporting public health events of concern linked to COVID-19 and a rise in those reporting outbreaks of viral diseases transmitted by vectors. About 90% of the outbreaks in 2024 were associated with COVID-19, dengue, yellow fever, Oropouche virus disease and influenza (linked to identified zoonotic or pandemic influenza virus). Although disease outbreaks can affect any country anywhere, they tend to disproportionately occur in countries facing many other socio-economic development, climatic and humanitarian challenges. In this regard, sub-Saharan Africa and the subregion of Latin America and the Caribbean—home to just 23.3% of the world’s population—reported the highest number of disease outbreaks in 2024 with about 57% of the total. Particularly, the sub-Saharan Africa region has been the site of nearly 32% of recorded outbreaks since 1996.”

Science - Deciphering D

<https://www.science.org/content/article/little-known-flu-virus-sickening-cattle-around-world-are-humans-next>

“A mysterious influenza strain infects livestock around the world. Scientists worry it can become a threat to humans as well.” Re influenza D.

Science – Unorthodox ‘universal vaccine’ offers broad protection in mice

<https://www.science.org/content/article/unorthodox-universal-vaccine-offers-broad-protection-mice>

“Immune-stimulating cocktail could shield against diverse bacterial and viral infections.”

“Vaccines tend to be specific—you can still contract the mumps even if you’ve been immunized against hepatitis B. But for reasons that aren’t well understood, some vaccines seem to provide at least partial protection against multiple infectious diseases. In *Science* online today, scientists report that by dosing mice with a mix of immune-provoking molecules, they re-created this effect

and protected the animals for several months against a variety of respiratory pathogens, including SARS-CoV-2. The researchers now hope to test a version of their “universal vaccine” in people....”

- See also **Nature News - ‘Universal vaccine’ protects mice against multiple pathogens**

“ An innovative approach supercharges the innate immune system to provide a first line of defence against respiratory infections.”

Brownstone Institute – REPPARE: Closing the Deal: The Misinforming of the G20 on Pandemics

G Brown et al; <https://brownstone.org/articles/closing-the-deal-the-misinforming-of-the-g20-on-pandemics/>

Linked to a recent report from the University of Leeds : Closing the Deal? An Examination of the 2025 Report of the G20 High Level Independent Panel on Pandemic Preparedness and Response: REPPARE report.

PS: REPPARE stands for: the Re-Evaluating the Pandemic Preparedness And REsponse agenda (REPPARE) research group at the University of Leeds.

Planetary health

Climate Change News – UN head calls for platform for “honest dialogue” on fossil fuel transition

<https://www.climatechangenews.com/2026/02/18/un-head-calls-for-platform-for-honest-dialogue-on-fossil-fuel-transition/>

“Antonio Guterres wants producers and consumers of fossil fuels to plan the energy transition together to avoid “crisis and chaos”.”

“The head of the United Nations called on Wednesday for governments to get together for an “honest dialogue” on how to transition away from fossil fuels. Antonio Guterres told those gathered for the International Energy Agency’s ministerial meeting in Paris that “we must stop treating the transition away from fossil fuels as taboo”. “Delay will only breed instability,” he said in a video message, “history is littered with the wreckage of failed transitions – broken economies, scarred communities and lost opportunities. We face a choice: design the transition together – or stumble into it through crisis and chaos.” ...”

HPW - As Heat Danger Rises, Adaptation Means Rethinking Glass High-Rise Buildings

<https://healthpolicy-watch.news/as-heat-danger-rises-adaptation-means-rethinking-glass-high-rise-buildings/>

“Extreme heat will rise rapidly as the 1.5°C threshold is crossed, potentially causing half the world’s population to live in extreme heat by 2050.”

