

IHP news 869 : American Psycho times, Gates/Epstein & International Women's Day

(6 March 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,

I'm feeling slightly nostalgic these days for the times, not so long ago, where one could still read about a fairytale "**Grand Global health convergence by 2035**" in a top medical journal or other merry "["cosmopolitan moments"](#) on the horizon. In the year 2026, things feel slightly different. Earlier this week, an **EV alumna put it aptly on Whatsapp**: "*Since some time, I've been wondering whether this is how people lived before WW II. Living 'normal lives' and keep doing regular things while the global craziness just keeps increasing. Something happens and then I think, "Well, this is the worst that can happen. But global super powers surprise me over and over again."* And not in a good way, obviously.

Indeed, whenever you think we've reached rock bottom, Darth Donald and some of the other people currently in charge 'trump' it again in the new and largely lawless '[Age of Resource Competition](#)'. Americans in particular must have felt super proud of their political system earlier this week, when during a war press conference, their 'Commander in Chief' was waxing about the "*lovely drapes*" in the "*very, very beautiful new White House ballroom*" in the making, just as his wife Melania was addressing the Security Council (*apparently* "[Championing Peace Through Education](#)"), and all while [Christian nationalists seem to have taken over a fair bit of the US military](#). Egged on by Pete "[American Psycho](#)" Hegseth (the US 'minister of War'), they seem rather keen on [speeding up biblical end times](#) these days. Downright chilling.

When people later analyze what happened over the past few years (*well, if we still get the chance*), they'll probably acknowledge that in addition to the raw & lawless power used by fascist leaders (Putin, Trump, Netanyahu, and yes, certainly also Khamenei...) and extremist movements, it was also the blatant **double standards** by most European and "like-minded" hapless leaders that killed the (already heavily flawed) post-WWII 'rules-based order'. Where this will end? Nowadays, I'm just hoping not in "the Rapture".

But as this is still a global health policy & governance newsletter, **let us come back one last time on Gates and the Epstein files**. Yes, you might think "this is [last week's news](#)", but then again, you would be wrong. Let me briefly explain why, bullet-point style.

- When it comes to Gates' **individual behaviour**, there's certainly no 'smoking gun' – at least as far as we know. Dodgy, perhaps, yes (of the kind that breaks marriages), but not illegal. (*Or, in line with this week's theme, in more or less Christian terms - at least the Christianity I remember from my catholic upbringing: "Whoever has never done anything dodgy, can throw the first stone."*)

- However, when it comes to the **more structural links between Gates and Epstein** (as well as by his Foundation), **there's more than enough in the Epstein files to warrant an independent investigation**. Tim Schwab already [made that case](#) convincingly in a few recent posts. In his words: *"...Jeffrey Epstein presents a rare opportunity to hold Bill Gates accountable, and to finally have a larger public debate about extreme wealth and billionaire philanthropy—the common ground that initially brought Epstein and Gates together."* This week, further news broke on Epstein's involvement in [the polio eradication campaign in Pakistan](#) (via [Dropsite](#)). Also **timing wise**, Gates is in far bigger trouble than Bill Clinton (*who seems to have had no relationship with Epstein anymore after the latter's conviction*).
- You might well argue, there's no 'hard evidence' yet, it's mainly news reports etc. That's right but the truth is: we will only know for sure if there's actually an independent investigation (as compared to Gates interviews in "friendly" mainstream media and Gates foundation press statements).
- And let's not forget: **usually global health can't stop lamenting 'conspiracy theories' and misinformation jeopardizing public health**. How on earth would you like to stop conspiracy theories re Gates & Epstein if you don't set up an independent investigation? By way of example, quoting the last sentence in the abovementioned Dropsite article: *"...Now this entire Epstein saga will just give more oxygen to anti-vaccine hysteria and put millions of Pakistani children at risk. Just the thought of Gates and Epstein 'helping' children is enough to give any parent nightmares."*
- And so: **whoever is currently 'reimagining' global health, but decides to look away from this major governance problem in the global health architecture, might as well close shop**. As then clearly, they're not doing their job: last time I checked, the Gates Foundation was part and parcel of the Global Health architecture. ([#doublestandards?](#)) So maybe, ahum, the 'reimaginers' should "refocus on their core mandate"?

In any case, it's now up to Helen, Anders, Peter P and all the others to do what's needed. And yes, I know there's one mitigating factor: that at this dire point in time, global health can't do without the Gates billions. But I'm afraid that argument doesn't suffice. More, I bet many Gates Foundation staff and grantees [agree](#). Time to clean up the governance of the Gates foundation. But that won't happen if global health's Big Shots aren't starting to push for it.

Perhaps [International Women's Day](#) (8 March) is a good time to boldly set up a '**Friends of an independent investigation of the Gates foundation**'? :)

Enjoy your reading.

Kristof Decoster

Featured Article

One Billion Tests: Turning India's Diagnostic Boom into Public Health Intelligence

[Shubham Gupta](#)

For centuries, societies have sought to understand health through the data they could collect. From Roman censuses to parish registers in Florence and from the earliest civil registration systems to large-scale digitized population databases. Today, India is generating an unprecedented volume of health information through its rapidly expanding diagnostics sector, conducting nearly a billion laboratory tests each year. Yet this vast reservoir of clinical data remains largely untapped for public health intelligence and policy making. If systematically aggregated and responsibly governed, diagnostic data could transform how we monitor disease trends, anticipate health system pressures, and design evidence-based policy.

Healthcare management has always been shaped by health information. Today, the focus has shifted toward AI-driven, patient-level interventions and population-level program design. Across the world, policymakers and researchers seek reliable health data, such as biomarkers, anthropometric measures, and genetic histories to understand epidemiological transitions, anticipate health system pressures, and design evidence-based interventions. However, generating such data in many low- and middle-income countries (LMICs) remains technically complex, resource-intensive, and slow.

Meanwhile, a quiet but significant shift is underway in several developing economies: a rapidly expanding diagnostics market, consistent of clinical pathology, imaging, and genetic testing.....

- To continue the read, see IHP: [One Billion Tests: Turning India's Diagnostic Boom into Public Health Intelligence](#)

Highlights of the week

Structure of Highlights section

- International Women's Day
- Gates & Epstein files
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- Migration & health
- Conflict/War/Genocide & health
- Access to Medicines, Vaccines & other health technologies
- Some more papers, reports & publications of the week
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International Women's day (8 March)

Lancet Comment – When the rules are rewritten, strengthen the coalition for gender justice

S Hawkes, K Buse, J Clark et al (all members of the Lancet Commission on Gender and Global Health); [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00423-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00423-X/fulltext)

“In April, 2025, we contributed, with many international colleagues, to the report of the Lancet Commission on Gender and Global Health, “Achieving gender justice for global health equity”—the result of a 5-year review of the history and politics of gender justice within the global health system. While noting formidable challenges, the Commission identified milestones of progress and urged the global health community and its allies to press forward for equality and justice recognising gender justice is foundational to global health's effectiveness, legitimacy, and sustainability. What a difference a year makes. ...”

“...three features exacerbate attacks on gender justice in the present moment. First, largely unregulated and unaccountable digital platforms profit from algorithms that amplify socially and politically polarising content—including misogyny and anti-gender misinformation and disinformation—because it drives engagement and advertising revenue. The rise of the so-called manosphere, a loosely connected network of digital communities advancing misogynistic and anti-feminist narratives, the proliferation of AI-generated sexual imagery, and absent or inadequate legal protections against cyber-harassment in much of the world⁹ contribute to sexual and gender-based abuse in digital spaces and beyond, with impacts on women's health, wellbeing, livelihoods, and participation in public and political life... Second, well funded transnational networks, often fuelled by authoritarian populism and religious nationalism, coordinate anti-gender strategies and weaponise gender... Third, some governments across western Europe, including the UK, that previously positioned themselves as champions of gender justice and rights are shrinking development assistance budgets, with severe impacts on programmes and services related to sexual and reproductive health and rights (SRHR)...”

“...In line with International Women's Day (IWD) 2026 and its theme, “Rights. Justice. Action. For ALL Women and Girls”, we believe it is vital to hold the line, preserve hard-won gains, and implement strategies across sectors. To carry the Commission's principles forward, we propose a four-point agenda for action...” Do read **what this entails.**

And **they conclude:** “... Across the global health community, retreat, complacency, or silence are not viable options. Instead, the field must build on existing efforts to defend the rights, health, and wellbeing of the vast majority who are not served by autocrats, kleptocrats, and billionaires running authoritarian and exclusionary power structures. We recognise and commend those who are showing the way to uphold gender justice...”

Lancet Editorial - Gender equality and equity: essential for health and society

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00456-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00456-3/fulltext)

Today's **Lancet Editorial.**

“The terms gender, equity, and equality have been fiercely contested and increasingly instrumentalised over the past year.... These developments are part of a broader hostility to ideas of gender equality and equity, with the growing influence of far-right parties and religious extremist civil society organisations that has led to highly restrictive laws against LGBTQI+ communities and abortion in countries such as [Uganda](#) and [Poland](#). As a result, **multilateral organisations, companies, and funders—including those working in health—have become guarded about explicitly addressing issues of gender, equity, and equality.** But these terms are not just academic or ideological concepts; granting everyone the same rights and opportunities while addressing the unique circumstances different genders face is vital for the health of all. **March 8 marks International Women's Day, and it is worth noting the continuing disparities and inequities that impact women's health....”**

Lancet Comment – Why investing in women's health is a societal imperative

Isa Bijloo et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00404-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00404-6/fulltext)

Authors conclude: **“Investing in women's health is not only a matter of equity but a strategic imperative for public health and economic sustainability. However, the funding gap for female-specific disorders is a multifaceted issue driven by historical bias, societal stigma, inadequate awareness, and lack of proper funding priorities possibly due to lack of female representatives among policy makers and investors. Addressing this gap requires concerted efforts from the medical community, pharmaceutical and health technological companies, policy makers, and advocacy organisations to ensure that female-specific disorders are urgently prioritised. Increasing awareness, advocating for greater representation, improving education on these topics, and encouraging targeted funding are all essential steps towards bridging this gap. The question is no longer whether we can afford to invest in women's health, but whether we can afford not to.”**

UN News – Women’s rights are regressing worldwide, warns UN gender equality chief

<https://news.un.org/en/story/2026/03/1167081>

“As an increase in conflicts leads to a significant spike in gender-based violence, women across the world face a “justice gap” with discriminatory laws reported in most countries, according to a report from gender equality agency **UN Women**, released on Wednesday. “

“The [report](#) titled *Ensuring and Strengthening Access to Justice for All Women and Girls*, shows how laws are being reshaped to restrict women’s freedoms, silence their voices, and allow abuse without consequence. **The report found five key areas that prevent fairness in outcomes for women and girls, who face greater barriers to justice than men in nearly 70 per cent of the countries surveyed.** Discriminatory legal frameworks, social norms, gaps between laws and implementation, traditional justice systems independent from the state, and conflict settings all serve to reinforce inequalities and prevent advancing meaningful justice for women. ...”

“Together, these barriers mean that **women worldwide have 64 per cent of the legal rights of men whilst 54 per cent of countries lack consent based legal definitions of rape....”**

Devex - Sheryl Sandberg pushes a \$175 billion case for ending child marriage

<https://www.devex.com/news/sheryl-sandberg-pushes-a-175-billion-case-for-ending-child-marriage-111959>

“**This is not just a social issue or a human rights issue, but an economic issue,**” philanthropist Sheryl Sandberg told Devex.

