

# IHP news 868 : “Human rights are not a spectator sport”

( 27 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,

Given all that’s happening in the world and in the global health community these days, you will have noticed that it’s next to impossible to provide a brief overview of ‘what’s up this week’ in the intro. And that’s not even going into everything that is being published. So let me just flag a few things that caught my attention this week.

First of all, the news on [Zimbabwe having walked away from a proposed \\$350 million health funding agreement with the United States](#) ( only reported now), as well as the [double argumentation](#) for doing so, will most likely also “inspire” other African countries involved in similar negotiations. Even if a strategic leak might have played a role in all the frenzy. Already a few days later, the **Zambia government** seemed to follow suit. Lately, Jean Kaseya is also sounding a bit more [concerned](#) on the US bilateral health agreements, although – [Jon Bon Jovi style](#) – he did reassure African countries, “*if you want Africa CDC to be there, we’ll be there (for you)*”.

On the new ‘**transactional era**’ (*where Rwanda seems to have some of the ‘best cards’ in ‘Trump speak’*), we find **Nelson Aghogho Evaborhene’s analyses** very insightful, whether in Global Policy (“[Global Health: Nigeria and the Pathology of the Hostage State in an Era of Fragmentation](#)”), [Lancet Global Health](#) or anywhere else. But there are quite a few others – certainly including [Emily Bass](#) (this week linking Trump’s global health strategy with ‘Project Vault’). Meanwhile, yesterday, **DRC** was the latest country to [sign a health agreement](#) with the US.

Increasingly, although [it’s not altogether clear mankind will get there](#), some are already thinking about the **post-2030 era**. We certainly want to draw your attention here to a **new paper by Mulumba et al, arguing for reparative justice** as overall lens: “... *A post-2030 Global Social Contract must impose enforceable obligations on former colonial powers, embed structural restitution through debt and tax justice, and democratise health governance under the principle of Common but Differentiated Responsibilities...*” (ps: I would suggest, for obvious reasons, to mainly try ‘find’ the reparations among the global 0.00001 %, currently rather busy causing ever more stuff to ‘repair’, worldwide). A quote from Mulumba et al that resonated with me: “...*Ultimately, the SDGs operate as a neocolonial placebo -soothing global conscience without treating the root causes of injustice.*”

From there to the ongoing ‘**Global Health Reimagining & reform**’ debate is a relatively small step. We agree with [others](#) that **mental health** should get more prominence in these discussions (*and not just because [materialist psycho-analysis theories seem to be “in vogue” again](#) to explain the behaviour of Trump, Macron & co : )*).

A bit closer to home, in Geneva, at the **opening of the UN Human Rights Council**, "[President of the UN General Assembly Annalena Baerbock insisted that human rights were "not a spectator sport" for Members of the Council, ambassadors, ministers or UN officials, for whom "silence is a choice...and it has consequences".](#)" Adding: "*History teaches us that **large systems rarely collapse in one dramatic moment; they erode slowly, rule by rule, commitment by commitment, with those who should defend them rather staying silent. Until one day, what seemed permanent simply vanishes.***"

"... In her opening comments, **she highlighted the ongoing plight of Afghan women who under a new Taliban edict can reportedly be beaten by their husbands, so long as there are no visible marks...**"

And then, finally, a few words on **Epstein and Gates**. On Wednesday it was reported that "[Bill Gates 'took responsibility' over Epstein ties in a staff meeting](#)". I guess among others investigative journalist **Tim Schwab's** hard-hitting [Substack post](#) from earlier this week pushed Bill to come with an updated official statement, realizing this issue wasn't just going to vanish "into thin air" by largely ignoring it. However, (at least for me) Schwab really hit home with his **second Substack post** of the week (so, after Gates' apology): [Gates's responds to Epstein, digs hole deeper](#). Do read it and judge for yourself. A quote: "*At a certain point, we all need to accept that Gates knew, or should have known, what a monster Epstein was. Given that, and given the many open questions about the nature and scope of the Epstein-Gates affair, should Bill Gates be allowed to remain in charge of a philanthropy that boasts a multi-billion-dollar portfolio of work empowering women and girls?*"

Earlier this week (before Gates' apology), I suggested a few ways forward in an ultra-short blog post ("[While awaiting Global Health's "All Stars" to shed their light on the issue ...](#)"), and I still think they remain 'no brainers'. After all, if even the World Economic Forum (!) can launch an "[independent investigation](#)", why not the global health community?

More in general, of course, I agree with Schwab's stance that "**the entire field of elite philanthropy is long due for a major overhaul**". Which, as mentioned before numerous times, in my view also implies philanthropies of 'a few hundred million' to spend maximum, not '200 billion by 2045'. Whoever is currently busy 'reimagining' global health, and still thinks the latter is a good idea should think twice. GPGs need to be structurally financed in another way, and should not depend to this extent on the whims of billionaires.

From a somewhat different angle, but still related to Epstein, we recommend BMJ's [Jocalyn Clark](#) ('*Doctors were complicit in Epstein's abuse, survivors must now be our priority*') and [Katri Bertram's](#) articles on the Epstein files and beyond. As Bertram puts it, "**Don't sanitize. Don't normalize. And don't ever, ever look away or stop listening.**"

Which somehow brings me back to the 'spectator sport' from the title.

Enjoy your reading.

Kristof Decoster

## Featured Article

### World Wildlife Day 2026: what does it mean for Uganda and sub-Saharan Africa?

[Siya Aggrey](#)

On 3 March every year, the global community comes together to celebrate [United Nations World Wildlife Day](#) (WWD), recognizing the essential role that wild animals and plants play in sustaining ecosystems, economies and human well-being. This year's slogan "Medicinal and Aromatic Plants: Conserving Health, Heritage and Livelihoods" places a spotlight on the need to conserve wild plants as one of the means to ensure health and wellbeing of human populations. Indeed, the World Health Organization recognizes their significance especially in developing countries: on the African continent for example, [80% of the population relies on traditional medicine for primary healthcare....](#)

- For the full article, see IHP - [World Wildlife Day 2026: what does it mean for Uganda and sub-Saharan Africa?](#)

## Highlights of the week

### Structure of Highlights section

- Epstein files & (global) health
- Global Health Reform & Reimagining (& post-2030 thinking)
- More on Global Health Governance & Financing/Funding
- Global Tax Justice & Reform
- UHC & PHC
- US Global Health strategy & bilateral health agreements
- Impact aid cuts & ongoing transition
- Trump 2.0
- PPPR
- Covid origins
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- SRHR
- Commercial determinants of health & NCDs
- AI & digital health
- Planetary health (& financing)
- Access to Medicines, Vaccines & other health technologies
- WASH & health
- Conflict/War/Genocide & health

- Some more reports, collections & publications of the week
- Miscellaneous

## Epstein files & (global) health

### BBC - Bill Gates 'took responsibility' over Epstein ties in staff meeting, foundation says

<https://www.bbc.com/news/articles/cnv6rjp468ro>

(25 Feb) **"Bill Gates "took responsibility for his actions" and addressed his links to convicted sex offender Jeffrey Epstein during a meeting with staff from his charitable foundation, the organisation said."**

"Bill spoke candidly, addressing several questions in detail," the Gates Foundation said in a statement. **The Wall Street Journal (WSJ) reported that Gates apologised to staff, said he had two affairs with Russian women which Epstein later found out about, and in relation to the late financier said: "I did nothing illicit. I saw nothing illicit."**

**"Gates acknowledged that he had two affairs with Russian women that Epstein later discovered, but that they did not involve Epstein's victims..."**

"... A spokesperson for the Gates Foundation said in a statement: **"This was a scheduled town hall with employees, which Bill does twice a year."** "In the conversation, Bill answered questions submitted by foundation staff on a range of issues, including the release of the Epstein files, the foundation's work in AI, and the future of global health..."

- See also the **Guardian** - [Bill Gates apologizes to foundation staff for Jeffrey Epstein ties](#)

**"Microsoft co-founder admits affairs and calls meetings 'huge mistake' but denies involvement in Epstein's crime."**

".. "To be clear, I never spent any time with victims, the women around him," said Gates, whose foundation is one of the world's leading global health philanthropies. **Still, the men's relationship was definitely "the opposite of the values of the Foundation and the goals of the Foundation"**, he said. **"And our work is very reputational sensitive.** I mean, people can choose to work with us or not work with us."

### Devex - Gates-Epstein ties expose philanthropy's 'hypocrisy,' experts say

<https://www.devex.com/news/gates-epstein-ties-expose-philanthropy-s-hypocrisy-experts-say-111903>

(gated) **"Is the scandal embroiling Bill Gates symptomatic of larger moral dilemmas in billionaire philanthropy?"**

**“For critics, the issue isn’t only about reputational fallout for one foundation, but about the broader culture that elevates billionaire donors as moral arbiters of global health and development. When private wealth plays an outsized role in shaping public priorities, they argue, scrutiny of how that wealth was built — and the networks around it — becomes unavoidable.”**

A few quotes:

**“Hypocrisy is at the core of philanthropy, and we all have to come to terms with that,” Maribel Morey, a historian of U.S. philanthropies, told Devex.** “It’s not usually saints who become industry leaders and who amass significant amounts of wealth,” she said. “The path towards wealth accumulation is fraught from a moral perspective.” ...”

**“That debate is unfolding as aid budgets shrink and foundations loom larger.** The Seattle-based Gates Foundation awarded \$4.5 billion in grants in 2025 and \$5.4 billion the year before. **“The situation and the system that we’re in most of the time, honestly, you just have to kind of take the money,”** says Alex Evans, a U.K.-based philanthropy consultant. “With something as massive as the Gates Foundation, and with USAID gone, what else is anyone going to do?” ...”

## **Tim Schwab - The Epstein files should end Bill Gates's philanthropic career**

[Tim Schwab](#);

From earlier this week. “The troubling photos, emails and text messages should signal the start of the end for our self-anointed humanitarian-in-chief. The **Gates Foundation's do-nothing board of directors** also must be removed.”

Quote: “... **The foundation’s institutional decision to pursue a philanthropic relationship with someone like Epstein is not just reckless, but outrageous.** The project gave the pedophile credibility and legitimacy—at the highest levels of polite society and elite philanthropy—that almost certainly helped immunize him from scrutiny, and that probably enabled Epstein’s campaign of abuse....”

## **Tim Schwab - Gates's responds to Epstein, digs hole deeper**

<https://timschwab.substack.com/p/gatess-responds-to-epstein-digs-hole>

Somehow I found this second blog from Schwab more convincing than the first one. **“As the Gates Foundation ramps up its damage control efforts, Bill Gates personally addresses foundation staff about his ties to Epstein. His remarks only magnify the need for his removal.”**

A few quotes:

**“... The Gates Foundation has always stood firmly behind their patron.** The Wall Street Journal, which was the first to report on Gates’s newest comments, quoted a foundation spokesperson praising its leader because he “spoke candidly, addressing several questions in detail, and took responsibility for his actions.” This **comment speaks volumes to how far removed the Gates Foundation remains from anything resembling accountability on Epstein. It should be clear that Bill Gates isn’t taking responsibility.** If you examine his remarks, you find a man claiming

ignorance and issuing empty apologies, if not also describing himself as an unwitting victim of Epstein...”

Schwab concludes: “... **My own view, as I wrote on Monday, is that the Gates Foundation, institutionally, no longer has the legitimacy to undertake a serious process of accountability.** For years, the foundation’s governing board has sat on its hands and failed to address the Epstein-Gates affair. **Since 2019, they could have and should have done a major investigation and dealt with this issue. For this reason, I think the entire board, most importantly Bill Gates, needs to be removed.**”

### **BMJ - Doctors were complicit in Epstein’s abuse—survivors must now be our priority**

<https://www.bmj.com/content/392/bmj.s351>

“A spectacle around Jeffrey Epstein’s depravity is overshadowing rights and justice for the survivors of the sex offender and his network, which included doctors, writes **Jocalyn Clark.**”

### **K Bertram - It isn’t just “locker room talk”. It’s called abuse.**

<https://katribertam.wordpress.com/2026/02/22/it-isnt-just-locker-room-talk-its-called-abuse/>

Bertram: “...**On why we ignore abuse of power** - and how quickly we normalize hateful rhetoric and policy. My next blog is **on who and whose stories are centred in these narratives**, and what associations we have with images used.”

## **Global Health Reform & Reimagining (and post-2030 thinking)**

### **International Journal for Equity in Health - Health equity and the global social contract: beyond incrementalism and illusionary**

M Mulumba et al; <https://link.springer.com/article/10.1186/s12939-026-02773-7>

“**The Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs)** have been celebrated as global social contracts, yet their **reliance on voluntary commitments and aspirational targets conceals a structural flaw.** By divorcing poverty and inequity from colonial histories, debt regimes, and extractive global finance, **these frameworks function as a neocolonial placebo:** soothing global conscience while entrenching asymmetries of power and resources. **Drawing on examples from debt distress, vaccine apartheid, and intellectual property monopolies during COVID-19, this commentary demonstrates that global health governance operates less as solidarity than as economic containment. Reparative justice provides the necessary rupture. A post-2030 Global Social Contract must impose enforceable obligations on former colonial powers, embed structural restitution through debt and tax justice, and democratise health governance under the principle of Common but Differentiated Responsibilities.** Anything less risks reproducing selective generosity while abandoning equity to the logics of extraction and impunity...”

## UK Govt - Global Partnerships Conference to build new international coalitions to tackle shared challenges

[UK Government](#);

**“UK to cohost major international conference to reshape response to global challenges.** The Conference will bring together partners from around the world to underscore need for more diverse forms of finance, cutting-edge technology and a focus on local leadership to drive solutions. It **will establish new partnerships for international cooperation based on modern and diverse coalitions.**”

**“The Global Partnerships Conference** will bring together a diverse coalition of governments, international organisations, philanthropists, investors, innovators, civil society, business and technology leaders **on 19–20 May.....** The Conference **will build new coalitions** to respond to shared challenges, unlock investment, support country-led resilient growth, and build alliances for international cooperation - making the UK and our partners safer, more resilient and prosperous.... **Taking place in London, Foreign Secretary Yvette Cooper will co-host, alongside the Republic of South Africa,** independent philanthropic organisation Children’s Investment Fund Foundation and the **UK’s impact investor and development finance institution, British International Investment....”**

### Lancet Offline – A new narrative for global health?

R Horton ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00403-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00403-4/fulltext)

A few excerpts:

**“...There is an emerging view that we need a completely new global health narrative. The story that drove global health’s political claim to strategic importance 25 years ago was rooted in macroeconomics—extreme poverty is the biggest obstacle to sustainable economic growth; the causes of extreme poverty are a small number of preventable and treatable diseases; by tackling those diseases, poverty can be defeated and economic growth secured. Global health was foundational for development.** But extreme poverty is no longer the world’s only challenge. Climate. Pandemics. Conflict. Migration. Demography. Digital. **The story of global health needs to be rewritten to embrace this new context.**”

**“One narrative that we are being invited to endorse comes from the US Government: its 2025 America First Global Health Strategy.** There are two propositions. First, that the global health system is broken, inefficient, wasteful, and creates perverse incentives that perpetuate those failures. Second, that advances in health will come not through multilateral partnerships, but rather from stronger bilateral relationships that aim explicitly to further the interests of both countries. The US is implementing this vision through aggressive Memoranda of Understanding that demand long-term preferred access to a country’s markets in return for short-term foreign assistance—neocolonialism on steroids. **Meanwhile, The Global Fund is facing a period of internal turbulence. Global health cognoscenti question whether the Fund will survive to a Ninth Replenishment. The Fund’s Board has launched a recruitment campaign for an Executive Director to succeed Peter Sands in 2027. Some observers wonder if the nomination committee will have an unconscious bias towards American candidates to appease an unpredictable US administration. Perhaps an American Executive Director would be the quid pro quo for Trump’s latest pledge of US\$4-6 billion. Mark Dybul’s name has been mentioned (he led The Global Fund from 2012–17). Looking ahead, the future for health as a political priority looks bleak. The G20 will be hosted by President Trump in Miami on Dec 14–15. Health is not on the agenda. WHO is soon to undergo its own spell of**

turmoil as it enters a protracted (and distracting) process for electing a new Director-General. And uncomfortable truths—corruption, incompetence, and bad policies—continue to be glossed over. Now is an urgent moment. The world is dangerously off-track to meet the SDGs. Who will call it out?”