“Shiny, glass-facade buildings are a symbol of modernisation and growth, but such buildings are dangerously vulnerable in a rapidly warming world, as they trap solar heat and will face much greater heat stress over their lifetime than expected, according to a [new study from Oxford University](#). This disconnect between modern aesthetics and thermal reality is emblematic of a wider adaptation gap. While glass towers lock in high energy demand, the report’s findings focus on the more urgent scale of human exposure, tracking how billions in the most vulnerable communities will be forced to navigate a world of unprecedented heat....”

“Almost half the world’s population, almost four billion people, will be living with extreme heat by 2050 if the world reaches 2°C of global warming above pre-industrial times, according to the report, [a global gridded dataset](#) published in *Nature Sustainability*....”

“By population exposure, six countries – India, Nigeria, Indonesia, Bangladesh, Pakistan and the Philippines – will have the largest populations affected by the extremes. As absolute heat intensity surges, 20 countries, primarily in Africa, South America, and Southeast Asia, are estimated to see the greatest absolute change in heat intensity. The hottest countries are predicted to be Central African Republic, Nigeria, South Sudan, Laos, and Brazil....”

Our World in Data - Four minutes of air conditioning

<https://ourworldindata.org/four-minutes-of-air-conditioning>

“Billions of people have access to far less electricity per day than is required to run an air conditioner for just one hour.”

FT – Air pollution directly linked to Alzheimer’s risk, scientists say

<https://www.ft.com/content/35c5904e-c1bc-452c-9f38-29b6b1b77066>

“Particles from combustion of fossil fuels may damage brain health more than thought, research suggests.”

HPW – Air Pollution Worsens Anxiety Disorders, Increases Rate of Schizophrenia Relapse

<https://healthpolicy-watch.news/air-pollution-worsens-anxiety-disorders-increases-rate-of-schizophrenia-relapse/>

“Breathing in air with high levels of pollution worsens a range of serious mental health conditions, such as schizophrenia, depression, and anxiety disorders, according to emerging research.”

“A 2026 study, published in the journal [Environmental Research](#), reviewed 25 existing studies on air pollution’s impact on anxiety disorders and found that while long-term exposure is the most dangerous, even short-term exposures worsen anxiety disorders....”

PS: There's still **limited research from the global south**, though.

Mpox

UN News - New recombinant mpox strain detected in UK and India, WHO urges continued monitoring

<https://news.un.org/en/story/2026/02/1166966>

“The detection of a newly identified recombinant mpox virus containing genetic material from two known strains underscores the need for continued genomic surveillance, the UN World Health Organization (WHO) said on Saturday, as the **overall global public health risk assessment remains unchanged.**”

“WHO confirmed that two cases of the recombinant strain – combining genomic elements of clades Ib and IIb of the monkeypox virus (MPXV) – have been identified to date: **one in the United Kingdom and one in India.** Both patients had recent travel histories, and neither experienced severe illness. No secondary cases were detected following contact tracing....”

Infectious diseases & NTDs

Guardian - Excruciating tropical disease can now be transmitted in most of Europe, study finds

<https://www.theguardian.com/science/2026/feb/18/tropical-disease-chikungunya-transmitted-europe-study>

“‘Shocking’ data shows the climate crisis and invasive mosquitos mean chikungunya could spread in 29 countries.”

“The analysis is the first to fully assess the effect of temperature on the incubation time of the virus in the Asian tiger mosquito, which has invaded Europe in recent decades. The study found the minimum temperature at which infections could occur is 2.5C lower than previous, less robust, estimates, representing a “quite shocking” difference, the researchers said....”

“... The **study, published in the Journal of Royal Society Interface**, used data from 49 earlier studies on chikungunya virus in tiger mosquitoes to determine the incubation time across the full range of temperatures for the first time...”