“The billionaire philanthropist — who served as Facebook’s first chief operating officer for over a decade — ... today, **Sandberg is taking on one of the biggest obstacles to female leadership worldwide: child marriage, a practice that forces 12 million girls out of school every year.** “

“**To tackle that issue, Sandberg commissioned a report from Columbia University that outlines the human and economic costs of child marriage.** The [report](#) includes new analysis from the Washington, D.C.-based think tank, the [Center for Global Development](#), which found that **child marriage costs the world \$175 billion every year — the result of the elevated health risks, lost education, and reduced earnings that take their toll on child brides.**”

“**By contrast, the report estimates that it would cost \$1.3 billion to reduce child marriage by 30% over the next five years.** It’s a comparison Sandberg has seized on as a way to reframe the issue for those who control aid budgets, philanthropic dollars, and government budgets, arguing that child marriage represents a massive, avoidable economic loss across the world.”

PS: The report was **cochaired by former U.S. Secretary of State Hillary Clinton.**

“... **The report recommends investing in three core areas to combat child marriage, including education, reproductive health care, and norm-change programs.** It also pushes donors to **prioritize countries that host the highest numbers of child marriages, including countries such as**

Niger and the Central African Republic, where 76% and 61% of girls under the age of 18 are married, respectively.”

Guardian - Gen Z men twice as likely as baby boomers to believe wives should obey husbands

<https://www.theguardian.com/world/2026/mar/05/gen-z-men-baby-boomers-wives-should-obey-husbands>

“Global survey shows young men hold more traditional views about gender roles than older generations.” Based on a 29-country survey which included Great Britain, the US, Brazil, Australia and India.

“... The annual research was conducted by Ipsos and the Global Institute for Women’s Leadership at King’s College London, and revealed a stark difference in the beliefs of different generations of men when it comes to gender roles...”

- PS: on a more optimistic note, see Afrobarometer - [AD1080: Africans strongly support women’s autonomy in marriage and reproductive decisions, but are divided on contraceptive access](#)

“Large majorities favour sex education and allowing pregnant girls to stay in school.”

Gates & Epstein files

Devex Pro Insider: When philanthropy becomes the crisis

<https://www.devex.com/news/devex-pro-insider-when-philanthropy-becomes-the-crisis-111939>

(gated) “Philanthropy positions itself as the solution in times of crisis. But **what happens when philanthropy becomes the crisis?**”

“What happens when the world’s most powerful philanthropist becomes a liability — and the sector he bankrolls can no longer afford to look away? The renewed scrutiny around Bill Gates’ relationship with Jeffrey Epstein — amplified by newly released documents — has landed at a **tricky time for global development**. Gates denies wrongdoing and says he laments meeting Epstein. The Gates Foundation says it “regrets having any employees interact with Epstein in any way.” **But this debate is no longer just about personal judgment. It’s about power and how we all view modern philanthropy....**”

Dropsite - Epstein Received Sensitive Military Intelligence Amid Gates Foundation Polio Campaign in Pakistan

https://www.dropsitenews.com/p/epstein-sensitive-military-intelligence-bill-gates-pakistan-polio?hide_intro_popup=true

“Justice Department emails show that **Epstein helped the Gates Foundation gain access to the Taliban—and received confidential reports and intelligence on Pakistani military operations.**”

“Documents released by the U.S. Department of Justice reveal surprising details about one particular episode: **Jeffrey Epstein’s involvement with the Bill and Melinda Gates Foundation’s efforts to eradicate polio in Pakistan.** Epstein long maintained a close personal relationship with Gates as well as with officials from his charitable foundation, which he used to steer resources toward [politically sensitive research projects](#) and technology firms. **The email correspondence in the disclosures about Pakistan came a few years before the collapse of the U.S.-backed government in neighboring Afghanistan. They also suggest that Epstein’s interest in the region was not strictly limited to public health matters.** In a series of emails on the **polio vaccination campaign from the International Peace Institute (IPI)—a nongovernmental organization that Epstein funded and often used as a vehicle for backchannel diplomatic efforts—Epstein also received confidential reports and on-the-ground military intelligence,** including sensitive information about NATO operations at Zhob Airport, a small domestic airport in Balochistan, only an hour’s flight away from the Afghan capital in Kabul. ... **Epstein leveraged his relationship with Gates and contacts in the region to become a central figure in Pakistan’s anti-polio efforts from 2013 to 2018....**”

Tim Schwab - "The Breakfast Club" lampoons Bill Gates over Epstein apology

<https://timschwab.substack.com/p/the-breakfast-club-lampoons-bill>

(27 Feb) “The hugely popular podcast and radio show, "The Breakfast Club," yesterday gave Gates the 'Donkey of the Day' award. Clearly, **Gates's damage-control efforts around Epstein are not going to plan.**”

Schwab concludes: “...**Jeffrey Epstein presents a rare opportunity to hold Bill Gates accountable, and to finally have a larger public debate about extreme wealth and billionaire philanthropy—the common ground that initially brought Epstein and Gates together.** As I wrote on Monday, **the entire field of elite philanthropy is long overdue for a major overhaul, or dismantling—and the Epstein-Gates affair should be the trigger.** At the absolute bare minimum, Bill Gates must be removed from the Gates Foundation.”

- And a link: **Nature Editorial - [Funding from individual donors: lessons from the Epstein case](#)**

“ Universities need to establish and empower **compliance teams** to ensure adherence to ethical funding policies.”

Global Health Reform and Re-imagining (& post-2030)

HISP (final report) - EU and Like-minded Donors’ Reflection Process on Reform of the Global Health Architecture

<https://www.hera.eu/news/hisp-report-reflection-process-reform-global-health-architecture>

Published this week. **“... a report prepared by the consultant team contracted through the Knowledge Hub for Health, Inequalities and Social Protection (HISP), and led by hera, proposes reforms across five priority areas:** normative guidance; financing and resource mobilisation; market shaping and equitable access; data and surveillance; and coordination and governance. It calls for strong political leadership, genuine country co-creation, streamlined efforts and clear accountability to deliver meaningful progress in 2026....”

- Related: Euractiv (Pro) - [Aid cuts push EU to rethink global health system, WHO role](#)

(gated) **“A new reflection paper** will likely inform the EU’s upcoming global health plans”

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

Part three (and well worth a read). <https://www.globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-march-2026>

From earlier this week. **“We note that the boundaries between what initially emerged as siloed global health reform initiatives are softening, with greater awareness and exchange across different conversations.** While it is vital to continue pursuing alignment, it needs to occur at a productive and pragmatic level resulting in tangible improvements. **Cost-cutting across global health institutions is increasingly perceived as an effort to remain, not reform. Most of the attention has so far been paid to the future of Gavi, Global Fund and WHO, with less being said about reforms of other global health financing institutions as well as disease-specific partnership, all of which contribute to the current fragmented landscape.** Finding a solution for the three major institutions alone is unlikely to resolve the complexity and verticalization within the global health system.”

“South-led coalitions have the best prospects for cultivating the legitimacy required to drive global health reform. The Accra Reset stands out in this regard, having secured high-level international backing. Nevertheless, equally crucial for its success will be sustained and unified backing from African leadership as well as from other regions.”

“Across the reform discussions, the point of contention does not seem to be whether health sovereignty is desirable, but whether it can be combined with enhanced multilateral cooperation. Proposed mechanisms for transitioning to self-sufficiency might falter not because of technical flaws or insufficient data, but due to a **lack of underlying trust, both trust within countries and trust between actors.**”

“The prevailing dynamics may help explain growing calls for transactional and reciprocal partnerships, with equality being demonstrated through transparent articulation of benefits for all parties and ‘win-win’ arguments. However, the very duplication and inefficiency that deter some actors from reinvigorating multilateral cooperation risk being reproduced amidst the proliferation of ‘minilateral’, ad hoc partnerships....” **“ ODA is not only diminishing in LMICs’ health financing budgets; it is also gradually receding from most high-income countries’ diplomatic toolkits.** The transition away from aid should therefore not be seen as a one-sided process but a **shift affecting**

stakeholders across the global health ecosystem leading to different kind of partnerships build on mutual interest and responsibilities.”

Africa CDC - Multilateral Cooperation for a Reformed Global Health Ecosystem

<https://africacdc.org/news-item/multilateral-cooperation-for-a-reformed-global-health-ecosystem/>

Communiqué on the **Hybrid high-level dialogue** convened by the Republic of South Africa and the Republic of Ghana with support from Africa CDC (in Addis, 14 February 2026)

Excerpts: “We, Heads of State and Government and leaders of regional and global institutions, met in Addis Ababa at the Africa Centres for Disease Control and Prevention (Africa CDC), on the margins of the 39th African Union Assembly, in a hybrid high-level dialogue convened by the Republic of South Africa and the Republic of Ghana, **to advance multilateral cooperation towards a reformed global health ecosystem and a strengthened global health architecture....”**

“... we call for great- er/strengthened cooperation amongst key global health actors, and a more streamlined approach to policy shaping. Country ownership and responsible sovereignty must sit at the centre of a reformed global health ecosystem, alongside shared responsibility and accountability for global public goods for health, including pandemic prevention, prepared- ness, and response. This reformed ecosystem must contribute to strong, integrated and resilient health systems, with universal health coverage and primary health care as their foundation.”

“We reaffirm our unwavering commitment to multilateralism in an increasingly interconnected and interdependent world. **A rules-based multilateral system—reinforced by empowered regional institutions, including Africa CDC, the Pan American Health Organization, and the European CDC—remains indispensable** to advancing solidarity, fair burden-sharing, and equitable access to life-saving tools and innovations to address our shared challenges and risks.”

Guardian – ‘A viable alternative’: UN rapporteur outlines plan for redistributive global economy

<https://www.theguardian.com/environment/2026/mar/03/un-de-schutter-outlines-plan-for-redistributive-global-economy>

“Olivier De Schutter says ‘frivolous and destructive demands’ of ultra-rich restrict fight against inequality.”

“... to tackle the interwoven crises of rising inequality, ecological collapse and a resurgent far-right politics, **a new economic agenda is needed.** “The scarce resources we have should be used to prioritise the basic needs of people in poverty and to create what is of societal value rather than serve the frivolous desires of the ultra-rich.” ...”

“... Next month, De Schutter said he will publish his “[roadmap for eradicating poverty beyond growth](#)”, the result of an informal “beyond growth coalition” he formed that includes UN agencies, academics, civil society and unions. **The aim of the roadmap is to expand the range of policy options available to governments, multilateral institutions and development agencies in the fight**

against poverty. Among the moves it is considering are a **universal basic income, job guarantees, debt cancellation or an extreme wealth tax.**”

“Critically, De Schutter says the roadmap will coincide with two other initiatives: one instigated by the UN secretary general, António Guterres, which looks at replacing GDP as the key measure of economic success, and a second report by a G20 panel of independent experts on global inequality led by the renowned economist Joseph Stiglitz.....”

“... **“This moment offers us a realistic opportunity to shape the post-2030 agenda with a viable alternative** that will reconcile planetary boundaries with social justice and the fight against poverty and inequalities. That’s the challenge and the opportunity.”...”

“As part of this process, **De Schutter is calling for a permanent UN body to be established to oversee the fight against inequality.** It would aim to oversee a number of measures designed to ensure “the economy is redistributive and sustainable by design rather than encouraging destructive growth and then trying to make up for the mess that creates.”

Nature (Editorial) - Going ‘beyond GDP’ should not mean sidelining the SDGs

<https://www.nature.com/articles/d41586-026-00657-y>

“The UN Sustainable Development Goals represent a carefully-crafted road map for future human and planetary prosperity.” This editorial focuses more on the **SDG indicators.** Excerpts:

“...Towards the end of next month, the **United Nations will publish one of its most important reports this year.** Its **High-Level Expert Group on Beyond GDP**, appointed by UN secretary-general António Guterres, will set out its recommendations for measures of progress on development that **complement and go beyond gross domestic product (GDP)**, ensuring that what matters to people, the planet and the future is fully recognized.....” **“The group’s recommendations will be considered by UN member states in September, at the next general assembly.** If adopted, governments will move to the next phase, which is to discuss the necessary steps to implement them....”