## More on Global Health Governance & Finance/Funding

### GFO - 54th Global Fund Board meeting: the crossroads is drawing closer

<https://www.linkedin.com/pulse/54th-global-fund-board-meeting-crossroads-drawing-closer-aidspan-b3w8f/?trackingId=FZjvxnxSiOyb0THXGK02A%3D%3D>

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

**Very much recommended, this editorial!**

- Related: [Devex - Global Fund fundraising shortfall hits country allocations](#)

“As bilateral aid shrinks and health systems strain, **the Global Fund’s \$10.78 billion allocation signals tighter resources ahead for countries already struggling to maintain services.**”

### Lancet World Report – Candidates prepare for WHO Director-General election

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00411-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00411-3/fulltext)

**Recommended read.** “There is a wide field of unofficial candidates. Whoever succeeds will take the helm of an agency in turmoil. John Zarocostas reports from Geneva.”

### Geneva Health Files - Leading The World Health Organization: Challenges & Opportunities Ahead For A New Director-General [GUEST ESSAY]

[Geneva Health Files](#);

“ In this edition, we bring you a guest essay from leading global health scholars - **Michel Kazatchkine, Ilona Kickbusch and Peter Piot** - where they raise ten questions facing the future leader of the WHO.....”

Re staking a claim for the future, the governance metrics for the new DG, and the new DG’s ability to take on difficult political equations.

## Journal of Health Politics, Policy & Law - The World Health Organization and the Shifting US and Global Political Orders

M Kavanagh et al ; <https://read.dukeupress.edu/jhpl/article/51/2/329/403375/The-World-Health-Organization-and-the-Shifting-US>

**“The withdrawal of the United States from the World Health Organization (WHO) raises crucial questions about its future as the governing international organization for health. The executive order on withdrawal was one of President Donald Trump's first acts in his second term. Because the United States is WHO's biggest funder and most powerful state backer, withdrawal could indicate an existential threat. However, almost simultaneously member states passed a new international Pandemic Agreement expanding WHO's authority. How should these conflicting signals be understood? Analyzing WHO's decline in a context of broader US and geopolitical shifts, the authors find that withdrawal is the outcome of the end to broader political orders of neoliberal internationalism on which WHO depended for legitimacy rather than idiosyncratic Trump politics. WHO's reliance on certain international norms and power structures leave it compromised. US normative and institutional shifts are far more difficult for WHO to navigate than in past political eras. Therefore, international relations research suggests that avoiding catastrophic impacts depends on reform actions by WHO officials, other member states, and US actors. States and others in the United States will face harm from WHO decline, and the authors suggest that US actors have legal standing to challenge withdrawal. Complacency and inaction may be WHO's biggest risk.”**

**“... If we are right, and WHO is caught between shifting political orders at both the global and the US national levels—in a type of moment famously called “the time of monsters” (Gramsci 1975: 311)—then minor reforms are unlikely to settle the crises. Inertia has been shown to exacerbate problems for international organizations facing withdrawal. WHO officials will need a far stronger geopolitical analysis to navigate the rocky road ahead...”**

### Africa CDC – Africa CDC statement on the outcomes of the 39th ordinary session of the African Union Assembly

<https://africacdc.org/news-item/africa-cdc-statement-on-the-outcomes-of-the-39th-ordinary-session-of-the-african-union-assembly/>

(23 Feb) **“The African Union held its 48th Ordinary Session of the Executive Council and 39th Ordinary Session of the Assembly from 11–15 February 2026 in Addis Ababa, Ethiopia. During the sessions, Heads of State and Government adopted landmark decisions that significantly advance Africa’s Health Security and Sovereignty Agenda. The decisions included the following:...”**

**“...Heads of State and Government acknowledged the strides achieved in preventing and responding to disease outbreaks and endorsed the transition from the New Public Health Order (NPHO) to the Africa Health Security and Sovereignty (AHSS) Agenda, which will serve as the guiding continental framework for long-term health sovereignty, resilience, and self-reliance. The AHSS Agenda is built on five mutually reinforcing pillars that operationalize sovereignty across the health ecosystem...”**

Do check the whole statement.

PS: it also includes a **short section VII on Global Health Governance & partnerships**: “The Assembly strongly **supported Africa CDC in its application for membership and representation in major global health initiatives, including Gavi, CEPI, the Global Fund, and the Pandemic Fund, as well as its broader mandate to unify Africa’s voice in global forums such as the G20, G7, World Health Assembly, and Joint External Evaluation processes.** The Assembly called upon Member States and partners to collaborate with Africa CDC to ensure that global partnerships reinforce, rather than substitute, Member State commitments, and to align procurement and support with continental priorities for local manufacturing and health sovereignty.....”

## **Devex - WHO's Africa chief on why health system reform is a marathon**

<https://www.devex.com/news/who-s-africa-chief-on-why-health-system-reform-is-a-marathon-111869>

(gated) “Dr. Mohamed Janabi, the new regional director of the World Health Organization's office for Africa, outlined his vision for advancing health sovereignty for countries across the continent.”

“In the wake of drastic foreign aid cuts that abruptly hit health systems across the continent, **his first seven months in office** were marked by a **period that was “very intense for stabilization, refocusing, rebuilding confidence in our systems,”** he said during a Devex Pro event last week. On top of that, **health authorities across Africa responded to 114 health outbreaks on the continent last year....”**

“**Did the [aid] cuts affect us? Definitely,”** [he said during a recent Devex Pro Briefing](#), noting that **in some countries, there will be disruptions of up to 60% in areas such as essential health services, maternal care, vaccinations, surveillance, and workforce training.”**

“Janabi said **there’s a cure: cost-effective interventions — with a focus on disease prevention** rather than more expensive responses. **“The savior of my continent is investing in primary health care — is investing in universal health coverage.** This will rescue us,” he said. “It’s always cheaper to prevent it. It’s always cheaper to intervene within 72 hours.””

“**But perhaps the most important component is health sovereignty** — and moving away from a model where the global north parachutes in with its solutions...”

## **Lancet Comment – Fundamental PEPFAR reform risks a period of structural vulnerability in the HIV response**

Jirair Ratevosian, Chris Beyrer; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00369-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00369-7/abstract)

(must-read) Excerpts:

“... **1 year after the policy disruptions that reshaped the US President's Emergency Plan for AIDS Relief (PEPFAR), the global HIV response has entered a second year of structural transformation.** In early 2025, the programme faced the most uncertain period in its history, marked by the absence of reauthorisation, the suspension of foreign assistance spending by the US Government, and the beginning of major shifts in PEPFAR programme implementation. Those conditions have not fully resolved. **The continued lack of long-term reauthorisation by the US Congress has allowed further**

programmatic and structural changes to proceed, radically redesigning how PEPFAR operates and how the global HIV response is coordinated....”

“...At the same time, the US administration is pursuing multiyear bilateral health agreements shaped by the America First Global Health Strategy, using PEPFAR resources as a central pillar of broader health financing integrated with malaria, tuberculosis, and polio programmes in priority countries....” “... **breaking apart PEPFAR’s long-standing system of coordination across US agencies—once a core strength of the programme has become one of the most consequential changes.** The previous model, which closely tied HIV outcomes, community programming, and diplomatic engagement across US agencies, served as the operational backbone linking epidemiological evidence to programmatic action. Its **replacement by bilateral transition mechanisms, outcome-based contracting, and new audit structures has weakened standardised planning and reporting processes, reducing comparability across countries, and could potentially undermine real-time course-correction when challenges are identified.** Additionally, without clear indicators and regular, transparent reporting on HIV outcomes, **the current administration’s bilateral approach risks eroding oversight of programme performance, implementation quality, and financial stewardship, and may ultimately weaken sustained congressional support.** “

“The resulting model is structurally distinct from the framework that drove two decades of global HIV gains ... .. The changes to PEPFAR under the current US administration **represent a marked departure from the principle of HIV exceptionalism that guided the global response for two decades.** Although framed in terms of efficiency and national ownership, **bilateral arrangements negotiated at the country level often have insufficient institutional safeguards, which historically protected rights-based and community-led programming for marginalised populations.** The **deprioritisation of politically sensitive prevention efforts** risks widening the gap between where resources are allocated and where new infections are occurring among marginalised key populations.”

“...These structural and policy shifts matter because they are unfolding at a time when the **epidemiology of HIV is becoming more concentrated, uneven, and politically complex.** New infections now primarily occur among key populations and their networks—eg, men who have sex with men, transgender women, sex workers, people who inject drugs, and adolescent girls and young women in eastern and southern Africa. At the same time, the geography of the epidemic is changing. Although several high-burden African countries achieved substantial reductions in HIV incidence over the past decade, HIV transmission continues to expand in eastern Europe and central Asia, Latin America, and parts of the Middle East and north Africa. **Epidemic control now depends less on broad HIV service expansion and more on precise, population-focused prevention strategies often delivered in contexts where stigma, criminalisation, and political resistance remain substantial barriers.** ...One of the most consequential shifts of the past year is **the erosion of community-led key population programming** as a result of changes to financing and implementing PEPFAR-supported programmes....”

Authors also **sketch a path forward.** And **conclude:**“... The coming years will determine whether this transformed architecture can preserve PEPFAR’s legacy while adapting to a changing world—or whether the global HIV response enters a period of slower, less certain progress.’

**Via Devex Check-up – update re UNAIDS**

[Devex](#);

“Meanwhile, [UNAIDS](#) — which is [cutting more than half its staff](#) and scaling back its country presence amid donor funding shortfalls — **is cautiously hopeful that the \$45 million allocated by the U.S. Congress for fiscal year 2026 will come through.** If it does, the funding could ease some of the program’s financial strain this year. At a town hall earlier this month, a UNAIDS official told staff the secretariat has secured \$21 million from the Netherlands for 2026, **but other donors** — including the U.S. — **have yet to disburse their contributions.**”

“**A major unknown is whether U.S. funding will come with conditions.** UNAIDS told me this week it does not yet know “what conditions, if any, are specified.” Still, during the town hall, Executive Director Winnie Byanyima reassured staff that the agency is not backing away from supporting communities’ access to HIV services. If U.S. funds cannot be used for certain programs, she said, UNAIDS would draw on other resources to continue that work....”

### Devex Pro - Can FIND regain donor trust after a wave of setbacks?

<https://www.devex.com/news/can-find-regain-donor-trust-after-a-wave-of-setbacks-111731>

“FIND CEO Dr. Ifedayo Adetifa believes 2026 will be “a recovery year” for his organization. But some of FIND’s top donors’ grants remain on pause.”

(gated) “FIND, the Geneva-based foundation globally known for its work in improving access to health diagnostics, wants to move past a tumultuous period marked by grant suspensions and project terminations. **But instead of a fresh start, it is facing new staff layoffs and continued donor grant suspensions that have left staff members worried about the future of the organization and its work....”**

### Lancet Letter - Watching the watchers: a reply from Global Health Watch 7

R Labonté & C Bodini ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00289-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00289-8/fulltext)

Replying in detail to Horton’s ‘Watching the Watchers’ series.

Excerpt: “**We agree with Horton's comment in part 2 about the implications of the Trump administration's and other states’ rejection of the global multilateralism that prevailed in the early 2000s, and the anarchic international disorder that will, as Horton argues, increase the corporatisation of health systems. However, it is important to remember that the international order the Trump administration seeks to undermine is itself a neoliberal one, marked by the privatisation of health systems and transformation of public resources into some form of private capital accumulation. The World Bank and International Monetary Fund policies, although muted in the post-2000 Millennium Development Goals and Sustainable Development Goals era, were very much a part of this neoliberal order. Paradoxically, neoliberalism's present dismantling by the Trump administration might create the necessary space for a new and more equitable order to arise—a Schumpeterian bout of creative destruction. However, can a wellbeing economy or ecosocialist global order overcome autocrats and fascists? Or will great powers politics prevail?...**”

### Christian Aid - The state of play of IMF conditionality

<https://www.christianaid.org.uk/news/policy/state-play-imf-conditionality>

“As the IMF reviews its day-to-day practices in the global South, can it break free from paternalism, or does it continue to know best?”

“As of October 2025, 86 countries **were indebted** to the International Monetary Fund (IMF) – that’s nearly half of the world and includes 18 out of the 26 poorest countries. As the IMF functions as a lender of last resort to governments facing balance of payment problems, these figures reflect a global debt crisis and the high price countries are still paying for the Covid-19 pandemic and the intersecting crises that followed. It is also indicative of the central role the IMF continues to play in shaping the world’s economic policy infrastructure. Its main tool for doing so is the policy conditionality that accompanies most of its lending programmes. **This year, the IMF will be reviewing its programme design and conditionality, known as the Review of Conditionality (RoC), as well as the policy advice it provides to all countries every year in its Review of Surveillance. Together, these reviews will shape the institution’s day-to-day work in the global South for the next five to ten years** – so it’s worth taking a closer look at what could be gained – or lost – and what it tells us about the power of the IMF in shaping global economic decision-making. “

## WHO Human Rights Unit shut down

Via the weekly [Health and Human Rights news](#) digest:

“The World Health Organization’s Policy, Law and Human Rights Unit was shut down this week with its leaders, Natalie Drew Bold and Michelle Funk, announcing their departure from WHO. The closure follows ‘considerable restructuring’ attributed to the withdrawal of the United States from WHO. The departing team stressed the continuing importance of resources generated by their work, including the **QualityRights initiative**. Resources related to mental health, substance use, disability, general health, human rights and development are still available at WHO, as well as at MiNDBank, a global online platform....”

## NPR - China and the U.S. alter foreign aid strategies

F Tanis; <https://www.wwno.org/npr-news/2026-02-24/china-and-the-u-s-alter-foreign-aid-strategies>

Worth a read, even if mainly quoting American experts.

“... Foreign aid has long been a way for the United States and China to gain soft power and influence — providing public services in low-income countries that help them tackle poverty and disease, and engaging with people to build cooperation over the long run. **For decades, the two countries had adopted separate international aid strategies. But the Trump administration has dismantled much of the United States' traditional foreign aid systems and is charting a new path, while China has also been adjusting its approach —stepping up visible contributions to global institutions while scaling back some of the large infrastructure projects that once defined its strategy.**” “The result is a moment of convergence and competition: the U.S. is moving toward a more transactional model long associated with Beijing, and China is positioning itself to become a bigger presence in global health and development...”

“China, over the past 5 years, has slowly moved away from the big bilateral deals and is now funding small projects in low income countries and getting more involved with the United Nations. In 2021, President Xi Jinping announced a new initiative—called the **Global Development**

**Initiative—modeled more closely after what the U.S. had been doing, according to Huang....** ... China began doing what it calls "small and beautiful" projects to address poverty and health issues."

PS: **"Looking at China's moves in 2025, experts say the picture is more complicated.** Jennifer Bouey, chair of the Global Health department at Georgetown University and co-author of the research project with Dolan, has **looked at official documents and policy papers from China** and says **there's a sense of opportunity after the U.S. aid cuts.** "China is now thinking, 'Okay, now the U.S. is retreating from the U.N., retreating from WHO. This is a time for China to build its global influence, dominating the international organizations, and at the same time to have a platform to expand its economic footprint,' " Bouey says. **...Still, China spent about the same overall on foreign aid in 2025** as it did in previous years, says Bryan Burgess, who tracks China's aid spending at the College of William and Mary. **"They're doing short term measures to win over hearts and minds, but they're not investing in the sort of infrastructure and sustainability that big diseases need to get eradicated,"** Burgess says. Both he and Rolland say China won't be rushing to fill the gap left by the U.S. **"I don't think it's fully ready to take that role of a global health provider, and it's probably started feeling the stones. That's a Chinese expression to say, 'we're advancing very prudently in that direction.'"** Rolland says. **However, it's clear that China will try to increase its influence through foreign aid, as the U.S presence appears to wane, she says...."**

### **People's Dispatch - Economics of Health for All: the plan to put health at the heart of the global economy**

<https://peoplesdispatch.org/2026/02/20/economics-of-health-for-all-the-plan-to-put-health-at-the-heart-of-the-global-economy/>

**"At the World Health Assembly in May, member states may endorse an unprecedented strategy declaring that health is not a cost – but the best investment an economy can make."**

**"... Despite its limitations, the strategy is paving a way for a new kind of economics, one that is more humane.** For fifty years, the global health menu has offered variations on the same theme: more aid, more efficient delivery, better metrics. **The Economics of Health for All (EH4A) strategy offers something else entirely. It asks countries to redesign the economic order...."**

**"Whether the strategy can deliver on its vision depends on battles still unwaged. But for the first time in a generation, the question is no longer whether health belongs in economic policymaking. It is what kind of economy we are willing to build."**

### **Devex – Britain's international aid cuts have failed. It's time to change course**

A Lovett (ONE); <https://www.devex.com/news/britain-s-international-aid-cuts-have-failed-it-s-time-to-change-course-111935>

**"Britain's international aid cuts have failed. It's time to change course."**

**"A systematic analysis of the U.K.'s decision to slash its aid budget one year on shows that none of the original justifications for the cuts stand up to scrutiny."**

“It is clear that the prime minister’s decision to slash U.K. aid has **not resolved the defense funding challenge, balanced the country’s books, or helped the government’s popularity...**”

“... Overall, as historical analysis shows, **Keir Starmer has joined a group of British prime ministers who share two features in common: the biggest cutters of international aid are also the most unpopular prime ministers in modern history.** That is not a causal relationship — but **cutting aid certainly does not form part of a winning electoral strategy....**”

“But perhaps the most striking recent development is that the **U.K., in claiming to follow the U.S. lead, now in fact occupies the top spot on the aid cuts leaderboard.** “

- Related: [One year since UK aid cuts, 93 INGO leaders highlight devastating impact](#)

“**One year on from the UK aid cuts, the UK INGO sector has issued a joint statement,** reflecting on the devastating consequences of the cuts and calling on the UK government to recommit to an ambitious international development agenda. “

### **Independent - How debt relief for developing countries could help reverse the devastating consequences of UK aid cuts**

<https://www.independent.co.uk/news/uk/politics/debt-labour-aid-cuts-africa-b2925671.html>

“**New analysis finds that debt relief for developing countries – which the UK could play a key role in orchestrating – could more than offset the impact of UK aid cuts.** Nick Ferris reports”

“... **new analysis produced by the charity CAFOD – which is based on research from the University of St Andrews and Save the Children and shared exclusively with *The Independent* – finds that the devastating impact of UK aid cuts could be more than counteracted by debt relief, which would effectively see developing countries’ debts partially cancelled or restructured.**”

“**The analysis finds that if the debt-servicing costs of low-income countries were reduced to a “more sustainable level” of around 10 per cent,** enough fiscal breathing room would be created to see massive gains across health, education, water works and sanitation.....”