Lancet Infectious Diseases - The looming crisis of bedaquiline-resistant tuberculosis and a promising way forward

P Howell et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00003-4/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00003-4/abstract)

“Drug-resistant tuberculosis is entering a new and dangerous phase. Bedaquiline and other newer drugs have transformed drug-resistant tuberculosis treatment, yet resistance to these agents is now being reported across high-burden settings. In some regions, baseline bedaquiline resistance is substantial, treatment outcomes for extensively drug-resistant tuberculosis remain poor and mortality is unacceptably high. At the same time, the tuberculosis drug pipeline is stronger than it has been in decades, with several promising investigational compounds advancing to late-stage trials. However, regulatory approval remains years away, leaving people with few or no effective treatment options to wait—and often die—while drugs with potential benefit remain inaccessible. Here, we argue that the central barrier to addressing complex drug-resistant tuberculosis is not scientific, but moral and organisational. Drawing on lessons from earlier pre-approval access programmes for bedaquiline and delamanid, we propose the establishment of compassionate-use support platforms (CUSPs): coordinated, global mechanisms to facilitate equitable access to investigational tuberculosis drugs before formal approval. Well designed CUSPs could balance urgency with safety, share responsibility across stakeholders, strengthen diagnostic and pharmacovigilance capacity, and ensure that people with the most difficult-to-treat tuberculosis are not excluded from scientific progress....”

Lancet Respiratory Medicine - Three reasons why the European region should worry about tuberculosis

H Kluge & M Pai; [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(26\)00015-9/abstract](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(26)00015-9/abstract)

“Despite decades of experience, advanced health systems, and deep medical knowledge, the WHO European region is still at risk from the global epidemic of tuberculosis. There are at least three pressing reasons why Europeans should care about this disease: number of deaths (despite being preventable), conflicts, and forced migration. The fourth reason is looming—worsening of the global tuberculosis epidemic due to drastic international aid funding cuts by many high-income countries....”

Nature Health – A systematic review and meta-analysis of Zika virus epidemiology

K McCain et al ; <https://www.nature.com/articles/s44360-025-00051-4>

“A systematic review including 574 studies extracts information about transmissibility, epidemiological delays and outbreaks for Zika virus disease at global scale.”

NCDs

Health Research Policy & Systems - Multimorbidity: a core priority for learning health systems amidst vertical disease programme cuts

J Dixon et al ; <https://link.springer.com/article/10.1186/s12961-026-01456-7>

At my age, i tend to agree :)

IJHPM (Viewpoint) – Ageism and Health System Responsiveness to Older People: An Agenda for Action and Research

Thi Vinh Nguyen ID , Sumit Kane;

https://www.ijhpm.com/article_4838_ae0b69fab7ba6d873f9f23cc4f274a7b.pdf

“In this article, we make a case for age-responsive health systems and specifically argue that ageism needs to be actively identified and tackled within health systems. We contend that not doing so not only hinders the well-being of older people, it damages provider-patient relationships and trust across society, and negatively affects healthcare access and outcomes for all. We assert that to address ageism and to make health systems age-responsive requires comprehensive research and action across all aspects of the health system, and needs active involvement of healthcare providers, manager, policy-makers, and of older people, their families, and communities. We propose an agenda for action and research towards making health systems age-responsive, strong, and resilient....”

Lancet Regional Health - Brain health drives the global brain economy and prosperity

Alfred K. Njamnshi et al (The Africa Task Force on Brain Health);

[https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011\(26\)00003-9/fulltext](https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011(26)00003-9/fulltext)

“... The 2025 G20 Summit in Johannesburg, South Africa provided an excellent opportunity for the Brain House and stakeholders to make a global call to action, as more governments and stakeholders invest in brain health, encompassing mental health, as a driver of the brain economy. Brain health investments in Africa, home of the next generation youth representing the youngest brains on earth, would be investments where the biggest impact will be made i.e. global productivity given that the median person in Africa is just at the beginning of the working life. The concepts of brain health and brain capital have been on the G20 agenda for nearly a decade, from the Argentina 2018 G20 Initiative for Early Childhood Development, through the 2019 Osaka Leader's Declaration committing to a “comprehensive set of policies to address dementia” to the Science declaration in 2024 urging countries to address aging populations, given that workforce changes affect “economic growth and competitiveness”.”

