

IHP news 865 : WHO's 158th Executive Board meeting

(6 Feb 2026)

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

Dear Colleagues,

With the 158th WHO Executive Board meeting (2-7 Feb) still ongoing in Geneva, it's obvious a lot of our attention will go to this vital global health event. As usual, the agenda was chock-full. Let's hope the participants also had some time for a few '[exercise snacks](#)' during the breaks - otherwise known as "[vigorous intermittent lifestyle physical activity \(VILPA\)](#)" :) After all, Jeremy Farrar is spot on when he claims "[NCDs will be one of the "defining concerns" of the 21st century](#)", so people might want to set a good example at the EB meeting. Even more so as **World Cancer day** took place on Thursday, with [prevention](#) as a key focus.

We also noted "**WHO's superpower**" in Tedros' [opening address](#): its convening power. Let's hope that will also be the case for the ongoing '**reimagining global health**' discussion which WHO aims to host.

Speaking of 'convening power' (ahum), the release of still more **Epstein related files** sparked global commotion this week. For once, the [sick reality](#) seems to have been even worse than conspiracy theorists could have imagined. There's no need to go into some of the stuff that showed up in the (*even in ordinary times nutcase*) "For you" category in X, some of it also more or less 'global health related', I can only hope that only half of it is true. On the broader picture, [Bernie Sanders](#) nailed it, though: "*What should alarm us about the Epstein files isn't just the appalling details. It is the degree to which enormously wealthy and powerful people live by their own rules — and continue to get away with it. It's a club where the rules and the law don't apply....*" From that angle, anybody who thinks still **more financialization of global health** is a good idea, 'fit for our times', should [think twice](#). Katri Bertram even pushed it [further](#), tweeting "*Any organization taking funds from these billionaires should seriously consider whether they are abiding to their ethical funding guidelines*" ...

In planetary health related news, researchers stumbled upon another "[inconvenient truth](#)" – **it turns out you can't "bail out" the planet**. Ops. And by the way, how on earth did we go so quickly from '**the right to health**' (even if it was an ideal) to '**de-healthification**' – "*a systematized regime that transforms health from a protected public good into a field of coercion*" (cfr People's Dispatch), in [Gaza](#) and ever more places?

All roads lead to Rome, it's often said. By now, from so many different angles, it's blatantly obvious **we need to end the 'rule of billionaires'** sooner rather than later. As if mankind (*or perhaps 'humanity' is a better word*), fails to stop Bezos, Musk & other Thiels in the coming years, the whole '**reimagining global health**' enterprise will be more like re-arranging the deck chairs on the Titanic. Though perhaps this time not with "the orchestra still playing" but with Bad Bunny.

When it comes to ending the ‘rule of billionaires’, I guess the Global Health community knows where to start. Let’s hope we’re up for it.

And so sing along with me, “*If not now, then when?*” :)

Enjoy your reading.

Kristof Decoster

Featured Article

Why Health Must Be Central to Climate Adaptation – Right from the Start

Lila Sax dos Santos Gomes (CEO Yarrow Global Consulting gGmbH)

“In November of 2025 the 30th session of the Conference of Parties (COP30) took place in Belem, Brazil. While the COP has been the central platform for environmental policy for decades, and a touchpoint on current attitudes towards the climate crisis, health has surprisingly not played a very central role in the past. It appears this is – at last - changing. Starting with COP29 and in the run-up to COP30 we have seen the topic of health be inserted into the action agenda as objective Nr. 16: “Promoting resilient health systems. In fact, in 2024 The World Health Organization (WHO) framed [health as the compelling argument for climate action](#), pointing out how overlapping environmental and climate crises have extremely detrimental effects on people’s health (ibid.). This special report on climate change and health also pointed out that these effects are unequal, having most negative impact on women, children, the elderly as well as racialized and marginalized populations. The way forward, they write, is through prioritizing “equity, human rights, and a just transition to ensure everyone benefits from climate action”. In this article I will argue that health should also be central to climate adaptation....”

- To continue the read, see IHP: [Why Health Must Be Central to Climate Adaptation – Right from the Start](#)

Highlights of the week

Structure of Highlights section

- WHO Executive Board meeting (2-7 Feb): Main updates
- WHO Executive Board Meeting: more analysis/advocacy (related to agenda items, resolutions, ...)
- Global Health re-imagining and reform

- More on Global Health Governance & Financing/Funding
- Tax/debt justice & reform
- UHC & PHC
- PPPR & GHS
- More on Health Emergencies
- America First “Global Health”
- Trump 2.0
- World NTD Day (30 Jan) & other NTD news
- World Cancer Day (4 Feb)
- More on NCDs
- Commercial Determinants of Health
- Human resources for health
- SRHR
- Decolonize Global Health
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War/Genocide & health
- Miscellaneous

WHO Executive Board meeting (2-7 Feb): Main updates

With first a very short read on the **agenda**.

And then **some of the main news** from this week, more or less chronologically. Via Health Policy Watch, Devex, Geneva Health Files, ...

Geneva Solutions- US exit and funding crisis loom over WHO executive board meeting

<https://genevasolutions.news/global-health/us-exit-and-funding-loom-over-who-executive-board-meeting>

“ States will stare down a **funding cliff and a legal limbo caused by Washington’s messy departure at the World Health Organization’s executive board meeting this week in Geneva.**”

HPW – Days After US Leaves WHO, Israel Warns it Faces Pressure to Withdraw

<https://healthpolicy-watch.news/days-after-us-leaves-who-israel-warns-it-faces-pressure-to-withdraw/>

With an **overview of the opening**, and especially a **recap of Tedros’ speech**.

“Israel has called for a “brave conceptual overhaul” of the World Health Organization (WHO) following the recent withdrawal of the United States, warning that it too is under pressure to leave the global body. Claiming that the WHO has become “too politicised”, Israel told the body’s Executive Board (EB) meeting on Monday that, “in Israel, there are also, unfortunately, strong public voices calling for us to leave the organisation as we enter the transitional period”. “Just days ago, we witnessed the United States withdrawal from the WHO. The departure of the United States should compel us all to engage in an honest, urgent dialogue about the future and the purpose of our organisation,” said Israel. “We must confront the fact that other nations may follow even without formal departure, lose interest, reduce contributions, and pursue alternative mechanisms for global health cooperation,” Israel concluded....” (yeah, right, let’s set up something for genocidal governments)

Nice summary of **Tedros’ main points**, though, providing the overview of the ‘public health’ year for WHO.

UN News - Global health systems ‘at risk’ as funding cuts bite, warns WHO

<https://news.un.org/en/story/2026/02/1166869>

More coverage of Tedros’ address: **“The UN World Health Organization (WHO) warned on Monday that cuts to international aid and persistent funding gaps are undermining the global health system.** This is occurring as the **risk from pandemics, drug-resistant infections and fragile health services are on the rise, said the WHO Director-General.”**

“Addressing the WHO Executive Board in Geneva, **Tedros Adhanom Ghebreyesus stressed the impact of workforce reductions last year due to “significant cuts to our funding,”** which have had significant consequences. **“Sudden and severe cuts to bilateral aid have also caused huge disruptions to health systems and services in many countries,”** he told health ministers and diplomats, **describing 2025 as “one of the most difficult years” in the agency’s history.”**

“While WHO had managed to keep its lifesaving work going, **Tedros said the funding crisis exposed deeper vulnerabilities in global health governance, particularly in low and middle-income countries struggling to maintain essential services.** ... Tedros said **WHO has avoided a more severe financial shock only because Member States have agreed to increase mandatory assessed contributions**, reducing the agency’s reliance on voluntary, earmarked funding. “If you had not approved the increase in assessed contributions, we would have been in a far worse situation than we are,” he told the Board. **Thanks to those reforms, WHO has mobilised about 85 per cent of the resources needed for its core budget for 2026-27.** But Tedros cautioned that the remaining gap will be **“hard to mobilise,” particularly in a difficult global funding environment.** “Although 85 per cent sounds good – and it is – the environment is very difficult,” he said, **warning of “pockets of poverty” in underfunded priority areas such as emergency preparedness, antimicrobial resistance and climate resilience....”**

- But do read [Tedros’ “opening remarks” speech](#) in full.

A few quotes perhaps: “... This demonstrates why Member States must continue on the same path and approve the remaining increases, to **secure the long-term stability, sustainability and independence of WHO** – not only until 2031 but even beyond. When I say independence, I don’t mean independence from Member States, of course. WHO belongs to you, and always will. I mean

non-dependence on a handful of donors; I mean non-dependence on inflexible, unpredictable funding; I mean a WHO that that is no longer a contractor to the biggest donors; I mean an impartial, science-based organization that is free to say what the evidence says, without fear or favour.”

“Although we have faced a significant crisis in the past year, we have also viewed it as an opportunity. It’s an opportunity for a leaner WHO to become more focused on its core mission and mandate, including in the context of the UN80 reform initiative. This means sharpening our focus on our core mandate and comparative advantage, doing what we do best – supporting countries through our normative and technical work – and leaving to others what they do best....”

“WHO’s superpower is its convening power – the ability to bring together governments, experts, institutions, partners, civil society and the private sector under one umbrella....”

Geneva Health Files - Countries Bat for Multilateralism at World Health Organization, Minus the U.S. [EB158 Update]

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

Tuesday update from the EB. A few excerpts:

“Member states of the World Health Organization vowed to protect multilateralism, days after the unequivocal withdrawal of the United States from the institution. At the opening of the 158th meeting of the WHO Executive Board Meeting, countries acknowledged the strain the WHO has faced on account of financial pressures, and contended with the changed realities in geopolitics that has deeply affected global health. Sun streamed into the WHO premises, bringing optimism to the start of the week’s proceedings. Later though, the sky was overcast. **Inside, the calls for solidarity were tempered with realism.”**

“The cash crunch is only one of the challenges WHO faces. This week, countries are considering more than 30 items on the agenda, including the matter of the U.S. withdrawal from the WHO, that is scheduled to be discussed later in the week, apart from governance issues such as the role of the institution in the evolving global health architecture....”

“The EB meeting began in the shadow of somewhat difficult deliberations, according to diplomatic sources, at the Programme Budget and Administration Committee of the Board that took place last week during January 28th-31st. ... In this report, we discuss the statements made by WHO leadership and analyse what countries said. We discuss the report of the PBAC submitted to the EB on February 2, 2026, that barely captures the depth of the deliberations. **We also alert you on potentially contentious matters that will come up in the course of this week**, more on this below....

“... WHO finds itself in a perfect storm, caught between the financial crunch and a difficult geopolitical reality that seeps into global health. In addition, there are other layers of complexity that it must navigate: including cultural wars among its member states. A precursor of what might come this week, already surfaced at the PBAC deliberations last week. **Some member states have sought informal consultations this week, on WHO’s engagement with non-state actors, that observers say concerns the sexual and reproductive health agenda at WHO. ...”**

PS: Also with some info on the recommendation of the Committee on what needs to happen (re process) of the role WHO should play in the reimaging the GH ecosystem – by the WHA.

WHO - Report of the Programme, Budget and Administration Committee of the Executive Board

https://apps.who.int/gb/ebwha/pdf_files/EB158/B158_4-en.pdf

(2 Feb) 14 p.

WHO - WHO launches 2026 appeal to help millions of people in health emergencies and crisis settings

<https://www.who.int/news/item/03-02-2026-who-launches-2026-appeal-to-help-millions-of-people-in-health-emergencies-and-crisis-settings>

“The 2026 appeal seeks nearly US\$ 1 billion to respond to 36 emergencies worldwide, including 14 Grade 3 emergencies requiring the highest level of organizational response. These emergencies span sudden-onset and protracted humanitarian crises where health needs are critical....”

HPW - Countries are Significantly Off-Track to Meet Global Mental Health Targets

<https://healthpolicy-watch.news/countries-are-significantly-off-track-to-meet-global-mental-health-targets/>

“Countries are significantly off track in meeting global targets set to transform mental health systems, according to the latest Director-General **report** tabled at the World Health Organization’s (WHO) Executive Board meeting.”

“Around **1.1 billion** people were estimated to be living with a mental health disorder, according to the latest WHO data available for 2021. **Financial and human resources available for mental health services have not increased since 2020, with budgets remaining at a median of 2% of government health spending**, the report found. On average, there is only one government mental health worker for every 10,000 people with stark variations between lower- and higher-income countries, the Director General’s (DG) **report** noted. **Countries discussed a range of responses....”**

PS: “**While the action on the ground is still limited, it is clear that there is a growing recognition among countries of the kinds of mental health disorders affect health.** Discussions on the non-communicable diseases (NCDs) too saw extensive mention of mental health disorders....”

HPW – WHO to Consider Extending Definition of NCDs to Include Liver and Blood Diseases

<https://healthpolicy-watch.news/who-to-consider-extending-definition-of-ncds-to-include-liver-and-blood-diseases/>

“Proposals to include cirrhotic liver disease and haemophilia, and other inherited bleeding disorders, into the definition of non-communicable diseases (NCDs) will be tabled at the World Health Assembly in May, the World Health Organization (WHO) Executive Board (EB) resolved on Tuesday.”

“Egypt, which sponsored the resolution on cirrhotic liver disease, told the EB that it affects more than 1.7 billion people worldwide, “driven by metabolic risk factors, unhealthy diets and physical inactivity”. The resolution calls for the formal recognition and systematic integration of the liver disease into the global NCD response, “including surveillance systems, prevention strategies, primary healthcare-based management and national NCD plans”....”

“... Dr Jeremy Farrar, WHO Assistant Director General, said that NCDs will be one of the “defining concerns” of the 21st century, after a mammoth session on NCDs that was addressed by almost every member state....”

HPW - Conflicts and Vaccine Hesitancy Undermine Global Immunization Efforts

<https://healthpolicy-watch.news/conflicts-and-vaccine-hesitancy-undermine-global-immunization-efforts/>

“Ongoing conflicts and vaccine hesitancy are undermining efforts to immunize all children, according to a **report tabled at the World Health Organization’s Executive Board meeting. Over 120 million people were displaced by conflicts in 2024 alone, according to the WHO. Countries will have to put in significant efforts to achieve the 2030 target of averting 50 million vaccine-preventable deaths between 2021 and 2030....”**

“Over the next five years, Gavi will invest nearly 3 billion US dollars in fragile countries, about 35% of our programmatic resources,” a representative from the vaccine alliance Gavi told the EB....”