PS: “**campaigners argue that the UK has a unique role to play in using legislation to drive forward debt relief,** due to the fact that **45 per cent of bonded sovereign debts are governed under English law,** as a result of the City of London’s importance as a global financial centre. That share increases to 90 per cent when only the debt-loaded developing countries currently eligible for debt relief under **the G20 Common Framework** – the existing multilateral debt-relief system – are considered....”

## Global tax justice & reform

### CESR - From mandate to machinery: the unresolved structural questions of the UN Tax Convention

M E Mamberti; <https://www.cesr.org/from-mandate-to-machinery-the-unresolved-structural-questions-of-the-un-tax-convention/>

**“On February 13th, the Intergovernmental Negotiating Committee (INC) negotiating the future UN Framework Convention on International Tax Cooperation (UNTC) plus two early protocols (one on cross-border services, and one on dispute prevention and resolution) finalized its fourth substantive sessions in New York. As countries re-group online in inter-sessional (regrettably closed) meetings and prepare for the next in-person sessions in August, we discuss here some of the key issues that sparked controversy in February.”** *(A bit technical but well worth a read)*

## UHC & PHC

### Health Systems 2050 roundtable explores South Africa’s future readiness

<https://www.afro.who.int/countries/south-africa/news/health-systems-2050-roundtable-explores-south-africas-future-readiness>

**“ The World Health Organization (WHO) Country Office in South Africa, together with the Alliance for Health Policy and Systems Research, convened an expert policy stakeholders’ roundtable, to examine how major global trends are reshaping health systems and what this means for global and South Africa’s future... .... Dr Kumanan Rasanathan, Executive Director at the Alliance for Health Policy and Systems Research, noted that the discussion was designed to create space for open reflection in a fast-changing world. He underlined that Health Systems 2050 is less about forecasting and more about helping countries prepare for different possible futures, recognising that the choices made today can shape what is possible years from now.”**

**“The roundtable moved into an interactive discussion focused on three core questions: which trends are already affecting South Africa’s health system, what changes stakeholders are planning for over the next ten years, and how global planning for 2035 could shape longer-term visions for health outcomes and equity...”**

### Guardian - Botswana’s diamond-funded healthcare failed: it needs to be reformed and rebuilt

Duma Gideon Boko; <https://www.theguardian.com/global-development/2026/feb/21/botswana-diamond-funded-healthcare-failed-reformed-rebuilt>

**“As Botswana’s president here is my plan to renew this country’s beleaguered health system – and my vision for a stronger Africa.”**

“... Resilience is not created by spending alone; it is built through public capacity, which only governments can sustain.....” Read what the Botswana president has in mind in this respect.

PS: **“But no country of two-and-a-half million people can fully secure its medicine supply alone. Africa must ultimately produce more of the treatments its people rely on. The African Continental Free Trade Area (AfCFTA), which brings 55 countries into a single market, offers a chance to do what Europe and Asia did decades ago: build regional pharmaceutical industries designed to serve public health first. ... Pharmaceutical manufacturing needs scale and predictable demand. AfCFTA provides both,** turning fragmented national markets into a regional economy large enough to draw investment. It also creates the conditions for governments to use African suppliers in public procurement, turning health budgets into a driver of industrial development.”

## **Globalization & Health – Health policy, collaboration and investment in the post-COVID era: a review from UHC and health security integration perspective**

S Saikat et al ; <https://link.springer.com/article/10.1186/s12992-026-01196-x>

**“This study identified 63 global and regional policies, collaborations, and investments (collectively termed “initiatives”) that came out post-COVID-19 and reviewed them in reference to their focus on integration of UHC and health security through the lens of WHO’s seven policy recommendations for building resilient health systems.** The findings indicate that while efforts to align UHC and health security are evident at global and regional levels, they vary in depth and coherence. 81% of initiatives align with at least four of the seven WHO policy recommendations. While there is emphasis for health security preparedness, focus on primary care and health promotion is less pronounced. Policy initiatives show stronger alignment with WHO policy recommendations compared to Collaborations or Investments, indicating synergies between policies, while apparently a gap between policy and practice. Multilateral groups, including UN agencies, and government-affiliated organizations show greater alignment with the WHO policy recommendations too, while there is less alignment with those from non-governmental and other entities.”

## **US Global Health strategy & bilateral health agreements**

### **Reuters - Democratic Republic of Congo and the United States have agreed a \$1.2 billion strategic health partnership**

[Reuters](#);

As of Thursday. For more detail, see the **US State department - [Fostering Health Sovereignty in the Democratic Republic of the Congo Through the America First Global Health Strategy](#)**

**“Under the MOU, working with Congress, the Department of State intends to provide up to \$900 million over the next five years to support the DRC’s efforts to combat HIV/AIDS, tuberculosis, malaria, maternal and child deaths, and other infectious diseases, while bolstering disease surveillance and outbreak response. The Government of the DRC commits to increasing its own domestic health expenditures by \$300 million over the course of the five-year MOU, assuming greater self-reliance in its own health system. “**

## HPW - Zambia and Zimbabwe Back Away From 'Prescriptive' US Health Deals

<https://healthpolicy-watch.news/zambia-and-zimbabwe-back-away-from-prescriptive-us-health-deals/>

**“The government of Zambia **acknowledged** this week that it is unhappy with part of a proposed health aid deal with the United States that “does not align with the country’s interests”. The Zambia-US bilateral deal was due to be signed last December, but it faltered after the US linked the billion-dollar deal to access to Zambian minerals, particularly copper and cobalt.”**

**“Just four days before the Memorandum of Understanding (MOU) was due to be signed, the [US announced](#) that two countries had committed to a plan to unlock “a substantial grant package of US support in exchange for collaboration in the mining sector and clear business sector reforms that will drive economic growth and commercial investment that benefit both the United States and Zambia”. “We want to leverage US assistance to bring about reforms that will unleash business investment that enhances US access to critical supply chains and creates great jobs for the Zambian people,” [said Caleb Orr](#), US Assistant Secretary of State for Economic, Energy, and Business Affairs. **However, Zambia indicated this week that it has requested “revisions” to the MOU, and that it is still in negotiations with the US.”** “A leaked version of the agreement [indicates](#) that the US has reduced its commitment from \$1.5 billion over five years it offered last year, to \$1.012 billion. ... “**

**“ This week, it emerged that Zimbabwe had also halted its bilateral health negotiations with the US, rejecting the terms of an MOU worth \$367-million over five years.**

**“A leaked letter from Albert Chimbindi, Zimbabwe’s Secretary for Foreign Affairs, told officials involved in the US talks that the President directed them to “discontinue any negotiations with the USA”. The letter describes the MOU as “clearly lopsided” and “blatantly compromises and undermines the sovereignty and independence of Zimbabwe”....”**

PS: **“... Africa CDC offers support:** Dr Jean Kaseya, Director-General of the Africa Centre for Disease Control and Prevention (Africa CDC), told journalists on Thursday that the **body would support Zambia and Zimbabwe – and the 17 African countries that have signed MOUs with the US.** “There are huge concerns regarding data, regarding pathogen sharing,” Kaseya acknowledged. **“We want to own our data in Africa. We want to own our future. We cannot accept not owning our data.”** He added: **“I’m supporting Zimbabwe if they want to have further negotiations. I’m supporting Zambia and other countries. But more than that, for countries who decided to sign, we’ll support them for the implementation because we don’t want to be accused of failure in terms of implementation of the programme.’**

- See also Reuters - [Africa CDC head cites major concerns over data, pathogen sharing in US health deals](#)

**“ Kaseya said he had initially greeted that strategy with enthusiasm, because it would see African countries get money more directly, while simultaneously requiring them to co-invest. But he said he had rejected an opportunity for Africa CDC to be an observer to the deals, as he respected the sovereignty of individual nations. However, he said the agency had been supporting countries where requested, and would continue to advise if they wanted to renegotiate with the U.S., as well as supporting them to implement any agreement they do sign. “I said to all of my countries, you**

have full support from Africa CDC. Even if you want to re-negotiate ... **if you want Africa CDC to be there, we'll be there...**"

Some more detail below:

## **Zimbabwe rejects \$350m US health deal, citing sovereignty concerns**

<https://www.zimlive.com/zimbabwe-rejects-350m-us-health-deal-citing-sovereignty-concerns/>

"Mnangagwa fury at 'lopsided' Trump deal."

**"Zimbabwe has walked away from a proposed \$350 million health funding agreement with the United States, after President Emmerson Mnangagwa personally directed his government to discontinue negotiations over what Harare describes as a one-sided deal that undermines the country's sovereignty.** Albert Chimbindi, the secretary for foreign affairs and international trade, communicated the directive to the secretaries of finance and health in a **letter dated December 23, 2025**, according to a previously unreported document seen by ZimLive."

**"The President has directed that Zimbabwe must discontinue any negotiation with the USA on the clearly lopsided MoU that blatantly compromises and undermines the sovereignty and independence of Zimbabwe as a country,"** the letter reads. ... ..the US sought direct access to Zimbabwe's health data over an agreed period, a provision Zimbabwean officials viewed as intelligence overreach. The US separately pushed for access to the country's critical mineral resources as part of the broader arrangement....."

**"Zimbabwe also objected on principle. Harare argued that signing a bilateral health agreement with Washington would be inconsistent with its commitment to multilateralism,** particularly given that the United States had withdrawn from the World Health Organisation under the Donald Trump administration. **Entering into a parallel bilateral health architecture, the government reasoned, would effectively legitimise Washington's exit from the global health order...."**

- Related – [HIV Response Faces Uncertainty as Zimbabwe Halts US Health Negotiations, Experts Warn](#)

**"Zimbabwe's HIV response could face serious disruption following the Government's decision to halt negotiations on a proposed US\$350 million health funding agreement with the United States, public health experts have warned....."**

- Related **LinkedIn comment by Emilie Sabine Koum Besson:**

**"... #ToRead I really enjoyed the "balance" of this article : #patriotism versus the need for #concrete solutions. I don't often see it especially from a #citizen perspective. It shows the real complexity around #dependency on external #HealthFinancing of #InfectiousDiseases like HIV. ...**

And: **"... This could also be a #negotiation tactics to say "we are the prize not the other way around if you want our resources. I have no idea but I do hope it shifts some of the narratives."**

- And for some more reactions, see also [Devex check-up](#) :

**“The response to Zimbabwe’s decision is mixed.** Global health expert **Fifa Rahman**, who has consulted for several African governments, **welcomes Zimbabwe’s refusal to sign a deal that comes with conditionalities** — including potential access to pathogen data without clear benefit-sharing guarantees. **But she tells me that the government now needs to start the process to protect its health data through domestic legislation and find ways to boost its domestic resources.** **She supports African countries’ ambitions to achieve health independence from donors. But like many observers, Rahman is concerned about what happens next:** the functioning of laboratories, uninterrupted supplies of antiretroviral treatments, and the broader continuity of services once U.S. assistance winds down.”

**“The U.S. withdrawal also raises questions about the rollout of the HIV prevention injectable lenacapavir, which began this week with U.S. support.** A spokesperson for [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#) tells me its financing for lenacapavir **“is not tied to, nor contingent upon” the U.S.-Zimbabwe health deal...**”

## **Guardian – US accused of ‘shameless exploitation’ over proposed Zambian health aid deal**

A Green; <https://www.theguardian.com/global-development/2026/feb/25/zambia-us-health-aid-deal-exploitation-mining-concessions-data-sharing-targets>

From earlier this week. **“Leaked draft of \$1bn memorandum of understanding reveals mandatory targets, sharing of data, and reported access to mining concessions.”**

**“A leaked draft of a five-year memorandum of understanding (MOU) between the two countries, seen by the Guardian, reveals that Zambia may accept terms worse than health financing agreements the US has reached **with 16 other African countries.**** The terms include a commitment to give Washington access to its health data for 10 years – far longer than other countries have negotiated. Zambia’s deal also predicates any health financing on an even more covert arrangement that could open up the country’s mining industry to US interests....”

## **US-Rwanda MoU for Health Records \$1.5 billion in Soft Commitments from Private Investors**

**Emily Bass;** [Emily Bass](#);

Another must-read. **“Cracking the code on Project Vault and the Art of the (America First Global Health Strategy) Deal.”**

A few excerpts:

**“Last week, the US-Rwanda Memorandum of Understanding signed in December 2025 slipped into public circulation. The 23-page agreement is so qualitatively different from the other four MoUs in public circulation that it fried the circuits in my ‘how is this MoU different from the others and the template’ machine. .... But my analytic appliance was no match for the Rwandan MoU, which fairly**

bristles with bespoke language and an **entirely new section that has no comparator in any of the other documents, including those from Rwanda’s neighbors Kenya and Uganda. ...**”

“...I am about to go on at some length about **how both the Rwandan Memorandum of Understanding and this week’s news that Zimbabwe has walked away from it’s MoU negotiations can only be properly understood in the context of the Trump Administration’s active, strategic and country-specific negotiations for access to critical minerals and rare earth.** “

“... Launched at the start of February, a Trump Administration initiative called **Project Vault** is the **frame for every single thing about America First Global Health Strategy and other decisions related to which sub-Saharan African countries that will no longer receive other humanitarian aid.** Project Vault is a **systematic initiative to build a US stockpile of critical minerals and rare earths required for advanced technology...** Sub-Saharan African countries hold or control access to deposits of the resources that the US government desperately wants. **More specifically, Rwanda and Zimbabwe hold or control access to deposits of these resources,** and Project Vault-driven negotiations for this access are almost certainly shaping the outcomes of health-related talks....”

“... **To the extent that Rwanda can determine whether this conflict [in the DRC] ends or not, it also controls US direct access to DRC’s resources.** This leverage is reflected in the unique text in Rwanda’s MoU. In the list that follows, I’ve enumerated some of the instances of language that have no counterpart in the other MoUs released to date. (This is in contrast to modifications of template language). At a top-line level, **the differences cluster around (1) Rwanda’s role as a regional biosurveillance hub, (2) Commitments between US and Rwandan government to advance joint commercial interests and (3) Documentation of soft promises for more than USD\$1.5 billion in US private sector funding for specific Rwandan initiatives....**”

Bass then also discusses Zimbabwe.

And concludes: “... **If AFGHS nests within or functions as a means of advancing Project Vault, then traditional approaches to accountability and oversight of US foreign aid for health are simply not fit for the task.** And we won’t know if this is the case by applying our traditional tools.”

## **Devex – US State Department signs first Western Hemisphere bilateral health deal**

<https://www.devex.com/news/us-state-department-signs-first-western-hemisphere-bilateral-health-deal-111954>

“**The U.S. will provide up to \$22.5 million to Panama over the next three years,** with Panama cofinancing the agreement by increasing its own health domestic spending by over \$11 million during that timeframe.”

“**With the inking of this new agreement, the U.S. has now signed 18 bilateral health memorandums of understanding — the rest of which have been on the African continent.** This includes agreements with Botswana, Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, Eswatini, Ethiopia, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Nigeria, Panama, Rwanda, Sierra Leone, and Uganda. **The 18 deals represent more than \$11.3 billion in U.S. assistance alongside \$7.2 billion in coinvestment from recipient countries.** The U.S. portion of this funding will need to be approved through the U.S. Congress....”