“The Johannesburg gathering deliberated on accelerating the world's response to the growing challenges of brain health and brain capital issues as a means to invest in economic growth, for all countries at all stages of the demographic shift. World leaders from the DAC-led Africa Task Force on Brain Health presented key strategic insights, based on its recent publication, *Strategic*

Framework for Strengthening Africa's Brain Health and Economic Resilience, followed by high-level discussions and recommendations. The summary of these discussions are presented in a separate Communiqué”

HPW - Healthy Minds, Longer Lives: Inside the Science and Promise of Blue Zones

<https://healthpolicy-watch.news/healthy-minds-longer-lives-inside-the-science-and-promise-of-blue-zones/>

Re a Davos session. “... These are everyday scenes from the **world's best known “Blue Zone” Communities** – far flung regions of the world with huge cultural, economic and geographic differences that share something deeply in common. **In these Blue Zone communities, longevity is common and chronic disease is less prevalent**, explained Dan Buettner, founder and head of the **Blue Zones Initiative**, at a session of the Davos Alzheimer's Collaborative during the 2026 World Economic Forum (WEF). “

“... The takeaway is clear: health is not pursued—it emerges from what Buettner calls the **“Power Nine” best practices of Blue Zones**, including: **moving naturally, managing stress, eating a plant-heavy diet, living in a well networked community with social rituals, and having a sense of purpose**. “None of these people were pursuing health or longevity or long life,” Buettner observed. “it ensued as a **byproduct of where they lived, the culture that they belong to.**” ...”

Guardian - Intermittent fasting no better than typical weight loss diets, study finds

<https://www.theguardian.com/science/2026/feb/16/intermittent-fasting-no-better-than-typical-weight-loss-diet-study-finds>

“Researchers say limited eating approaches such as 5:2 diet not a ‘miracle solution’ amid surge in their popularity.”

Social & commercial determinants of health

NEJM (Perspective) - Health Consequences of Immigration Enforcement in U.S. Communities

M A Belli et al ; https://www.nejm.org/doi/full/10.1056/NEJMp2516715?query=featured_home

« U.S. clinicians, health systems, and policymakers should recognize **immigration enforcement** as a **social determinant of health** currently implicated in a public health crisis and act accordingly. »

SS&M - Unpacking the Commercial Determinants of Health: Insights from Social Science

Eduardo J. Gomez; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626001450>

Editorial of a Special series.

“.... This series of papers in Social Science & Medicine addresses this lacuna in the literature and builds on these seminal contributions by providing a range of papers that demonstrate how the social sciences can advance our understanding of how industry influences health and society, in turn raising new theoretical and methodological questions in need of further research. It displays a wide range of approaches in the social sciences to explain the impact that industries have on health; the different types of strategies industries use to influence policymaking, consumer preferences, and health; and the different ways to measure the relationship between the consumption of unhealthy food products and chronic disease. At the same time, **this series questions the dominant methodological and empirical approach to CDoH research while illustrating the advantages of working with social scientists** to develop alternative analytical methods and causal claims. Furthermore, we celebrate the fact that **this special series has primarily published research from leading scholars in the Global South...**”

Access to medicines & health technology

WHO - WHO prequalifies an additional novel oral polio vaccine, strengthening global outbreak response

<https://www.who.int/news/item/13-02-2026-who-prequalifies-additional-novel-oral-polio-vaccine>

“The World Health Organization (WHO) has prequalified an additional novel oral polio vaccine type 2 (nOPV2), further strengthening the global supply of a vaccine at the heart of efforts to stop poliovirus type 2 outbreaks more sustainably and accelerate progress towards polio eradication....”