“... Apart from the worsening humanitarian crisis, particularly in Ukraine, Gaza, and Sudan, there is growing vaccine hesitancy. The anti-science sentiment and politicization of science and public health risk are undermining trust in immunization and threatening progress, the WHO’s **report said. “Misinformation has become a major constraint, and we note with concern that some anti-vaccine narratives are amplified through coordinated influence operations, even by state actors,” a representative from Ukraine said....”**

HPW - WHO to Overhaul Global Emergency Care Strategy as 2030 SDGs Fade Out of Reach

<https://healthpolicy-watch.news/who-endorses-new-emergency-care-strategy/>

“The World Health Organization (WHO) is set for a massive shift in global health priorities with a new emergency care strategy, moving away from isolated hospital “silos” toward a seamless continuum of care. On Tuesday, the Executive Board unanimously adopted [a 10-year strategy \(2026 to 2035\)](#) for Integrated Emergency, Critical, and Operative Care (ECO), positioning primary health services as the front line in the race to achieve universal health coverage (UHC) by 2030. The emergency care strategy, set for final approval at the World Health Assembly in May, aims to fix “fragmented systems” that delegates say lead to avoidable loss of life....”

HPW - Intellectual Property Dispute Stalls WHO Decision on Global AMR Strategy

<https://healthpolicy-watch.news/ip-dispute-halts-global-amr-strategy/>

“A dispute over technology transfer rights pushed the World Health Organization (WHO) to delay its [Global Action Plan on Antimicrobial Resistance \(AMR\)](#) for further informal talks. Instead, [the Executive Board approved a compromise](#) drafted by Nepal and Ethiopia on Wednesday [to reopen negotiations on intellectual property, specifically regarding “voluntary and mutually agreed technology transfers.”](#) This procedural shift prevented the adoption of the draft plan, delaying final consensus until the specific language on intellectual property (IP) and manufacturing rights is resolved....”

PS: “**High-income nations, including the United Kingdom and Japan, urged the board to adopt the plan without further delay**, citing the extensive consultations already conducted over the past year. **Spain, speaking for the European Union**, specifically welcomed the text’s “balanced approach” in ensuring public-private cooperation remains on mutually agreed terms to incentivise innovation...”

“**Conversely, Indonesia and South Africa aligned with Brazil**, warning that the current specifications on technology transfer restrict the policy space for developing nations to manufacture essential health tools.... **... The African Region, represented by Cameroon, did not explicitly align on the issue of technology transfer.** Their statement emphasised the need for “stable and sustainable financing,” because national action plans would otherwise fail to transform into tangible action....”

HPW - Wild Poliovirus Transmission Persists in Afghanistan and Pakistan

<https://healthpolicy-watch.news/wild-poliovirus-transmission-persists-in-afghanistan-and-pakistan/>

“**Polio remains a public health emergency of international concern despite a continued decline in case numbers, according to the World Health Organization’s (WHO) Director-General [report](#) presented to the Executive Board.**”

“**The report warns that progress toward eradication remains fragile.** Some [38](#) cases of wild poliovirus type 1 had been reported globally by 22 October 2025, down from [62](#) during the same period in 2024. All cases occurred in Afghanistan and Pakistan, the only two countries where wild poliovirus remains endemic. Environmental sampling has continued to detect the virus beyond core transmission areas, including during the low-transmission season, suggesting silent spread even where no clinical cases are immediately visible....”

PS: “**Although the Polio Eradication Strategy has been extended through 2029, financing remains a constraint.** Donors have pledged [\\$4.7](#) billion of the [\\$6.9](#) billion required, leaving a [\\$2.2](#) billion shortfall....”

HPW - As WHO Debates Global AI Regulation, States Clash Over ‘Data Sovereignty’

<https://healthpolicy-watch.news/who-debates-global-ai-rules/>

A stark debate over who owns the data in the future of AI and digital health emerged at the [World Health Organization \(WHO\) Executive Board](#) on Wednesday.

“Low and middle-income countries warned that the rapid deployment of new technologies risks accelerating data extraction and increasing inequality, cautioning that – without strict AI governance, sustainable financing and equitable guardrails – the [implementation of AI in health systems](#) would compromise “data sovereignty”.”

“The debate centred on a [WHO report outlining the framework for a digital transformation strategy](#) spanning 2028 to 2033. Highlighting the profound shifts driven by AI and genomics, the report notes that many member states remain paralysed by “fragmented systems with limited interoperability.” And it warns that **without reliable, representative data, AI risks amplifying biases and inefficiencies....”**

“... Based on the deliberations, the Secretariat will continue its technical work on the strategy. To this end, the WHO has established a tripartite collaboration with the International Telecommunication Union and the World Intellectual Property Organization.... “

“The board also decided to move forward on consultations to strengthen the global health workforce code, while the **fight against substandard medicines** moves to a new operational phase under an approved work plan. ...”

Re the global health workforce: “... The board also confronted the escalating crisis of health worker migration, reviewing new data confirming that active recruitment from nations with fragile health systems is intensifying ‘brain drain’ to plug staffing gaps in the Global North. ... To bridge this divide, the Secretariat, and member states agreed to launch informal consultations to draft a decision for the World Health Assembly in May. **The talks will focus on specific additions to the Code [of Practice], such as co-investment mechanisms and [protections for care workers](#).** “

HPW - WHO Executive Board In Heated Debate Over Gaza Health Crisis as Israeli Amendment Fails

<https://healthpolicy-watch.news/who-executive-board-holds-heated-debate-over-gaza-health-crisis-as-israeli-amendment-fails/>

“A contentious debate at the World Health Organization’s Executive Board exposed the continued deep divisions between Israel and most other member states over the health situation in Gaza and the occupied Palestinian territory, with **delegates trading starkly different assessments of humanitarian conditions, access to aid, and the reliability of WHO reporting....”**

HPW - Flagship WHO Rehabilitation Report Delayed as States Demand Metrics for War and Trauma

<https://healthpolicy-watch.news/who-delays-rehabilitation-report/>

“The publication of the World Health Organization’s (WHO) [first “Global Status Report on Rehabilitation”](#) has been effectively paused after the Executive Board concluded that the proposed methodology for measuring progress failed to capture the complex realities of health systems, particularly those in conflict zones. In a [politically charged debate on Thursday](#), member states argued that simplifying global rehabilitation metrics to “chronic low back pain” as a primary tracer condition could inadvertently distort health priorities and funding allocations. The Secretariat

had proposed low back pain as a reasonable proxy due to its status as the leading contributor to years lived with disability. Delegates contended that **this indicator was insufficient for measuring the diverse and acute needs found in crisis regions and many low- and middle-income countries.**"

PS: "... In a parallel discussion regarding **the report on the "Outcome of the WHO Commission on Social Connection"**, the board moved decisively to reframe loneliness from a personal struggle to a structural failure of governance and modern technology...."

WHO Executive Board Meeting: more analysis/advocacy (related to agenda items, resolutions, ...)

LSE (blog) - It is time for a World Health Assembly resolution on global health architecture reform

Arush Lal; <https://blogs.lse.ac.uk/globalhealth/2026/02/01/it-is-time-for-a-world-health-assembly-resolution-on-global-health-architecture-reform/>

Recommended read. *"Ahead of this week's World Health Organization (WHO) Executive Board meeting, Dr Arush Lal (Visiting Fellow, LSE Health) argues for the adoption of a resolution to support coordination of fragmented global health architecture reforms at this year's World Health Assembly."*

"... The World Health Assembly (WHA) should therefore consider adopting a resolution on global health architecture reform at the May 2026 gathering. Building on the recent WHO Director-General report, Reform of the global health architecture and the UN80 Initiative, the aim of such a resolution should avoid mandating structural redesign. Rather, **it would set out to establish a member state-led process to:** 1) articulate shared principles for global health cooperation; 2) advance a 'one country, one plan, one budget, one monitoring' approach to align global health initiatives with national roadmaps; and 3) initiate a transparent and independent mapping of proposed reforms, functions, and comparative advantages across key actors, including member states, global health organizations, donors and philanthropic actors, and civil society partners...."

PS: "...This could also lay the groundwork for a subsequently-linked UN General Assembly high-level meeting on global health architecture reform, further encouraging other UN agencies and sectors – climate, development, gender, humanitarian, security, finance, and human rights – to proactively address cross-cutting threats more coherently. **This complementary process is needed to better link health issues to other sectors, while also pragmatically aligning with proposed UN80 reforms....**"

TGH - The WHO Could Mend Its U.S. Breakup By Playing the Waiting Game

T Bollyky et al; <https://www.thinkglobalhealth.org/article/the-who-could-mend-its-u-s-breakup-by-playing-the-waiting-game>

"The World Health Organization still has a trump card to play in its contested separation with the United States."

The “... crucial distinction between temporary absence and formal withdrawal (requiring a readmission process) speaks to the heart of the WHO's approach with the United States. With different U.S. leadership and continued WHO reforms, circumstances could change, in ways that enable the United States to re-engage the WHO. Even if the United States is steadfast in its belief that it has formally withdrawn, refusing to accept the exit could give cover to future administrations seeking to avoid the need to re-ratify the WHO constitution, a feat requiring a two-thirds Senate vote that would likely prove impossible in the current polarized political climate. The WHO's stance could help prevent a domino effect of other members attempting withdrawals, an issue made clear by Argentina's and Israel's [announcements to exit](#) following the U.S. departure. “

“... The WHO's approach prioritizes long-term global health cooperation over procedural clarity and the momentary, leader-driven prerogatives of member states. The calculus rests on a strategic bet: U.S. withdrawal will eventually be regarded like the Soviet's seven-year hiatus: a temporary breakup, rather than a permanent divorce. If past practice is any guide, their strategy may facilitate the reunion of the global health agency and its largest donor.”

People's Dispatch – What's in the WHO's draft plan for Indigenous peoples' health?

[People's Dispatch](#):

“The People's Health Movement coordinated a discussion on the WHO's draft Global Plan of Action for the Health of Indigenous Peoples, examining its implications for more inclusive health systems.”

An open letter ahead of the 158th WHO Executive Board and 79th World Health Assembly (from 15 senior leaders of global health organisations)

<https://transformhealthcoalition.org/an-open-letter-ahead-of-the-158th-who-executive-board-and-79th-world-health-assembly/>

“We need concrete commitments on health data governance at the World Health Assembly.”

- Related: Devex op-ed [Health data governance is an enabler for AI ambitions](#) - “The upcoming World Health Assembly can accelerate the responsible use of artificial intelligence in health by grounding action in the ethical and responsible access and use of health data.”

Geneva Health Files (Guest essay) – When Alcohol Disappears From Accountability on Non-Communicable Diseases, Prevention Loses

Maik Dünnbier; [Geneva Health Files](#):

Intro by P Patnaik: “...In the on-going meeting of the WHO Executive Board, author of the essay, Maik Dünnbier, examines what the omission of alcohol from a report to the Board, means for the fight against NCDs, what it reveals about governance and recounts the impact of alcohol use on public health. Such omissions convey more than meets the eye....” Dünnbier reminds us that “during the UN High-Level Meeting process, alcohol policy language was systematically attacked, diluted, and partially removed due to alcohol industry interference. When the follow-up report then

excludes alcohol entirely, it compounds this pattern and signals that alcohol is the one major NCD risk factor that can be sidelined.” He calls for future reporting to track alcohol policy implementation for the achievement of NCD goals.”

Dünnbier: “...the recent WHO Executive Board discussion of the Director General’s report on follow-up to the UN High-Level Meeting on noncommunicable diseases (NCDs) and mental health (agenda item 6) raises a serious concern. While welcoming the Political Declaration of the High-Level Meeting and establishing annual reporting through 2031, the report makes no mention of alcohol at all. Alcohol is neither mentioned as major NCDs risk factor even though the Political Declaration does nor is alcohol policy mentioned as key solution to tackle the NCDs burden. In a document explicitly about implementation, acceleration, and accountability, that omission is deeply concerning....”

PS: Also with a short WHO response.

Global Health re-imagining & reform

Are Reform and Decolonization Major Global Health Distractions?

Luchuo E Bain; <https://www.linkedin.com/pulse/reform-decolonization-major-global-health-luchuo-engelbert-bain-nygqf/>

“**Avoiding the Theatre: Getting The First Principles Right Before Reform and Decolonization of Global Health.**”

“Few ideas in global health are as frequently invoked—and as poorly defined—as the notion of a “*global health architecture*.” Repeated calls to reform it assume coherence, shared purpose, and collective accountability that simply do not exist. The COVID-19 pandemic stripped away this illusion, exposing a system driven less by solidarity than by national interest and geopolitical calculation. **Obsessing over reforming an ill-defined global construct distracts from the real work of transformation: building strong, sovereign national health systems and accountable regional mechanisms capable of leveraging global health for what it has always been—a catalyst, not a foundation....”**

Nature Medicine - Asia Pacific perspectives on global health architecture reform

Indira Dewi Kantiana, et al ; <https://www.nature.com/articles/s41591-025-04180-x>

“Designing a fit-for-purpose global health architecture requires regional coordination and global alignment.”

Science Politics - The End of USAID Reveals the Folly of the NGO Global Health Model

James Pfeiffer; <https://sciencepolitics.org/2026/01/21/the-end-of-usaid-reveals-the-folly-of-the-ngo-global-health-model/>

“I argue for three principles that should guide us: First, recipient country leaders should lead the discussion and articulate a national vision for what they need to improve the health and development of their population. And we in donor countries, including the U.S., should listen. Second, long-term investment in national health services and other public institutions is the starting place. It is only through the expansion and strengthening of these public institutions, following the lead of local leadership, that national health can progress and universal health coverage can become achievable and sustainable. Finally, donor countries need to join leaders in recipient countries in demanding cancellation of debt and the end to austerity that continues to undermine sustainable health efforts around the world. While this may appear to be an extraordinary request, this point is vital to ensure that countries can overcome financial barriers to become independent and obtain self-determination. Ending dependency on foreign aid will be possible only with an end to austerity and cancellation of debt to actually allow public investment in health and the social sector....”

Current History - From Peak Aid to a Post-Aid World Free

Nilima Gulrajani; <https://online.ucpress.edu/currrenthistory/article/125/867/16/215167/From-Peak-Aid-to-a-Post-Aid-World>

“In two years, the world went from peak foreign aid spending to contemplating a future without aid. Tracing how this happened requires understanding why donors give aid, how aid critics have challenged these rationales, and how international norms have shaped spending trends over the past decade. **With a cottage industry of initiatives now rethinking the future of aid and development cooperation, it is no longer radical to be talking about a post-aid future. For better or worse, the contours of a post-aid world are already emerging.”**

New Humanitarian - Ten ways to build a new narrative for humanitarianism

Ben Phillips et al; <https://www.thenewhumanitarian.org/opinion/2026/02/05/ten-ways-build-new-narrative-humanitarianism>

Some good ideas in here.