## US State department - Fortifying Health Systems and Countering Infectious Disease Threats Through the America First Global Health Strategy in Burkina Faso

<https://www.state.gov/releases/office-of-the-spokesperson/2026/02/fortifying-health-systems-and-countering-infectious-disease-threats-through-the-america-first-global-health-strategy-in-burkina-faso/>

(25 Feb) **“Today, the United States and Burkina Faso signed a five-year bilateral health cooperation Memorandum of Understanding (MOU) that reinforces regional health security in the Sahel while advancing Burkina Faso’s capacity to independently manage infectious disease threats before they reach our shores. ...”**

**“Through this MOU, working with Congress, the Department of State intends to provide up to \$147 million over the next five years to support Burkina Faso’s efforts to combat HIV/AIDS, malaria, and other infectious diseases, while bolstering disease surveillance and outbreak response capabilities. Burkina Faso commits to increasing its domestic health expenditures by \$107 million, demonstrating significant national ownership of its health system. The MOU allocates approximately \$12 million to global health security initiatives that strengthen community health systems, improve and digitize data reporting, and build laboratory capacity to detect potential pathogens....”**

## Plos GPH – America First, Africa Last? Health data deals and the new scramble for pathogens

S Sekala et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005974>

Excerpts: **“... These BGHAs (bilateral health agreements) are early nodes in an alternative PABS framework, built through bilateral bargains that resemble “TRIPS-plus” trade deals. Instead of a multilateral system where African regional blocs can negotiate binding benefit-sharing rules collectively, individual countries are pushed to accept terms under severe fiscal pressure and aid uncertainty. BGHAs risk normalising a practice where data and pathogen access are governed by fragmented bilateral treaties, while benefit sharing remains aspirational and uneven. For African nations, the danger is not only legal fragmentation but the consolidation of long-standing extractive relations through research and data infrastructures....”**

**“... Commentators in Kenya have already warned that health data and genomic information are becoming the new frontiers of a scramble for African resources. Pathogen samples, genomic databases, and longitudinal electronic health records are all inputs for AI tools, pharmaceutical pipelines, and security analytics that will generate economic and strategic value far beyond Africa. Yet the communities whose bodies and clinics feed these systems are unlikely to hold intellectual property, shape research agendas, or reliably access the resulting products. Race is crucial to this arrangement. Countries such as Kenya, Rwanda, and Uganda are asked to trade health data and pathogens for funding under the language of “partnership”, while the principal gains from expanded surveillance capacities, patent portfolios, and AI tools continue to accrue to the US and its allied markets. The insistence that these frameworks end dependency by moving toward country ownership obscures the fact that ownership of the most valuable asset—data—is being**

reconfigured, not returned. **The result is digital colonialism**; African lives are counted and monitored to manage risk elsewhere, under the banner of partnership....”

## **Global Policy – Global Health: Nigeria and the Pathology of the Hostage State in an Era of Fragmentation**

<https://www.globalpolicyjournal.com/blog/24/02/2026/global-health-nigeria-and-pathology-hostage-state-era-fragmentation>

(must-read) **“Nelson Aghogho Evaborhene argues that in a post-hegemonic world, true health security is not a gift to be received; it is a position to be negotiated through structural decoupling and the legal formalization of sovereign rights.”**

**“The primary threat to health security in a post-hegemonic world is no longer simply fiscal capacity; it is strategic exposure. In the emerging order, the durability of a health system depends less on its ability to balance accounts and more on its resilience against abrupt policy shifts in donor states. What is evolving, therefore, is not merely a financing transition but the collapse of the "implicit bargain" that once underpinned global health cooperation. Today, that bargain has been replaced by the reality of the Hostage State, where clinical continuity is increasingly sensitive to volatile domestic political cycles of foreign powers.”**

PS: **“... While the previous era utilized health assistance as a defensive mechanism to stabilize state structures, the current paradigm represents a transition toward transactional leverage. In doing so, the AFGHS model effectively moves beyond the stabilization of partner states toward their strategic synchronization, transforming a defensive security interest into an offensive transactional tool. In this reorganized order, health security is no longer merely a bulwark against state failure; it has become a central component of a sophisticated industrial and security compact, where clinical continuity is functionally traded for regional alignment and resource access.”**

**“...The pathology of the "Hostage State" in Nigeria is not an isolated diplomatic friction; it is the herald of a post-multilateral order. When clinical continuity is traded for strategic synchronization, the very foundations of global health—neutrality, epidemiological logic, and universal rights—are structurally eroded. ....”**

PS: **The "Hostage State" pathology cannot be cured by switching hegemony; it can only be resolved through Structural Decoupling. By reframing health as a site of strategic risk management rather than humanitarian solidarity, we reveal a more durable path forward. Realism dictates that in a post-hegemonic world, power is not granted; it is negotiated through the control of essential assets and the diversification of risk....”**

With **4 interesting proposals.**

**“...In a post-hegemonic world, true health security is not a gift to be received; it is a position to be negotiated through structural decoupling and the legal formalization of sovereign rights. As Nigeria navigates this transition, the lesson for the continent is clear: only by governing the "exit" through legal counterweights, risk diversification, and aggregated sovereignty can countries navigate the volatility of this fragmented era and reclaim health as a fundamental, sovereign right.”**

## Impact aid cuts & ongoing transition

### HPW – Post-USAID, Kenyans’ Access to HIV and Maternal Medicine and Contraceptives Plunges

<https://healthpolicy-watch.news/post-usaid-kenyans-access-to-hiv-and-maternal-medicine-and-contraceptives-plunges/>

“Kenyans’ access to a range of health products – including HIV treatment, maternal medicine, and contraceptives – plunged in three counties last year, largely as a result of the closure of the US Agency for International Development (USAID). In contrast, **Zambia** showed “modest improvements” in certain areas, particularly maternal health – largely thanks to a 30% increase in domestic financing for medicines and medical supplies.”

“This is according to new research from the **Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) Project**, which compared the availability, affordability, and frequency of stockouts for 50 commodities in Kenya’s **Mandera, Isiolo**, and **Marsabit** counties and Zambia between 2022 and 2025.....”

PS: “The findings of these reports highlight the fragility of access to essential SRH commodities and underscore the urgent need for sustainable domestic financing in the long term,” the report notes. “

### CGD (blog) – Millions Lost Access to PEPFAR-Supported HIV Drugs During the US Foreign Assistance Pause

C Kenny; <https://www.cgdev.org/blog/millions-lost-access-pepfar-supported-hiv-drugs-during-us-foreign-assistance-pause>

“The US State Department has collected data on the performance of PEPFAR in 2025, but is yet to officially release it. A Freedom of Information suit is ongoing. In the meantime, some data has become **available**. And the (potentially draft) headline numbers for 2025 can be **compared to 2024**: PEPFAR supported 67 million people to receive testing and counselling, down from 84 million in 2024 (leading to a drop in positive tests from 1.7 to 1.3 million people). It also supported 100,000 fewer on antiretrovirals (20.5 million down from 20.6 million), saw a 1.6 million drop in antiretroviral therapy (ART) patients with documented viral load (15.2 million down from 16.8 million), and a 1.3 million drop in patients with suppressed viral load results (14.7 million down from 16.0 million). At the same time, the number of pregnant women who knew their status was stable over the year as a whole, and there was a reported 110,000 increase in the number of pregnant women newly enrolled in prophylactic treatment with PEPFAR support. **These numbers, particularly on antiretroviral coverage, would likely translate into mortality impacts considerably below the approximate 200,000 deaths per year predicted by estimating PEPFAR funding cuts from March 2025....**

“... This reflects evidence both that **lifesaving services were prioritized** and that host governments **did step in to fill gaps** left by the withdrawal of US finance. ....On the other hand, there are reasons to fear the longer-term impact might be larger than suggested by the 2025 PEPFAR data—.....”

Do read on.

## **Plos Med - The potential impact of reduced international donor funding on the household economic burden of tuberculosis in low- and middle-income countries: A modeling study**

Allison Portnoy et al ;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004946>

New study. « We adapted a **system of linked epidemiological and economic models covering 79 LMICs to estimate tuberculosis-affected household costs under several scenarios** of reduced international funding between 2025 and 2050. **Ending funding for tuberculosis testing and treatment from the United States Agency for International Development alone was estimated to result in an additional 7.5 billion US dollars in patient costs and nearly 4 million more households experiencing catastrophic costs. In the most severe scenario, eliminating all external funding for tuberculosis could lead to nearly 80 billion US dollars in additional household costs and more than 40 million extra households facing catastrophic costs, with the largest impacts falling on the poorest households.** »

## **Devex - USAID moves out, gangs move in: The cost of aid cuts in Colombia**

<https://www.devex.com/news/usaids-moves-out-gangs-move-in-the-cost-of-aid-cuts-in-colombia-111895>

“When U.S.-funded youth programs closed in Colombia’s Chocó province, they left behind a vacuum that gangs and armed groups were quick to exploit. Drawing on reporting from affected communities, **The Aid Report traces the unraveling of years of prevention work.**”

PS: “Before the Trump administration’s decision to terminate USAID in February 2025, **Colombia had been the agency’s largest aid recipient country in the Western Hemisphere**, receiving as much as \$427 million annually from USAID...”

## **Science - Community health project in Kenya and Uganda dramatically cuts new HIV infections**

<https://www.science.org/content/article/community-health-project-kenya-and-uganda-dramatically-cuts-new-hiv-infections>

“**Large-scale study finds that simplifying delivery of prevention medication and improving connections to clinics is key.**” The study was presented at the **Conference on Retroviruses and Opportunistic Infections.**

“As much progress as research has made against HIV, roughly 1.3 million people still become infected with the virus that causes AIDS each year. **A large-scale study in Kenya and Uganda now suggests a straightforward way to make a major dent in those numbers. Instead of making people visit local clinics to test for the virus and receive prevention drugs if they’re negative, community health workers there cut new infection rates by 70% by simply delivering the tests and medications, using a smartphone app to coordinate care.**”

**“The Sustainable East Africa Research in Community Health (SEARCH) study**, whose latest results were presented at a meeting here today, involved 80,000 people in 16 rural communities, where HIV prevalence ranged from 8% to 16%. The intervention led to a fourfold increased use of anti-HIV drugs by people who are not infected with the virus, a key boost to the prevention strategies known as pre- and postexposure prophylaxis (PrEP and PEP). ...”

PS: **“The current study is one of several conducted under the name SEARCH, a project originally launched in 2013.** Its investigators have received nearly \$25 million over the past 5 years from the U.S. National Institutes of Health (NIH). **SEARCH is an example of “implementation science” for HIV/AIDS, which NIH Director Jayanta “Jay” Bhattacharya contends must be substantially ramped up to better take advantage of PrEP. Yet many HIV/AIDS investigators say diverting even greater amounts of funding to implementation research is unnecessary and worry this could cut support for much needed basic studies that are focused on developing a cure and a vaccine, both of which remain elusive.”**

## Trump 2.0

**The Atlantic - The Trump Administration Is Ending Aid That It Says Saves Lives**

<https://www.theatlantic.com/health/2026/02/trump-state-department-ending-aid-seven-african-countries/686106/?s=09>

The “Trump 2.0” week started yet again on a very dire note. **“The State Department will let lifesaving projects expire because “there is no strong nexus between the humanitarian response and U.S. national interests,”** according to an **internal email.”**

**“A year after the Trump administration began the dismantlement of USAID, it is initiating a new round of significant cuts to foreign assistance.** This time, programs that survived the initial purge precisely because they were judged to be lifesaving are slated for cancellation.”

**“According to an internal State Department email** obtained by *The Atlantic*, **the administration will soon end all of the humanitarian funding it is currently providing as part of a “responsible exit” from seven African nations, and redirect funding in nine others.** Aid programs in all of these countries had previously been up for renewal from now through the end of September but will instead be allowed to expire. Each of them is classified as lifesaving according to the Trump administration’s standards....”

**“The administration had already canceled the entire aid packages of two nations, Afghanistan and Yemen,** where the State Department said terrorists were diverting resources. **The new email, sent on February 12 to officials in the State Department’s Bureau of African Affairs, makes no such claims about the seven countries now losing all U.S. humanitarian aid: Burkina Faso, Cameroon, Malawi, Mali, Niger, Somalia, and Zimbabwe. Instead, according to the email, these projects are being canceled because “there is no strong nexus between the humanitarian response and U.S. national interests.”** (The nine countries eligible for redirected funding are Ethiopia, the Democratic Republic of the Congo, the Central African Republic, Kenya, Mozambique, Nigeria, Uganda, South Sudan, and Sudan.)

## Devex – DFC board approves new Africa deals, but keeps details private

<https://www.devex.com/news/dfc-board-approves-new-africa-deals-but-keeps-details-private-111930>

“The agency cites confidentiality for withholding investment details, but some question transparency.”

« ... The U.S. International Development Finance Corporation board approved new investments on [last week on ] Friday, but how many deals were cleared — and for how much — remains unclear. In a statement following the meeting, DFC said the board had approved transactions in Africa related to critical mineral supply chains, energy security, economic development, and stability.....”

- Related: [CGD blog – A Coming Clash Over Critical Minerals?](#) ( C M Savoy)

Re “resource nationalism, China’s outsized role, and questions over the future of US development assistance”.

The author concludes: “... **As the Trump administration continues signing bilateral memoranda of understanding (MoUs) with mineral-rich countries, it should strive to integrate elements from the G20 framework into MoUs and their continued dealings.** This would strengthen not only bilateral relations, but it would also ensure that the preferential trading bloc it envisions provides a mutual benefit for all parties involved...” (#dreamon)

## Stat – Trump touts lower drug costs and anti-fraud measures in lengthy State of the Union

[Stat](#):

“The president steered clear of less popular subjects, including vaccines and science funding cuts.”

“In the first State of the Union address of his second term, President Donald Trump played the health care hits, touting lowered drug prices even as more than half of Americans say health care has become more unaffordable for them and their families. **In his speech, Trump claimed he had brought prescription drug costs from the highest in the world to the lowest, thanks to his most-favored nation policy. And he implored congressional Republicans to codify the policy into law, lest his successor hike prescription drug prices. (A STAT analysis of the brands on TrumpRx found that many are available as cheaper generics elsewhere, despite Trump on Tuesday night touting TrumpRx and his other drug pricing policies as a “big achievement.”)**”

“He also said he wants to shift more government funding from premium tax credits to health accounts that resemble health savings accounts, promised to crack down on fraud in government programs, and said states should not be allowed to make decisions on issues like gender-affirming care without parental consent. **Missing from the speech were several hot button issues that have consumed his administration’s HHS over the last few months, including shifting vaccine mandates and major cuts to health and science funding.** “

## NYT - MAHA Moms Turn Against Trump: 'Women Feel Like They Were Lied To'

<https://www.nytimes.com/2026/02/19/us/politics/maha-moms-glyphosate-roundup-robert-kennedy.html>

"President Trump's executive order aimed at spurring production of a pesticide has infuriated leaders of Health Secretary Robert F. Kennedy Jr.'s MAHA movement."

## PPPR

### TWN – WHO: EU Backtracks on Pandemic Agreement commitments, Ignores Evidence & Precedents

N Ramakrishnan et al ; <https://www.twn.my/title2/health.info/2026/hi260204.htm>

**"The European Union (EU) and its allies, including Norway, Germany, the United Kingdom, Japan and Australia, demonstrated a troubling disregard for the commitments enshrined in Article 12 of the Pandemic Agreement, as well as for established international law, precedents and evidence during the Fifth Meeting of the Intergovernmental Working Group (IGWG5)...."**

Check out the detail.

### BMJ GH - The WHO pandemic agreement—securing Africa's leadership in a fragmenting global order

Nelson Aghogho Evaborhene et al <https://gh.bmj.com/content/11/2/e020634>

**"...For Africa, realising the treaty's promise requires robust legal frameworks, enhanced manufacturing and regulatory capacities and sustainable financing mechanisms that reduce donor dependency.** This analysis critically examines the treaty's provisions and political economy, emphasising the need for enforceable obligations, continental leadership and multi-sectoral accountability. **We propose the establishment of a Pandemic Peer Review Mechanism to embed political accountability at national and regional levels.** Only through coordinated African leadership, institutional investment and global solidarity can the Pandemic Agreement deliver equitable health outcomes in a fracturing global order...."

**"...Modelled on the African Peer Review Mechanism, the PPRM would be a voluntary, peer-led system to monitor and strengthen preparedness, anchored within Africa CDC or the African Union, with national focal points and review councils to maintain political commitment beyond crises..."**

### Geneva Health Files – Existing Practices on the Sharing of Pathogen Information: Lessons from the WHO BioHub

[Geneva Health Files](#);

**“WHO member states are working to set up a new Pathogen Access Benefit Sharing system that is intended to work across labs and networks.** It is the first such attempt to govern the access to pathogen information, and the sharing of benefits during health emergencies. There are numerous discussions to understand current practices on how labs currently work across networks. In this edition, **we present a concept note on a WHO Coordinated Lab Network that was shared with countries earlier this month during the previous round of negotiations on the matter.** We also take a close look at the WHO Biohub in Switzerland.....”