WHO - Next-generation influenza vaccines could save millions of lives, finds WHO

<https://www.who.int/news/item/18-02-2026-next-generation-influenza-vaccines-could-save-millions-of-lives--finds-who>

“Next generation influenza vaccines that provide broader and longer-lasting protection than existing seasonal vaccines, could play a vital role in reducing the global burden of influenza, according to a recent World Health Organization (WHO) assessment. “

“The new WHO Full value of improved influenza vaccine assessment (FVIVA) and Vaccine journal article evaluate the health, economic, and policy impacts of next-generation influenza vaccines and identifies future barriers to their uptake globally. They provide a basis to guide investment, policy decisions, and introduction strategies – supporting stronger seasonal influenza programmes and enhanced pandemic preparedness. “

“.... The FVIVA estimates that if improved, next-generation, or universal influenza vaccines are available and widely used between 2025 and 2050, they could prevent up 18 billion cases of influenza and save up to 6.2 million lives globally, particularly among people at higher risk of severe disease, such as older adults, young children and pregnant women. The study also shows that in many countries these influenza vaccines could continue to be cost-effective or even cost-saving, while also contributing to reduced antimicrobial use. Influenza vaccine uptake also reduces antimicrobial resistance with the current use estimated to reduce

unnecessary antibiotic use by 10 million doses a year. **Next-generation influenza vaccines could avert up to 1.3 billion defined daily doses of antibiotics between 2025 and 2050, contributing significantly to combating increasing antimicrobial resistance globally.** “

BMJ - How China became the new world leader in clinical trials

<https://www.bmj.com/content/392/bmj.s221>

“After investing decades and billions of yuan in becoming a scientific superpower, China is well placed to benefit from the plight of the US medical research sector. But geopolitical ructions and local idiosyncrasies could complicate this, writes Flynn Murphy.”

“The Chinese government has marked biotechnology as a national strategic priority—part of a long term self-sufficiency drive that’s now bearing fruit and beginning to challenge US clout. Just as China’s electric vehicle sector garnered state support to leapfrog the global fossil fuel car industry, advanced biotechnologies are squarely on the agenda for state supported scaling-up, as shown in policy documents and statements by senior political and business figures. “

“World Health Organization (WHO) data published in November 2025 show that the US led the world in the number of clinical trials registered from January 1999 to June 2025, with a total of 197 090 (20% of the global total). But the WHO data also show that from January 2024 to June 2025 both China (24%) and India (23%) overtook the US in trials registered in that period....”

- And a link: [BMJ GH - Decision-making considerations for single-dose HPV vaccination, including drivers of schedule adoption or switch: insights from immunisation stakeholders in 19 low-income and middle-income countries](https://www.bmj.com/content/392/bmj.s221)

Human resources for health

IJHPM - Paying Attention – and Respect – to the Agency of Conflict-Affected Health Workers; Comment on “Human Resources for Health in Conflict Affected Settings: A Scoping Review of Primary Peer Reviewed Publications 2016–2022”

Enrico Pavignani ; https://www.ijhpm.com/article_4839.html

“The review stands out for its methodological rigour, clear results, and frank recognition of its limitations. However, the picture proposed by it is incomplete. **Two aspects of great consequence are discussed in this commentary as a complement to the review. First, the political agency of human resources for health (HRHs) must always be considered.** Among them, many take sides in a variety of roles, overt or not, as militants, activists, supporters, and researchers. **Second, without including the informal practices adopted by HRH to survive and deliver in hostile environments, the health labour market cannot be understood.** Arguably, these two key dimensions were not prominent in the review because the HRH literature prefers to focus on formal technical aspects easier to study and more likely to be published. **Some of the reasons behind their neglect are suggested by this commentary, which concludes with a few remarks about how this drawback might be corrected.**”

Decolonize Global Health

The Conversation – African indigenous foods that fight inflammation may help people with diabetes – research