CGD (blog) - On the Cusp of a New Era of Development Cooperation

By Alexia Latortue and John Norris; <https://www.cgdev.org/blog/cusp-new-era-development-cooperation>

Update re the [**Future of Development Cooperation Coalition.**](#)

“Some **breaks with the past** are vital. They will shape our work to facilitate an inclusive process towards a modern, effective, efficient, and legitimate development cooperation system....” **They list 3.**

“... We have also identified **core driving questions** to work on with our co-chairs and commissioners and through our inclusive consultations...”. Check them out.

IHP –Power, Not Physics: Global Health’s Real Three-Body Problem

Ikenna Ebiri Okoro; <https://www.internationalhealthpolicies.org/blogs/power-not-physics-global-healths-real-three-body-problem/>

Reacting to a recent blog by Geneva based authors.

BMJ GH (Commentary) - What will it take to reimagine global health for 10 billion people?

T D Ngo ; <https://gh.bmj.com/content/11/2/e020241>

“...To build resilience, we must invest in local capacity, especially through low-cost primary and preventive care delivered via pharmacies, community centres and clinics that are deeply rooted in the communities they serve. Recent health systems investments in Vietnam and Indonesia demonstrate proof of concept, while academic and non-governmental organization (NGO)-led models for developing local talent can be scaled through national investment and public–private partnerships....”

More on Global Health Governance & Financing/Funding

Devex Pro – What kind of leader does WHO need next?

<https://www.devex.com/news/what-kind-of-leader-does-who-need-next-111804>

(gated) “The World Health Organization director-general elections are taking place in 2027, but expect candidates to come forward this year in the lead-up to the World Health Assembly. Whoever takes up the mantle at the agency will have their work cut out for them.”

“Leading [United Nations](#) global health body seeks politically adroit new leader with the vision to define the agency’s role in this uncertain era and the leadership abilities to restore trust in science on a global level. Must be prepared to work under severe financial constraints. Sound impossible? Health experts hope not, because that’s exactly [what the World Health Organization needs](#) from its next director-general. ...”

“Tedros will be passing on many challenges to his successor, including the funding gap exacerbated by the U.S. withdrawal from [WHO](#). There is also growing disinformation about the agency, in part due to the COVID-19 pandemic, for which WHO has been accused of contributing. Whether that’s a valid critique or just political scapegoating, the next DG will have to help rebuild faith in the institution. They may also need to recalibrate the agency’s role in the broader global health architecture to focus on what WHO is best positioned to do....”

Africa CDC - Financing Africa’s Health Security and Sovereignty.

<https://africacdc.org/news-item/financing-africashealth-security-and-sovereignty/>

A Health financing reform handbook for African Union member states.

Key message: “**Efficiency** is the new source of financing.” Listing **7 reform areas**.

It's Time to Bury the Abuja Declaration: Why Targets Without Intent Can No Longer Guide Global Health Financing

E S K Besson; <https://www.linkedin.com/pulse/its-time-bury-abuja-declaration-why-targets-without-can-koum-besson-lvije/>

One of the reads of the week.

“... At this moment of inflection and deeper reflection, I believe the question confronting global health—or what I will simply call the sector—in 2026 is no longer who will pay for global health. That question presumes absence. It presumes a funding void waiting to be filled by donors, pledges, or political goodwill. As someone working in sustainable health financing, I believe the real question is sharper, more political, and long overdue: how do we delineate what belongs to global responsibility and what belongs to domestic responsibility—and how do we transition accordingly? Put simply: who pays for what—and on what basis?...”

“Abuja: A Target Born of a Siloed Stat, and of Another Era: The Abuja Declaration belongs to a different technical, fiscal and political era. **It reflects a time when health was - wrongly and openly - treated as a standalone sector:** adjacent to, but not fully embedded within, broader state decision-making. Government budgeting, fiscal policy and public sector development strategy were discussed elsewhere. **It was a time when health was treated as “the Ministry of Health’s problem” rather than a collective public-sector responsibility, with ministries of health largely analysed in isolation from the machinery that actually governs public spending.** It belongs to **an era when targets substituted intent....”**

... Abuja was articulated before health financing was widely understood as inseparable from: Ministry of Finance arbitrage; Prime Ministerial and cabinet-level trade-offs; Public-sector wage bills; Results-based and programme-based budgeting reforms; Medium-term expenditure frameworks; Debt management strategies and fiscal sustainability constraints. **And yet, the 15% target continues to circulate as if nothing has changed – and as if none of this matters. In 2026, this separation is no longer analytically or politically defensible. Health is not an island. It is entangled with debt servicing, fiscal consolidation, macroeconomic ceilings, and competing social investments.”**

Besson concludes: “**Bury Abuja. Reclaim the question. Start Defining Boundaries. The future of health financing is not a percentage. It is a set of choices:** About outcomes; About accountability; About sovereignty; About who decides, and on what basis...”

Lancet Regional Health - Strengthening regulation of clinical trials in Africa: a Strategic roadmap for health sovereignty

C S Wysonge et al ; [https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011\(26\)00002-7/fulltext](https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011(26)00002-7/fulltext)

“Three key lessons emerge from **two decades of strengthening regulatory capacity in Africa....” “...** These lessons directly inform the actions outlined in the [Panel 1](#), which highlights **priority reforms to consolidate past gains and accelerate progress....”**

Guardian - Aid cuts could cause 22m avoidable deaths by 2030, study finds

<https://www.theguardian.com/global-development/2026/feb/03/aid-cuts-avoidable-deaths-study-children-uk-us-donor-countries>

“**Aid cuts could lead to more than 22 million avoidable deaths by 2030, including 5.4 million children under five, according to the most comprehensive modelling to date.** Cfr a **new study** in the **Lancet Global Health**.

“The researchers looked at the link between how much aid countries received and their death rates between 2002 and 2021, and then used the data to **forecast three future scenarios**. One was “**business-as-usual**”, the second assumed a “**mild defunding**” where aid fell by a similar amount as it had over the past few years, and the third “**severe defunding**”, where aid fell to about half its 2025 levels until the end of the decade....”

- See also [Devex Pro :](#) “A new study estimates that **by the end of the decade, between 9.4 million and 22.6 million people could die as a result of aid cuts across the world....”**

““The evidence indicates that an abrupt and severe contraction of this funding could have grave repercussions, potentially resulting in a global death toll approaching — or even exceeding — that of the COVID-19 pandemic,” reads the **study, which was published Monday and written by researchers from Brazil, Mozambique, and Spain.....”** “a severe funding contraction ... could result in 22.6 million deaths, and a “milder” scenario that would lead to 9.4 million deaths....”

- For the [Study in the Lancet GH:](#) “**Impact of two decades of humanitarian and development assistance and the projected mortality consequences of current defunding to 2030: retrospective evaluation and forecasting analysis.”**

Implication of the findings: “...**Sudden and severe reductions in ODA funding could have catastrophic consequences, with a potential global death toll comparable to—or even exceeding—that of the COVID-19 pandemic.** Even modest defunding that simply extends current downward trends is likely to lead to sharp increases in preventable adult and child mortality, potentially resulting in tens of millions of excess deaths in the coming years....”

Devex – Gates doubles down on goals in a world weighed down by crisis, CEO says

<https://www.devex.com/news/gates-doubles-down-on-goals-in-a-world-weighed-down-by-crisis-ceo-says-111812>

Suzman wrote a new letter. “**Mark Suzman, CEO of the Gates Foundation, tells Devex that amid the “shock” of abrupt aid cuts, the foundation remains focused on its core objectives.”**

“**It’s been two years since Mark Suzman, CEO of the Gates Foundation, released his last annual letter, the latest iteration of which was published today.** The delay was due to the foundation’s

work quietly planning for its sunset in 2045 and concurrent spending-down of \$200 billion during that time frame. **For Suzman, the difference between this letter and the one in 2024 “does feel like a different universe in the global development space,”** he told Devex during a recent interview, noting that 2025 was also the first year in the 21st century where preventable child mortality increased, rather than decreased....”

“... These changes, however, have simply reinforced the foundation’s primary goals. If anything, the letter hammers home the areas where Suzman said the foundation can make the highest impact: • No mother or child dies of a preventable cause; • The next generation grows up in a world without deadly infectious diseases ; • Hundreds of millions of people break free from poverty, putting more countries on the path to prosperity....”

“To make the greatest impact, we know we have to be more focused, particularly on our core priorities: **maternal and child health, nutrition, infectious disease, agriculture, and U.S. education,**” Suzman wrote. **While the fundamental goals haven’t shifted, in many ways, Gates’ overall strategy has — in response to what Suzman referred to as the “weight of new, overlapping crises.” ...”**

PS: “... One thing we’re very clear on: **Not only are we not expanding into any new areas, we’re doubling down on the focus of these very core objectives.** “It doesn’t mean other priorities aren’t really important, but we as the Gates Foundation are not going to be tackling them. **This is our north star set of goals for the rest of our life,**” he added. »

- See also [US News](#) : “... the foundation will concentrate at least 70% of its funding over the next 20 years on ending preventable maternal and child deaths and controlling key infectious diseases...”

Via Devex – re Gates grants 2025

[Devex](#):

(otherwise gated) “... check out the [organization’s top grantees in 2025](#). **Of the groups that benefited most from the \$4.5 billion in grants Gates awarded last year, WHO was the biggest recipient, with \$258.6 million** spread over 38 grants. [Imperial College London](#) came second, with **\$85.9 million**, including specific funding for mosquito biocontrol in Africa, which has always been an area of interest for Gates. And the [University of Washington Foundation](#) drew \$73.6 million for projects that include cutting-edge AI-driven tools to design vaccines, therapeutics, and other health interventions....”

Business Insider - Bill Gates says claims in Epstein email are 'absolutely absurd and completely false'

[Business insider](#)

Gates’ reaction to the latest release of Epstein files.

But do check out also the [interview Melinda Gates had with NPR](#).

- For more, see also [the Guardian - Bill Gates says he 'regrets' knowing Epstein as ex-wife alludes to 'muck' in marriage](#)

“... Gates told 9News he met Epstein in 2011 and had dinner with him on several occasions to discuss investing in proposed scientific ventures. He insisted he never went to Epstein’s private Caribbean island, where countless girls and young women are alleged to have been abused, and did not have any relations with any women. “**The focus was always, he knew a lot of very rich people, and he was saying he could get them to give money to global health. In retrospect, that was a dead end,**” Gates said.... “I was foolish to spend time with him. I was one of many people who regret ever knowing him. The more that comes out, the more clear it will be that, although the time was a mistake, it has nothing to do with that kind of behaviour.”...”

Bloomberg - Faulty Equipment Pushed a World Bank-Backed Hospital Into Crisis

[Bloomberg](#):

“Former executives and staff say defective machines put patients at risk in Kenya, raising questions about oversight by development funds.” **Third story in a series about World Bank investments in for-profit hospitals.**

“... The story behind this health-care investment adds to questions about how the IFC, which invests public funds in private companies to help alleviate poverty in low-income countries, **oversees its work....**”

Project Syndicate - Financialization Won't Improve Global Health

Walter O. Ochieng and Tom Achoki; [Project Syndicate](#):

“**Rather than address the weaknesses of the grant-based approach to global health financing, donors want to scrap it in favor of instruments that mobilize more private capital.** But this new architecture distorts the risk landscape in ways that socialize losses, while privatizing profits and control.”

Global Fund - Global Fund Launches Process to Select New Executive Director

<https://www.theglobalfund.org/en/news/2026/2026-02-04-global-fund-launches-process-to-select-new-executive-director/>

“**The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has formally launched the process to select its next Executive Director for a four-year term starting from 2027.”**

“... The **next Executive Director will be appointed by the Board in late 2026**, in accordance with the organization’s governance framework. **The Global Fund has engaged Russell Reynolds Associates to support the search and selection process....”** *(I refrain from commenting)*

CGD (Brief) – A Radically Simplified Global Fund to Meet the Moment

J M Keller, P Baker et al; <https://www.cgdev.org/publication/radically-simplified-global-fund-meet-moment>

“The Global Fund faces an increasingly difficult set of imperatives: it must sustain core HIV, tuberculosis, and malaria programs and invest strategically in potentially transformative innovations, all while confronting funding cuts and responding to calls for reform.”

“We propose “radical simplification” shifts across three dimensions to safeguard impact, stretch scarce resources, and enable reform: (1) The Global Fund should **concentrate resources in fewer countries where need is greatest.** By phasing out grant support in wealthier middle-income countries, the Global Fund could absorb budget cuts without reducing support in the poorest countries and most fragile contexts. (2) **The Global Fund should align financing more closely with country priorities by easing disease-specific earmarks.** Countries should receive a consolidated financing envelope and be allowed and encouraged to flexibly allocate resources across the three diseases and supportive health system functions, while maintaining accountability for disease-specific outcome targets. (3) **The Global Fund should, where feasible, prioritize on-budget country-led delivery and leverage complementary resources from multilateral development banks, particularly for “health systems” support.”**

“The Board should use the current moment as a leverage point to steer bold changes to the Global Fund’s model. We urge the Fund’s leadership—backed by Board approval—to operationalize the three shifts outlined above in differentiated ways across country contexts.”

Asia Times - From charity to connectivity: China remaking global public health

Y Tony Yang ; <https://asiatimes.com/2026/02/from-charity-to-connectivity-china-remaking-global-public-health/>

“As US retreats from the WHO, Beijing is not merely filling a seat—it is building a new global health aid system.”

“As Washington retreats, Beijing is not merely filling a seat; it is rewriting the operating system of global health aid. We are witnessing the end of the “donor-recipient” era and the rise of the “infrastructure-investment” model, a transition that carries both stabilizing promise and fragmented peril....”

“... **For decades, the Western model of global health—typified by the US and EU—operated on a charity-based framework:** wealthy nations donated funds to multilateral bodies or NGOs to deliver services, including vaccines, bed nets and antiretrovirals, to the Global South. **It was a model of “delivery.”** China’s approach, accelerated under its Health Silk Road strategy, is fundamentally different. **It is a model of “development.”** As highlighted by recent agreements to build insulin production facilities in Nigeria and antimalarial factories across West Africa, **Beijing prioritizes hard infrastructure over soft aid.** Instead of just shipping insulin, Chinese firms build the factory to make it....”