Re **“The WHO Coordinated Laboratory Network (WCLN): A WHO Coordinated Laboratory Network (WCLN) is under consideration to support the Pathogen Access Benefit Sharing system,** under the aegis of the Pandemic Agreement. **A preliminary concept note on such a network was shared by WHO at the fifth meeting of the Intergovernmental Working Group** held earlier this month, diplomatic sources said.... **The WHO Coordinated Laboratory Network (WCLN) is envisaged as a “Network of networks”** according to the concept note....”

## **Project Syndicate – Inequality Will Make the Next Pandemic Worse**

Joseph E. Stiglitz, Monica Geingos, and Michael Marmot; <https://www.project-syndicate.org/commentary/inequality-pandemics-breaking-the-vicious-cycle-by-joseph-e-stiglitz-et-al-2026-02>

**“Crowded living conditions, frontline occupations, and poverty all fuel the spread of pandemics, as do poor nutrition and baseline health characteristics.** Unless these issues – which came to define the COVID-19 pandemic – are addressed head-on, the most vulnerable will surely suffer the most in the next crisis.”

## **Devex (Opinion) - When the next global health crisis strikes, will we be ready in 100 days?**

By **Mona Nemer** ( chair of the International Pandemic Preparedness Secretariat ) et al; <https://www.devex.com/news/when-the-next-global-health-crisis-strikes-will-we-be-ready-in-100-days-111942>

“Right now, doubtful. Ensuring timely access to medical countermeasures will be key.”

Excerpts: **“... As we enter the final year of the IPPS mandate, we need to ensure 100DM is embedded into the global ecosystem.** The question is no longer whether preparedness is necessary, but whether we are moving fast enough to make it fully operational. Do we have the mechanisms in place to guarantee rapid access to the diagnostics, treatments, and vaccines that will make the difference against emerging threats? **France’s G7 presidency and the 2026 United Nations High-Level Meeting on Pandemic Prevention, Preparedness and Response present multiple opportunities to galvanise stronger global action on pandemic preparedness. France is uniquely positioned to shape this agenda: its leadership of the One Health Summit and its cohosting with Kenya of the Africa Forward summit in Nairobi provide influential platforms to anchor global health security — and research and development in particular — at the centre of the international agenda.** Early signals are encouraging, including the launch of the BE READY European partnership, which begins to outline what a more effective European contribution could look like....”

## Covid origins

### Nature Comment – COVID’s origins: what we do and don’t know

<https://www.nature.com/articles/d41586-026-00530-y>

“Researchers summarize key insights from the world’s first comprehensive investigation into how a pandemic started.”

By 23 of the 27 original members of the Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) for the World Health Organization (WHO).

PS: “... Although the term of the first SAGO group ended in October last year, meaning we are no longer members, the WHO has proposed a second term for SAGO and issued a call for new participants. Our 2025 report provides recommendations for subsequent investigations seeking to establish the origin of the COVID-19 pandemic. In the meantime, with the politicization and speculation around the origin of the pandemic showing no signs of abating, **23 of us mark the close of SAGO’s first chapter by clarifying our position on the origin of SARS-CoV-2 and the science behind it in a more accessible way....**”

Going over the scientific plausibility of the respective hypotheses – based also on the data available.

## HIV

### FT - New single-pill HIV therapy promises boost for long-term virus survivors

<https://www.ft.com/content/4fe55a54-0d89-4dca-9724-cc22044dc0fa>

(gated) “New single-pill HIV therapy promises boost for long-term virus survivors.” “Solo tablet worked well for patients who were older and in many cases resistant to existing treatments.”

- The new **Lancet Study** covered in this FT article: [Switch to single-tablet bicitegravir–lenacapavir from a complex HIV regimen \(ARTISTRY-1\): a randomised, open-label, phase 3 clinical trial](#)

“Single-tablet regimens (STRs) revolutionised HIV-1 treatment, improving adherence and clinical outcomes; however, many people cannot take these due to resistance, contraindications, or drug–drug interactions, instead relying on complex multi-tablet regimens. Novel STRs are therefore needed. **We aimed to evaluate the efficacy and safety of a novel STR, bicitegravir–lenacapavir, in people with HIV-1.**”

Concluding: “... **Bicitegravir–lenacapavir STR demonstrated non-inferior efficacy to complex regimens, with a similar safety profile and increased treatment satisfaction.** Bicitegravir–lenacapavir offers new opportunities for HIV-1 treatment optimisation for people taking complex regimens.”

- And the related [Lancet Comment - Managing complex antiretroviral regimens](#)

**“In *The Lancet*, Chloe Orkin and colleagues evaluate the efficacy and safety of a novel single-tablet regimen, bicitegravir–lenacapavir, versus continuing a complex, multi-tablet, albeit successful, regimen among people with HIV who have extensive ART experience...”**

The comment concludes: **“... Overall, however, this study represents a major advance in expanding the options of ART for highly treatment-experienced people with HIV who are struggling to remain on complex regimens. In the case of managing individuals who are highly ART-experienced, the majority would rather switch to a simpler single-tablet ART regimen than continue to fight the battle of adhering to complex, multidrug regimens to maintain their HIV treatment success. Based on the results of Orkin and colleagues' study, many people with HIV and their medical providers could now switch to a new oral single-tablet regimen. Further research comparing oral bicitegravir–lenacapavir with other more convenient treatment options, such as long-acting, injectable ART agents, is warranted.”**

## SRHR

### HPW – Ipas Gets Major Funding Boost for Safe Abortion Initiatives

<https://healthpolicy-watch.news/boost-for-ipas-to-expand-access-to-safe-abortion/>

**“The US based reproductive rights organisation Ipas has secured a [substantial grant](#) from [The Audacious Project](#) to expand global access to abortion and contraception. While Ipas is still negotiating the exact amount, it is **expected to be close to its ask of \$100 million.** ...**

**“... “Our vision is to prevent 16.3 million unsafe abortions and 22.6 million unintended pregnancies and to avert 39,000 maternal deaths by 2032, reducing unsafe abortion by 30% in 10 high-need countries across Sub-Saharan Africa, Asia and Latin America by 2040.”** But achieving this vision requires substantial resources, **Ipas director in the Democratic Republic of Congo (DRC), Dr Jean-Claude Mulunda, told *Health Policy Watch*..... .... “A total investment of \$350 million is required to reduce unsafe abortion by 30% across 10 countries, including six in sub-Saharan Africa region,”** said Mulunda.”

PS: **“The organisation will focus on Côte d’Ivoire, DRC, Ethiopia, Kenya, Nigeria and Zambia, as well as Bangladesh, India, Pakistan and Mexico. ....”** “Mulunga acknowledged that **several of these countries have restrictions on access to abortion.**”

PS: **“Audacious is a collaborative donor platform** that includes ELMA Philanthropies, MacKenzie Scott, Melinda French Gates’ Pivotal Ventures, Netflix co-founder Reed Hastings and his wife, Patty Quillin, and the Skoll Foundation.....”

### BMJ Opinion - Women’s health is being targeted by authoritarian governments in Latin America

<https://www.bmj.com/content/392/bmj.s381>

“Anti-gender movements are undermining women’s health policies, write Michelle Fernandez and Bárbara Maia.”

## BMJ Editorial - Eliminating female genital mutilation by 2030

W Ahmed; <https://www.bmj.com/content/392/bmj.s327>

“Elimination must **build on locally driven, grassroots achievements.**”

## Commercial Determinants of Health & NCDs

### Lancet Commission on Skin Health: aligning with WHO priorities

Yi Xiao et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00365-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00365-X/fulltext)

“**Skin diseases affect an estimated 4·7–4·9 billion people globally, ranking among the leading causes of years lived with disability worldwide.** They also contribute 1·79% to the global burden of disability-adjusted life-years, underscoring that **skin health is a core component of population health rather than a niche specialty.** Skin diseases comprise about 2000–3000 distinct conditions and are interwoven with multiple domains of health and health systems. **They include both communicable and non-communicable diseases, encompassing neglected tropical diseases (NTDs), outbreak-associated dermatoses, chronic inflammatory conditions, and skin cancers.** Despite this breadth, **less than half of affected individuals are estimated to have access to adequate dermatological care.**”

“... **Global policy frameworks have already recognised the importance of integrated approaches to address skin disease, exemplified by WHO's 2021–30 roadmap for NTDs, which prioritises approaches based in primary care and multisectoral collaboration for the prevention, diagnosis, and management of skin NTDs with disease-specific targets.** However, this landscape is now changing. **In May, 2025, for the first time, WHO member states adopted a resolution recognising skin diseases as a global public health priority at the 78th World Health Assembly (WHA 78.15), consistent with the commitment to achieve universal health coverage.** The resolution calls for coordinated national strategies encompassing workforce strengthening, stigma reduction, advocacy, and equitable access to timely diagnostics and essential medicines for skin diseases. Building on this momentum, **we announce the first *Lancet* Commission on Skin Health. ...**”

### How the Colonial Design of African Cities Fuels Our NCD Crisis

P Ngassa Piotie ; <https://www.linkedin.com/pulse/how-colonial-design-african-cities-fuels-our-ncd-patrick-o07ef/>

Via LinkedIn. « **Across much of the continent, urban infrastructure was not built with human well-being in mind. It was built during colonial rule and it was built for extraction.** Railways connected mines to ports. Roads linked administrative centres to economic zones. Cities were structured around labour control and resource movement, not around community integration, prevention, or

dignity. There was no public health vision guiding urban planning. There was no long-term investment in environments that would enable physical activity, healthy food access, social cohesion, or equitable services. In many ways, African cities were designed to extract resources, not to sustain healthy lives. And that design still shapes our health outcomes today... »

“South Africa offers one of the clearest illustrations of how colonial and apartheid-era spatial planning continues to influence health. ...”

## Global Action on Men’s Health – The hidden health burden: preventable deaths in men cost economies billions, experts warn

Via the **press release**:

“Data from the World Health Organization (WHO) European Region reveals **1 in 5 men die before age 70 from non-communicable diseases (NCDs), double the rate for women**. Poor men’s health cost six high-income countries over US\$379 billion in 2023 alone. Despite the scale of the problem, analysis by Global Action on Men’s Health (GAMH) shows **less than 1% of major global health conference programming is dedicated to men's health**. **GAMH is actively working in 2026 to change this**, for example co-hosting a side event at this year’s World Health Assembly (WHA79) with the Global Self-Care Federation (GSCF)...”

“In 2026, GAMH is calling on global institutions and conference organisers to formally integrate men’s health into core agendas, including at the @World Health Assembly (WHA79) and World Health Summit (WHS)...”

Full report: [https://www.google.com/url?q=https%3A%2F%2Fgamh.org%2Fwp-content%2Fuploads%2F2026%2F02%2FGAMH\\_WHSreport2025\\_jan26.pdf](https://www.google.com/url?q=https%3A%2F%2Fgamh.org%2Fwp-content%2Fuploads%2F2026%2F02%2FGAMH_WHSreport2025_jan26.pdf)

## Telegraph - ‘Feeding the beast’: Debt fears as online gambling explodes in Africa

<https://www.telegraph.co.uk/global-health/climate-and-people/debt-fears-as-online-gambling-explodes-in-africa/>

“Business leaders blame the **booming betting market** for a drop in productivity and a fall in household spending power.”

“A global boom in online gambling is quickly spreading to Africa, raising worries it heralds a costly wave of addiction and squandered household finances. The African smartphone gambling market has exploded in recent years following similar trends in the UK, Europe, Australia and America.”

“South Africa is in the lead on the continent because of its well developed digital economy, but Nigeria and Kenya both have strong sports betting demand and are growing fast.”

“... Tunde Adebisi, a researcher at Ulster University who has studied the rise of sports betting in Africa, said: “It’s basically everywhere in Africa, especially sub-Saharan Africa. “There’s a growing proliferation and normalisation of online gambling. People experience a lot of debt and difficulty, mental health problems and financial problems.” ... .... **Gambling was worth an estimated \$9.3bn**

on the continent last year, with growth being driven by digital betting among young people according to market research from Astute Analytic....”

### McKinsey Health Institute (report) - The health of nations: Stronger health, stronger economies

M Beauvais et al ; <https://www.mckinsey.com/mhi/our-insights/the-health-of-nations-stronger-health-stronger-economies>

“Poor health imposes a heavy human and economic toll. **Scaling proven interventions could add nine healthy years to life and deliver \$12.5 trillion in global economic gains by 2050.**”

“... By 2050, the average person could spend three more years in poor health than in 2000 or gain nearly a decade of healthy life if society scales access to proven, cost-effective interventions. **Nearly two-thirds of this impact would come from preventive interventions.** Today, most countries spend less than 2 percent of their health budgets on prevention....”

## AI & digital health

### Journal of International and Comparative Social Policy - Digital health discourses in global health: Varieties of techno-optimist depoliticisation

T Z Sen et al; [Cambridge journal](#);

« **Digitalisation in health** introduces new actors, risks, and challenges into health governance. **Global health institutions such as World Bank, World Health Organisation, and the now-disbanded US Agency for International Development** play a central role in shaping how governments navigate this evolving technical terrain. **This paper examines digital health discourses of these organisations in the early 2020s, asking why, how, and by whom digital health is promoted.** Using Political Discourse Analysis, **we study three flagship documents**, selected from 72. Our analysis shows that **these organisations engage in depoliticisation, portraying digital health as an inevitable wave that governments must adopt rapidly and extensively.** This **techno-optimist framing** overlooks government capacity gaps concerning the complexity of strategic adoption and asymmetric power relations with technology providers, and the absence of political engagement with risks and challenges. These discourses foster a depoliticised vision of digital health, overlooking the political mechanisms for digitalisation to benefit the public. »

### Lancet Public Health (Editorial) – Social media ban: a band-aid on digital wounds?

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00024-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00024-1/fulltext)

Editorial from the new March issue.

## Planetary Health (& Financing)

### Development Today – Brazilian Ministry of Finance pushes back against critics of Tropical Forest Forever Facility

#### [EXCLUSIVE: Brazilian Ministry of Finance pushes back against critics of Tropical Forest Forever Facility](#)

“Critics have questioned the viability of the giant tropical forest fund launched by Brazil at last year’s COP in Belém. In this in-depth interview with Development Today, João Paulo de Resende, Undersecretary at Brazil’s Finance Ministry, dismisses the naysayers and explains how the concept has been modified. “The basic idea is to set up a bank to make a profit, but we will give the profit to the forest,” he says.”

### Nature – We need a global assessment of avoidable climate-change risks

Peter A Stott; <https://www.nature.com/articles/d41586-026-00544-6>

“To understand the urgency of emissions reductions, policymakers and citizens need a full analysis of what is at stake.”

“Without a clear view of what is at stake, it is difficult — or even impossible — to make a successful case for proportionate action on climate change. Yet, **astonishingly, there has never been an internationally mandated global assessment of climate-change risks. Global assessments made by the Intergovernmental Panel on Climate Change (IPCC) have played, and continue to play, a crucial part in assessing the evidence about climate change. But the IPCC produces science assessments rather than risk assessments.** Its main focus has been to set out what is known with the greatest confidence. **A climate risk assessment offers different information — it makes clear the scale and severity of risks, to inform judgements about the priority to be given to avoiding or mitigating them... .. Only a global risk assessment, led by an appropriate international institution and designed to make clear the full scale of the global threat, can explore the full range of outcomes that global emissions reductions could avoid. Here we call for such an assessment and outline how to go about it....”**

### UN News - Organized crime and poor regulation to blame for toxic pollution threat

<https://news.un.org/en/story/2026/02/1167033>

“The lucrative, illegal trade and trafficking of waste products including many that are toxic could be set to surge across continents, thanks to patchy regulation, savvy criminal groups and corruption, UN experts said on Wednesday.”

“In a [new report](#) on the underground global scourge that’s been conservatively estimated to generate up to \$18 billion in illicit profits annually, **the UN Office on Drugs and Crime (UNODC)** highlighted that all regions of the world have been drawn in, although little data is available outside Europe. Globally, legal waste management was worth \$1.2 trillion in 2024, up from \$410 billion in 2011....”

## Access to medicines, vaccines & other health technologies

### TWN - Health: CSOs rally against Trump's trade tactics threatening access to drugs

K Raja; <https://www.twn.my/title2/health.info/2026/hi260205.htm>

“More than 100 civil society organizations (CSOs) from around the world are calling for a global trade policy framework that safeguards access to affordable medicines and rejects agreements negotiated under coercive conditions. They argued that the Trump administration is leveraging US trade power – particularly through the imposition of extreme tariffs – to pressure countries into binding commitments that could weaken the availability and affordability of essential medicines, raising concerns about public health and equity in the global trading system.”