T Berejena ; <https://theconversation.com/african-indigenous-foods-that-fight-inflammation-may-help-people-with-diabetes-research-270469>

“We conducted a review of 46 research articles on the role of indigenous African food groups in preventing and managing type 2 diabetes mellitus. It examined the anti-inflammatory properties of African food groups in relation to this disease. **We found that many African food groups significantly reduce oxidative stress linked to type 2 diabetes.....**”

SSM Health Systems – Tracing the roots of biomedical hegemony in South Africa: a critical discourse analysis of colonial and apartheid policies and their impact on traditional health practitioners

<https://www.sciencedirect.com/science/article/pii/S2949856226000255>

By L M Mbopane et al.

AI & health

Global Policy - AI in Aid: Experimentality, Maldata, and Data Extrapolation

<https://www.globalpolicyjournal.com/blog/16/02/2026/ai-aid-experimentality-maldata-and-data-extrapolation>

“**Kristin Bergtora Sandvik** commentary argues for a return to humanitarian ethics to deal with AI in aid in 2026.”

Miscellaneous

UN News - From India, Guterres calls for \$3 billion fund to ensure AI benefits all

<https://news.un.org/en/story/2026/02/1166996>

“The future of Artificial Intelligence “cannot be decided by a handful of countries or left to the whims of a few billionaires,” the UN Secretary-General told the **AI Impact Summit in New Delhi** on Friday, **calling for a Global Fund to help developing nations to better access these technologies.** “

People's Health Dispatch - Militarization is spreading through Germany's health sector

<https://peoplesdispatch.org/2026/01/31/militarization-is-spreading-through-germanys-health-sector/?ref=peoples-health-dispatch.ghost.io>

“Militarization is advancing across the health sector in Germany, yet the impact of these plans is not yet fully grasped by the public, warn activists from the Association of Democratic Doctors.”

GHIS – Global Health Innovations solutions

<https://www.ghisimpact.com/>

New website. In the words of **Ed Kelley** (CEO) “To link these upstream engines and financers of innovation to the front-line.”

PS: “**Global Health Innovation Solutions** is a specialised global health and implementation advisory group emerging from decades of collaborative work in the global health innovation environment. Formed by a group of senior bio and med tech leaders, GHIS builds on a strong foundation of experience in product strategy, market shaping, partnership development and health security.”

Papers & reports

Nature Health (Comment) - Burden of disease modelling should be grounded in local knowledge

A Kamau et al; <https://www.nature.com/articles/s44360-026-00060-x>

« Disease modelling for low-income settings often lacks reliable data, which leads to modelled outputs that contrast with empirical data and local knowledge. »

Critical Public Health - Wicked problems and the recovery of meaning: critical systems thinking for injury care in low- and middle-income countries

Lucia D'Ambruoso et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2626182>

“Injuries cause 6 million deaths and 40 million disabilities annually. Over 90% of deaths occur in low-and-middle-income-countries (LMICs), and nearly half are preventable. This Commentary examines the **possibilities and limitations of data to support injury care in LMIC settings.** We **frame injury care as a wicked problem** with complex causality, contested goals, unintended consequences, and an incomplete evidence base.....”

Blogs & op-eds

Habib Benzian - The Cost of Work That Matters

https://habibbenzian.substack.com/p/the-cost-of-work-that-matters?r=ap2ly&utm_campaign=post&utm_medium=web&triedRedirect=true

Another must-read Substack newsletter as you know. **“What work–life balance obscures about meaning, money, and power in global health.”**

Here, Benzian starts from a **quote from Alain de Botton**. *“There is no such thing as work–life balance. Everything worth fighting for unbalances your life....”*

Tweets (via X, LinkedIn & Bluesky)

Chikwe Ihekweazu

“Public health intelligence is not a niche technical function. It is core to national & international security. At @MunSecConf, @WHO & @BMG_Bund with leaders from health, defence & international discuss how do we detect & contain health threats before they destabilise societies.”