HP&P - Sustaining Health Systems in Sub-Saharan Africa: Public-Private Partnerships in a New Era of Reduced Donor Funding

R H Haffner et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag008/8461715?searchresult=1>

“...The suspension of USAID initiatives has affected disease control, maternal care, and health system operations across 47 countries, raising urgent questions about how to sustain progress without reliable donor support. **This commentary examines the potential of Public-Private Partnerships (PPPs)—structured collaborations in which governments and private actors share financing, risk, and managerial responsibility—to strengthen domestic capacity.** Drawing on examples from Senegal, Nigeria, and Kenya, we explore how service, concession, financing, and technology-focused PPPs can mobilize additional resources, expand access, and improve service delivery. **We also address key challenges, including governance risks, fiscal constraints, and shifting global power dynamics.** While not a substitute for aid, well-designed PPPs aligned with national priorities can support more resilient, equitable, and self-reliant health systems in SSA.”

Tax/debt justice & reform

Negotiations on a planned global tax treaty resumed at the UN headquarters in New York on Monday.

Tax Justice Network - The last chance

<https://taxjustice.net/reports/the-last-chance/>

“Why 2026 is the critical moment for governments to end appeasement, and stand up for our tax sovereignty.”

“The first set of negotiations continues this year. These are scheduled to deliver a UN Framework Convention for International Tax Cooperation to the United Nations General Assembly in 2027. **The critical decisions on the substance of the Convention will be taken this year, 2026, across three negotiating sessions in New York and Nairobi....**” If our governments do not stand up for their own taxing rights now, and ensure the Convention meets the intended ambition, the chance to deliver fair taxation will be gone – perhaps for a generation.”

Or: “... With the OECD’s cave-in to Trump’s bullying, the UN negotiations are the last chance to reject appeasement and to defend tax sovereignty.”

- And a link from Monday: **Guardian - [Fossil fuel firms may have to pay for climate damage under proposed UN tax](#)**

“ **Framework Convention on International Tax Cooperation could also force ultra-rich to pay global wealth tax.**”

“... dozens of countries [are] supporting stronger rules that would make polluters pay for the impact of their activities. ... But developing countries are worried the current draft of the proposals is too weak, and want more robust backing from the rich world. Clear proposals on taxing the profits of fossil fuel companies have been watered down in their language, and proposals for a global asset registry that would help in taxing wealthy individuals have been removed from the text....”

PS: “...Sergio Chapparo Hernandes, of the Tax Justice Network (TJN), said, “**The next round of talks in New York will be a real test: can member states craft international tax rules that are fit for the age of climate catastrophe?**” He added: “**Civil society is pushing for the convention to include a clear mandate to advance progressive environmental taxation:** making sure polluters pay, and that richer countries lead in ways that reduce global inequalities and support climate-resilient development in countries most affected – consistent with their historical responsibilities.”

The Conversation - Private credit rating agencies shape Africa's access to debt. Better oversight is needed

D Cash; <https://theconversation.com/private-credit-rating-agencies-shape-africas-access-to-debt-better-oversight-is-needed-274858>

Interesting analysis by a researcher who has examined how sovereign credit ratings operate within the international financial system. Also with a historical overview.

He concludes: “...As debt pressures rise and climate adaptation costs grow, **putting this governance layer in place** is now critical to safeguarding development outcomes in Africa....”

ODI (Expert Comment) – Sub-Saharan Africa's steep debt service burden

A Laws; <https://odi.org/en/insights/sub-saharan-africas-steep-debt-service-burden/>

“...guest contribution from **Athene Laws, Economist in the IMF's African Department**, who explores the tightening fiscal squeeze as debt service burdens reach historic highs across the region.”

UHC & PHC

The Collective Blog – Now is the Time for Domestically Financed UHC

Rob Yates; <https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/robert-yates/now-is-the-time-for-domestically-financed-uhc.html>

“With aid financing for health in freefall, **now is the time for political leaders to launch domestically financed universal health coverage (UHC) reforms** says Collective Member Robert Yates.”

“**Nowhere is this convergence of crisis and opportunity more evident than in parts of South Asia, where political transitions following national crises offer windows of opportunity for progressive leaders to champion popular universal health reforms.** This would entail giving the whole population an entitlement to a comprehensive package of publicly-financed health services....”

Yates also points to South-Africa.

And concludes: "... The moment for bold, domestically financed universal health reform is now — and the political windows opening in Bangladesh, Nepal, and South Africa should not be wasted."

- Related link: **The Himalayan Times** - [Universal Health Coverage: The decisive election agenda](#) (by Yates et al, with **focus on Nepal**)

World Bank (blog) - Tracking Universal Health Coverage with updated indicators in the World Development Indicators

Sinae Lee Gi et al; <https://blogs.worldbank.org/en/opendata/tracking-universal-health-coverage-with-updated-indicators-in-th0>

"The SDG framework has tracked progress toward universal health coverage (UHC) since 2015 using two indicators — SDG 3.8.1 and 3.8.2. **In 2025, following a comprehensive review of the SDG indicator framework, the United Nations Statistical Commission approved revisions to both indicators proposed jointly by the World Health Organization (WHO) and the World Bank.** These updates, reflected in [Tracking Universal Health Coverage: 2025 Global Monitoring Report](#) and the [World Development Indicators \(WDI\)](#), offer a more accurate and policy-relevant assessment of UHC progress....". Do read what they entail.

PPPR & GHS

Next Monday, another PABS round starts in Geneva.

HPW - Tedros Expresses Confidence That Pandemic Talks Will Meet 'Absolute Deadline'

<https://healthpolicy-watch.news/tedros-expresses-confidence-that-pandemic-talks-will-meet-absolute-deadline/>

"**World Health Organization (WHO) Director General expressed confidence that member states would agree on the last outstanding part of the Pandemic Agreement by the "absolute deadline" of May at the body's Executive Board meeting on Wednesday.**"

"This year's World Health Assembly [in May] must receive a text that member states can consider and act upon. **There is no scope for delay** because the next pandemic will not wait," Tedros urged.

But questions by Pakistan, part of the Group for Equity negotiating bloc in the negotiations, indicated a lack of agreement on several key issues relating to how pathogens should be shared."

"**Member states only have two more weeks of formal negotiations before the deadline – with the next round starting on Monday.** However, the talks are also affected by WHO budget cuts which have limited their access to translators...."

“... Matthew Harpur, co-chair of the Intergovernmental Working Group (IGWG) overseeing the negotiations, outlined the three key areas for the talks. “Firstly, we have the scope and objectives and the use of terms,” said Harpur, who added that by last meeting, “it was really good to see some progress”. “Secondly, we have the implementation and the operation of the PABS system,” he added. This includes the issue of “equal footing” – namely, that rapid access to pathogens information and how the benefits deriving from this sharing are of equal importance. “How do we how do we swiftly share that information that keeps us all safer and but how do we also ensure equity,” said Harpur, adding that issues such as monetary contributions had to be agreed on to ensure equity. The third part is “governance and enforcement”. “You can have the best words on paper, but if they’re not enforceable, if they don’t work in practice, it is meaningless,” said Harpur. “So how do we ensure an effective governance system, with the advisory group, the role of the [Conference of the Parties] and, of course, the role of the Secretariat.”

The next IGWG meeting runs from 9-14 February.

WHO - Six years after COVID-19's global alarm: Is the world better prepared for the next pandemic?

<https://www.who.int/news/item/02-02-2026-six-years-after-covid-19-s-global-alarm-is-the-world-better-prepared-for-the-next-pandemic>

Listing progress on a number of fronts. Yet, ...”these gains are fragile. “

WHO ends with a **call to action**. “WHO urges all governments, partners and stakeholders: **do not drop the ball on pandemic preparedness and prevention....”**

Globalization & Health - From PHEIC to PHECs: reclaiming Africa's agency in global health security governance

Nelson Aghogho Evaborhene; <https://link.springer.com/article/10.1186/s12992-025-01177-6>

“In the wake of COVID-19 pandemic, the African Union elevated the Africa Centres for Disease Control and Prevention (Africa CDC) to autonomous status, empowering it to declare Public Health Emergencies of Continental Concern (PHECs). This mechanism was first operationalized in 2024 in response to sustained mpox transmission across multiple African countries, despite the World Health Organization’s (WHO) earlier lifting of the Public Health Emergency of International Concern (PHEIC). This article examines the PHECs as a decolonial intervention in global health governance. Applying the Critique, Reform, Withdrawal, and Transformation (CRWT) framework, I argue that the PHECs reflect both a strategic withdrawal from overreliance on the WHO PHEIC system and a transformative effort to embed African-led governance rooted in Pan-African solidarity....”

Daily Maverick – Africa should protect the value of its pathogen data

Lauren Paremoer; <https://www.dailymaverick.co.za/opinionista/2026-01-26-africa-should-protect-the-value-of-its-pathogen-data/>

Op-ed from after the last PABS round. “The continent needs legal guarantees that the pathogen data its member states collect will facilitate the development of pandemic products that are accessible, affordable and acceptable to their own people.”

WHS (Commentary) Without a comprehensive approach and investments in global health, the goal of “global security” will always be elusive

Seth Berkley; <https://www.worldhealthsummit.org/news/commentary-by-seth-berkley-on-health-security>

The World Health Summit has a new series, “WHS Perspectives” on pressing global health topics.

In this Commentary, “**Seth Berkley warns that pandemic and biological risks are increasing while global preparedness is weakening. Meanwhile, global health funding is being cut as military budgets continue to rise to record levels.** This growing imbalance, Berkley argues, reflects a dangerous misunderstanding of what “security” actually means.”

And an excerpt: “**... Along with financing comes the need to connect the dots:** I attended a side event at the 2025 World Health Summit *Health, Security and Peace: Global Health as a Strategic Imperative*, hosted by former German Minister of Health, Hermann Gröhe, with a number of global health and military leaders. I made the point there **that at the current time, because of the siloed nature of these communities, their programming and even their language, it is awkward as a health expert to participate in the Munich Security Conference as I am sure it is for military experts to participate in the World Health Summit.** But given that Germany is hosting these two leading events in Global Health and Security, **more joint programming and cross attendance might help bridge this critical divide improving outcomes.** Planning and preparing for military security are well-honed skills in military circles; public health should learn from and adopt these principles for global health security. **The World Health Summit, working with the Munich Security Conference, can play a leading role in creating synergy in these communities, making the world healthier and safer.** ”

Lancet (Letter) - Lessons from Somalia's One Health programme and Pandemic Fund

Abdinasir Yusuf Osman et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00025-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00025-5/fulltext)

“**.... Somalia's approval under the third Call for Proposals of the Pandemic Fund in November, 2025, represents an opportunity to test whether catalytic global financing can generate durable preparedness capacity during extreme fragility. The approved project (approximately US\$25 million from the Pandemic Fund, complemented by nearly \$120 million in co-financing and co-investment as in-cash and in-kind contributions) will support a nationally led, multisectoral, One Health-oriented programme targeting gaps in surveillance, laboratory systems, and workforce development. Importantly, the Pandemic Fund builds on established One Health coordination platforms and implementation capacities established during COVID-19 and earlier health system strengthening initiatives, rather than creating parallel structures.....”**

More on Health Emergencies

Plos Med (Perspective) - The mpox epidemic is not over: Reducing disproportionate burden in Africa and persistent global risk require a sustained response

Dieudonné Mwamba Kazadi, Maria Van Kerkhove, Chikwe Ihekweazu et al;
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004893>

“While global interest in mpox may be waning, outbreaks, illness, and death continue across Africa and the world. Ending transmission requires a sustained global response that moves beyond reactive measures.”

Africa CDC Opens First Medical Supplies Warehouse to Boost Public Health Emergency Response

<https://africacdc.org/news-item/africa-cdc-opens-first-medical-supplies-warehouse-to-boost-public-health-emergency-response/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) has opened its first dedicated warehouse, marking a major milestone in strengthening the continent’s capacity to procure, store and rapidly dispatch critical medical supplies during public health emergencies....” “The 1,000-square-metre warehouse, located at the Africa CDC headquarters in Addis Ababa, is equipped with cold storage systems to safely store medical and other essential supplies.”

“... Funded by the Mastercard Foundation through mpox emergency response funding, the facility was developed with the support of the United Nations World Food Programme (WFP), which provided end-to-end supply chain expertise – from design and engineering supervision to logistics, cold storage systems and safety compliance....”

America First “global health”

Global Policy – Leverage and Constraint: African Agency under the America First Global Health Strategy

<https://www.globalpolicyjournal.com/blog/05/02/2026/leverage-and-constraint-african-agency-under-america-first-global-health-strategy>

(recommended read) “Nelson Aghogho Evaborhene on the latest attempt to present strategic allocation as technical reform.”

“ in practice, the AFGHS has produced sharply uneven outcomes across the continent. To date, at least fourteen African countries have entered bilateral health compacts, with total commitments exceeding US\$7 billion. Some countries have secured large, flexible, and politically insulated agreements, while others face rigid benchmarks, compressed timelines, and heightened exposure

to funding volatility and service disruption. This divergence is not explained by differences in health need, epidemiological burden, technical performance, or administrative capacity. They reflect a deeper shift in how health assistance is allocated. Alignment now produces flexibility. Misalignment produces exclusion. African agency under the AFGHS is real, but conditional, uneven, and increasingly detached from health system performance....”

“The strategy is therefore not merely a technical adjustment to aid architecture. It is a political reordering of global health cooperation, where **financing is subordinated to broader bargaining priorities, continental institutions are marginalised, and national health systems assume greater responsibility while absorbing greater risk.**”

After going over some **country examples**, the author concludes: “... Across these cases, a consistent pattern emerges. **High capacity does not ensure flexibility. High need does not ensure protection. High performance does not guarantee stability. What matters is alignment with U.S. interests beyond health. The AFGHS thus signals the end of health neutrality as an organising principle. ...”**

Devex (Opinion) – Where is HIV prevention drug lenacapavir in ‘America First’ health deals?

B Foley; <https://www.devex.com/news/where-is-hiv-prevention-drug-lenacapavir-in-america-first-health-deals-111820>

“Omitting HIV prevention targets from these deals will be devastating to the affordability and scale-up of the drug lenacapavir. African leaders can change that.”

“The Trump administration’s [“America First” global health strategy](#) proudly showcases lenacapavir, or LEN, a twice-yearly injectable for HIV prevention, as proof of U.S. innovation and leadership. Yet **in practice, \$11 billion in U.S. health aid is now flowing through 15 bilateral agreements that fail to include a single HIV prevention target.** Beyond [cursory mentions](#) in the Eswatini and Mozambique press releases, the game-changing drug is [nowhere to be found](#) in the deals meant to define the future of U.S. health aid....”

“... Between now and March, countries with signed agreements are developing [implementation plans](#) for each country that [take effect in April](#). This **narrow window is where LEN’s future will be decided: not in Washington at the State Department, but in Kampala, Gaborone, Lusaka, Abuja, and Nairobi....”**

Politico – Trump’s new aid rules risk lives, EU says

<https://www.politico.eu/article/donald-trump-new-aid-rules-risk-lives-eu-says/>

“Expansion of the Mexico City Policy “undermines joint efforts for human rights, global health, peace and stability,” the European Commission said. The European Commission has warned that Donald Trump’s latest restrictions on foreign aid are dangerous and threaten global health — while saying the EU can’t fill the funding gap alone.”