“... **The group has already produced an interim report** and is consulting with diverse stakeholders through in-person and online events. **But some researchers and policymakers are concerned that the final recommendations will not adequately incorporate the work done on the indicators for the 17 UN Sustainable Development Goals (SDGs),** the world’s current plan to end poverty and achieve environmental sustainability. **Progress on the SDGs is measured against more than 200 unique criteria — many more than just GDP.** The high-level group is likely to recommend a much smaller number.”

“Earlier this week, a group of specialists responsible for ensuring that the SDG indicators are **robust and transparent** presented the UN with a **report on lessons learnt from a decade of their work**. The report says: “A central lesson from the SDG global monitoring experience is that **future efforts should build on what already exists rather than start anew.**””

This “**Inter-Agency Expert Group on SDG Indicators**” ... organized the SDG criteria into **three tiers...**

The Editorial concludes: “... **All of the SDG indicators were established — and some continue to be reviewed — in a similarly deliberative way.** The process of improving them is dynamic, not static. It is a decade-long example of how to create indicators so that they are robust, transparent and

inclusive. There have never been no similar evidence-based processes to create prosperity indicators on this scale. That process needs to be studied, and it deserves wider recognition. **We hope that the UN’s Beyond GDP advisers will continue to engage with and learn from the framework.”**

Nature Health – Regional development goals can improve global health in an era of diminished multilateralism

Olusoji Adeyi & Ramanan Laxminarayan; <https://www.nature.com/articles/s44360-026-00089-y>

Must-read. “With almost all of the Sustainable Development Goals not being achieved amid declining global solidarity, countries would be better served by regional development goals.”

Plos Med (Perspective) – From crisis response to country control: Restoring agency and sustainability in global health

Eberere Okereke; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004961>

“Global health is at a structural inflection point. Crisis-driven architectures saved lives but entrenched fragility and dependence. Sustaining progress now requires restoring country agency, strengthening national institutions, and securing predictable, sustainable health financing.”

Excerpts: “... The global health ecosystem was never structured with a clear transition from emergency response to sovereign control. Many flagship global health initiatives were not primarily designed to support countries in taking long-term control of their health systems; they were designed to compensate for its absence. **As a result, responsibility and authority have become misaligned.** Governments are expected to deliver results without full control over resources or priorities. Accountability flows upward to funders rather than outward to citizens. When financing tightens or global attention shifts, hard-won gains become vulnerable, and national institutions are left exposed.”

Now, “... **Health sovereignty has re-entered the global debate in this context.** It is sometimes framed as resistance to global cooperation or a retreat into nationalism. That framing is misleading. **Sovereignty in health is not about isolation: It is about agency.** It refers to a country’s authority over priority-setting, budgetary control, and accountability mechanisms, combined with the institutional capability to deliver on those choices. Without that agency, global health remains inherently fragile. **These concerns are increasingly being acknowledged by governments and global agencies themselves.”**

Okereke concludes: **“Ultimately, success must be redefined. Lives saved will always matter. But so should ministries that can plan and execute, budgets that can absorb shocks, and systems that continue to function when external funding declines.** If this shift is taken seriously, future success will be evidenced by **fewer parallel systems, more predictable domestic financing for core functions, and clearer lines of accountability between governments and their populations.** The risk of inaction is equally concrete: repeated cycles of crisis, dependence, and fragility, with diminishing returns on global investment. **Global solidarity remains essential. Shared threats such as pandemics, climate change, and antimicrobial resistance demand collective action. But solidarity cannot substitute for agency,** nor can it rely indefinitely on crisis narratives to justify externally concentrated power. **The window for deliberate, country-led reform is narrowing.”**

American Journal of International Law - Symposium on Global Health at a Crossroads Part II

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

Part two was published this week, with a number of interesting articles again.

- And a link: [The Future of Development Cooperation Coalition Newsletter #2](#) (by CGD & Future of Development Cooperation Coalition)

“The Coalition is now moving into direct consultations on our work, starting this month in Mexico City...”

More on Global Health Governance & Finance/Funding

IISD - UN80 Revised Draft Resolution on Mandate Implementation Review Available

<https://sdg.iisd.org/news/un80-revised-draft-resolution-on-mandate-implementation-review-available/>

“Based on the revised draft, the **Informal Ad Hoc Working Group on the Mandate Implementation Review would continue as the Working Group on Mandate Reform**, to conclude its work by the end of the UNGA’s 81st session. **Among other actions, this working group would develop:** a toolkit to support Member States decision making across the mandate lifecycle; criteria to guide decisions on the renewal, adaptation, merger, replacement, or retirement of mandates; and modalities to guide review of the existing stock of mandates.”

PMNCH - Cross-Constituency Working Group on Financing for WCAH

<https://pmnch.who.int/our-work/cross-constituency-working-groups/cross-constituency-working-group-on-wcah-financing>

Via LinkedIn:

“**Financing for women’s, children’s and adolescents’ health (WCAH), including sexual and reproductive health and rights (SRHR), is facing mounting pressure.** Stagnating domestic health expenditure, declining development assistance and rising debt burdens are constraining fiscal space, placing hard-won gains at risk and threatening the sustainability of essential services. **In many low- and middle-income countries, public spending remains insufficient to deliver WCAH services through primary health care and universal health coverage platforms.** As financing pressures intensify, there is growing concern that equity and long-term resilience will be compromised.”

“To respond to this challenge, PMNCH is establishing a Working Group on Financing for WCAH to

strengthen coordinated advocacy, policy influence and accountability in support of its 2026–2030 strategy. The Working Group will focus on:

- Strengthening domestic resource mobilization and financing accountability
- Sustaining and reshaping global solidarity for health financing
- Elevating WCAH within national and global financing and policy decision-making processes

We are honored that **this Working Group will be co-led by Joy Phumaphi and Landry Tsague Dongmo**, MD MPH PhD, two respected leaders and longstanding champions of women’s, children’s and adolescents’ health within the PMNCH partnership. “

Devex (Pro) - How Novo Nordisk’s profits are reshaping global health funding

Andrew Green - [Devex](#):

(gated) “**The Novo Nordisk Foundation is drawing new scrutiny as it emerges as a major global health player.**” On its ‘enterprise foundation’ model.

“**The [Novo Nordisk Foundation](#) is flexing. Flush with profits from obesity and diabetes treatments Ozempic and Wegovy, the Danish enterprise foundation has ramped up grantmaking from almost 3.9 billion Danish krone in 2018 to nearly DKK 10.1 billion in 2024 — and kicked off 2026 with an eye-popping \$860 million pledge to Denmark’s BioInnovation Institute, its largest donation so far. As bilateral aid shrinks and the [Gates Foundation](#) plans its [2045 sunset](#), NNF is moving fast to fill space on the global stage. “They are internationalizing rapidly, but part of this internationalization is the realization that if you want to have an impact, you need to bring things to scale,” says Adam Moe Fejerskov, an expert on sustainable development and governance at the Danish Institute for International Studies.**”

“**But NNF is no ordinary philanthropy**, writes Devex contributing reporter Andrew Green. **It controls Novo Nordisk A/S through Novo Holdings — and when drug revenues soar, so does giving. And critics say the lines can blur.** “It can be difficult to know where the foundation starts and ends,” Fejerskov says — especially as advocates push the company to lower insulin prices...”

Global Policy - Colonial Nostalgia, Neo-Colonial Extraction, or Domestic Protectionism? Three Hypotheses on Rubio’s Munich Address and the Global South

S Klingebiel & A Sumner; <https://www.globalpolicyjournal.com/blog/05/03/2026/colonial-nostalgia-neo-colonial-extraction-or-domestic-protectionism-three>

“**Andy Sumner and Stephan Klingebiel lay out the contours of the new ‘nationalist conditionality regime’.**”

“... The **resource extraction dimension of Rubio’s agenda** requires sustained empirical attention. Securing a unified supply chain for critical minerals demands terms of trade that disadvantage weaker states. Technological advancement in AI relies entirely on imported raw materials. **The proposed transatlantic alliance seeks to secure these assets, with no indication of equitable technology transfer to the Global South.** Such asymmetrical trade practices well illustrate the characteristics of what we have termed **the ‘nationalist conditionality regime’.**”

PHM – New PHM global coordinator: “Palestine is a symbol of resistance for a new world”

<https://phmovement.org/new-phm-global-coordinator-palestine-symbol-resistance-new-world>

Wide-ranging interview.

“Pharmacist Aziz Rhali is to lead PHM with a vision of Palestine as global resistance symbol, advancing the health movement’s strategic vision.”

“The People’s Health Movement (PHM) has appointed pharmacist Aziz Rhali as its new Global Coordinator. A former President of the Moroccan Association for Human Rights and member of the Board of Directors of the Global Sumud Flotilla, Rhali will succeed Roman Vega while overseeing the partial relocation of PHM’s Secretariat to its Middle East and North Africa (MENA) region. In this interview, PHM Europe co-coordinator Juliette Mattijssen and Rhali examine the political moment coinciding with the start of his coordination term, PHM’s plans and vision for the coming period, and the significant challenges ahead.....”

Devex - EIB says it’s ‘carrying the flag of development’

<https://www.devex.com/news/eib-says-it-s-carrying-the-flag-of-development-111991>

“The European Investment Bank pledges \$1 billion for African electrification, expands vaccine financing, and launches its third Gender Action Plan, even as it boosts European defense investments.”

“The European Investment Bank will maintain its investment in climate, gender, and health despite its increased focus on defense and competitiveness within the European Union, said EIB President Nadia Calviño in response to questions posed by Devex at the annual EIB Global Forum in Luxembourg this week. EIB will invest \$1 billion in Mission 300, a joint initiative by the World Bank Group and the African Development Bank meant to provide electricity to 300 million people in sub-Saharan Africa by 2030. It will also expand its existing financing of vaccine manufacturing in Senegal, Rwanda, and Ghana to now include South Africa as well. The vaccines will target cholera, polio, and pneumonia, Calviño said....”

“For EIB, the Africa-focused investment represents both a health security play and a geopolitical one — anchoring European capital in strategic sectors on the continent. Around 40% of EIB’s finance outside Europe currently goes to Africa.....”

Aidspan - Shaping markets for health: How the Global Fund plans to secure affordable health products for the future

<https://www.linkedin.com/pulse/shaping-markets-health-how-global-fund-plans-secure-affordable-njpf/>

“In mid-February 2026, the Global Fund Secretariat presented an update to its Board during a meeting held on 12–13 February in Geneva. The discussion focused on how the organization plans

to improve access to lifesaving health products and prepare countries for the future as more nations increasingly rely on domestic financing for health programs. **The Secretariat explained that it has been working on what it calls a “NextGen Market Shaping” approach.** In simple terms, this means **using the Global Fund’s position as a major global purchaser to negotiate lower prices, ensure quality, and help new technologies reach countries faster.** The update looked at what has worked so far and what needs to evolve as the organization moves into the next grant cycle, known as Grant Cycle 8 (GC8)....”

“... **The Secretariat identified four main priorities for the next grant cycle. First, it wants to continue to invest in innovation: new medicines, diagnostics, and prevention tools are in constant development.** The Global Fund wishes to continue helping to introduce those tools into countries as quickly and at as lower cost. ... **Second, the Secretariat wants to expand regional cooperation in procurement.** When countries buy together instead of separately, they can negotiate lower prices. This is similar to buying in bulk at a wholesale shop. The Global Fund plans to help countries and regional organizations work together to place joint orders, share information and harmonize standards. **Third, the Secretariat will focus on keeping markets healthy.** A healthy market means there are enough suppliers, prices are fair, and products remain available. If only one company produces a medicine, prices can rise and supply can become unstable. The Global Fund wants to support competition and monitor risks so that markets remain stable. **Fourth, the Secretariat wants to expand something called non-grant financed procurement.** Traditionally, the Global Fund provides grants to countries, and part of that money is used to buy medicines and health products through its pooled procurement system. This system enables countries to take advantage of the lower price levels since the Global Fund procures items in bulk. **Non-grant financed procurement gives the countries the advantage of accessing the system when they use their own funding. Under this model, countries can continue using the same system even when they are buying with their own money.** This allows them to benefit from negotiated prices and quality-assured products....”