“The US-UK “Big Pharma” agreement in principle, borne out of an abuse of trade power and weaponized tariffs, must not be replicated, they warned, according to a **press release issued by Public Citizen on 19 February**. They noted that in the weeks following the UK deal, the US coerced Argentina into an Agreement on Reciprocal Trade (ART) that pushes Big Pharma’s monopolistic agenda at the expense of public health. **Against this backdrop, the organizations working in the public health, trade, labour, climate, and faith spaces released a full set of Principles for Access to Medicines and Trade**, in which they insisted that trade approaches must preserve countries’ abilities to: ensure affordable prices for all; reject corporate bullying; enable plentiful supply of medicines; ensure the safety, efficacy, and quality of medicines; freely determine which international treaties are beneficial; and adhere to transparent and accountable trade processes.”

### WHO Afro - Kenya builds capacity to produce its own vaccines

<https://www.afro.who.int/countries/kenya/news/kenya-builds-capacity-produce-its-own-vaccines>

“Kenya has officially joined a global programme that will enable the country to manufacture its own vaccines locally, reducing its reliance on health products imported from abroad. The launch of the World Health Organization (WHO) and Medicines Patent Pool (MPP) mRNA Technology Transfer Project took place in Nairobi and was presided over by Dr. Ouma Oluga, Principal Secretary for Medical Services at the Ministry of Health. ... ..**Kenya is one of six African countries selected to participate in the programme, which is supported by a South African manufacturing consortium and now spans 15 partner institutions across six WHO regions worldwide**. Through the arrangement, the **Kenya BioVax Institute** will receive end-to-end training and technical support, covering the full process from research and development through to large-scale vaccine production. **Infrastructure at the Institute's Embakasi facility is being upgraded to support this work, and the Kenya Medical Research Institute (KEMRI) will contribute its scientific expertise as a key research partner....”**

### Lancet Global Health (Comment) - Therapies based on GLP-1 receptor agonists: significance, challenges, and opportunities

Angela Jackson-Morrisa et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00009-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00009-4/fulltext)

« For decades, escalating global obesity prevalence and evidence of its major contribution to the most common causes of death and ill health was, at best, confined to discussions of prevention, and,

at worst, stigmatised and ignored in policy, practice, and the media. However, the **landscape has evolved rapidly with the use of therapies based on GLP-1 receptor agonists to treat obesity**. Landmark developments in 2025 include the WHO global guideline recommending two GLP-1 receptor agonists for obesity care, and the inclusion of GLP-1 receptor agonists in the WHO Essential Medicines List to treat people living with obesity and diabetes and either cardiovascular or kidney disease. **Additionally, there is heightened public awareness and debate worldwide**, including about unequal access and some inappropriate use. **This Comment addresses key issues and research, policy, and practice development needs ...”**

## **Plos GPH (Review) - Advancing global health access through market shaping: Cases and learnings**

Claire M. Wagner et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004523>

« New health products have contributed to major improvements in public health, but many clinically effective interventions still face delays in reaching low- and middle-income countries (LMICs). **Market shaping approaches** have emerged as a set of tools designed to address such access gaps by influencing prices, supply, and demand. **Drawing on practitioner experience and illustrative cases, this paper examines how market shaping mechanisms have been used to expand access to pharmaceutical products in LMICs**. We review examples including **dolutegravir, rifapentine-based tuberculosis preventive therapy, pretomanid for drug-resistant tuberculosis, the RTS,S malaria vaccine, and Rwanda’s hepatitis C program, alongside ecosystem-level interventions such as revolving funds and initiatives to strengthen regional manufacturing**. Across these cases, we suggest generalizable lessons and describe trade-offs related to donor dependence, supplier concentration, and timing of intervention.”

## **Lancet Child & Adolescent Health (Health Policy) – Children’s access to controlled medicines: policy lessons, intervention priorities, and a framework for action**

**Maria-Belen Tarrafeta-Sayas et al ;** [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(25\)00375-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(25)00375-X/fulltext)

Via LinkedIn: “Around 2.5 million children die each year in pain, without palliative care. This lack of access to medicines for pain relief remains a morally unacceptable reality.”

Two articles were published in The Lancet Child & Adolescent Health, addressing a frequently overlooked inequity: **children’s access to controlled medicines**. By an **international collaboration**.

**PS: Essential controlled medicines are vital in paediatric care for managing severe pain, palliative care, surgery and anaesthesia, cancer pain, seizure disorders, and other neurological and mental health conditions**. Without them, children endure avoidable suffering, leading to impaired development and even death.....”

Abstract of this **Health Policy** article: “**Children face multiple challenges in accessing controlled medicines**—defined here as any pharmaceutical product whose active principles are listed under the international drug Conventions—**particularly in low-income and middle-income countries**. Although many barriers to accessing controlled medicines for children are known, there is a need for

comprehensive, policy-driven, and system-level responses to address this global inequity. With a paucity of research on effective policy strategies for improving access to paediatric controlled medicines, transferrable policy lessons and expert guidance are crucial for informing such responses. **This Health Policy purposively reviews relevant policy guidance and resources and highlights policy lessons from three low-income and middle-income countries (Uganda, India, and Costa Rica).** Guided by key literature and the multidisciplinary expertise of the authors, it proposes research and intervention priorities and **formulates a functional framework that outlines actionable levers for improving appropriate access to controlled medicines for children.**

- For the second article, see [Lancet Child & Adolescent Health \(Review\)- Controlled medicines for children's medical needs: a review of the scope, determinants, and consequences of inequitable access](#) (by Brandon Maser et al)

“... In this Review, we clarify the extent and nature of the problem of insufficient access to controlled medicines for children and explore its causal determinants...”

### **Lancet Regional Health Europe (Viewpoint) - Inequitable access to medicines for neglected tropical diseases in Europe: health system vulnerabilities and a call for coordinated action**

R Ravinetto et al ; [https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(26\)00028-1/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(26)00028-1/fulltext)

« **The COVID-19 pandemic has exposed the vulnerability of the European medicine supply systems, but the lack of access to medicines for diseases of poverty, including neglected tropical diseases (NTDs), is unfrequently brought to the attention of the European policy makers.** As a result, clinicians in Europe are **forced to “bricolage solutions” to treat NTDs:** ad hoc donations from companies, product-specific donations via the World Health Organization (WHO) or WHO collaborating centres, case-by-case importation -sometimes from poorly regulated countries-, and possibly the recourse to compounding pharmacies. Noteworthy, NTDs are unlikely to decrease in the next years in Europe, due to increasing global mobility, and climate change expanding the parasites' habitat. **This serious but neglected problem was discussed at the 2025 European Congress in Tropical Medicine and International Health (ECTMIH) in Hamburg, Germany. This viewpoint analyses the availability, affordability and accessibility challenges in some countries in Europe, and their consequences at patient and health system level.** It also proposes a set of interconnected recommendations and policy measures to make quality-assured medicines for NTDs sustainably available and affordable across Europe...”

### **BMJ Feature - Weight loss drug waste: what happens to the Ozempic pens?**

<https://www.bmj.com/content/392/bmj.r2495>

« Pharmaceutical companies facing increasing demand for GLP-1 agonist receptors are struggling to minimise their impact on the environment. **Mahima Adey reports.**”

## WASH & health

### WASH or Perpetual Crisis? AU Leaders Call for Bold Shift to End Polio and Waterborne Diseases

[Capital Ethiopia](#); .

« The fight against polio, cholera, and Neglected Tropical Diseases (NTDs) in Africa risks becoming a perpetual crisis unless the continent dramatically scales up sustainable Water, Sanitation, and Hygiene (WASH) infrastructure. That was the stark warning from global health leaders and policymakers who gathered on the sidelines of the 39th African Union (AU) Summit. The high-level forum called for a decisive shift from fragmented, disease-specific responses toward an integrated strategy linking water, sanitation, and health systems to permanently eradicate polio and other waterborne diseases. »

« Held on February 14, 2026, under the theme “WASH and Health Synergies to End Polio and Water-Borne Diseases, including NTDs and Cholera,” the meeting was convened by the World Health Organization Regional Office for Africa and the African Union Commissioner for Health, Humanitarian Affairs, and Social Development, in collaboration with the governments of Nigeria and Zambia....”

« Participants stressed that while vaccines and medicines are lifesaving, they are not enough. In communities where unsafe water and poor sanitation persist, disease transmission continues unabated. **Experts noted that up to 80 percent of NTDs could be prevented through access to clean water and reliable sanitation....”**

PS: « The forum also served as a strategic launchpad for the African Union’s declaration of 2026 as the Year of Ensuring Sustainable Water Supply and Reliable Sanitation Systems. Member states were urged to treat the designation not as symbolic, but as a turning point for mobilizing financing and accelerating structural reforms....” “ For decades, polio eradication, cholera control, and NTD programs have operated in silos, each with separate funding streams and logistics. Thoko Elphick-Pooley, Deputy Director for Advocacy and Communications (Africa Offices) at the Bill & Melinda Gates Foundation, argued that **integration is now imperative, citing the Global Polio Eradication Initiative as a model....”**

- Related: [WHO – WHO water, sanitation, hygiene and waste strategy 2026-2035](#).

“Unsafe water, sanitation and hygiene (WASH) still drive at least 1.4 million preventable deaths each year, while climate shocks, outbreaks, migration and aging infrastructure present additional challenges. Despite gains since 2015, 1 in 4 – or 2.1 billion people globally – still lack access to safely managed drinking water, including 106 million who drink directly from untreated surface sources; 3.4 billion people still lack safely managed sanitation, including 354 million who practice open defecation.... .... The WHO water, sanitation, hygiene and waste strategy 2026–2035 offers an opportunity to strengthen WHO’s contribution to improving health through WASH actions within and beyond WHO, to reinforce WHO’s influence within WASH partnerships, to mobilize investment, to strengthen alignment with the Sustainable Development Goals (SDGs) and relevant regional policy frameworks, and to build on synergies between the SDGs, health and WASH.”

# Conflict/War/Genocide & health

## BMJ Collection - Child mental health in conflict settings

<https://www.bmj.com/collections/child-mental-health>

“... Aside from physical harms, **living in conflict affected settings exposes children to accumulating, intergenerational risks to mental health.** Yet less than 1% of development aid is allocated to mental health, and many children in these settings lack access to evidence based psychosocial interventions. **This BMJ Collection calls for evolution of the humanitarian evidence base to ensure contextually relevant, comprehensive, and long term responses; scalable and sustainable interventions to be integrated into existing health, education, and social systems; and global commitment and funding to protect the mental health of children affected by war.**”

## Lancet World Report – Health and war in Sudan

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00415-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00415-0/fulltext)

“Fresh atrocities are feared in Sudan as health and humanitarian crisis worsens amid global neglect. Sharmila Devi reports.”

## Lancet (Comment) - Internet shutdowns in Iran and the right to health

Mohammad Karamouzian et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00215-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00215-1/fulltext)

“The weaponisation of restricting digital connectivity has been increasingly normalised. In 2024, governments imposed 296 internet shutdowns across 54 countries, with at least 72 directly linked to human rights violations in conflict settings. The internet shutdowns have been implemented at the times most crucial for emergency medical response and humanitarian coordination, **compounding the risks to the health and wellbeing of civilians.** Internet access is no longer a luxury; it is integral to almost every facet of life. **Under international law, access to the internet is related to the right to freedom of expression and the right to health.** Respecting the right to internet access necessitates refraining from blocking access, protecting this right demands legal safeguards against shutdowns, and fulfilling this right requires ensuring universal connectivity...” “ **The current situation in Iran highlights the extreme harms of leveraging internet shutdowns as a political tool...**”

“...The global health community should move beyond statements of concern to a response grounded in the responsibility emphasised in the International Bill of Human Rights to respect, protect, and fulfil human rights. Respecting rights requires the cessation of violations against those rights. **International health organisations, including WHO and the World Medical Association, must publicly classify internet shutdowns during health emergencies as violations of the right to health.** Medical neutrality requires active protection, including independent monitoring of attacks on health-care workers. **To protect these rights in the long term, legal and institutional safeguards are needed.** The **UN General Assembly and Human Rights Council** should adopt binding resolutions that establish accountability mechanisms for internet shutdowns during health emergencies. **WHO** should develop protocols that recognise internet connectivity as essential health infrastructure for

the provision of emergency and non-emergency care and services including vaccination, harm reduction, cancer screening, and infectious disease surveillance....”

### **Devex – Aid groups petition Israel high court to halt Gaza aid shutdown**

<https://www.devex.com/news/aid-groups-petition-israel-high-court-to-halt-gaza-aid-shutdown-111945>

“Humanitarian organizations are warning that Israel’s registration rules threaten to hollow out Gaza’s humanitarian system, with dozens of NGOs facing expulsion by the start of next month.”

## **Some more reports, Collections & publications of the week**

### **American Journal of International Law - Global Health at A Crossroads Part I**

Symposium Editors: Matiangai Sirleaf and Kriti Sharma;

<https://www.cambridge.org/core/journals/american-journal-of-international-law/ajil-unbound-by-symposium/global-health-at-a-crossroads-part-i>

Start with the **Introduction** to get a good overview of the special (symposium) issue: [Introduction to the Symposia on Global Health at a Crossroads](#) (by M Sirleaf)

“... This symposium engages with recent lawmaking provoked in part by the COVID-19 pandemic. Contributors’ collective efforts in Parts I and II examine global health law in action and canvas key multilateral reforms, exploring emerging dynamics including the potential for regionalism and decolonization, as well as conceptualizing and contesting global health’s past and futures....”

With quite some important articles.

### **UN News - Over a billion fear losing land and homes within five years**

<https://news.un.org/en/story/2026/02/1167037>

“Despite global progress in strengthening land tenure and governance, more than a billion people worldwide – nearly one in four adults – fear they could lose the rights to some or all of their land and housing within the next five years. “

“The **finding comes in a UN-backed report** that underscores the need for stronger political commitment and inclusive policies around land rights amid growing focus on climate change, biodiversity protection, gender equality and rural transformation. ... .. [The Status of Land Tenure and Governance](#) is described as the first comprehensive global stocktake designed to track how land is owned, used and governed. “

## Miscellaneous

### Devex Pro - Demographic and Health Surveys reemerge with Gates funds after Trump cut

<https://www.devex.com/news/demographic-and-health-surveys-reemerge-with-gates-funds-after-trump-cut-111840>

(gated) “But the program must chart a longer-term path towards sustainability with a **leaner structure, smaller annual budget, and a greater use of technology.**”

### Bay Area Global Health Alliance - Global Health Trends for 2026: Financing, AI, and Geopolitics

[Bay Area Global Health Alliance](#);

“After an extraordinarily challenging year for global health, the past few months have produced a flood of predictions for 2026. If one stepped back and curated them all, what trends would actually rise to the top? We were curious and **curated 40 articles and reports from trusted media, policy institutions, multilaterals, industry voices, and research organizations to identify the common threads shaping the year ahead.** While not exhaustive, **this synthesis offers key trends reshaping global health systems, innovation ecosystems, and markets — especially in LMICs** where need, innovation, and opportunity intersect. Here’s what we found....

Not all **14 trends** they sketch are equally interesting (*for obvious reasons, given what the Bay Area GH Alliance is about*), but some surely ring a bell.

Including this one: (7) “**Climate change is no longer peripheral — it is foundational to health planning.** Extreme heat, vector-borne disease, food insecurity, displacement, and climate-linked instability are increasingly embedded in national health strategies. **Health systems must now plan for chronic environmental stress rather than episodic emergencies, particularly in climate-vulnerable LMICs.** Furthermore, as AI infrastructure expands rapidly into water-stressed and marginalized communities, the foreseeable linkages between local water depletion, reduced sanitation, and preventable illness — particularly among children — demand urgent attention....”

## Global health governance & Governance of Health

### Geneva Solutions -UN assembly chief urges US to settle dues ‘in full’ as cash crunch deepens

<https://genevasolutions.news/global-news/un-assembly-chief-urges-us-to-settle-dues-in-full-as-cash-crunch-deepens>

“UN General Assembly president Annalena Baerbock stressed the severity of the financial crisis faced by the world body as the United States withholds roughly \$4 billion in outstanding

payments. Annalena Baerbock, president of the UN General Assembly, urged the United States on Tuesday to pay its UN dues “in full”, a week after Washington transferred \$160 million – a fraction of the roughly \$4 billion it owes the organisation....”