PS: “...Europe has also criticized the expanded policy, stepping up its response compared with more restrained positions to the Trump administration’s other diverging health policies....”

Trump 2.0

Devex - US Congress passes \$50 billion foreign affairs bill

<https://www.devex.com/news/us-congress-passes-50-billion-foreign-affairs-bill-111821>

“Trump signed the bill, which contains billions in foreign aid funding, into law Tuesday. But there are many questions about what comes next.”

“The [foreign affairs funding bill](#) is roughly 16% lower than last year’s level, but nearly \$20 billion above the president’s budget request, which recommended a nearly 50% cut. **It includes about \$9.4 billion for global health**, \$5.4 billion for humanitarian funding, and about \$6.77 billion for a national security investment programs account. The package also provides funding for education, nutrition, and agriculture, including support for some programs the Trump administration has terminated over the past year.”

“.... Even as the bill’s passage marks a major milestone, it also raises [new questions, experts told Devex](#). Among them: Will the administration spend the funds Congress has appropriated? Will they be used as intended? Does the State Department have the capacity to implement the programs? And how will competing visions for foreign aid between Congress and the administration play out?...”

HPW – \$9.42 Billion for Global Health as US Foreign Aid Bill Passes

<https://healthpolicy-watch.news/9-42-billion-for-global-health-as-us-foreign-aid-bill-passes/>

With all the detail. Some excerpts:

“**Among the allocations is a \$9.42 billion package for global health programs** – signaling strong bipartisan support and maintaining significant global health aid. ... The Fiscal Year 2026 ([FY26](#)) [National Security-State Department Appropriations Bill](#) maintains funding for global health at a substantially higher level than envisaged by the Trump administration, in an apparent bipartisan rejection of the administration’s [proposed cuts](#). The [\\$9.42 billion package](#) agreed to by the US House and Senate, and signed into law by the President, is substantially lower than the \$12.4 billion allocation in 2024 and 2025 – but it is still \$5.7 billion more than requested last September by US President Donald Trump in his [America First Global Health Strategy](#)....”

“Although the administration requested major cuts to foreign aid, **Congress’s version of the bill preserves flagship global health programs like President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight TB, AIDS and Malaria, and HIV/AIDS programs previously administered through USAID – and reasserts Congress’s role in government spending**. The global health allocations are part of a larger \$51.4 billion [foreign aid spending package](#) for the 2026 fiscal year. That foreign aid bill, while a 16% cut from 2024, is nearly \$20 billion more than what the Trump Administration initially requested....” The broader bill also includes \$5.4 billion in funding for humanitarian assistance and comes as the Trump administration moves forward on a [\\$11 billion plan for direct bilateral assistance](#) to developing country governments – some of which would also be dedicated to health. ...”

“... Of the \$9.42 billion earmarked in the bill specifically for global health programs, **some \$5.9 billion would be allocated to HIV/AIDS** – with \$1.25 billion channeled through the Global Fund, \$45 million for UN AIDS, and \$4.6 billion through PEPFAR, the flagship US program founded in 2003. ...”

“... **Other global health priorities still see strong funding:** \$795 million is dedicated to malaria, and \$379 million for tuberculosis; \$85 million is earmarked for polio. **Some \$575 million for family planning and reproductive health services are also included in the funding package** – despite the historic reticence of some conservatives to fund such programs, and the fact that the Administration requested no funds for these programs. **And although the administration has ordered a US withdrawal from the UN Population Fund (UNFPA), Congress allocated \$32.5 million for the organization, as part of the family planning funds...** ... **Allocations earmarked for “Global Health Security,” are \$615.6 million** for organizations like Pandemic Fund and the Coalition for Epidemic Preparedness Innovations (CEPI). ... **Funds will also go to neglected tropical diseases (NTDs; \$109 million) and nutrition (\$165 million).... the newly passed FY26 bill does include another \$300 million for a US contribution to Gavi.** The Administration had requested Gavi funds be eliminated. ...”

PS: “New ‘National Security Fund’ also includes health components: In another twist, support for family planning, reproductive health and countering child marriage is also supported through a new **National Security Fund** of \$6.77 billion that Congress aims to create – to “combat China’s influence” among other things. ...”

CGD – One Year In, What Do We Know About Humanitarian and Development Spending Under Trump?

E Collinson et al; <https://www.cgdev.org/blog/one-year-what-do-we-know-about-humanitarian-and-development-spending-under-trump>

Resource. “.... With new data, **we examined both obligations (commitments) and outlays (disbursements) for several of the core US international assistance accounts** over the last calendar year. Here’s what we found.....”

Also re **Global Health programs**.

Guardian – Public health crisis unfolding in Minneapolis as residents avoid healthcare

https://www.theguardian.com/us-news/2026/feb/02/public-health-crisis-minneapolis-ice?CMP=Share_AndroidApp_Other

“Providers are arranging home visits and telehealth as neighbors pick up prescriptions, groceries and diapers.”

Stat - What to know about TrumpRx, the Trump administration’s prescription drug platform

<https://www.statnews.com/2026/02/05/trumprx-what-to-know-drug-prices/>

“Trump launched a website to highlight lower cash prices for some treatments.”

Guardian – New York City and Illinois join WHO network after Trump pulls US out of global health body

Guardian:

“Illinois governor pledges to put ‘science, preparedness and people’ first by participating in global response network (GOARN), **following similar move by California.**”

TGH - India's Tuberculosis Patients, One Year After USAID's Dismantling

<https://www.thinkglobalhealth.org/article/indias-tuberculosis-patients-one-year-after-usaids-dismantling>

“Loss of U.S. aid caused community care interruptions that increase the risk of drug-resistant TB.”

World NTD Day (30 Jan) & other NTD news

WHO - Communities unite to address stigma and discrimination affecting people with neglected tropical diseases

WHO:

“**Marking World Neglected Tropical Diseases (NTDs) Day, the World Health Organization (WHO) warns that millions of people living with NTDs continue to face profound and often unseen suffering due to discrimination, social stigma and untreated mental health conditions.** Under the rallying theme “Unite. Act. Eliminate.”, WHO and partners urge governments to integrate mental health care into NTD elimination efforts, ensuring that no one is left behind in pain or isolation....”

“**More than 1 billion people worldwide are affected by NTDs and a similar number experience mental health conditions.** People affected by NTDs that lead to physical impairments or disfigurement – such as cutaneous leishmaniasis, leprosy, lymphatic filariasis, mycetoma and noma – are **particularly vulnerable to stigma and discrimination.....”**

Lancet Global Health (Comment) - Converging global crises and the re-emergence of neglected tropical diseases: the case of noma

Marta Ribes et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00020-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00020-3/fulltext)

“Decades of gains in global health equity are being undermined by abrupt cuts to international aid. The Organisation for Economic Co-operation and Development projected a further 9–17% drop in official development assistance in 2025, following the 9% seen in 2024. **These cuts are felt most acutely for neglected tropical diseases**—these already receive a fraction of global health financing, as they are overshadowed by the so-called big three of tuberculosis, HIV/AIDS, and malaria. **Funding**

for neglected tropical diseases fell from US\$440 million in 2018 to US\$260 million in 2023, a 41% decrease. The withdrawal of donations from the US Government in 2025, which in 2023 accounted for almost 40% of the total neglected tropical diseases funding, is expected to drive this decline even further....”

“In 2024, WHO acknowledged successful neglected tropical disease elimination efforts in seven countries, but progress should not be taken for granted. **Defunding risks the re-emergence and spread of diseases considered remnants of the past. Among them is noma, the most recent addition to WHO's neglected tropical disease list. It is therefore likely that defunding of neglected tropical diseases will lead to a rise in noma cases in regions where it still occurs, and a re-emergence in places where improved living conditions had once eliminated the disease.** The sudden interruption of essential supplies, including ready-to-use therapeutic foods and childhood vaccines, creates precisely the conditions in which noma flourishes: **acute malnutrition and recurrent vaccine-preventable infections....”**

Both the **geopolitical instability and escalating climate crisis** add to the risks.

Concluding: “**Noma is only one of the many neglected tropical diseases likely to surge in the coming years.** Its resurgence would be the clinical manifestation of a profound failure in international solidarity. Tackling noma ultimately means tackling poverty itself. **In a context of shrinking development assistance and escalating climate crisis, choices must be guided by long-term effects. Official development assistance should be prioritised for the least developed countries; food security should be central to strategies in climate-fragile settings; and sustained health-systems strengthening should take precedence over short-term emergency responses.** Without these structural commitments—particularly in climate-fragile and conflict-affected contexts—we will fail to uphold the fundamental human right to health.”

NYT – ‘Biblical Diseases’ Could Resurge in Africa, Health Officials Fear

<https://www.nytimes.com/2026/02/03/health/neglected-tropical-diseases-usaid-ntds-river-blindness.html>

“**Parasites and infections that cause blindness and other disabilities were nearly eliminated in some countries, but drug distribution to prevent and treat them was derailed in many places in 2025 after the U.S. cut aid.**”

PS: “**A spending bill now being considered by Congress contains new funding for neglected tropical diseases, roughly the same amount the program had under U.S.A.I.D.** That program was created with bipartisan support under President George W. Bush. There is also funding earmarked for neglected tropical diseases from the 2024 and 2025 financial years that remains unspent. **Still, the future of the program is not clear. It may be possible for countries to restart their neglected disease programs with funding negotiated as part of new aid deals with the United States.** However, all of the U.S.A.I.D. partners in Africa that supported ministries of health with work on neglected tropical diseases have fired their staff and closed their offices. The Trump administration’s new global health strategy does not mention these diseases. Yet **these programs meet many of the criteria highlighted in that strategy,** which emphasizes public-private partnerships (such as the drug donations), more financial contribution and leadership by countries receiving aid, and time-limited assistance.”

“... Unlike initiatives such as H.I.V. treatment programs that involve medication for life, **neglected disease programs aim for elimination — each year, a handful of countries around the world have been able to declare one more disease wiped out.** Most of these programs were slowly being taken over by governments, reducing their reliance on aid, but that process was thrown into chaos by the abrupt cut in funding. In response to questions about the future of the program, the State Department sent an emailed statement saying, “**The Department of State is currently reviewing NTD resources to align with the Trump Administration’s goal of making America safer, stronger and more prosperous.”**”

PS: “**When programs froze a year ago, the W.H.O. led an effort to make sure that drugs that were already in countries did not expire. Since then, the focus has been on helping countries figure out how they can accelerate a process that was already underway to integrate neglected disease programs into existing health services....”**

World Cancer Day (4 Feb)

WHO - Four in ten cancer cases could be prevented globally

<https://www.who.int/news/item/03-02-2026-four-in-ten-cancer-cases-could-be-prevented-globally>

“**Up to four in ten cancer cases worldwide could be prevented, according to a new global analysis from the World Health Organization (WHO) and its International Agency for Research on Cancer (IARC).** The study examines 30 preventable causes, including tobacco, alcohol, high body mass index, physical inactivity, air pollution, ultraviolet radiation – and for the first time – nine cancer-causing infections. **Released ahead of World Cancer Day, 4 February, the analysis estimates that 37% of all new cancer cases in 2022, around 7.1 million cases, were linked to preventable causes.** The findings highlight the enormous potential of prevention in reducing the global cancer burden.”

“**Drawing on data from 185 countries and 36 cancer types, the study identifies tobacco as the leading preventable cause of cancer, globally responsible for 15% of all new cancer cases, followed by infections (10%) and alcohol consumption (3%).** Three cancer types – lung, stomach and cervical cancer – accounted for nearly half of all preventable cancer cases in both men and women, globally....”

PS: “**The burden of preventable cancer was substantially higher in men than in women, with 45% of new cancer cases in men compared with 30% in women.”**

“**... Preventable cancer varied widely between regions.** Among women, preventable cancers ranged from 24% in North Africa and West Asia to 38% in sub-Saharan Africa. Among men, the highest burden was observed in East Asia at 57%, and the lowest in Latin America and the Caribbean at 28%. **These differences reflect varying exposure to behavioural, environmental, occupational and infectious risk factors, as well as differences in socioeconomic development, national prevention policies, and health system capacity.** The findings underscore the **need for context-specific prevention strategies that include strong tobacco control measures, alcohol regulation, vaccination against cancer-causing infections such as human papillomavirus (HPV) and hepatitis B, improved air quality, safer workplaces, and healthier food and physical activity environments....”**

- Related: [Nature News – Over one-third of cancer cases are preventable, massive study finds](#)

“A large fraction of cancers are linked to two modifiable habits: tobacco smoking and alcohol consumption.”

More on NCDs

HPW – Unlocking ‘Brain Capital’ in the Brain Economy – Davos Initiative Aims to Make Brain Health a Development Indicator

<https://healthpolicy-watch.news/unlocking-brain-health-in-the-brain-economy-experts-at-davos-launch-new-initiatives/>

“A new initiative that aims to measure and promote the inclusion of “brain capital” as an economic indicator was launched at the World Economic Forum in Davos last week. Advocates for the [Global Brain Economy initiative](#), and a companion [Global Brain Capital Index](#) argue that using brain health as a development indicator can help spur more awareness and investments in brain health – including dementia related diseases that now rank as the seventh largest cause of death worldwide. ”

“The discussions, hosted by the [Davos Alzheimer’s Collaborative \(DAC\)](#), marked what several speakers described as a turning point: a shift from viewing brain health primarily as a cost to seeing it as an investable economic asset — one with implications for productivity, resilience, innovation, and long-term growth. With the launch of the [Global Brain Capital Index](#) and the [Global Brain Economy Initiative](#), leaders from economics, neuroscience, policy, and finance argued that recognizing — and monetizing — “brain capital” may be essential to unlocking investment in brain health across the life course, from early development to healthy aging and dementia prevention.”

PS: “The cost of brain health conditions across the lifespan... is \$3.5 trillion to the global economy, and the cost is rising at 3% a year...”

“... At the heart of the Davos discussions was the concept of brain capital, defined as the combined value of brain health and brain skills. “Brain capital is the new paradigm here,” Eyre said. “It’s human capital 2.0 — human capital in the age of neuroscience.” He stressed that brain capital spans mental health, neurological health, cognitive skills, emotional resilience, creativity, and learning — and that these capacities are now more critical than ever....”