Antonio Guterres

“We must ensure African countries benefit first & fully from their critical minerals through fair, sustainable value chains & manufacturing. No more plundering. No more exploitation. The people of Africa must benefit from the resources of Africa.”

Christoph Benn

“The future of health financing in Africa and the reform of the global health architecture played a big role in important side events organized by the Africa Centres for Disease Control on the occasion of the 39th Session of the African Union in Addis Ababa in Ethiopia. As newly appointed Special Advisor to the Director General of the ACDC, Dr. Jean Kaseya, I had the opportunity to speak about innovative ways to finance health systems in Africa with a particular focus on the use of debt swap instruments. Given the high level of external debt of many African countries restricting their fiscal space for increased domestic investments in health, debt swaps offer an innovative approach to ensure African countries can invest more in their own health plans and budgets. Our Center for Global Health Diplomacy in Geneva will work closely with Africa CDC to facilitate these swaps between interested creditor and debtor countries. This engagement is designed to support the strategy of Africa CDC called Africa’s Health Security and Sovereignty Agenda.”

IPPF

“The Epstein files expose a rotten system designed by the Epstein class: a transnational network of billionaires, oligarchs, tech giants, political elites and policy makers who protect one another. These men hoard wealth that sustains poverty, precarity and vulnerability to abuse women and

children, and use their extreme wealth to purchase silence, influence investigations, and shape public narratives. To keep their system of abuse intact, they exploit the economic anxieties of people and redirect that anger towards those with the least power. They scapegoat migrants, trans and queer people, sex workers, and abortion care to fracture solidarity and distract from what threatens their power: taxing the rich, cancelling debt, confronting war profiteering, and dismantling the systems that protect them. The same systems that protect abusive elites are also those that undermine bodily autonomy, restrict reproductive rights, and silence those who challenge power. It includes public figures such as Bill Gates, whose past association with Jeffrey Epstein — and subsequent attempts to justify that relationship in the name of philanthropy — demand scrutiny and accountability. Philanthropic investments cannot serve as a shield to whitewash wrongdoings in other spaces. Nor should philanthropists who have hurt and abused others assume that the recipients of their philanthropy will remain silent and fearful of calling out their hypocrisy. The non-profits who have benefitted from this philanthropy should remain true to their mission and speak boldly. For years, survivors have named their abusers, only to be discredited, threatened, and silenced. Even now, many of the men they name remain protected through redactions and omissions, whilst survivors' identities are exposed without consent. Justice begins with believing survivors and responding to what they say they need: safety, #dignity, and sustained support. It also means investing in comprehensive sexuality education, so young people can recognise abuse, understand consent, and seek help. **Release all the Epstein files. Deliver justice. Survivors deserve the truth. Full transparency must extend beyond document releases to include financial networks, corporate enablers, political facilitators, and institutions that looked the other way.”**

Katri Bertram

“Proposal: Any initiative receiving Gates funds should pause their funding until an investigation has proven innocence. This would probably be required by #ethics guidelines already. ½ Reality: As one of the largest funders of every single aspect in global health - including government partnerships, research, NGOs - we're in a dependency trap. Time for a serious #wakeupcall, #globalhealth! 2/2”

Ilona Kickbusch

“Digital Determinants of health are now Part of high Level policies - we drew attention to this very early on #DTH-Lab” (commenting on [Macron defends EU AI rules and vows crackdown on child ‘digital abuse’](#) (in Delhi, Guardian))

M Kavanagh

“Trump admin discovering its far more costly, and less effective, to try to address global health threats through nationalism than through cooperation. \$Billions to replicate what WHO does will be wasted--it will not keep Americans safe. But what it might do...”

“...what it might do, another clear Trump goal, is undermine WHO. Whether it does will depend on how other states react. Will they go along? Will others get on the bandwagon? Will they hide and pretend it goes away? Or will the world act to reinforce .”