- In other Global Fund related news, check out this new **UNAIDS report - [Review and mapping of Global Fund investments in priority comorbidities in Grant Cycle 7 to improve the health and well-being of people living with or at risk of HIV and/or TB](#)**

This report maps Global Fund investments in HIV & TB comorbidities across 100+ countries.

CESP - Global Health Governance in South and Southeast Asia in a Time of Geopolitical Flux

N Monteiro, D McCoy et al ; <https://csep.org/blog/global-health-governance-in-south-and-southeast-asia-in-a-time-of-geopolitical-flux/>

“... **the Centre for Social and Economic Progress (CSEP), in partnership with the United Nations University–International Institute of Global Health (UNU-IIGH), convened a two-day regional consultation in New Delhi in November 2025.** Participants from South and Southeast Asia, including government officials, regulators, scholars, technical experts, and practitioners, reflected on what this moment in time means for the region and how emerging governance arrangements might better reflect regional priorities. **What emerged was neither a call for wholesale institutional replacement nor a rejection of the global governance architecture, but rather a growing recognition that South and Southeast Asian countries need to be more deliberate in articulating shared priorities, identifying strategic entry points for cooperation in a fragmented, politicised, and financially constrained global health landscape.”**

With some interesting points made.

Journal of Public Health in Africa (Editorial) - Charting Africa's digital public health future: Five priorities for action

N Ngongo, J Kaseya et al ;

<https://publichealthinafrica.org/index.php/jphia/article/view/1857/2807>

Africa CDC authors **outline five priorities** to move from fragmented pilots to scalable, interoperable digital public health systems.

HPW - Innovative Finance Can Strengthen Fragile Health Systems

https://healthpolicy-watch.news/innovative-finance-can-strengthen-fragile-health-systems/?feed_id=765&_unique_id=69a1c056251e8

“Financial innovation is a key, underused tool that can be mustered to strengthen humanitarian outreach in crisis settings, while also strengthening public health systems over the long term, according to a new report published by The Geneva Health Forum. “New sources of financing are developing, breaking with the traditional vision of charitable action financed by grants from humanitarian agencies and fundraising,” the report states. **“Blending funds, implementing insurance systems, micro-levies and ‘sin’ taxes, regionalizing production, volume guarantees, co-investing and co-pay mechanisms, derisking, and the variability of licensing systems** are all avenues worth exploring.” **The report was the product of a GHF-organized event at the Geneva AidEx conference in October 2025** – an international gathering focused on humanitarian aid, disaster response, and development innovation. “

“... The **report concludes with ten key messages** that frame both the potential and the limits of innovative finance in global health...”

Health Ministers Are Not Clinicians-in-Chief: Leadership, Power, and the Avoidance of Subordination

Emilie S K Besson ; <https://www.linkedin.com/pulse/health-ministers-clinicians-in-chief-leadership-power-koum-besson-o8bse/>

“...health leadership is increasingly a site where sovereignty is either exercised or quietly conceded. ... In recent debates on sovereignty—whether financial, industrial, or institutional—one point is often missed. **Sovereignty is not something states simply have. It is something they practice.** In his Davos's speech, Canada Prime Minister **Mark Carney** has been explicit about this in economic governance: **sovereignty is exercised through negotiation capacity, institutional coordination, and the ability to preserve optionality under constraint. States that lack these skills do not lose sovereignty through dramatic rupture. They surrender it incrementally—agreement by agreement, reform by reform. Health sovereignty is no different....”**

“Yet, as I mentioned in a previous article, **in most contemporary discussions of health sovereignty,** we rarely ask whether countries have invested in the skills that make sovereignty actionable. **We do**

not ask whether they have built negotiation capacity, attempted regional coordination before entering bilateral engagements, preserved optionality in long-term agreements, or protected their epistemic authority even when conceding financially. Instead, sovereignty is often discussed in terms of outcomes—who funds what, who sets priorities—rather than in terms of the leadership capacities that shape those outcomes.....”

“... This essay is inspired by a recent opinion piece published in Times Higher Education, titled “Health systems need more than just doctors. They need systems thinkers,” written by Dr. Meike Schleiff and Kabir Sheikh” “Their argument is deceptively simple, yet politically charged. Health systems, they remind us, are not technical delivery mechanisms. They are social institutions—shaped by people, power, and values. Leading them therefore requires more than biomedical or even public health expertise. It requires systems thinking, political judgment, and the ability to navigate contested interests.....”

“One line from their piece deserves particular attention: “Resilience thinking, while valuable, risks lowering ambition. It shifts focus from reimagining and redesigning systems to simply coping with adversity.” In many African contexts, this observation lands uncomfortably close to home....”

“... Effective health leadership under constraint requires capacities that are rarely taught in clinical or public health training: negotiating under asymmetric power, understanding fiscal rules and macroeconomic constraints, coordinating regionally to expand bargaining space, protecting epistemic authority when evidence is contested, preserving optionality rather than locking systems into dependency paths. Without these skills, expanded authority risks producing a familiar pattern: technical responsibility without political leverage. Leadership becomes the art of managing scarcity rather than reshaping its causes.....”

She concludes: “... Beyond Resilience, Toward Re-Imagination: The question is not whether doctors can be good health ministers. Many are! The question is why resilience has become a proxy for leadership—and why system redesign remains perpetually deferred....”

Project Syndicate - Global Health Financing Needs a Reset

Bertrand Badré (Chair of the *Project Syndicate* Advisory Board, CEO and Founder of Blue like an Orange Sustainable Capital) & **Johanna Benesty** (Boston Consulting Group); <https://www.project-syndicate.org/commentary/global-health-aid-needs-broader-financial-base-by-bertrand-badre-and-johanna-benesty-2026-02>

“With major donor countries slashing their foreign-aid budgets, the financial foundations of global health have come under strain, revealing structural weaknesses long masked by steady public funding. The solution lies in building a more resilient system that combines grants, concessional loans, and private capital.”

“... More broadly, the Boston Consulting Group estimates that projects representing roughly 20% of national health spending, and potentially up to **30% of global portfolios, could attract return-seeking investors**. To this end, such projects should be viewed through an investment lens, with clearer business models, cash flows, and risk-return profiles....”

For the fans: “Unlocking that potential requires making health outcomes legible to investors. While public donors focus on traditional indicators such as lives saved and mortality reduction, private and

impact investors often look for quantitative frameworks that link investments to the Sustainable Development Goals and to portfolio-level performance. A prime example is the [SDG Blue rating system](#). Developed by Blue Like an Orange Sustainable Capital, **it assigns each investment a score from zero to ten based on its contribution to selected SDGs. We need more such models, because the latest wave of ODA cuts underscores the need to rethink how global health is financed. National and global portfolios should be broken down into distinct project types, each matched to the form of financing most suitable for its risk profile.** Government grants and highly concessional loans should remain focused on low-income countries, vulnerable populations, and essential public goods, while infrastructure-heavy and service-based initiatives with clear revenue models can be structured to attract private and impact capital. Blended arrangements can bridge these two extremes, aligning public, philanthropic, and private resources....”

Brunswick - Global State of Philanthropy (Jan 2026) - Toward Billionaire Philanthropy

<https://www.brunswickgroup.com/app/uploads/GlobalStateofPhilanthropySurvey.pdf>

PS: Brunswick is a global advisory firm.

“...This second 2025 wave finds that public support for billionaire philanthropy has proven unexpectedly resilient at a global level despite declining institutional trust, heightened scrutiny of donors in the media and politics, and economic pressures. At the same time, that support is increasingly conditional, grounded in expectations of transparency and accountability, and focused on broadly shared priorities...” (in the section “ahum”)

Bilateral health agreements & US Global Health Strategy

HPW - US Speeds up Signing of Bilateral Health Agreements, DRC Lawyers Challenge Minerals Deal

<https://healthpolicy-watch.news/us-speeds-up-signing-of-bilateral-health-agreements-drc-lawyers-challenge-minerals-deal/>

(2 March) **“The United States has moved at speed to secure several new bilateral health Memoranda of Understanding (MOUs) in the past week, including, for the first time, four in Latin America – with the Dominican Republic, El Salvador, Guatemala and Panama. To date (2 March), the US has signed 24 bilateral health MOUs in terms of the Trump administration’s [America First Global Health Strategy](#)...”**

“The four Latin American agreements involve smaller grants and are almost wholly focused on disease surveillance. The other 20 bilateral agreements are all with African countries – mostly previous recipients of health grants via the now disbanded US Agency for International Development (USAID) and decimated US President’s Emergency Fund for AIDS Relief (PEPFAR). Several of these countries are facing dire shortages of medicines for HIV, tuberculosis, and maternal and child health as a result of the US withdrawal of funds.”

“The **five-year MOUs are aimed at rapidly transferring financial responsibility for these key health services to countries themselves – as some, such as Kenya, Uganda and the Democratic Republic of Congo (DRC) – derived over half their HIV budgets from donors**, particularly the US. In the DRC, for example, **at least half** the antiretroviral medication it used was covered by the US..... **However, the parting price for these transitional MOUs includes extensive investment in infectious disease surveillance networks.** The aim is to supply the US with pathogen information within a week of any outbreak to not only “keep America safe” but to give US firms exclusive access to pathogen information, which will enable them to make vaccines, medicines and diagnostics to combat these....”

PS: In **both DRC and Guinea, there were first minerals MoU**, before the health agreements were signed.

KFF Tracker: America First MOU Bilateral Global Health Agreements

[KFF](#); (Updated as of 2 March).

TGH - Tracking the "America First" Bilateral Health Agreements

A Hirschfeld, J Dieleman et al; <https://www.thinkglobalhealth.org/article/tracking-the-america-first-bilateral-health-agreements>

(absolute must-read) **“Think Global Health's analysis found gaps between country needs and new cofinancing commitments with the United States.”**

“This interactive assesses the sustainability and scope of the cofinancing obligations under the MOUs. Toward this effort, we analyze the partner governments' recent and projected health spending, examine how U.S. funding is expected to change under the agreements, and evaluate the available text of the MOUs. **We will continue to update the interactive as new MOUs are signed and their full texts become publicly available....”**

Excerpt: “... Our analysis suggests that some countries, such as Liberia, could face significant year-over-year drops in U.S. funding for health alongside sharp increases in cofinancing expectations that exceed previous spending projections. Other agreements, such as Mozambique's, more closely reflect the country's spending capacity. Accompanying **press releases signal a shift in U.S. assistance toward health security and away from health areas that received earlier support, including family planning, maternal health, and children's health.** Countries could choose to continue funding those areas independently, but may need to target spending on U.S. priorities to meet cofinancing requirements, adding further strain in arenas where health aid has been cut....”

Among others including a table, showing that **“Country co-investments vary widely across MOUs, but recipients will sponsor about a third of their domestic health funding, on average.”**

Guardian – Rising anger over ‘lop-sided’ and ‘immoral’ US health funding pacts with African countries

<https://www.theguardian.com/global-development/2026/feb/27/rising-anger-over-lop-sided-immoral-us-health-funding-pacts-africa-countries>

Analysis from end of last week. “Zimbabwe refuses to sign agreement and Kenya faces a court case over data sharing as **new aid deals come under scrutiny.**”

Some related links:

- **Medicines for Africa** - [African Countries are Choosing Health Sovereignty by Refusing to Exchange Minerals, Genetic and Epidemiological Data in Exchange for Pennies](#)
- **Global Health Unfiltered** – [How Zimbabwe Walked Away from a \\$367 Million U.S. Health Deal](#) (with some more detail on the Zimbabwe stance)

Quotes: “... The **breakdown was not the result of bureaucratic failure or miscommunication. It was a deliberate act of sovereignty**, and it signals something much larger than one failed deal....”