“... Dialogues at Davos with [global health leaders around the new initiative](#) included conversations with: Bill Gates, WHO Director General Tedros Adhanom Ghebreyesus, and Wellcome’s John-Arne Røttingen, among others, Eyre said.That call for recognition was matched with a new measurement tool unveiled in Davos; the [full report was published](#) just this week. Called the [Global Brain Capital Index](#), it establishes a set of standardized indicators for measuring brain capital, in the form of brain health and brain skills, across countries and globally. The new index was developed by the economist Rym Ayadi, President of the Euro-Mediterranean Economists Association (EMEA)....”

PS: “Decline in brain health seen worldwide: ... Drawing on data from 1990 onwards, the findings presented in Davos revealed **troubling global trends**. “We can see an increase overall in brain health since the 90s, but then there is an overall decline, and this decline is persistent in all countries of the world,” Ayadi said. “So something is wrong here.” The **trend of brain health decline is seen across both OECD and non-OECD countries**. And there is also a “huge inequality between OECD and non-OECD countries,” Ayadi said. “And if we don’t really act, it becomes even worse.” ...”

CGD - Vision Impairment is a \$1 Trillion Productivity Problem: What Can Governments Do About It?

B Wong; <https://www.cgdev.org/blog/vision-impairment-1-trillion-productivity-problem-what-can-governments-do-about-it>

“... last year, Bloomberg Philanthropies announced a \$75 million Vision Initiative to expand access to screenings, eyeglasses, and cataract surgery across low- and middle-income countries (LMICs) and the United States. This is a major commitment in a sector that has historically struggled to attract large-scale funding. At the same time, at the UN General Assembly, the government of Antigua and Barbuda announced that it will host the first ever Global Summit on Eye Health in 2026. For a field long relegated to the margins of global health and development, these are unusual—and encouraging—signals. But they also raise an obvious question for governments and for donors: why eye care, and why now?”

“Two new pieces of evidence—[The \\$1 Trillion Blindspot](#) and [The Value of Vision](#) investment case—help formalize what some governments and stakeholders have been stating for years: that **vision loss is more than a health issue**. It is a drag on multiple development outcomes including productivity, learning, road safety, and overall quality of life. They also show that much of this loss is avoidable with low-cost eyeglasses and cataract surgery, generating high returns on investment. (Disclosure: I serve as Chief Economist at the [Seva Foundation](#), which led both pieces of work.).

The author then works out the “trillion-dollar development blind spot” and investment case.

“A new analysis—[The \\$1 Trillion Blindspot](#)—goes beyond disability-adjusted life years (DALYs) to estimate productivity losses from uncorrected visual impairment in LMICs. Focusing on four streams of economic loss, the study finds that the productivity loss of visual impairment in LMICs is **Int\$ 1.1 trillion annually. This is equivalent to 1.2 percent of combined gross national income**, more than [the direct costs of natural disasters globally....](#)”

“.... the report models **realistic expansion paths** of the intervention package across **111 LMICs from 2026 to 2030**. The model shows that a **US\$7.1 billion** investment in the interventions over five years could: **Reduce vision impairment by around 24 percent by 2030**, restoring clear sight to **about 255 million people**; Deliver a raft of improved human development outcomes including **3.3 million additional equivalent years of schooling, 211,000 averted road injuries, and 1.7 million averted cases of depression**; Generate **US\$199 billion in productivity benefits** over the same period—an average **return of US\$28 for every US\$1 invested**.”

With also **3 recommendations** for governments & donors.

Commercial Determinants of Health

WHO Bulletin (Editorial) – Commercial determinants of health; accentuating positive, curtailing negative impacts: call for papers

<https://PMC12834347/>

“The *Bulletin of the World Health Organization* calls for papers that examine the negative impacts of commercial determinants of health as well as those that explore how to incentivize and support the equitable distribution of positive contributions...”

For a theme issue to be launched at PMAC 2027.

WHO Bulletin – Insurance companies, climate and health justice

Hiroaki Matsuuraa & Takefumi Uenob; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294116.pdf?sfvrsn=97aee162_3

“... Insurers can no longer be regarded as neutral financial intermediaries. They are commercial determinants of climate and health outcomes, with the potential to either slow or advance a just transition. Their responsibilities extend beyond portfolio management and shareholder returns to include safeguarding the environmental and social foundations of public health. While voluntary environmental, social and governance initiatives have merit, binding measures are now essential...”

Guardian - Ultra-processed foods should be treated more like cigarettes than food – study

<https://www.theguardian.com/global-development/2026/feb/03/public-health-ultra-processed-foods-regulation-cigarettes-addiction-nutrition>

“UPFs are made to encourage addiction and consumption and should be regulated like tobacco, say researchers.”

“Ultra-processed foods (UPFs) have more in common with cigarettes than with fruit or vegetables, and require far tighter regulation, according to a new report. UPFs and cigarettes are engineered to encourage addiction and consumption, researchers from three US universities said, pointing to the parallels in widespread health harms that link both.”

“There are similarities in the production processes of UPFs and cigarettes, and in manufacturers' efforts to optimise the “doses” of products and how quickly they act on reward pathways in the body, according to the paper from **researchers at Harvard, the University of Michigan and Duke University**. They draw on data from the fields of addiction science, nutrition and public health history to make their comparisons, published on 3 February in the healthcare journal **the Milbank Quarterly....**”

Human Resources for Health

Africa CDC - Baseline Report on the Health Workforce Status of 55 African Union Member States, March 2025

<https://africacdc.org/download/baseline-report-on-the-health-workforce-status-of-55-african-union-member-states/>

“This Baseline Report, developed pursuant to an Inception Meeting for the Health Workforce Compact in Addis Ababa in June 2024, **describes key findings from analysis of health workforce strategic documents, desk research, and economic scenario analysis**. Our research makes several salient observations, including:...” Check them out.

- Related: [African Health Workforce Compact | Investment Case Analysis Report](#)
- and [African Health Workforce Compact, March 2025](#)

SRHR

WHO – Over four million girls still at risk of female genital mutilation: UN leaders call for sustained commitment and investment to end FGM

<https://www.who.int/news/item/05-02-2026-over-four-million-girls-still-at-risk-of-female-genital-mutilation--un-leaders-call-for-sustained-commitment-and-investment-to-end-fgm>

Joint statement by the UNFPA Executive Director, UNICEF Executive Director, UN High Commissioner for Human Rights, UN Women Executive Director, WHO Director-General, and UNESCO Director-General on the International Day of Zero Tolerance for Female Genital Mutilation

“In 2026 alone, an estimated 4.5 million girls – many under the age of five – are at risk of undergoing female genital mutilation (FGM). Currently, more than 230 million girls and women are living with its lifelong consequences. ”

“Today, on the International Day of Zero Tolerance for Female Genital Mutilation, we reaffirm our commitment to end female genital mutilation for every girl and every woman at risk, and to continue working to ensure those subjected to this harmful practice have access to quality and appropriate services. Female genital mutilation is a violation of human rights and cannot be justified on any grounds. It compromises girls’ and women’s physical and mental health and can lead to serious, lifelong complications, with treatment costs estimated at about US\$ 1.4 billion every year.... Interventions aimed at ending female genital mutilation over the last three decades are having an impact, with nearly two-thirds of the population in countries where it is prevalent expressing support for its elimination. After decades of slow change, progress against female genital mutilation is accelerating: half of all gains since 1990 were achieved in the past decade reducing the number of girls subjected to FGM from one in two to one in three. We need to build on this momentum and speed up progress to meet the Sustainable Development Goal target of ending female genital mutilation by 2030....”

Decolonize Global Health

Devex – Decolonization language risks alienating the public, UK MPs warned

<https://www.devex.com/news/decolonization-language-risks-alienating-the-public-uk-mps-warned-111796>

Interesting article. But very 'debatable'...

"A parliamentary hearing saw frank discussion of the aid sector's communication challenges.... Speaking before the House of Commons' International Development Committee on Tuesday, Luke Tryl, executive director at More in Common, a public opinion research organization, told MPs that debates around decolonization were often perceived as a distraction from whether aid actually works. "The introspection that has dominated the U.K. aid sector, particularly in the early 2020s, has actually been quite harmful," Tryl said. "It can come across in a way that makes people say, 'I put in money. I pay. Are you calling me a colonialist because I want to help people in another part of the world?'" ... " Tryl said language around reparations "alienates" much of the public, despite appealing strongly to the most progressive audiences. "It makes people think that aid is being used for political ends to advance a political agenda," he said...."

"Jennifer Hudson, director at Development Engagement Lab, a research organization that studies public attitudes to global poverty and development, echoed that assessment. She told MPs that the sector's conversation about decolonization and power "is not a conversation that the British public want to have," describing it as a "non-starter" for many people...."

"... said the public responds better when aid is linked to tangible outcomes, particularly in areas such as public health, vaccines, and disease prevention, where benefits can be clearly demonstrated. At the same time, witnesses cautioned against assuming that "national interest" arguments alone can rebuild support. Hudson said research suggests such framing appeals only to a small segment of the population and can actively turn others off if it feels abstract or self-serving. Instead, she argued, complex issues such as development and climate change need to be communicated in ways that feel concrete and relevant to everyday life, rather than as distant policy debates...."

Planetary Health

Climate enters the overshoot era – and science and policy need to react

<https://iiasa.ac.at/news/feb-2026/climate-enters-overshoot-era-and-science-and-policy-need-to-react>

(see also last week's IHP newsletter). "In 2024, global temperatures exceeded 1.5°C for the first time, signaling that the **world is on track to pass this limit within the next decade. In a new commentary, IIASA experts and collaborators argue that this new reality requires a rethink of accountability in climate policy."**

“... In their **commentary published in *Nature***, researchers from IIASA, the Humboldt University of Berlin, the Potsdam Institute for Climate Impact Research, and the Grantham Research Institute on Climate Change and the Environment, **argue that our entry into an “overshoot” era – one for which existing climate strategies were not intentionally designed – requires a fundamental rethink of accountability in climate policy.**”

“... **To address this new reality**, the authors call for the Intergovernmental Panel on Climate Change’s (IPCC) 7th Assessment Report to firmly anchor 1.5°C in its assessment to inform overshoot policy. They call for a focus on quantifying equity and fairness under overshoot scenarios and a backward-looking view to unpack historical factors and decisions that resulted in warming exceeding 1.5°C. They also call for an integrated perspective on how different remedies – carbon removal, adaptation support, and loss and damage finance – relate to each other.”

Guardian - Flawed economic models mean climate crisis could crash global economy, experts warn

<https://www.theguardian.com/environment/2026/feb/05/flawed-economic-models-mean-climate-crisis-could-crash-global-economy-experts-warn>

“**States and financial bodies using modelling that ignores shocks from extreme weather and climate tipping points.**”

“Combined extreme weather disasters could wipe out national economies, the **researchers, from the University of Exeter and financial thinktank Carbon Tracker Initiative...**”

“For financial institutions and policymakers, it’s a fundamental misreading of the risks we face,” ...
“**We are thinking about something like a 2008 [crash], but one we can’t recover from as well. Once we have ecosystem breakdown or climate breakdown, we can’t bail out the Earth like we did the banks.**” “

UNU – Policy brief: Operationalizing the Economics of Health for All

David McCoy, Dian Maria Blandina;

https://collections.unu.edu/eserv/UNU:10454/Operationalizing_the_Economics_of_Health_for_All.pdf

2 p. “**In this policy brief, we highlight the key recommendations of the Council and summarise the key elements of the draft strategy.** We end by reaffirming the fundamental importance of economic policy and systems to global health, and the need for the global health community to advocate for an economics that guarantees health for all.”

Access to medicines, vaccines & other health technologies

WHO- Preventive cholera vaccination resumes as global supply reaches critical milestone

<https://www.who.int/news/item/04-02-2026-preventive-cholera-vaccination-resumes-as-global-supply-reaches-critical-milestone>

“First preventive campaign in over three years launches in Mozambique, with others planned in Bangladesh and the Democratic Republic of the Congo.”

“... Global cholera vaccine supply has now increased to a level sufficient to allow the resumption of life-saving preventive campaigns for the first time in over three years, Gavi, the Vaccine Alliance, UNICEF, and the World Health Organization (WHO) announced today. A first allocation of 20 million doses is being deployed for preventive campaigns. Of these, 3.6 million doses were delivered to Mozambique; 6.1 million to the Democratic Republic of the Congo that is also experiencing significant outbreaks; and 10.3 million doses are planned for delivery to Bangladesh....”

“Following sustained efforts by global agencies, manufacturers and partners, annual global supply of OCV has doubled from 35 million doses in 2022 to nearly 70 million doses in 2025. The doses are being financed by Gavi, and procured and delivered to countries by UNICEF....”

PS: “... The three countries were chosen based on allocation criteria set out by the Global Task Force for Cholera Control (GTFCC), a partnership of over 50 organizations, to ensure cholera vaccines for preventive campaigns are distributed systematically, equitably and transparently...”

ORF - Tariffs, Technology, and the New Geopolitics of Pharmaceutical Trade

Lakshmy Ramakrishnan; <https://www.orfonline.org/expert-speak/tariffs-technology-and-the-new-geopolitics-of-pharmaceutical-trade>

“As tariff threats loom and AI reshapes drug development, pharmaceuticals are increasingly weaponised in global trade, testing transatlantic ties and raising the strategic stakes for India-EU cooperation.”

Conflict/War/Genocide & Health

Guardian – International law meant to limit effects of war at breaking point, study finds

<https://www.theguardian.com/law/2026/feb/02/more-than-100000-civilians-killed-war-crimes-out-of-control-study>

“Report covering 23 conflicts over last 18 months concludes more than 100,000 civilians have been killed as war crimes rage out of control.”

"An authoritative survey of 23 armed conflicts over the last 18 months has concluded that international law seeking to limit the effects of war is at breaking point, with more than 100,000 civilians killed, while torture and rape are committed with near impunity. The extensive study by the Geneva Academy of International Humanitarian Law and Human Rights describes the deaths of 18,592 children in Gaza, growing civilian casualties in Ukraine and an "epidemic" of sexual violence in the Democratic Republic of the Congo. Such is the scale of violations, and the lack of consistent international efforts to prevent them, that the study, entitled **War Watch, concludes that international humanitarian law is at "a critical breaking point"....."**

People's Dispatch –Researchers warn of “de-healthification” in Palestine as infections spread in Gaza

<https://peoplesdispatch.org/2026/01/27/researchers-warn-of-de-healthification-in-palestine-as-infections-spread-in-gaza/?ref=peoples-health-dispatch.ghost.io>

"Health conditions in Gaza remain critical as the Israeli occupation undermines healthcare despite the so-called ceasefire and growing infection numbers."