## Devex - World Bank chief's role on Trump-led Board of Peace prompts questions

<https://www.devex.com/news/world-bank-chief-s-role-on-trump-led-board-of-peace-prompts-questions-111813>

(gated) **“World Bank President Ajay Banga’s participation in U.S. President Donald Trump’s Board of Peace for Gaza reconstruction has raised concerns over governance and reputational risk at the multilateral lender. ... While some insiders warn that the optics of Banga’s involvement could blur the bank’s long-standing separation from overtly political initiatives, others say his presence may help moderate the endeavor — provided the focus remains firmly on Gaza reconstruction and the bank carefully manages the risks.”**

**“... In an interview at the [World Economic Forum](#), Banga explained that “The actual Board of Peace is the political leadership. ... They are then fed the kind of work we think they can make decisions on. I call us the worker bees, them the deciders.”** That doesn’t fly with critics who point out that the board’s charter doesn’t mention Gaza, is chaired by one man for life, charges \$1 billion to become a permanent member, and **could undermine the very multilateralism that the bank represents.”**

**“The entire [Board of Peace] structure depends on the World Bank lending its credibility. Without the Bank’s imprimatur, investors would see this as a highly politicized reconstruction effort with no independent accountability,”** a senior bank insider tells Devex, speaking on condition of anonymity. **“Banga handed over that credibility without conditions.””**

**“Others see a more nuanced picture — and what might have been a strategic dilemma.** “I can imagine the awkwardness of saying no when your largest shareholder asks you to sit on a Board of Peace endorsed by the UN Security Council, tasked to ensure peace and help get assistance to Gaza,” says **Charles Kenny** of the [Center for Global Development](#). **“I can imagine the additional awkwardness of having said yes as the chairman of the Board of Peace then sets out a far broader ambition for the body that is opposed by many of your other shareholders.” ...”**

## CGD (blog) – The World Bank Doesn’t Need to Generate More Knowledge. It Needs to Want It.

S Devarajan et al; <https://www.cgdev.org/blog/world-bank-doesnt-need-generate-more-knowledge-it-needs-want-it>

**“At least since former World Bank President Jim Wolfensohn coined the phrase “knowledge bank,” there have been periodic efforts to strengthen evidence-based policymaking at the World Bank. They have focused overwhelmingly on the supply of knowledge—with a steady stream of “flagship reports.”** The World Bank has invested in better data, more rigorous research, systematic reviews, impact evaluations, and increasingly sophisticated analytics to inform its operations. The most recent [reorganization](#) aims to create a “knowledge bank.” **Yet previous reorganizations and rhetoric have not consistently translated into improved research quality or greater development impact.** High-quality [evidence](#) often [fails](#) to shape policy choices, lending priorities, or institutional

reforms in low- and middle-income countries—or even within the bank itself. **What is missing from this conversation is the demand for knowledge.**”

“Evidence-based policy does not emerge simply because good evidence exists. It emerges when institutions are structured so that decision-makers (1) want to know, and (2) are rewarded for using knowledge. The [history of places like Bell Labs](#) illustrates that insight production depends at least as much on institutional demand for understanding as on the technical ability to generate it.”

Quote: “... how evidence often functions in development institutions. **At the World Bank, knowledge is frequently treated as an input into lending rather than as a driver of strategy.** Analytical work is produced, but its uptake is ad hoc: often incidental, contingent, or politically constrained. **The result is what we might call the “knowledge paradox”:** external stakeholders and clients consistently [report](#) valuing the World Bank’s knowledge more than its finance, yet internal incentives overwhelmingly favor lending volumes, project preparation, and disbursement.....”

With some **suggestions “Toward a demand-driven Knowledge Bank”.**

## Devex - Europe still leads on SDGs, but progress is stalled

<https://www.devex.com/news/europe-still-leads-on-sdgs-but-progress-is-stalled-111949>

“Europe’s SDG progress is stalling, threatening the region’s historic role in global poverty reduction and undermining public trust in multilateral goals.”

“... new analysis from the [Europe Sustainable Development Report 2026](#) warns that **rising defense spending and cuts to development budgets** are stalling progress on the SDGs and shifting strategic priorities away from sustainable development. The report highlights that the region’s historic role as a global leader in poverty reduction, climate resilience, and social welfare is increasingly under pressure.....”

“The report also highlights an erosion of public trust in institutions and declining faith in the SDGs — even in Europe’s most advanced economies. **Where the SDGs once featured prominently in policymaking, they are now largely absent from strategic documents.** The authors warned that changes in language matter, arguing that **when leaders stop referencing the SDGs**, it can influence policymaker behavior and weaken public confidence in multilateral agendas.”

## ECDPM (Brief) – Aligning AU-EU interests to reshape global governance on peace and security

<https://ecdpm.org/work/aligning-au-eu-interests-reshape-global-governance-peace-and-security>

“Sara Ganesello and Sophie Desmidt, together with Gustavo de Carvalho and Steven Gruz, examine **how the AU and the EU can move beyond rhetorical alignment toward tangible collaboration on multilateral reform.**”

## Project Syndicate – Development is hard power

Alexander de Croo; <https://www.project-syndicate.org/commentary/development-is-hard-power-best-means-to-prevent-conflict-long-term-by-alexander-de-croo-2026-02>

**“This year’s Munich Security Conference** brought plenty of talk about geopolitics, spheres of influence, the future of NATO, and defense budgets. But as much as these debates matter, they no longer define the full spectrum of power. **In today’s fractured world, security is not just about tanks and treaties. It also depends on strong and trusted partnerships, resilient systems, and functioning institutions. These are what equip societies to withstand shocks.** Understood in these terms, **international development is not just a form of “soft power”** (exerting influence through persuasion and attraction). **It is hard power – and our most effective preemptive strike against future threats.”**

... A recent analysis by ONE finds that every dollar invested in development and conflict prevention could save up to \$103 in future crisis-related costs – from military operations to humanitarian responses to the effects of economic disruption. **That is not soft power. It is the highest return you will find in any global security portfolio, and thus the most rational investment choice that governments can make.;..”**

De Croo concludes: “... **Hard power is not just the capacity to react. It is the capacity to prevent. Integrating development into the geopolitical debate is not idealism.** It is strategic, budget-conscious realism. We can pay up front for development, or we can keep paying the bill later, with interest, in a more unstable and insecure world.”

## **Global Health Hub Germany - Global Health at a Crossroads: Africa’s Response to a Changing Global Health Ecosystem and Financing (Part 2)**

<https://www.globalhealthhub.de/en/news/detail/global-health-at-a-crossroads-africas-response-to-a-changing-global-health-ecosystem-and-financing-part-2>

**“In the second part of this series edition,** we interrogate how African countries can translate the rhetoric of self-reliance into concrete systems for research, innovation, and pandemic preparedness, drawing on **insights from Prof. Christian Happi, a leading genomic scientist** and one of TIME’s 100 Most Influential People of 2025. **His core message is clear: Africa has the capability and assets, but it must build the ecosystem and incentives that allow those strengths to translate into power and self-reliance.”**

Among others, with **three practical recommendations:**

- “Fully implement the African Continental Free Trade Area to enable research supply chains and regional scale
- Enable real brain circulation across borders to unlock scientific collaboration.
- Invest intentionally and consistently in research and development, beyond declarations.”

## **Global health financing**

**The Conversation – Africa’s public finances are in a mess: a new book explains why and what to do**

L Latif; <https://theconversation.com/africas-public-finances-are-in-a-mess-a-new-book-explains-why-and-what-to-do-275761>

« **Public finance, or how governments at all levels raise and allocate money**, is in evidence everywhere you look... .... Public money is not government money. It is yours, writes **Kenyan finance scholar Lyla Latif** in her new book **Governing Public Money**. Drawing on a decade of experience across 32 countries, the author sets out what ails Africa's public finances and what could change. The Conversation Africa asked her about the book's main themes.”

## **Global Policy -Chinese Development Finance and Debt Crises in the Global South**

Rebecca Ray, Kevin P. Gallagher, et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70150>

“**The multilateral system is falling short in mobilizing the level and composition of capital flows necessary for countries in the Global South to raise living standards and avoid the catastrophic costs of climate change.** Rather than channeling a stepwise increase in resources, net capital flows to emerging market and developing countries have turned negative. **This predicament would have been much worse if not for the emergence of Chinese overseas finance, yet it too has turned net negative in recent years.** The resumption of payments on a significant amount of external debt that China had suspended during the COVID-19 pandemic, together with the lack of overall borrowing space in the Global South, has exacerbated the current predicament. **This paper puts Chinese development finance in the context of recent net negative transfers and considers future prospects for how and why China may revive overseas development finance to the Global South, including a round of bilateral refinancing and new loans, foreign direct investment, and trade.** Such an approach would not only help countries in the Global South restart growth trajectories but also bring significant benefits to China.”

## **Devex Pro – Who are the 10 largest philanthropies focused on development?**

<https://www.devex.com/news/who-are-the-10-largest-philanthropies-focused-on-development-111906>

(gated) “**The world's 10 largest foundations increased their development spending by 16.4% — a welcome trend in an otherwise contracting global aid landscape.**”

“The [latest data](#) from the [Organisation for Economic Co-operation and Development](#) shows that in **2023, the world's largest philanthropic donors spent \$12.5 billion on development — an 8% increase from the \$11.5 billion they collectively spent in 2022.**”

## **UHC & PHC**

### **BMJ News - Cuba health crisis: Blackouts and fuel shortages following Trump pressure**

<https://www.bmj.com/content/392/bmj.s383>

“Cuba's is struggling to keep its hospitals open as the island faces regular blackouts and acute fuel shortages amid US measures aimed at restricting oil supplies to the country....”

## BMJ GH – Effective coverage practice in Ethiopia

S Lemma et al; <https://gh.bmj.com/content/11/2/e019105>

“**Effective coverage measurement** has emerged as a **tool to help understand health system performance for the provision of high-quality health care**. Using a cascade approach that combines data on demand- and supply-side steps, effective coverage measures highlight where gaps in the health system exist and how improvements might be made so that more people benefit from the potential of the health services available to them. In practice, however, there are challenges in making this work. **This analysis paper aimed to highlight those challenges in calculating effective coverage in Ethiopia, using antenatal care as a test case, and propose a solution.**”

## Pandemic preparedness & response/ Global Health Security

### Telegraph – Stunning bat cave footage captures spillover risk for first time

<https://www.telegraph.co.uk/global-health/science-and-disease/bat-cave-footage-captures-spillover-risk-for-first-time/>

“**Discovery of many predators feeding on bats may be a ‘Rosetta Stone’ for understanding how diseases spread between animals, researchers hope.**”

“**Researchers in Uganda have discovered a complex network of animals feeding on bats infected with Marburg virus, capturing startling footage of potential spillover risks for the first time....**”

“The observations, caught on camera traps placed outside the entrance to “Python Cave” in Queen Elizabeth National Park in western Uganda, are the **first confirmation “of a dynamic, multispecies exposure network at a known Marburg virus site,”** the researchers say....” “In a preprint of their findings, they write that the **discovery of so many animals feeding on the bats “may represent a Rosetta Stone for interpreting the real-time mechanics of zoonotic spillover”....**”

### CGD (Policy Paper) - What Role Can Routine Vaccination Play in Pandemic Prevention and Preparedness? An Economic Evaluation of Mpox Vaccination

T Laurence et al; <https://www.cgdev.org/publication/what-role-can-routine-vaccination-play-pandemic-prevention-and-preparedness-economic>

“Since 2022, mpox has triggered two public health emergencies of international concern, with sustained transmission across Africa and beyond. **We conducted a modelling study to assess the cost-effectiveness of routine mpox vaccination in endemic African provinces as a strategy to reduce disease transmission and strengthen pandemic prevention and response.**”

“Although mpox imposes a substantially lower disease burden than malaria, tuberculosis, or diarrheal disease in the Democratic Republic of the Congo (DRC), **routine mpox vaccination would still be health-positive for more than half of the DRC population (53.5 million people), including 23.2 million children.** From a local health benefits perspective, **routine vaccination of children aged**

0–9 years may be cost-effective at \$10 per dose compared with no vaccination in the two highest-burden provinces of the DRC. From a global healthcare payer perspective, routine vaccination of 8.5 million children aged 0–9 years in endemic regions of the DRC over a 10-year period—at an estimated cost of \$203 million—could reduce the probability and size of mpox pandemics outside Africa—yielding an return on investment exceeding 3:1, even if the vaccine is used considerably past the point of local cost-effectiveness. However, under current budget constraints, additional donor financing would be required to realize these benefits for global pandemic prevention.”

### Nature Health - Understanding human behaviour for pandemic preparedness with epigames

A Colubri et al; <https://www.nature.com/articles/s44360-026-00071-8>

“...We propose a solution that leverages mobile technology to measure contact networks across social settings, environmental conditions and various contexts, while explicitly integrating behavioural data. Digital smartphone-based platforms that enable collection of human behaviour and environmental and contextual factors during experimental epidemic games (‘epigames’) can generate data on real-life dynamic social contact networks, arguably the closest proxy for observing pathogen transmission in human populations. Epigames are controlled situations in which participants join a simulated epidemic via a gamified smartphone app...”

### Book - Tech Enabled Global Health Security

Editors: B Jacob et al; <https://link.springer.com/book/10.1007/978-3-031-86997-6>

“This book explores innovative applications of artificial intelligence, machine learning, and modeling to enhance public and global health security.”

## Planetary health

### Plos Climate - Scientists as activists: An ethnography of the ‘critical moments’ in scientists’ transition to climate activism

Samuel Finnerty; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000828>

“This study presents the first ethnographic investigation of scientist climate activism, addressing a major gap in understanding how scientists navigate tensions between professional norms of neutrality, objectivity, and activism over time. Drawing on two years of immersive, longitudinal ethnography with Scientists for Extinction Rebellion in the UK, this study provides a rigorous, process-based account of how scientists enter activism, manage identity conflicts, and negotiate their boundaries of engagement. Findings show that identity-aligned spaces legitimise initial participation and foster belonging. Scientists strategically draw on professional expertise and scientific symbols (e.g., lab-coats, peer-reviewed papers) to legitimise action and engender collective identification. However, these same symbols can also limit participation to those who identify with them and generate expectations of universal expertise. Over time, activism reshapes professional identity, reinforcing moral conviction and producing hybrid scientist-activist identities. Sustained commitment depends on collective efficacy, peer affirmation, and care practices that support

autonomy and buffer burnout. **Escalation is non-linear**: willingness to take risks increases with experience, yet professional, personal, and ethical considerations also influence decisions. **By mapping critical moments in scientists' activist trajectories, this study advances social psychological models of identity conflict by demonstrating how professional norms, moral commitments, and collective actions dynamically interact over time.** It introduces the concept of **hybrid scientist-activist identity formation** as a process, providing original, rigorous, and significant insights that extend theory and inform strategies for effective scientist advocacy.”

### **Lancet Public Health – Variation in reporting of heatstroke mortality: evidence from a multi-country study**

A Tobias et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00322-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00322-6/fulltext)

“ This study aimed to examine geographical variations and temporal trends in reported heatstroke mortality across multiple countries. » *(only some countries though)*

## **Infectious diseases & NTDs**

### **Devex (Opinion) - Ending HIV globally requires action in Eastern Europe and Central Asia**

<https://www.devex.com/news/sponsored/ending-hiv-globally-requires-action-in-eastern-europe-and-central-asia-111881>

“As war and displacement fuel the HIV epidemic in Eastern Europe and Central Asia, **the RADIANT partnership between the Elton John AIDS Foundation and Gilead Sciences** demonstrates the power of community-led solutions.”

### **Nature Africa - Africa needs data to drive NTD elimination**

T S Shawa et al ; <https://www.nature.com/articles/d44148-026-00032-z>

“With strategic investment in public health tools and systems, NTD control can evolve into a sustainable success.”

### **Lancet World Report - Understanding Buruli ulcer**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00416-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00416-2/fulltext)

“While researchers gain new insights into the transmission of Buruli ulcer in Australia, **public health specialists in Africa are working to engage traditional healers.** Sophie Cousins reports.”