“**The Broader Context: America First vs. African Agency....** ... A Sign of Africa's Geopolitical Maturation?...”

“**Zimbabwe's government has been careful to frame its stance not as anti-American hostility, but as a principled stand for equitable partnership.**” This growing continental reflection should not be misconstrued as anti-American sentiment," Mangwana wrote. “**On the contrary, it is a sign of Africa's maturation as a geopolitical actor, one that seeks partnerships based on equality rather than patronage.**”...”

PS: A few related **tweets by BK Titanji**: “Some countries like Zimbabwe and Zambia are pushing back due to the grossly exploitative nature of these agreements which harken to a more colonial time but **there’s a real human cost to standing up to the U.S.****For example : 1.2 million Zimbabweans are currently receiving HIV treatment through U.S.-supported programs. The rollout of lenacapavir, celebrated in Harare just days before the negotiations collapsed, now faces an uncertain future.....**”

Africa Business Insider - US marks strategic return to the Sahel with \$147M health deal in Burkina Faso

Solomon Ekanem; <https://africa.businessinsider.com/local/lifestyle/us-marks-strategic-return-to-the-sahel-with-dollar147m-health-deal-in-burkina-faso/zlfwxy>

“**The United States is signaling a renewed strategic push into West Africa’s volatile Sahel region, sealing a \$147 million health deal with Burkina Faso in a move that blends humanitarian support with geopolitical recalibration.**”

“**The renewed American focus on military-led Sahel states** raises strategic questions. **The Sahel sits atop significant reserves of uranium, gold and emerging critical minerals vital for energy transition**”

technologies. While there is no official clause tying health funding to mineral access or military basing rights, **geopolitical logic suggests Washington is keen to prevent further erosion of influence in a region where Russia and China are expanding their footprint...."**

BMJ Opinion - Global health in a new era of US extraction

Sophie Harman; <https://www.bmj.com/content/392/bmj.s394>

"The US is targeting African countries with bilateral deals that squeeze governments to secure health security at substantial costs, writes Sophie Harman."

Among others, with focus on Kenya.

Excerpts: "Global health is not exempt from extractive practices. **As I previously warned, with President Trump, it is as important to look at what he is building as much as what he is destroying. For all its talk of "local ownership," the America First Global Health Strategy is clear about the US's interest in global health and why: new markets for US products and services.** The current US administration's does not aim to improve health worldwide, instead it intends to make US companies richer and facilitate "leveraging US global health leadership to compete with China." **What is less transparent is how this strategy will be put into practice. To this end, all of us interested in the future of global health should turn our attention to Kenya."**

"... Although the deals seem to focus superficially on greater local ownership and sustainability, Trump and the global right are effectively adopting progressive language for non-progressive ends. If something looks too good to be true—for example, alignment with global health priorities, guarantees of sovereignty, and reduction of dependency—it probably is. **The Kenyan deal is the only one out of the 15 deals where the "cooperation framework" has been made public. In it, we can see what is on offer, what is up for grabs, and the political fallout of the deal, all of which are a prescient warning for all states entering into deals with the US...."**

"...Data are the new oil in global health, and data on emerging infectious diseases is big currency for US companies. The concern is not only in regard to how these data are used, but the sale of data back to countries at a higher price. For example, if data from Kenya are used to develop new drugs by a US pharmaceutical company, there is a likely risk is that these drugs will be sold to Kenya at a higher price than US markets." **"... The interests of the US in the new era of extraction are clear. Entering a deal with the US government is a potential lose-lose for states. These countries risk losing resources and opportunities for wealth creation in their own countries, threatening alliances with China for relatively small advances in health, and creating political turmoil in domestic courts.** Zimbabwe is the latest state to recognise this, rejecting a lopsided US health deal..."

US-Africa data deals 'entrench' exploitation, ethicists warn

<https://www.researchprofessionalnews.com/rr-news-africa-partnerships-2026-3-us-africa-data-deals-entrench-exploitation-ethicists-warn/>

"Trump's data-for-aid agreements raise concerns over trust, sovereignty and benefit-sharing."

“Recent agreements between the United States and African countries that trade access to national health data for healthcare funding **risk undermining trust in research and care**, two bioethicists warn. Writing in the **Journal of Medical Ethics** this week, **Keymanthri Moodley**, distinguished professor in the Department of Medicine at Stellenbosch University in South Africa, and **Brian Earp**, associate professor of biomedical ethics at the National University of Singapore, say that **tying essential healthcare access to data-sharing could erode public trust in both healthcare and research in African nations.**”

“When access to healthcare is linked to large-scale data-sharing agreements negotiated under conditions of unequal power, **patients and communities may perceive health systems as serving external interests rather than primarily protecting their own**,” they write. “Such perceptions—especially where longstanding histories of extractive research and resource exploitation remain salient—can weaken confidence in consent processes, blur the boundary between care and data extraction, and reduce willingness to engage with healthcare or research initiatives over time.”

- For the Editorial in **Journal of Medical Ethics** - [Data for dollars? The ethics of trading African health data for American investment: lessons from the US–Kenya deal](#) (by K Moodley et al)

“In this Editorial, we place the recent Kenyan–US agreement within its broader historical context and identify specific ethical risks that would need to be addressed if such data-for-funding exchanges are to meet minimal conditions of fairness and public trust. We conclude with practical recommendations for designing and governing such agreements so that they can avoid charges of data extractivism and instead support proportionate benefit-sharing, appropriate risk management and ongoing accountability....”

Devex – State Department eyes tuberculosis breakthroughs

<https://www.devex.com/news/state-department-eyes-tuberculosis-breakthroughs-111994>

“**Jeffrey Graham, the head of the State Department's Global Health Security and Diplomacy Bureau, emphasized how the "America First" approach is refocusing U.S. efforts on tuberculosis and beyond.** The [State Department](#)'s global health chief is on **the lookout for “the next lenacapavir”** — but this time, he hopes that will mean an innovation for tuberculosis instead of HIV....”

“**“We’re thinking, alongside these [memorandums of understanding] that we’re signing with governments, how do we set aside [money] for innovations?”** said Jeffrey Graham, the senior bureau official for the State Department’s Bureau of Global Health Security and Diplomacy, speaking at a **tuberculosis-focused briefing for congressional staffers** on Tuesday. Graham’s presence at the briefing — which was led by author and tuberculosis advocate John Green, and included two tuberculosis survivors from the U.S. and Cameroon — suggested **tuberculosis will continue to top the agency’s health agenda in the years ahead.**”

PS: “Tuberculosis was listed alongside three other diseases — HIV/AIDS, malaria, and polio — in the State Department’s **"America First" global health strategy**, which was published in September 2025. In that document, the agency stated that **by 2030, it would aim to reduce tuberculosis incidence and mortality by 80% and 90%, respectively, from 2015 figures.** During the congressional briefing, Graham **reiterated that support and linked forward progress to the State Department’s new approach to global health more broadly.....** “Countries need to take the lead,” Graham said,

arguing that this should include nations with a high burden of tuberculosis, a disease that the [World Health Organization](#) estimates kills 1.2 million people every year.”

“... **Nineteen of those 24** (bilateral health) **agreements include investments in tuberculosis prevention and response**, Graham said, both on the part of the partner country and the U.S....”

Devex - Are faith-based organizations the future of the AIDS response?

Andrew Green; <https://www.devex.com/news/are-faith-based-organizations-the-future-of-the-aids-response-111955>

“**The new America First Global Health Strategy cuts off U.S. support to local organizations to fight HIV, except for faith-based organizations.** But what happens to services for the communities faith groups cannot access?” With focus on **Zambia** in this analysis (*but the analysis goes broader*).

Green reports from Zambia on what it will mean if the Trump administration only gives HIV funding to religious organizations and not to other civil society and community groups.

The Elders – The New Age of Resource Competition Needs Transparency

Helen Clark & Ellen Johnson Sirleaf; <https://www.project-syndicate.org/commentary/global-resource-competition-demands-transparency-democratic-accountability-by-helen-clark-and-ellen-johnson-sirleaf-2026-02>

“As countries scramble to secure the minerals needed for clean energy, digital technologies, AI, and defense industries, the **new era of resource competition** implies both great promise and grave peril. **Transparency is essential to ensure that producer countries are not left poorer, more divided, and more indebted than before.**”

“... **There are proven models for doing this well.** For more than two decades, **the Extractive Industries Transparency Initiative has shown that openness and accountability are possible, even in politically complex environments.** Today, 55 countries adhere to the global standards it has created for the extractive sector, working alongside companies and civil-society groups. **This approach now needs to be scaled up and adapted specifically for critical minerals....**”

UHC & PHC

Lancet Global Health – Measurement matters: implications of the newly revised Sustainable Development Goal 3.8.2 financial protection indicator for global monitoring

Bingqing Guo & Karen Ann Grépin; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00536-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00536-4/fulltext)

“**In December, 2025, the latest [Universal Health Coverage Global Monitoring Report \(GMR\)](#) was launched.** Like previous GMRs, it reaffirmed that the world is off track to achieve the financial

protection component of the 2030 Sustainable Development Goals (SDGs; ie, SDG 3.8.2). At current levels of progress, 24% of the world's population will still face financial hardship in 2030. Financial protection and financial hardship are closely related: households facing financial hardship are considered not to have financial protection. **What is notable, however, is that the GMR now relies on a newly revised financial protection indicator, leading to fundamentally new narratives of national, regional, and global financial protection progress. The new SDG 3.8.2 indicator, endorsed by the 56th [UN Statistical Commission](#) in March, 2025, after a comprehensive review process, replaces both the catastrophic and impoverishing health expenditure indicators as the official SDG financial protection indicator.** Due to indicator revision, **the 2025 GMR now estimates that the proportion of the global population that faced financial hardship in 2019 was 12.7 percentage points higher than previous estimates based on the catastrophic expenditure (CATA, 10% threshold) indicator, and 21.8 percentage points higher based on the impoverishing expenditure indicator (IHE). This disparity translates into an additional 773 million people facing financial hardship in 2019 compared with that previously estimated by the 2023 GMR.** Whether these new estimates provide us with a clearer picture of progress towards universal health coverage depends on whether the new indicator improves on earlier measurement approaches....”

“... the new indicator now **includes a larger portion of the poor and excludes a larger segment of the rich ...”**

“... despite these improvements, **the new indicator inherits the unaddressed limitations of the previous indicators.** The new indicator still relies upon OOPEs, the estimation of which depends heavily on survey design features that can be inconsistent across countries and over time. The new indicator also fails to account for forgone care for financial reasons, an important financial hardship dimension that must be taken into account for global monitoring. Additionally, the new indicator counts any OOPE as financial hardship among the relatively poor, including those that are very small (ie, a penny) or highly predictable, even if these are not the most vulnerable to the adverse effects of financial hardship... .. Finally, the new indicator continues to rely on data from infrequently repeated cross-sectional household surveys; for Azerbaijan, Honduras, and Uzbekistan, the latest surveys were conducted more than 20 years ago. Even with a new indicator, financial protection measurement will not improve much without better and more standardised data on OOPE, consumption, and income.....”

And so authors conclude: **“Although the recent GMR represents an advance in monitoring the 2030 SDG agenda, there is still significant room for improvement. Including forgone care, improving estimates of OOPE, and increasing the frequency of surveys should also be key priorities for global monitoring of financial protection.** Such data would also enable a deeper discussion on the detrimental effects of OOPE and what is required to reach universal health coverage...”