"Researchers and activists continue to stress the deliberate nature of Israel's destruction of Palestinian healthcare. In this context, Layth Malhis of the IPS has advanced the concept of "de-healthification" to analyze and counter this strategy. According to Malhis, **de-healthification is "a systematized regime that transforms health from a protected public good into a field of coercion," a process that has reached a new phase during the genocide in Gaza but has existed throughout the occupation..."**

Lancet Letter – Violations of medical neutrality during protests in Iran

Arash Alaei et al ; [Lancet](#)

"Verified reports and multiple publicly available video recordings documented the forced entry of the security forces of the Islamic Republic of Iran into Khomeini Hospital (Ilam province, Iran) and Sina Hospital (Tehran, Iran) during the January 2026 protests...."

Authors conclude: "Since 2024, during the presidency of Masoud Pezeshkian, a former cardiothoracic surgeon, **health-care providers in Iran have continued to face repeated attacks with no accountability. The recurrence of these incidents shows a persistent denial of medical care to Iranian people and raises serious concerns about systemic failures to uphold basic international humanitarian standards.** As physicians and health-care professionals, we firmly condemn the violence from Iranian security forces, which compromises the safety, neutrality, and independence of health-care spaces. **We call for the immediate establishment of an independent and transparent investigation into the Khomeini and Sina hospital incidents, including evaluation of violence against patients and health-care providers, damage to medical infrastructure, and resulting injuries or deaths.** Findings must be publicly reported, and concrete safeguards implemented to prevent the recurrence of such incidents. **We urge the international medical and public health communities to condemn these acts and uphold the principles of medical neutrality.**"

Lancet Regional Health Africa - Internally displaced people in Mali: another humanitarian and health crisis in the making

Houssynatou Sy et al; [https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011\(25\)00019-7/fulltext](https://www.thelancet.com/journals/lan afr/article/PIIS3050-5011(25)00019-7/fulltext)

“...The crisis in Mali reflects patterns seen in other conflict-affected settings.”

Lancet Comment - Venezuela's health system: when force meets fragility

S Marzouk, P Spiegel et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00203-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00203-5/fulltext)

“The US military strikes on Venezuela on Jan 3, 2026 and seizure of the country's President Nicolás Maduro represent a profound shock to a health system already in collapse. With US President Donald Trump asserting that the US Government will run Venezuela for an unspecified period, **the question is stark: will this claimed stabilisation help restore essential health services or will it deepen disruption and affect the most vulnerable populations?...**”

- And related Lancet Editorial - [Venezuela: health beyond the political turmoil](#)

“...While the country's political future remains uncertain, one clear priority is to protect the health of the Venezuelan people. The present health crisis in Venezuela is chronic—the result of political corruption and economic mismanagement under Hugo Chávez (1999–2013) and then Maduro....”

Miscellaneous

Lancet Offline – Health—the forgotten foreign policy goal

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00244-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00244-8/fulltext)

“The **Global Soft Power Index 2026** is out. 193 nations are ranked according to their “ability to influence preferences and behaviours through attraction or persuasion rather than coercion”....

Horton then provides a number of examples, like The Gambia, Thailand... and argues:

“...These examples—and I could add Norway, Singapore, and South Africa—show that a country's commitments to health and health research are important contributors to its reputation and influence. The Global Soft Power Index should recognise health in its estimates. And politicians, if they care about their impact and legacy, should take health as seriously as they do their military and economy.”

Science News - Controversial Danish vaccine research group faces new allegations

<https://www.science.org/content/article/controversial-danish-vaccine-research-group-faces-new-allegations>

“Researchers say they couldn’t find complete data for 10 trials that together enrolled tens of thousands of children in Guinea-Bissau.”

Global health governance & Governance of Health

Devex - US funding pledge insufficient to avert UN financial woes

<https://www.devex.com/news/us-funding-pledge-insufficient-to-avert-un-financial-woes-111800>

“U.N. Secretary-General António Guterres warns U.N. risks “imminent financial collapse.””

“...At the heart of the crisis is a strange, somewhat convoluted circle that’s hard to square. **The U.N. is required to repay governments hundreds of millions of dollars in credits for budgeted U.N. programs, even those that were never realized.** And many of those programs were never realized in large part because the U.S. has not yet paid its dues for 2025. In essence, according to Guterres, the U.N. is being penalized for spending less than it has been authorized to spend....”

The New Humanitarian – Turning Point? Top donor Norway launches total aid policy review

<https://www.thenewhumanitarian.org/news/2026/02/02/turning-point-top-donor-norway-launches-total-aid-policy-review>

“Now, we have the chance to actually do something to reform the system.”

“Norway, one of the few remaining European donors not to have cut its aid budget target, has launched a wide-ranging review of its international development policy. Minister of International Development Åsmund Aukrust has warned of “tough and painful choices” but told The New Humanitarian the **country’s high aid spending target, 1% of gross domestic income*, would not be cut.** ... **The year-long review, dubbed Project Turning Point, is a response to “dramatic changes in the world at the moment”, including political crises, aid cuts, and attacks on international collaboration, said Aukrust....**

“When we are facing crisis, we should also ask ourselves: ‘What should be the best response? What is the best way to have a development policy in this new world? Could we do things in a better way?’ said Aukrust. **The review – which will be summarised in a white paper to be presented to the Norwegian parliament in 2027 – will include identifying “what kind of tools do we have to face this backlash against international aid”, he added.”**

“...Two clear priorities are already emerging for Norway: an efficiency drive focused on systemic reforms, including to the UN; and continued high support for Ukraine.”

PS: "Aukrust also said Norway was "seeking stronger partnerships with new kinds of donors", referencing the Gulf states, but also "possibilities in Asia". ..." "India, Indonesia [Norway's third biggest recipient of bilateral aid in 2024], China, they are extremely important political players, and we should be [in] stronger dialogue on all kinds of issues also related to development," he said.

ONE (report) - The Role of Scandinavian Contributions in Shaping a Better Future for Global Health

<https://www.one.org/scandinavian-aid-global-health-report/>

"The Scandinavian nations of Denmark, Norway, and Sweden have long been vital to advancing global health innovations across the world rooted in cultural norms and a regard for human rights and universal access to health care, especially for women and children. Scandinavian investments have improved health outcomes for women and children across Africa by promoting partnership, local capacity, and widespread medical innovations. ...To discuss the issue, the ONE Campaign, in partnership with Leidar and the Gates Foundation, developed a report outlining key drivers in the success of Scandinavian investments to advance global health outcomes, and explore their impact on health resilience, especially in Africa. Using evidence gathered from ONE data, external research, and interviews with key Scandinavian and African stakeholders involved in global health assistance, the report discusses the evolution and key drivers of Scandinavian global health aid, showcases examples of successful aid impact and results from projects across Africa, and discusses ongoing global ODA challenges providing commentary on avenues for reform and innovation moving forward."

Interviewees of the report suggest **four key findings**.

Plos One - The sustainability of public health programs following donor transition: A comparative case study of HIV services and maternal and newborn care in Uganda

Henry Zakumumpa, F Ssengooba et al ;

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0341328>

"We sought to compare drivers of health program sustainability concerning maternal and newborn care in Western Uganda after the end of the 'Saving Mothers Giving Life' (SMGL) project and HIV services in eastern Uganda following loss of PEPFAR support."

Among the key findings: "MNH proved more sustainable than HIV services after donor transition

- Political priority, integration into government systems, and diversified financing mattered more than technical design alone
- HIV programs, despite strong performance, struggled where domestic financing, ownership, and institutional embedding were weak."

Global health financing

Devex - Afreximbank cuts ties with Fitch, exposing a fault line in global finance

<https://www.devex.com/news/afreximbank-cuts-ties-with-fitch-exposing-a-fault-line-in-global-finance-111787>

(gated) “The break highlights growing tensions over how African institutions are rated — and who gets to decide what counts as a preferred creditor.”

“Last week, Afreximbank severed ties with Fitch, saying the agency’s analysis no longer reflected “a good understanding of the Bank’s Establishment Agreement, its mission and its mandate.” Soon after, on Wednesday, Fitch released its latest rating of the lender — a downgrade to junk status — citing concerns about how the bank’s loans to governments would be treated in future debt restructurings. This capped off a dispute that has quietly exposed deeper tensions in global development finance — not only over how African institutions are assessed by international ratings agencies, but over some more fundamental questions: What exactly counts as a multilateral development bank, and what protections come with that status?...”

UHC & PHC

International Affairs - The politics of evidence in health system crises: the case of Colombia

Tine Hanrieder; <https://academic.oup.com/ia/advance-article/doi/10.1093/ia/iiaf266/8445164?login=true>

“Health systems worldwide are in crisis, facing financial sustainability challenges, workforce shortages and shifting demands due to demographic change. Limited or decreasing public resources, aid cuts, population ageing and health workforce shortages affect countries in different but serious ways, leading to a sense of ongoing crisis. This article investigates the politics of health system crisis and its contentious interpretation in Colombia, where this issue is highly politicized. I analyse how proponents and opponents of a major health system reform proposal have mobilized evidence in favour and against the reform bill put forward by the leftist government elected in 2022. This analysis yields that the politics of slow, gradual health system crises is also one of sense-making, in which evidence is assembled within larger and changing narratives about development.

Pandemic preparedness & response/ Global Health Security

FT - Airport screening won’t stop the next pandemic

A Sparrow; <https://www.ft.com/content/43d6bb0f-d266-4a68-b69a-7a3926651055>

“An outbreak of the Nipah virus near Kolkata is a reminder that **hospital containment matters more than thermal scanning.**”

World Bank (chapter) – Early Outbreak Detection and Control, and Pandemic Preparedness

B N Archer, C Ihekweazu et al ;

https://www.uib.no/sites/w3.uib.no/files/attachments/9781464822131_ch5.pdf

Chapter on early outbreak detection & prepandemic preparedness, reflecting on why surveillance, early action & public health intelligence are central to preventing the next pandemic.

Global Public Health -‘Outbreak distress’: Characterising moral distress among international healthcare workers responding to mpox

Rosalie Haye et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2607848>

“In May 2022, a global outbreak of mpox (formerly known as monkeypox) was declared an international public health emergency. During this time, healthcare workers scrambled to respond to the outbreak amidst a lack of resources, knowledge gaps and pressures related to COVID-19. This period posed a **risk of heightened moral distress**, defined as distress arising from a situation in which a healthcare worker knows the right thing to do but is externally constrained from doing so. **An international survey of healthcare workers was developed to understand their experiences of responding to mpox, including open-text questions regarding moral distress.** Drawing on thematic analysis of these open text responses, this paper conceptualises the forms of distress experienced by health workers as ‘outbreak distress’—an emotional and psychological response to the synergistic effects that arise from stressed systems, uncertainty and stigma that characterise many, and especially new, infectious disease outbreaks. In the context of pandemic preparedness, **outbreak distress** represents a **novel concept for understanding additional pressures on healthcare systems** in future unknown and re-emerging outbreaks.”

WHO - Testing the system: regional simulation exercises advance global health security

<https://www.who.int/news/item/30-01-2026-testing-the-system--regional-simulation-exercises-advance-global-health-security>

“In 2025, **countries across three WHO regions put their International Health Regulations (IHR) capacities to the test through region-wide simulation exercises**, sharpening their ability to detect, report, and respond to public health threats with international impact. These exercises – South-East Asia Regional Practice of All-Hazard IHR Event Communications (SAPHIRE), Joint Assessment and Detection of Events (JADE) in the European Region, and IHR Exercise Crystal in the Western Pacific Region – bring together National Focal Points (NFPs), who play a critical role under the IHR in safeguarding global health security. **These annual exercises stress-test IHR event communication procedures and contingency plans**, demonstrating a sustained commitment by countries to strengthening preparedness and learning....”

Planetary health

UNICEF - The Impact of Climate Change on Maternal and Child Nutrition. A global evidence review

<https://knowledge.unicef.org/child-nutrition-and-development/resource/impact-climate-change-maternal-and-child-nutrition-global-evidence-review>

“The climate crisis and child malnutrition are inextricably linked. ... It is estimated that by 2050, climate change will leave an additional 28 million children suffering from wasting and 40 million affected by stunting globally. The climate crisis is also projected to worsen childhood overweight and obesity as traditional food systems fail, dietary intakes of ultra-processed foods increase and children have fewer opportunities for physical activity.”

“This report describes the impacts of climate change on child nutrition through the food, services and practices pathways, drawing from a wide body of available evidence. The report also describes the contribution of nutrition-delivery systems (especially the food system) to climate change. Results can be used by governments, climate and nutrition programmers, policymakers and donors, to inform context-specific solutions and resource investments to address this dual crisis.”

International Affairs - Towards an orderly and just exit from fossil fuels

Peter Newell; <https://academic.oup.com/ia/advance-article/doi/10.1093/ia/iaf272/8440051?searchresult=1>

“This article explores the tensions between the need for an orderly and just transition but one that is simultaneously able to disrupt incumbent forms of power currently resisting measures to cut the supply of fossil fuels, before assessing potential pathways forward. A growing number of states now recognize the need for global oversight and regulation of fossil fuel production, and they are starting to articulate what form a response might take. This article takes stock of such efforts and explores future political and institutional pathways towards a more orderly and just exit from fossil fuels. It argues that, while unilateral ‘club’ responses create important momentum, ultimately a multilateral agreement will be necessary to address the competing goals, diverse interests and different dimensions of a just transition.....”

Global Policy - Sustainable Happiness or Exploitative Happiness? A Global Justice Perspective on Cross-Border Spillover Effects

Chong-Wen Chen; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70127>

“National happiness levels are often attributed to domestic environmental and socioeconomic conditions or policies, yet how one country's pursuit of happiness affects others through global trade remains underexplored. This study adopts a global justice lens to examine negative spillover effects—harmful environmental and social impacts that countries impose on others via transnational supply chains and production networks. Using cross-sectional global data for 2019 and 2024, the analyses reveal a growing concentration of spillovers, particularly from advanced economies toward more developing ones...”

Mpox

Lancet Infectious Diseases (Comment) – Circulation of clade Ib mpox outside of Africa—are we prepared?

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00054-X/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00054-X/fulltext)

By Seth D Judson et al.

Infectious diseases & NTDs

The Telegraph – Return of the pox: How smallpox eradication cleared the way for new threats

<https://www.telegraph.co.uk/global-health/science-and-disease/how-smallpox-eradication-cleared-the-way-for-new-threats/>

“By eliminating smallpox, scientists say a vacuum has formed – one that its viral cousins are now beginning to fill.”