## Nature Health - The burden of malaria-attributable maternal anaemia and the impact of preventive treatment across sub-Saharan Africa

<https://www.nature.com/articles/s44360-026-00068-3>

“Data... and a simulation model suggest that the **total number of malaria-exposed pregnancies across sub-Saharan Africa exceeded 13 million in 2023**, and that **current prevention measures avoided more than 2 million malaria-related anaemia cases.**”

“ **findings show that although burden has declined substantially, malaria remains a major driver of maternal anaemia risk...**”

## AMR

### Policy & Society - Political rootlessness, rather than capacity and subsystem support loss? Probing why policy derived from internationally popular norms may terminate easily

Erik Baekkeskov et al; <https://academic.oup.com/policyandsociety/advance-article/doi/10.1093/polsoc/puaf046/8484205?searchresult=1>

“Policy studies suggest that policy termination is rare, just as stability is common. Yet, international relations studies suggest that national policies based on international agreements terminate easily. What makes the difference? **Widespread discontinuation of national action plans (NAPs) for antimicrobial resistance (AMR) is a case in point.** NAPs are national strategic plans—and hence, national policies—for combatting AMR. More than 170 countries produced them in the years following global agreement to combat AMR in 2015, seeming to represent great success for new international norms. However, this article shows that 51% of countries with NAPs on record have terminated them, and terminations appear to be increasing. It probes plausibility of two conventional termination reasons and one novel: **lost policy capacity, policy subsystem support loss, and the new one, domestic political rootlessness.** The article shows that **the last is clearly plausible in the AMR NAP case. This finding advances policy termination theory by illustrating how policies lacking firm roots in domestic institutions and policy subsystems—such as some originating in internationally agreed norms—can be easily abandoned by national governments once international attention and pressure move elsewhere.**”

### WHO Bulletin - Surveillance of antimicrobial resistance by a global network of WHO collaborating centres

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294384.pdf?sfvrsn=526a5c76\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294384.pdf?sfvrsn=526a5c76_3)

By Anne Harant et al.

## Cidrap News - Study: Antibiotic resistance threatens 30-year decline in deaths from lower respiratory infections

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-antibiotic-resistance-threatens-30-year-decline-deaths-lower>

“A new analysis of global data shows that while deaths from lower respiratory infections (LRIs) declined from 1990 to 2021, deaths caused by antibiotic-resistant LRIs in 2021 were nearly three times higher than those caused by susceptible infections. The burden of deaths from drug-resistant LRIs was **most pronounced in low-income countries and adults over 50**, researchers **reported late last week** in *Antimicrobial Resistance & Infection Control*. And deaths could rise as the bacteria that cause pneumonia and other LRIs become resistant to last-resort antibiotics. The study, conducted by a team of Chinese researchers, looked at data from the Global Burden of Disease Study 2021...”

## NCDs

### BMJ Editorial - Tackling the global hypertension crisis

A O Etyang et al ; <https://www.bmj.com/content/392/bmj.s367>

“Evidence on improving outcomes exists but gaps remain in implementation.”

“Hypertension affects more than 1.4 billion people worldwide, yet fewer than one in five have adequate blood pressure control. **The 2025 World Health Organization global report on hypertension, published in September 2025, is clear: failure to control hypertension is no longer a problem of insufficient evidence but of insufficient implementation....**”

“**The report identifies several priority areas where progress has stalled. Three stand out as particularly urgent and actionable:** weak community engagement in hypertension care, persistent failures in access to affordable, quality assured antihypertensive medicines, and inadequate monitoring systems....”

### Nature News – Are obesity drugs causing a severe complication? What the science says

<https://www.nature.com/articles/d41586-026-00552-6>

“The United Kingdom and Brazil have issued warnings about a possible link between GLP-1 weight-loss drugs and pancreatic inflammation, but **the connection is murky.**”

### BMJ GH - Forty years later: adult health and non-communicable disease following the 1984–1985 Great Ethiopian Famine – a retrospective cohort study

<https://gh.bmj.com/content/11/2/e021721>

By M Abera et al.

### **Stat – Women’s heart attack risk rises even if arteries aren’t as clogged as men’s**

<https://www.statnews.com/2026/02/23/heart-disease-in-women-plaque-scan-risk/>

“Scans and risk calculators may miss lower levels of arterial plaque in women, study warns.”

“... Women tend to have lower volumes of plaque than men, but their total plaque burden is higher because the fatty deposits take up a larger fraction of their smaller coronary arteries. Their risk for a heart attack or hospitalization for chest pain emerged when their plaque burden was lower than men’s, and their risk climbed more steeply, too, a **new study published Monday in Circulation: Cardiovascular Imaging** concluded....”

### **Plos GPH - Policymakers’ concerns linking tobacco and Indigenous communities in India: A qualitative analysis of parliamentary questions (1952–2022)**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004601>

By S S Das et al.

### **Guardian – Vegetarians have ‘substantially lower risk’ of five types of cancer**

<https://www.theguardian.com/society/2026/feb/27/vegetarians-have-substantially-lower-risk-of-five-types-of-cancer>

“Study shows lower risk for multiple myeloma as well as pancreatic, prostate, breast and kidney cancers.”

## **Social & commercial determinants of health**

### **Policy Studies - Global Governance of Commercial Actors in Data-Intensive Health Innovation;**

Guest editors: James Shaw, Clémence Pinel and Ine Van Hoyweghen;

<https://www.tandfonline.com/toc/cpos20/47/2>

**Introduction to this special issue:** [Global governance of commercial actors in data-intensive health innovation: Introduction to the special issue](#)

“This special issue introduction explores the global governance of commercial actors in data-intensive health innovation. While commercial entities are foundational to data-intensive health innovation processes and products, their dominance raises critical concerns regarding the distribution of benefits, the accrual of value, and the control of digital infrastructures. The authors define “commercial actors” broadly to include technology companies, venture capital firms, and

**health organizations engaging in market-driven innovation.** Through an analysis of contributions spanning North America, Europe, Africa, and Asia, **the introduction explores three key themes: the tension between private and public value, the path-dependent nature of commercialized digital infrastructures, and the necessity for global coordination across fragmented governance layers.** After summarizing the contributions to the special issue, the article calls for a multifaceted, ecosystem-based approach to align commercial practices with public safety, ethics, and universal health values.”

“Our introductory article summarizes what we see as three key themes:

1. That the value of data and the products they generate are different for different groups, which needs to be explored and documented to inform governance that supports “public value”.
2. That commercial products become infrastructure in health care and public health, and governance should take a future-oriented perspective to understand related path dependencies.
3. That coordination between governance layers is essential to understand how governance can be operationalized more effectively.”

## Neonatal and child health

**Annals of Global Health - Maternal Cancer Mortality and Orphanhood: A Neglected Global Health and Equity Challenge**

<https://annalsofglobalhealth.org/articles/10.5334/aogh.5136>

by Delfin Lovelina Francis.

## Access to medicines & health technology

**South Centre (Policy Brief) - Analysis of Intellectual Property Issues Ahead of the WTO 14th Ministerial Conference**

By *Nirmalya Syam, Viviana Munoz Tellez*; <https://www.southcentre.int/policy-brief-154-25-february-2026/>

“This policy brief analyses the issues pertaining to the World Trade Organization (WTO) **Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement)** that were **discussed in the General Council meeting on 16-17 December 2025.** Despite the strategic importance of these issues, the divergence on TRIPS issues and on the priorities for the future work of WTO among Members did not allow the General Council to decide on any of these matters. None of the issues were noted for decision in the **14th Ministerial Conference (MC14), which is scheduled to be hosted in Yaoundé, Cameroon in March 2026.** This reluctance of some Members to engage substantively on intellectual property (IP) issues has become a regular dynamic in the TRIPS Council. However, the MC14 should, at the least, decide to extend the moratorium on TRIPS Non-Violation and Situation Complaints and extend the period for acceptances by Members of the Protocol Amending the TRIPS Agreement. Moreover, there is an understanding that all issues remain on the table, regardless of whether they are taken up at the Conference.”

And via LinkedIn: “[The World Trade Organization General Council discussions on the TRIPS Agreement show a clear pattern: developing country priorities on IP remain stalled.](#)”

At stake are **3 critical issues**: • Making technology transfer to LDCs more practical through the G-90’s Article 66.2 proposal; • Securing the moratorium on TRIPS non-violation complaints (NVC) to protect policy space; • Reviewing why the Article 31bis compulsory licensing system remains largely unused.

With MC14 approaching, extending the TRIPS NVC moratorium is the minimum necessary outcome. But beyond that, Members must move from procedural extensions to substantive reform.”

### **MSF (report) - Near point-of-care tests for tuberculosis**

<https://www.msf.org/report-near-point-care-tests-tuberculosis>

“Informed by Médecins Sans Frontières' (MSF's) extensive experience in tuberculosis diagnosis and care, this factsheet provides an overview of key technical and operational considerations for the implementation of emerging near point-of-care nucleic acid amplification tests (nPOC-NAATs) for tuberculosis. The conclusion outlines recommendations for national tuberculosis programmes and other health providers to support the effective and sustainable roll-out of this new class of tuberculosis diagnostics....”

### **Lancet Microbe - Global perspective on gaps in fungal diagnostics in low-resource settings: WHO landscape analysis and research priorities for invasive fungal diseases**

Maurine Murtagh et al; <https://www.sciencedirect.com/science/article/pii/S2666524725002356>

“In this Review, we synthesised findings from WHO’s 2024 diagnostic landscape analysis of fungal priority pathogens....”

- And a link: [Forbes - Ozempic And Wegovy Prices Will Be Cut By Up To 50%, Drug-Maker Says](#)

## **Human resources for health**

### **Lancet Primary Care - Family physicians as key agents in integrating mental health services into primary care**

[https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00008-7/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00008-7/fulltext)

By Erin K Ferenchick et al.

### **Habib Benzian – Last-Century Job Titles**

[Habib Benzian on Substack](#) ;

**“Why healthcare workforce titles still reflect an outdated model of care.”**

**“#JobTitles in #Healthcare aren’t just labels, they are infrastructure to encode #Hierarchy and quiet #Authority. It is time to retire “last-century” names that anchor subordination instead of expertise.”**

## **SSM Health Systems - Hidden in Plain Sight: Sexual Violence Against Community Health Workers in India**

<https://www.sciencedirect.com/science/article/pii/S2949856226000334>

By B K. Dhaliwal et al.

## **Decolonize Global Health**

### **Plos GPH – Complicity or accountability? The limits of positionality statements**

S Subramani; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006042>

**“In recent years, positionality/reflexivity statements have become increasingly common in global health, qualitative health research, and bioethics. Often framed as practices of reflexivity, recently they are also taken up as part of decolonial projects. Yet their growing prevalence invites a critical pause. I argue that thin positionality statements can function less as transformative practices and more as strategies for securing moral innocence, allowing scholars to acknowledge power and privilege without disrupting one’s complicity in retaining them. When reflexivity is reduced to declarations or disclosure rather than accountability, positionality and reflexivity risks becoming a comfort narrative that reproduces, rather than unsettles, coloniality and systemic epistemic and structural injustice. In this paper, I question whether they are normative ‘enough’, particularly in the context of systemic unequal knowledge practices and structural injustice. Specifically, do positionality statements contribute to social justice and decolonial work, or do they perpetuate harm, coloniality and implicate the privileged in imperial and colonial ways of knowledge production? This paper foregrounds complicity as a necessary lens for evaluating positionality statements, rethinking it not as an endpoint of ethical practice but as an ongoing engagement that resists the desire for moral innocence, unsettles privilege, refuses unjust knowledge production and practices, and demands accountability.”**

## **AI & health**

### **Nature News - AI impacts to be scrutinized by UN's new scientific advisory panel**

[https://www.nature.com/articles/d41586-026-00542-8?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=57234149](https://www.nature.com/articles/d41586-026-00542-8?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=57234149)

**“The panel has been compared to the IPCC – the international panel whose research helped to shape landmark climate agreements.”**

**“Dozens of researchers from around the world are now part of a scientific group that will analyse the impacts of artificial intelligence.** Observers have compared the group, called **the Independent International Scientific Panel on Artificial Intelligence** and convened by the United Nations, to the influential [Intergovernmental Panel on Climate Change \(IPCC\)](#), which informs governments about the latest climate-change science. ... **The AI panel’s 40 members, approved in a vote by the UN’s General Assembly on 12 February, are from 37 nations.** [The UN says](#) the panel will act **“as an early-warning system and evidence engine, helping distinguish between hype and reality” and produce “policy-relevant” reports.** Only the United States and Paraguay voted against their appointment...”

**“The panel is not the first prominent group to study AI impacts; [the Global Partnership on AI](#) and the [International AI Safety Report](#) are some of the most significant so far. But the UN group is “much bigger in scope and is truly global”,** says Wendy Hall, a computer scientist at the University of Southampton, UK...”

## Miscellaneous

**UN News - UN drug alert stops shipment that could have made 1.6 billion lethal fentanyl doses**

<https://news.un.org/en/story/2026/02/1167039>

**“An international early warning system blocked a shipment of chemicals used to make fentanyl that could have produced up to 1.6 billion potentially lethal doses, the UN narcotics control body said on Thursday. The interception highlights to vital role of cooperation in tackling the rapidly evolving illegal drugs trade.”**

**“In its [2025 Annual Report](#), the International Narcotics Control Board (INCB) said that authorities used its pre-export notification platform to stop the diversion of three tons of the precursor 1-boc-4-piperidone – a chemical intermediary used in the manufacture of fentanyl. Had the shipment not been intercepted, it could have been used to manufacture an estimated 1.4 to 3.3 tons of fentanyl – between 700 million and 1.6 billion doses of the deadly street drug....”**

## Papers & reports

**Lancet - Language in rare disease: a call for systemic and empathetic action**

G Baynam et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00359-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00359-4/fulltext)

**Globally, an estimated 300 million people live with a rare disease.** They typically experience isolation, diagnostic difficulties, lack of therapies, fragmented care, stigma, a struggle for recognition, and the requirement to become experts in their condition—factors that all fundamentally tie back to rarity. **As Commissioners for the Rare Diseases International (RDI)—Lancet Commission on Rare Diseases, representing a breadth of stakeholders with lived experience and professional expertise, we believe a profound shift is needed in how health-care providers use language within the rare disease ecosystem.** Physicians, nurses, and allied health professionals must

better implement changes in clinical communication, standardised terminology, and cultural safety and responsiveness....”

## **LSE - The problem with billionaire power goes far beyond Epstein**

E Coburn; [LSE blogs](#);

*“Stinking Rich by scholar Carl Rhodes and The Haves and Have-Yachts by journalist Evan Osnos examine billionaires and show how their power and influence undermines democracy. Elaine Coburn writes that, as the Epstein files put the spotlight on bad billionaire behaviour, these two books are a stark reminder of why extreme wealth accumulation is dangerous, in and of itself.”*

## **Policy & Society - Not one crisis, but many. The “crisis cube” and the politics of governing crises**

Stefania Profeti et al;

<https://academic.oup.com/policyandsociety/article/45/1/33/8455643?login=false>

*“This article examines the relationship between different types of crises and the political strategies employed to govern them. Drawing on crisis management literature, it introduces a novel heuristic typology—the “crisis cube”—grounded in three analytical dimensions: time, space, and intentionality. Although often treated as objective characteristics, these dimensions are politically constructed and strategically interpreted by crisis leaders. ...”*

## **Plos GPH - Global Surgery as an emerging discipline: Why it thrives despite barriers—And what must happen next**

Dhananjaya Sharma;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006025>

*“Global Surgery aspires to eliminate inequities in surgical care worldwide, yet it remains a field defined by paradox. This essay critically examines its conceptual, structural, and ethical flaws and why, despite the challenges, Global Surgery continues to flourish. Ten key challenges are explored, including the absence of clear definitions, a persistent awareness–action gap, unrecognized leadership from the Global South, voluntarism without remuneration, and entrenched Global North dominance in agenda-setting and authorship. ...”*

## **HP&P - Community care policy at the intersection of HIV and unemployment crises in South Africa: paradoxes and paradigms**

Manya van Ryneveld & Helen Schneider; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag024/8493017?searchresult=1>

*“This paper explores how elements of South African policy on the community care sector emerged historically out of policy responses to parallel social crises of HIV/AIDS and unemployment in the period 2000-2010. We draw on the theories of John Kingdon (agenda setting) and Nancy Fraser (needs interpretation) as the lenses to analyse data from policy documents, published literature and key informant interviews....”*

## Tweets (via X & Bluesky)

**Andrew Harmer**

(re Gates' apology)

**"He appears to be under the impression that 'taking responsibility' is limited to saying 'I take responsibility'. Sometimes, as in this case, an apology isn't enough."**

**Rob Yates**

**"Is Trump seriously trying to entice Greenlanders offering them a US health system?!"**

## Podcasts

**Global Health Matters – Rethinking how we fund health**

<https://www.buzzsprout.com/1632040/episodes/18720915>

**"Across the global health landscape, governments are facing mounting debt, development assistance is under pressure and the gap between ambition and available resources continues to widen. So how do we mobilize resources differently? What does innovative finance look like? And which approaches are truly scalable, equitable and fit for today's realities? To explore these questions, host [Garry Aslanyan](#) speaks with two leaders who have spent decades working at the intersection of health, finance and global cooperation. Christoph Benn is Director for Global Health Diplomacy at Joep Lange Institute. He's a physician who has played a central role in shaping innovative financing mechanisms in global health. And joining him is Patrik Silborn, Senior Advisor at UNICEF Afghanistan, who specializes in development financing in fragile and crisis-affected settings and has led large-scale efforts to mobilize resources beyond traditional aid....."**