Montreux Collaborative – Meeting report

https://res.cloudinary.com/dueqwfdln/image/upload/v1772083584/2025_Montreux_Collaborative_meeting_report_f71e01697b.pdf

Report on the **7th Meeting of the Montreux Collaborative** for Fiscal Space, Public Financial Management and Health Financing (from December 2025).

With **three pillars:** Deepening the fundamentals; exploring new territories; putting accountability at the center.

WHO - WHO releases updated Health Inequality Data Repository and Health Equity Assessment Toolkit

<https://www.who.int/news/item/03-03-2026-who-releases-updated-health-inequality-data-repository-and-health-equity-assessment-toolkit>

“WHO has released updated versions of two key resources as part of the Health Inequality Monitor to strengthen data accessibility and usability for health equity.”

“The WHO Health Inequality Data Repository (HIDR), the largest public repository of health inequality data, has been updated with the latest available data from publicly available sources. It now contains over 13 million data points that capture more than 2400 health indicators and 22 dimensions of inequality. The **newly released Version 7 of the Health Equity Assessment Toolkit (HEAT and HEAT Plus) software** includes improved functionality for the analysis and reporting of health inequalities. HEAT (Version 7) is preloaded with the 2025 HIDR data update....”

TGH - Human-Centered Design for Resilient Global Health-Care Systems

K Chawla; <https://www.thinkglobalhealth.org/article/human-centered-design-for-resilient-global-health-care-systems>

“By codesigning health systems with communities, governments can dismantle siloed care.”

Current “....**disruptions make it imperative for countries to invest in adaptable, locally driven systems. Human-centered design (HCD) offers a practical pathway forward for this transition.** HCD is a problem-solving approach that prioritizes the needs and experiences of frontline users when developing policies, services, and interventions. It creates bottom-up health policy, codesigns health systems with communities, and focuses on context-relevant outcomes....”

“But redesigning alone is not enough. Health systems need to be supported by enabling conditions in domestic financing, operations, workforce capacity, and accountability. As LMIC governments shift away from donor-driven, disease-specific programs, HCD can facilitate dismantling siloed care. **To build health systems that can respond to hyperlocal needs and transnational health shocks, LMICs should ensure universal access to integrated emergency, critical, and operative care (ECO), part of World Health Assembly Resolution 76.2 (2023).** That resolution emphasizes the need for deverticalization or comprehensive, integrated perioperative care that transcends narrow, illness-specific health-care service delivery. It encompasses perioperative care, disaster preparedness, maternal health, trauma services, and pandemic response. **By applying HCD, countries can better inform national ECO-related solutions to strengthen integrated health-care service delivery....”**

PPPR & GHS

Africa CDC - Africa CDC and Japan Institute for Health Security (JIHS) Sign Cooperation Agreement to Strengthen Global Health Security

[Africa CDC:](#)

(5 March) “The **Africa Centres for Disease Control and Prevention (Africa CDC) and the Japan Institute for Health Security (JIHS) have signed a Memorandum of Cooperation (MOC)** to strengthen bilateral collaboration in health security, infectious disease control, research, and public health capacity development.” “...The collaboration supports **Africa CDC’s Strategic Plan (2023–2027)** and the **Africa Health Security and Sovereignty (AHSS) Agenda**. ...”

Security & Dialogue - Feminist pandemic preparedness: women and the political economy of health security

S Harman; <https://academic.oup.com/sd/advance-article/doi/10.1093/secdia/xhaf011/8501254?searchresult=1&login=true>

“This article explores how women are integrated into pandemic preparedness measures to deliver health security. The article pursues this aim by **developing the idea of feminist pandemic preparedness**, an idea explicitly drawn from the interconnections between feminist international political economy (IPE) and feminist security studies (FSS). **Feminist pandemic preparedness seeks to reframe the central dilemma of pandemic preparedness—how to reconcile public health security needs with state economic interests—to how to reconcile public health security initiatives with the political economic lives of women.** The article pursues this contribution in two parts. **Part one situates the idea of feminist pandemic preparedness within existing debates on global health security, securitization of health, and the relationship between emerging scholarship on feminist health security, feminist security studies, and feminist IPE. Part two explores how women are being integrated into existing pandemic preparedness measures:** 1) the World Health Organization (WHO)'s reform of the International Health Regulations (IHR2005), Pandemic Agreement, and Independent Panel for Pandemic Preparedness and Response; and 2) the World Bank's Pandemic Fund; and 3) and Africa CDC's Partnerships for African Vaccine Manufacturing (PAVM).”

Project Syndicate - Preparing for AI-Enabled Bioweapons

Sania Nishtar ; <https://www.project-syndicate.org/commentary/ai-bio-threats-global-health-security-by-sania-nishtar-2026-03>

Sania Nishtar sees an **urgent need for global coordination and financing to confront new pathogens with pandemic potential.**

“**The prospect of bioweapons developed by non-state actors** has lent new urgency to multilateral pandemic preparation and response efforts. Yet at a time when AI has made such threats exponentially greater, the **funding model that sustains critical health-security safeguards is collapsing.**”

Concluding: “... The question of how we fund these capabilities is part of a larger debate about the role of ODA in a changing world. We **will need to start thinking about ODA in two ways: as a tool for poverty reduction and economic development, and as a means of financing public goods and building global resilience.** Collective health defense calls for collective responsibility....”

Lancet Microbe - Research on the genome of microorganisms: ethical considerations and recommendations regarding the incidental bystander sequencing of human genetic material

K Bartholomeeussen, R Ravinetto et al;

<https://www.sciencedirect.com/science/article/pii/S2666524725002691>

“In genomic research primarily targeting microorganisms (or pathogens), a substantial risk exists that the presence of human genetic bycatch is not sufficiently recognised, and that the potential harm of unwarranted analysis, access, or sharing of human genetic bystander data is also insufficiently acknowledged or mitigated. **In this Personal View, we contend that mandatory risk mitigation measures are necessary, more so in view of the likely increase of sharing of materials and pathogen sequence information under the WHO Pandemic Agreement and the related Pathogen Access and Benefit Sharing framework.**” Authors propose a **four-step approach to mitigate such risks.**

7-1-7 Alliance - 7-1-7 data insights: Closing the response gap in vaccine-preventable disease outbreaks

https://717alliance.org/success_stories/closing-response-gap-in-vaccine-preventable-disease-outbreaks/

“**New data reveals a surprising performance gap: countries respond faster to outbreaks of novel pathogens than to vaccine-preventable disease.**”

“New 7-1-7 data reveals that while detection and notification are strong in vaccine-preventable outbreaks (VPD), response lags dramatically. Only 39% of VPD outbreaks complete early response actions within 7 days, making them 35% less likely to meet the response target than outbreaks of diseases we're less prepared for....”

Analysis of 7-1-7 data **across 12 countries.**

Telegraph - Vaccine sovereignty is not a luxury – it is a national security imperative

Jonathan Van-Tam; <https://www.telegraph.co.uk/global-health/science-and-disease/vaccine-sovereignty-is-a-national-security-imperative/>

“**The UK needs to urgently expand vaccine production at home and consider a possible partnership with the EU to prepare for the next crisis.**”

“... The **Tony Blair Institute has just issued a new paper on vaccine sovereignty**; in it, bespoke modelling illustrates the potential cost of complacency....”

Opinion: Access to vaccines test of Nordic leadership

J Kim & Anders Nordström; <https://globalbar.se/2026/02/opinion-access-to-vaccines-test-of-nordic-leadership/>

“In a **time of threatened health security, unequal access to vaccines and reduced global funding, the Nordic region faces a choice: to lead jointly and thereby strengthen the opportunities for the Nordic life science industry – or to become vulnerable**, writes Jerome Kim, Director-General of the International Vaccine Institute (IVI), and Anders Nordström, Sweden’s former ambassador for global health.”

“Following a recent mapping of Nordic capacities and a regional conference on vaccine research, development, and manufacturing in Stockholm, the conclusion was clear: individually, the Nordic countries are small. Together, they form one of the world’s most innovative regions. **A joint Nordic 100 Days Mission exercise would transform cooperation from aspiration into real preparedness.** Mark Carney’s warning applies here as well. **In health, as in geopolitics, middle powers that fail to coordinate risk having decisions made over their heads—about access, supply, and security. Those who act together, by contrast, can shape the rules of the game.** Sweden has shown what is possible. The next step is Nordic...” “ **Middle powers must act together. In global health, the cost of failing to do so is measured in human lives.**”

And a link:

- DNDi - [Pandemic preparedness: Novo Nordisk Foundation renews its support to DNDi and THSTI to continue the development of broad-spectrum antivirals](#)

Flu, Measles, Dengue ...

HPW – WHO Updates Flu Vaccine in Response to Rapid Spread of New Variant

<https://healthpolicy-watch.news/who-updates-flu-vaccine/>

“The World Health Organization (WHO) **announced its updated recommendations** for the 2026-2027 Northern Hemisphere seasonal flu vaccine on Friday, a critical adjustment driven by the rapid global dominance of a **new A(H3N2) variant known as subclade K**. Following four days of intense consultation by the **Global Influenza Surveillance and Response System (GISRS)**, experts finalized the flu vaccine composition to ensure it matches circulating threats...”

“While announcing these seasonal updates at a press conference on Friday, **Dr Maria Van Kerkhove, WHO’s Director ad interim for Epidemic and Pandemic Management, pointed to the broader danger of respiratory viruses, warning that “the threat of an influenza pandemic is real and everpresent”**. ...

“She **emphasized the critical need for flu vaccination to protect against severe disease and death**. There are around a billion cases of seasonal influenza annually, including three to five million cases of severe illness. It causes an estimated 290,000 to 650,000 respiratory deaths annually, according to the WHO...”

HPW – US Measles Elimination Status Review Postponed: WHO Claims for Technical Reasons

<https://healthpolicy-watch.news/us-measles-elimination-review-postponed/>

“The World Health Organization (WHO) has pushed back against speculation that a critical review of the US measles elimination status was delayed until November for political reasons. Rather, the WHO said that there were strong technical reasons for postponing the review from April until November so that more data could be collected. This came as US health officials asked an independent panel to delay its review of the country’s measles elimination status until later this year. **The review of the measles elimination status is now set to happen after the US midterm elections**, reportedly sparking concerns over political motives. However, **authorities strongly insist that the extensive delay is necessary to guarantee an uncompromising and exhaustive epidemiological review of recent circulation data.** It is essential that “all of the data, all of the evidence, all of the analysis has been done and scrupulously done,” noted **Kate O’Brien, the director of the Department of Immunization, Vaccines, and Biologicals, at WHO....”**

“The review, which is to be led by the Pan American Health Organization (PAHO), WHO’s regional arm in the Americas, could lead to the embarrassing loss of the US status as a country that has eliminated measles, due to the multiple outbreaks that have occurred there over the past year. And it comes at a time when PAHO, a semi-autonomous entity, is keen to retain the US as a partner – even after the US pulled out of WHO as a global entity....”

Guardian – ‘Viruses don’t know borders’: US anti-vaccine rhetoric could impact global measles crisis

<https://www.theguardian.com/society/2026/feb/28/anti-vaccine-rhetoric-global-measles-crisis>

“Experts say global measles vaccination rates are falling as Trump officials signal a deprioritization of the virus.”

“The US government has amplified anti-vaccine rhetoric and **signaled that it does not consider measles to be a priority, which could have global ramifications as countries around the world have lost or are on the brink of losing measles elimination status....”**

LSHTM - First global "early warning system" for dengue launches

<https://www.lshtm.ac.uk/newsevents/news/2026/first-global-early-warning-system-dengue-launches>

“A **new online dashboard** will give researchers, governments, and the public a real-time picture of the global dengue situation for the first time.”