“... Those **relatives belong to the orthopoxvirus family**, a group of viruses that originate from and circulate among wild mammals, and can occasionally ‘jump’ to humans before transmitting between them. **They include mpox, as well as lesser-known viruses like Borealpox in North America, Buffalopox in South Asia and Camelpox in the Middle East....”**

Via Stat - Some actually good infectious disease news

“**The Guinea worm eradication program is inching closer to completion, with a mere 10 cases of the debilitating illness reported in 2025, the Carter Center announced on Friday.** The center, established by the late President Jimmy Carter, has been the lead player in the effort to rid the world of the parasitic worms that cause this horrific illness. The 2025 cases occurred in South Sudan, Chad, and Ethiopia. In 2024, there were 15 cases recorded....”

PS: “**When the Guinea worm eradication program began in 1986, there were an estimated 3.5 million cases across 21 countries in Africa and Asia....”**

- And a link: [Plos Med - Estimating the global burden of viable *Mycobacterium tuberculosis* infection: A mathematical modelling study](https://www.plosmedicine.org/article/doi/10.1371/journal.pmed.1012001)

AMR

WHO - Global regulatory authorities reaffirm labelling as a high-impact tool to combat antimicrobial resistance

<https://www.who.int/news/item/30-01-2026-global-regulatory-authorities-reaffirm-labelling-as-a-high-impact-tool-to-combat-antimicrobial-resistance>

“Global regulatory leaders reaffirmed the **critical role of antimicrobial labelling** for appropriate use and disposal in the global response to antimicrobial resistance (AMR) at the **Second Global Regulatory Authorities Summit** on AMR from 14-15 January 2026. The leaders concluded that clear, practical and enforceable labelling requirements can deliver significant public health gains across human, animal and environmental sectors with a One Health approach.....”

NCDs

SSM Health Systems - Healthcare Infrastructure and Cervical Cancer Screening in Low-Resource Settings: A Systematic Review Focused on Sub-Saharan Africa

M Michael Sichalw et al; <https://www.sciencedirect.com/science/article/pii/S2949856226000206>

“**Cervical cancer screening uptake in SSA remains critically low at below 15%. Health system gaps, stigma, and inequities drive low screening coverage.** Task-shifting and provider training improve screening access and quality. Mobile clinics and service integration expand reach in underserved areas. System-level investment is key to equitable cervical cancer elimination.”

TGH – Indonesia Delays Sugary Drink Taxes, Yet Again

<https://www.thinkglobalhealth.org/article/indonesia-delays-sugary-drink-taxes-yet-again>

“Conceived a decade ago, **Indonesia's tax on sugar-sweetened beverages is now tied to an easy-to-miss economic target.**”

“**When the domestic economy has improved and grown by 6%,** I promise to come to the House of Representatives to present on the SSB tax,” said Sadewa (Indonesia Finance minister)”

Social & commercial determinants of health

Globalization & Health - Commercial determinants of health revisited: integrating business scholarship for greater public health impact

J Park et al; <https://link.springer.com/article/10.1186/s12992-026-01187-y>

« In her influential 2020 review in *Globalization and Health*, Mialon synthesizes the commercial determinants of health (CDOH) literature and underscores how commercial actors are connected to public health through the institutional environments in which they operate. Much of this research conceptualizes firms as institutionally embedded but relatively homogeneous actors, emphasizing external practices such as the production and promotion of harmful commodities, lobbying, and corporate social responsibility initiatives. While recent CDOH scholarship has begun to recognize the importance of organizational-level factors, few studies analyze the internal processes through which corporate conduct with public health consequences emerges. We argue that integrating insights from management scholarship can enrich CDOH research by opening the “black box” of the firm and clarifying how such conduct arises from interactions among institutional contexts, organizational arrangements, and individual-level dynamics. Drawing on management research, we conceptualize firms as multilevel systems in which institutional conditions inform conduct through organizational governance, resources, and practices, as well as through individual values, cognitions, sensemaking, and interaction among organizational members and stakeholder...”

Mental health & psycho-social wellbeing

Nature News - The 'bible for psychiatry' is getting a rewrite: your guide to the next DSM

https://www.nature.com/articles/d41586-026-00283-8?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=46740084

“The next version of the diagnostic tool will be a ‘living’ and ‘scientifically rigorous manual’.”

Review of the Book ‘Under the Gaze of Global Mental Health: A Critical Reflection’

D Da Mosto et al ; <https://link.springer.com/article/10.1007/s11013-026-09970-7>

Authors reviewed the book **Under the Gaze of Global Mental Health: A Critical Reflection** by Janaka Jayawickrama & Jerome Wright: a powerful critique of biomedical universalism and Euro-Northern epistemic dominance, and a call for situated, collaborative practice.

Sexual & Reproductive health rights

Plos GPH - The humanitarian-development nexus and sexual and reproductive health interventions in fragile settings: A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005767>

By Amany Qaddour, P Spiegel et al.

Adolescent health

Nature Medicine - Integration of health check-ups into school and healthcare systems can improve adolescent health in LMICs

<https://www.nature.com/articles/s41591-026-04200-4>

“In low- and middle-income countries (LMICs), adolescents have limited access to healthcare. A study in urban Zimbabwe demonstrated that routine check-up visits integrated within existing school and healthcare systems are feasible and acceptable. The check-up intervention showed potential for improving health and educational outcomes, as well as the long-term well-being of adolescents.”

Access to medicines & health technology

SS&M - Nexus between biomedicalization and Traditional Chinese Medicine: conceptualization of subhealth

Yue Zhang et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626001012>

“Subhealth emerges through TCM scientization within China’s preventive health reforms. Topic modeling shows a shift from epistemic legitimization to practical implementation. Subhealth functions as a governance pathway linking tradition and modern risk metrics. Commercial health markets reinforce its dissemination across clinical and societal settings. Publication decline after 2010 signals institutional consolidation, not concept retreat....”

The Conversation - Medicinal plants support men’s health in South Africa: why this knowledge needs safekeeping

A O Aremu et al; <https://theconversation.com/medicinal-plants-support-mens-health-in-south-africa-why-this-knowledge-needs-safekeeping-268896?s=09>

“.... medicinal plant experts ... recently researched the value of medicinal plants for men’s health in South Africa....”

Science - Serious side effects dim hopes for the first chikungunya vaccine

The shots fell short during a massive outbreak on a French island. A new vaccine may be safer

<https://www.science.org/content/article/serious-side-effects-dim-hopes-first-chikungunya-vaccine>

SSM Health Systems - Technologies Used for the Quantification of Essential Medicines in Health Facilities in Sub-Saharan Africa: A Systematic Review

<https://www.sciencedirect.com/science/article/abs/pii/S2949856226000176>

Human resources for health

Nature Health - Brazil's community health workers inform primary care reforms in England

Alessandro Jatobá et al ; <https://www.nature.com/articles/s44360-025-00018-5>

“England’s adoption of Brazil’s community health worker model highlights **the transformative potential of reverse innovation** in addressing health inequities and strengthening primary care.”

Decolonize Global Health

Plos GPH - Exploring understandings and approaches to decolonisation in the field of violence against women and girls: Towards conceptual clarity and actionable strategies for funding, programming and research

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005664>

By Michelle Lokot et al.

Development Today - Global South NGO leaders call on international relief agencies to stop competing for UN country funds

<https://www.development-today.com/archive/2026/dt-1--2026/local-ngo-leaders-call-on-international-relief-agencies-stop-competing-for-financing-from-un-country-funds>

“**Leaders of humanitarian organisations in the Global South urge international actors to stop competing for financing from the UN country-based pooled funds** in the wake of Save the Children’s decision to refrain from applying to the funds for support. **Local organisations continue to be treated as subcontractors with no overhead, they say.** Some international NGOs are mulling over whether to withdraw.”

Conflict/War & Health

BMJ News – Israel accepts Gaza death toll of 70 000, but experts say true number is much higher

<https://www.bmjjournals.org/content/392/bmjs239>

“Israel has reportedly acknowledged that at least 70 000 Gazans have been killed in Israeli attacks since 7 October 2023, but experts have warned that the true number of deaths is likely to be much higher.”

“...Responding to the news that Israel had accepted the 70 000 figure, **Fikr Shalltoot, Gaza director for Medical Aid for Palestinians**, said, “More than 70 000 deaths is a staggering figure—but it is still no doubt an undercount. **The MoH’s numbers, relied on by the UN and World Health Organization, record only confirmed direct deaths, not the full scale of mortality caused by Israel’s genocide in Gaza.**” She added that the death toll “excludes the missing, those buried under rubble, and the many people dying out of sight from entirely preventable causes—untreated injuries, infections, chronic illness, and the systematic destruction of healthcare.”

Miscellaneous

Guardian - Trump-led abuses amid ‘democratic recession’ put human rights in peril, HRW report says

<https://www.theguardian.com/global-development/2026/feb/04/trump-us-china-russia-democratic-recession-peril-human-rights-watch>

“Rights group says growing authoritarianism and abuses in US, Russia and China threaten global rules-based order.”

“**The world is in a “democratic recession” with almost three-quarters of the global population now living under autocratic rulers** – levels not seen since the 1980s, according to a new report. **The system underpinning human rights was “in peril”**, said Philippe Bolopion, executive director of **Human Rights Watch** (HRW), with a growing authoritarian wave becoming “the challenge of a generation”, he said.”

“... He called on democracies, including the UK, the **European Union** and Canada, to form a strategic alliance to preserve the rules-based international order, which is under threat from Trump, Russia and China.”

Papers & reports

WHO Bulletin (Theme issue) – Health Systems response to population decline

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+2%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+2%5BIssue%5D)

Released from Bangkok (PMAC conference). “ In the editorial section, Viroj Tangcharoensathien et al. introduce this theme issue to accompany the Prince Mahidol Award conference on demographic change, summarizing authors’ descriptions of relevant multisectoral policy and health systems responses...”

HP&P - Measuring and assessing corruption in public health systems in low- and middle-income countries: a scoping review of methods

B Anderson, M McKee, D Balabanova et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf113/8456235?searchresult=1>

“...Our scoping review showed that **health sector corruption in low- and middle-income countries is assessed mainly using surveys, interviews, focus groups, and audits and compliance reviews**.

Ethnography, investigative journalism, and crowdsourcing, while recommended previously, are less commonly used.... **Methods rarely arose from explicit theories and frameworks and are often not fully described**. To strengthen research on corruption, a **consensus on the definition of corruption practices, useful frameworks to guide study design, and employment of a broader range of methods, including from disciplines outside health, is needed....**”

Lancet (Viewpoint) – The paradox of trust in health care in the age of social media

M Ienca, Ezekiel Emanuel et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02556-5/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02556-5/abstract)

« **Health systems worldwide face two fundamental and connected challenges: pervasive misinformation and disinformation and eroding public trust**. This erosion reveals a **paradox at the heart of contemporary science–society relations: the more science succeeds in solving complex problems through rigour and institutional coordination, the more it alienates a public that values immediacy, authenticity, emotional resonance, and personal connection**. Consequently, those most committed to scientific rigour—scientists, health-care institutions, professional societies, and public health agencies—are increasingly distrusted, whereas those least accountable—untrained influencers, unqualified individuals with financial motives or political agendas, and artificial intelligence bots—are deemed credible. **This so-called trust paradox is amplified by engagement-driven social media environments that reward disinformation, immediacy, group identity, and authenticity over factual truth**. The consequences are harmful health outcomes and misguided policy decisions. **Addressing this paradox requires not only technical accuracy but also co-production from the outset, overarching horizontal communication, infrastructures for transparency and emotional resonance, and regulatory reforms for algorithms and digital environments**. »

HP&P – How to do (or not to do) ... Asset Mapping in Community Health

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag006/8445168?searchresult=1>

“Public health asset mapping involves working in a community partnership to form a systematic inventory of a local community’s health-promoting features. **Assets include physical amenities such as parks or fitness centers, community clinics, welfare agencies, health-promoting non-governmental organizations (NGOs), and businesses**. A curated list of these resources constitutes an **asset map** that can be shared to promote better health and better health policies that build on local strengths rather than deficits to address upstream social determinants of health. Procedures for asset mapping must be adapted for local contexts because the identity and focus of assets differ significantly between countries. Asset mapping emerged as an element of an overall approach to Asset-Based Community Development (ABCD). However, an expository gap persists between a rich

ABCD literature and practice-oriented guidance on how to operationalize these processes through coherent asset map design, data collection, analysis, and integration of qualitative insights, especially for the metropolitan context in the public health field. In response, we developed a systematic and replicable five-step guide to systematically map public health assets..."

BMJ GH - Implementation of health and health-related sustainable development goals: progress, challenges and opportunities—a systematic literature review update

M Kshatriya et al; <https://gh.bmj.com/content/11/2/e021623>

"... A prior systematic review assessed progress in health and health-related sustainable development goals (HHSDGs) from 2015 to 2019, identifying an important need for countries to strengthen implementation of multisectoral work, capacity building, financial stability and data availability. We undertook an updated systematic review to assess additional progress, challenges and opportunities for HHSDG implementation from 2019 to 2025, including the pandemic periods. This update aims to assess where countries are presently in HHSDG implementation and if further recommendations can be made in the final stretch to the 2030 targets...."

Health Promotion International: four decades of impact

<https://academic.oup.com/heapro/article/41/1/daag012/8461752?login=true>

by S Thomas, I Kickbusch et al.

Blogs & op-eds

Habib Benzian - When Description Becomes the Ceiling

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

"What highly sophisticated epidemiology shows and what it leaves untouched."

Benzian comes back on a [recent Nature Medicine article](#) in which he was involved.

"...As our descriptive tools become more refined, health systems become better at acknowledging problems without becoming accountable for resolving them. Inequality becomes legible, measurable, and continuously updated and in doing so, risks becoming normalised as a stable feature of the landscape rather than a provocation to redesign it."

"The danger is not that epidemiology remains descriptive. That restraint is part of its strength. The danger is that descriptiveness becomes the ceiling rather than the foundation, that systems learn how to accumulate ever more precise evidence while insulating themselves from the political consequences of what that evidence implies. The paper shows how well we can now see. It also shows how carefully our dominant knowledge systems stop short of asking what seeing obliges us to do...."

Tweets (via X & Bluesky)

Andrew Harmer

“Russia, like Israel, hinting at the **political partiality** of the WHO. Can't think why. **Global health commentators should not be sucked into, or amplify, this false narrative.**”

Sophie Harman

“Bill Gates' justification for meeting with Epstein “The focus was always, he knew a lot of very rich people, and he was saying he could get them to give money to global health' is as gross as it is unsurprising.”

Chris Hayes

“I think it's best for everyone to understand that the **unified class project of billionaires right now** is to do to **white collar workers** what globalization and neoliberalism did to **blue collar workers.**”