“The **Global Dengue Observatory**, developed by researchers at the London School of Hygiene & Tropical Medicine (LSHTM) and supported by the [AXA Research Fund](#), now part of the AXA Foundation for Human Progress, **draws together the latest data from 88 countries around the world to estimate the current number of dengue cases each month at both a national and a continental level.**”

Trump 2.0

NYT – States Move to Limit Access to H.I.V. Treatment

https://www.nytimes.com/2026/03/02/health/hiv-drugs-ryan-white.html?unlocked_article_code=1.QFA.4qEV.FvXYbFdnGZox&smid=url-share

“Citing shortfalls in federal support, about **20 states are toughening eligibility requirements for patients in drug assistance programs.**”

Guardian - Trump administration is failing to address spread of measles, experts say

<https://www.theguardian.com/us-news/2026/mar/05/trump-administration-measles>

“As number of cases climbs past 1,000, **experts say CDC is not taking obvious steps amid funding cuts.**”

Stat - MAHA goes global: Inside the rise of the Make Europe Healthy Again movement

<https://www.statnews.com/2026/03/03/maha-movement-spreads-meha-make-europe-healthy-again/>

“**Anti-vaccine activists, right-wing politicians, and medical freedom campaigners join forces.**”

“The **formation of a group called MEHA — Make Europe Healthy Again** — may initially seem counterintuitive. Here in the U.S., MAHA leaders often cite European policies as a model, and communities there tend to have longer life expectancies, fewer health disparities, and cheaper medicines. But echoing its American counterpart, **the new group says it aims to prevent chronic diseases, protect the environment, promote scientific transparency, and help Europeans “reclaim [their] health and sovereignty.”** It has also attracted a mix of anti-vaccine activists, right-wing politicians, and medical freedom campaigners who warn that the continent’s regulators are captured by “corrupted science” and that its public health systems are akin to “tyranny”...”

Reuters - Elon Musk to avoid deposition about DOGE, dismantling US foreign aid agency

[Reuters](#)

No surprises there... : “Elon Musk, the billionaire and former adviser to President Donald Trump, will not have to sit for a deposition about his tenure leading the Department of Government Efficiency and his role in dismantling the U.S. Agency for International Development, a U.S. appeals court ruled on Wednesday...”

Devex – US Export-Import Bank chief details what's in Trump's Project Vault

<https://www.devex.com/news/us-export-import-bank-chief-details-what-s-in-trump-s-project-vault-111996>

“EXIM President and Chair John Jovanovic talks about the importance of securing critical minerals.”

“...The EXIM Bank is hoping for at least, as it provides a \$10 billion loan complemented by roughly \$2 billion in private capital to the so-called vault — also known as the U.S. Strategic Critical Minerals Reserve — which aims to purchase and store some 60 critical minerals ranging from lithium and cobalt to rare earth elements....”

“The goal is for EXIM to act as a financial backstop that allows the U.S. to buy raw minerals at scale when prices are stable or favorable, which individual companies might struggle to do on their own due to financial risk...”

NCDs & Commercial Determinants of health

Among others, with a few reads related to **World Obesity Day** (4 March).

Guardian - More than 220m children will be obese by 2040 without drastic action, report warns

<https://www.theguardian.com/society/2026/mar/04/more-than-220m-children-will-be-obese-by-2040-without-drastic-action-report-warns>

“World Obesity Federation says half a billion children will be overweight and calls on governments to act to create healthier environments.”

“... Globally, in 2025 about 180 million children were obese. But **new figures from the World Obesity Federation suggest that by 2040, about 227 million of all 5- to 19-year-olds will have obesity and more than half a billion will be overweight.** According to the federation’s 2026 world obesity atlas, that would mean that at least 120 million school-age children would have early signs of chronic disease caused by their high body mass index (BMI).....”

“... **The report identifies significant regional inequalities.** The 10 countries where more than half of school-age children are overweight or have obesity are all in the western Pacific region or the Americas, while the fastest growth in obesity rates is predominantly in low- and middle-income countries.”

“**The report calls for greater efforts to create healthy environments,** including sugar taxes, limits on junk food advertising and policies to help children lead more active lives....”

HPW - Urgent Need to Expand Access to GLP-1 Medicine to Reduce Obesity

<https://healthpolicy-watch.news/urgent-need-to-expand-access-to-glp-1-medicine-to-reduce-obesity/>

“ Most people living with obesity are now in low and middle-income countries (LMICs), **according to the World Obesity Federation (WOF)** – yet people living in these countries are least likely to have access to the Glucagon-Like Peptide-1 (GLP-1) medicine that is transforming treatment outcomes in wealthier countries. these medicines are scarce in LMICs despite the growing need. **Between 2010 and 2022, obesity more than doubled across all LMICs and tripled in low-income countries, according to the WOF....”**

“... “Without deep price reductions and scalable care systems, obesity treatment will remain out of reach, and health systems will continue to absorb the far higher costs of untreated disease,” according to the **Medicines Patent Pool** this week.... **However, access to GLP-1 medicine should improve as the key compound patents for semaglutide (Wegovy) expire within the next few months, with generic medicine poised to enter the market....”**

Lancet GH (Health Policy) - From endorsement of the WHO Acceleration Plan to Stop Obesity to national implementation: country progress on health system preparedness to scale up a comprehensive obesity chronic care programme

Francesca Celletti, et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00496-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00496-6/fulltext)

“Addressing the global obesity crisis requires health systems that move beyond prevention to include care and treatment. However, translating global policy into national implementation remains challenging. **Through the WHO Acceleration Plan to Stop Obesity, 34 countries committed to reducing the prevalence of obesity by 5% by 2030. Using the plan's operational model, we applied a policy and impact cycle and created a 100-day challenge platform, to support 12 countries to integrate and scale chronic obesity care within their health systems. This paper captures the approaches, system design, progress, and lessons in expanding access to chronic obesity care across the life course.** Results show that political commitment, structured implementation, and targeted technical support enabled rapid progress in service design and delivery readiness. Stakeholder engagement, community participation, and data-driven planning emerged as key enablers of success. The countries in this study provide a blueprint for embedding obesity care at scale, underscoring the need for a coordinated global response.”

BMJ (Opinion) - Treatment with GLP-1 drugs must not replace obesity prevention in low and middle income countries

K Buse et al ; <https://www.bmj.com/content/392/bmj.s407>

Published just ahead of **World Obesity Day**. “Prevention policies and budgets must be protected and aligned with the expansion of GLP-1 weight loss drugs, argue Kent Buse and colleagues.”

Also with a **five point agenda to align treatment and prevention:** “

- Link public coverage of GLP-1s to implementation of structural prevention policies
 - Establish ring-fenced prevention funding floors
 - Earmark health taxes to support prevention and primary care
 - Require transparency in procurement and budget impact
 - Build firewalls against commercial interference and publish public dashboards”

Plos GPH – “Who the hell is upstream pushing them all in?” Reclaiming public health’s defining metaphor to counter the commercial determinants of health

May C. I. van Schalkwyk et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006045>

“Public health policy and practice are often described by means of a metaphor that depicts interventions as “upstream” efforts to prevent people from falling into a river, from which they must be rescued “downstream” by overwhelmed healthcare services. **The *upstream-downstream* metaphor has been described as public health’s defining metaphor. We apply a commercial determinants of health lens to re-engage with the initial intentions of McKinlay’s seminal 1975 essay from which this metaphor emerged, and to critique its current uses. We examine how the *upstream-downstream* metaphor has come to be used in ways that depart radically from its original intent, which was to characterise the practices of powerful commercial actors who profit from the production of harm and disease. The subtle but important shift in language from people being pushed, to falling into the river, among other depoliticising processes, contributes to an individualising and victim-blaming approach to health harms, deflecting from the role of commercial power and practices. There is a pressing need to reclaim public health’s defining metaphor as part of the wider agenda to address commercial determinants as the major public health challenges of our time.**”

Community Dentistry and Oral Epidemiology (Commentary) - Constituting Global Oral Health: Toward a policy-relevant and action-oriented scientific discipline

H Benzian et al ;

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/cdoe.70054?domain=author&token=Z2TAQIXYFUPTBKAGN8V3>

With **four core arguments** for constituting global oral health as a policy-relevant and action-oriented scientific discipline.

HPW - Historic HPV Vaccination Campaign in India to Boost Fight Against Cervical Cancer

<https://healthpolicy-watch.news/hpv-vaccination-campaigns-boost/>

“**India launched the most extensive free Human Papillomavirus (HPV) vaccination initiative in history to systematically combat the rising toll of cervical cancer. This ambitious 90-day campaign aims to inoculate nearly 12 million 14-year-old girls before the preventative shot is permanently integrated into the country’s universal immunization schedule....**”

PS: **“Concurrently, South Africa is drastically elevating its own historical battle against the devastating disease through high-level political intervention.** A massive new national push to completely eliminate cervical cancer will be officially inaugurated by the country’s highest office in the coming weeks. **“It is no longer the minister of health who is going to launch this campaign to end cervical cancer, it will be the president himself,” confirmed South African Minister of Health Aaron Motsoaledi.”**

“... According to [the WHO immunization dashboard](#), **The African region has made spectacular strides in localized coverage**, officially overtaking Europe to claim the second-highest first-dose HPV vaccination rate globally...”

SRHR

Lancet – The need for improved sexual health among survivors of sex trafficking

Lao-Tzu Allan-Blitz et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00217-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00217-5/fulltext)

“In 2021, an estimated 6.3 million people were trafficked for sexual exploitation. Survivors experience profound sexual and reproductive health consequences, including sexual dysfunction, trauma-related conditions, and sexually transmitted infections (STIs). STI prevalence among trafficked women might be 22 to 111 times higher than in populations who have not been trafficked. Women who are trafficked for sex are also substantially more likely to experience pregnancy and abortion. Limited access to, and engagement in, care increases the risks for pelvic inflammatory disease, infertility, obstetric complications, and long-term physical and emotional harms. **However, sexual health is more than the absence of disease. WHO defines sexual health as a state of wellbeing in relation to sexuality.** Positive sexual health embraces a holistic view of sexuality that accepts a diversity of activities, affirms freedom to experience sexual pleasure, highlights the need for open and honest communication, and reinforces the importance of safety. **Sex trafficking directly undermines that state of wellbeing....”**

“Sex trafficking is a human rights violation: Responses need to overcome factors at the individual, societal, and structural level, which include control by traffickers, limited resources, language barriers, immigration status, confidentiality concerns, and stigma from health-care providers.... **Restoring sexual health for trafficked individuals requires more than clinical treatment—it demands coordinated, trauma-informed, and rights-based systems that address medical, psychological, social, and structural determinants of wellbeing.”**

Plos Med – From pain to policy: Improving endometriosis awareness, diagnosis, and treatment

Alexandra Tosun (on behalf of the PLOS Medicine Staff Editors);
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004981>

“Despite affecting 190 million women worldwide, endometriosis remains underdiagnosed, under-researched, and underfunded. Tackling awareness gaps, diagnostic delays, and inadequate

treatment requires earlier education, increased funding, and recognition of endometriosis as a systemic disease—redefining pain, equity, and investment in women’s health.”

Reuters -Women at risk as Taliban curbs hit Afghan healthcare, UN expert warns

[Reuters](#):

“Restrictions imposed by the Taliban are jeopardising the lives of women and their children who are sometimes denied emergency treatment, a U.N. human rights expert said on Friday.”

ITM - Respectful maternity care in sub-Saharan Africa: A matter of life and death

By Anteneh Asefa et al; <https://www.itg.be/en/health-stories/articles/respectful-maternity-care>

“A recent study shows how mistreatment during childbirth at health facilities in sub-Saharan Africa can have lasting consequences for women’s mental health, long after they leave the maternity ward. The findings were published in **eClinicalMedicine**, part of the Lancet Discovery Science.”

AI & Digital health

Geneva Health Files - Digital Health and AI in Global Health Governance: The Discussion at the World Health Organization

<https://newsletter.genevahealthfiles.com/digital-health-and-ai-in-global-health-governance-the-discussion-at-the-world-health-organization/?ref=geneva-health-files-newsletter>

“**Bianca Carvalho brings you a report from discussions on AI and digital health, that took place at WHO's Executive Board meeting in Geneva last month.** Some countries want WHO to take on a greater role in navigating the interface between global health and AI.”

Quotes: “**The debate on digital health and AI governance reflects broader shifts in global health governance.** As health systems become more data-driven, **digital policy is becoming inseparable from health policy.** (The American bilateral health deals with Africa, are also a case in point. These deals demand access to data systems in countries in exchange for aid.) **The debate at WHO also raised deeper structural questions about global governance of emerging technologies:** who governs health data, how innovation incentives can be balanced with equitable access, and how global standards can respect national sovereignty while enabling global cooperation.”

Carvalho concludes: “... As **WHO Member States move toward negotiating the next Global Strategy on Digital Health (2028–2033), the interplay between multilateral health governance and emerging digital alliances** will likely shape whether AI in health evolves under fragmented national models or within a more coordinated and equity-oriented global framework.”

Devex Pro – Is Anthropic building Rwanda’s AI future — or its dependence?

<https://www.devex.com/news/is-anthropic-building-rwanda-s-ai-future-or-its-dependence-111946>

(gated) “Experts say the partnership could expand AI access in health and education, but warn it may deepen vendor lock-in, data risks, and reliance on foreign tech.”

“Anthropic’s new **memorandum of understanding with Rwanda to deploy artificial intelligence tools in health and education** has drawn both praise and skepticism, highlighting a deeper question facing many African governments: **Will partnerships with foreign AI firms build domestic capacity — or deepen reliance on foreign technology stacks?** The new three-year partnership aims to match “Rwanda’s needs and priorities” by providing AI tools, developer access, and training to public servants and health systems, but the details of the agreement haven’t been shared....”

Exemplars in Global Health (brief) – Cross-country synthesis: Digital Health

[Exemplars in Global Health](#);

“This cross-country synthesis brief brings together high-level insights from the Digital Health Exemplars retrospective research, drawing on lessons from five countries—Brazil, Finland, Ghana, India, and Rwanda—that have successfully used digital tools to strengthen their primary health care systems. These countries represent a range of digital ecosystem maturities, offering practical lessons that are relevant across diverse contexts...”

Guardian – Tech firms and AI farming tools ‘playing with the food system’, warns thinktank

<https://www.theguardian.com/global-development/2026/mar/03/tech-firms-ai-farming-tools-food-system-security>

“Google, Microsoft and Amazon among companies using algorithms and AI to influence what crops are grown and how, say critics.”

“Tech companies and industrial agriculture are “playing with the food system” by using AI and algorithms to undermine farmers in choosing what the world eats, leading food security experts have warned. Companies such as Google, Microsoft, Amazon, IBM and Alibaba are working with industrial agriculture firms to influence what crops are grown and how, according to **a report by the thinktank International Panel of Experts on Sustainable Food Systems (IPES-Food)**. The result, the experts say, is a “top-down” approach to farming systems where large companies tell farmers what to grow, often focusing on the most productive and profitable crops.”

““Companies are playing with the food system, and we can’t afford to have that played with,” said Pat Mooney, a Canadian author and expert on agriculture who contributed to the Head in the Cloud report, adding that **these companies tend to focus only on five crops: corn, rice, wheat, soya beans and potatoes....**”

Planetary Health

Guardian - Vanuatu moves forward with UN climate resolution despite Trump opposition

<https://www.theguardian.com/world/2026/mar/05/vanuatu-un-climate-crisis-trump>

“Pacific island says the **US weakened its proposal** to advance a key climate ruling but vows to hold major polluters accountable.”

“**The Trump administration’s attempt to sink a UN resolution demanding countries act on the climate crisis has caused cuts to the proposal but hasn’t entirely killed it**, according to the tiny Pacific island country spearheading the effort. The US has demanded that Vanuatu, an archipelago in the south Pacific, drop its **UN draft resolution that calls on the world to implement a landmark international court of justice (ICJ) ruling from last year that countries could face paying reparations if they fail to stem the climate crisis**. Vanuatu, one of several Pacific island countries that consider themselves existentially threatened by the climate crisis despite doing little to cause it, said **it had to remove sections of its proposed resolution in the hope that a reduced version could be adopted at the UN in a vote later this month...**”

Devex - Legal opinion warns development banks may violate climate law

<https://www.devex.com/news/legal-opinion-warns-development-banks-may-violate-climate-law-112001>

“The opinion argues major multilateral lenders — and their shareholder governments — risk violating international law if they continue financing fossil fuel projects.”

“A coalition of civil society organizations is calling on four major multilateral development banks to meet their climate obligations, citing a new independent legal opinion that argues the institutions — and their shareholder governments — could be breaching international law by financing fossil fuel-related projects. **The opinion was written by scholars Johanna Aleria P. Lorenzo and Jolene Lin in November.** “

““[The opinion] is the first to address the legal obligations of multilateral development banks and their member states to act on climate change,” Jason Weiner, the executive director and legal director of Bank Climate Advocates, which commissioned the legal work, told Devex. **“We see this as a watershed moment for climate ambition at MDBs.”**”

“**In a series of letters sent on March 3 to the European Investment Bank, the Inter-American Development Bank, the Asian Infrastructure Investment Bank, and the African Development Bank, the group Bank Climate Advocates, alongside 33 other organizations, informed the banks of the “stringent” climate obligations under international law that, according to the opinion, apply to both MDBs and their member states. **Three similar letters were sent to the World Bank Group, the Asian Development Bank, and the European Bank of Reconstruction and Development in late 2025....**”**

Rockefeller Foundation - Building a Realistic Utopia: Richard Horton on Collaborating for Planetary Health

<https://www.rockefellerfoundation.org/bellagio-breakthroughs/building-a-realistic-utopia/>

“Planetary health explores the connection between the health of people, civilizations, and the natural systems on which they depend. ... The field was first defined at a 2014 convening at the Bellagio Center held by The Rockefeller Foundation and The Lancet – one of the world’s most respected medical journals. The subsequent report laid out the core principles of planetary health and offered key recommendations, such as engaging the scientific community in economic and governance issues and redefining prosperity to incorporate quality of life, health, and protection of natural systems...”

“Dr. Richard Horton has served as The Lancet’s editor-in-chief for nearly 40 years, and he has been a leading voice on planetary health from the very beginning. We spoke to Horton about what planetary health means, how the 2014 Bellagio Center convening drove the development of the field, and what makes him hopeful about the future health of our planet....”

Excerpt: “... How has the way you talk about planetary health changed over the last ten years? At the beginning, I talked a lot about civilizational collapse, which is a bit of a downer. A decade on, we realize that creating fear isn’t a very effective way of making change happen. If I tell you you’re going to die from climate change, you’re likely not going to feel mobilized to do anything about it, because, again, it’s a downer. But if I tell you that climate change is the biggest opportunity for global health in the 21st century, your whole psychology changes, because “opportunity” means you can do something. You have agency. You can use this moment to achieve good things. It’s a win-win situation. We made that switch with planetary health. You can put it in positive terms, talking about how planetary health is about the factors that can lead to a thriving, sustainable, flourishing society. Making people enthusiastic because there’s something positive and optimistic that they can achieve is the best way to convince people to act. We have to talk about the positive things that we can do to improve our democracies, our economies, and our environments....”

(debatable strategy in my view, in times of planetary emergency...)

HPW - African Universities Launch Climate-Health Hubs Amidst Escalating Global Crisis

<https://healthpolicy-watch.news/african-climate-health-initiative/>

“Two regional research hubs that aim to develop climate adaptation strategies that reduce health impacts are to be established in Ghana and South Africa under the terms of a new £40 million climate-health initiative led by African universities [and the Wellcome Trust](#), announced on Thursday. Along with the two hubs in South Africa and Ghana, an additional £20 million has been earmarked for a third hub in East Africa, with the site yet to be determined.”

“The aim is to develop provide policymakers on the continent with tailor-made scientific data and strategies for shielding vulnerable populations from the intensifying health threats of extreme heat, flooding, air pollution and worsening nutrition – [which already kill millions of people every year...](#)”

Nature News – Climate shocks, not just warming, threaten malaria control efforts in Africa

https://www.nature.com/articles/d41586-026-00491-2?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=59447181

“Climate change is expected to affect mosquito and parasite survival, reshaping malaria risk. **But extreme weather could be a more immediate danger to disease control.**”

Based on important new [research](#) from end of January.

IDS – When Heat Becomes a Health Emergency: Why HeatNexus Matters Now

Nasreen Jessani; <https://www.ids.ac.uk/opinions/when-heat-becomes-a-health-emergency-why-heatnexus-matters-now/>

“From 9–13 February, researchers, policymakers, practitioners, and community partners from across Africa, Asia, the Pacific, and Latin America gathered in Kuala Lumpur for the [HeatNexus Network Convening](#). Co-hosted by [Monash University Malaysia](#) and the [Institute of Development Studies \(IDS\)](#), the meeting marked a critical moment for a growing global effort to understand—and respond to—one of the most urgent but under-recognised public health challenges of our time: extreme heat.”

“...HeatNexus is a Wellcome-funded programme bringing together nine interdisciplinary research projects working across 12 low- and middle-income countries. Collectively, these projects are testing real-world heat adaptation interventions— Economic and Health Impact assessments of Heat Action Plans in India, Community-designed health action plans and early warning systems in rural Mexico, housing and malaria co-benefits in Kenya, nature-based solutions for outdoor workers in Tanzania, Cool Roof trials across five countries, behavioural and structural interventions in Malaysia, sustainable and affordable heat adaptation strategies in urban and rural Pakistan, multicomponent interventions to reduce heat impacts on pregnant women and infants in South Africa and Zimbabwe, and addressing heat impacts on vulnerable populations in South Africa and Ghana.”

PS: “... **What distinguishes HeatNexus** is not just the quality of its science, but **its approach. The programme treats heat as a complex, social, and health issue—not simply a climatic one.** It centres vulnerable populations, values community knowledge, and invests in networks and capacity alongside research outputs.”

- Related: [Nature Medicine - Advancing a new generation of heat-health warning system in China](#) (by Tiantian Li et al)

Climate change News – Uganda cites contentious IEA fossil fuel scenario backed by Trump administration

<https://www.climatechangenews.com/2026/03/02/uganda-cites-contentious-iea-fossil-fuel-scenario-backed-by-trump-administration/>

“Critics of the African nation’s oil ambitions say referencing the International Energy Agency’s most pessimistic scenario for climate action is a risky policy.”

“Uganda’s government has defended plans to ramp up its nascent oil industry by citing a contested scenario for rising fossil fuel use that is favoured by the Trump administration over more climate-friendly models. Energy analysts have warned that the East African nation’s drive to fund development by producing and exporting oil is a risky strategy due to projections of cost overruns and over-supplied markets as the world transitions away from fossil fuels....”

“Asked to comment on such warnings, a spokesperson for the Petroleum Authority of Uganda (PAU) referred to the Current Policies Scenario outlined in the International Energy Agency’s World Energy Outlook 2025 (WEO) report. **One of several different scenarios in the report, that scenario is the most negative on climate action – assuming current policies and no further emissions cuts – and projects that oil demand will continue to rise until at least 2050. ...”**

Carbonbrief - Analysis: Half of nations meet UN deadline for nature-loss reporting

<https://www.carbonbrief.org/analysis-half-of-nations-meet-un-deadline-for-nature-loss-reporting/>

“Half of nations have met a UN deadline to report on how they are tackling nature loss within their borders, Carbon Brief analysis shows.”

“This includes 11 of the 17 “[megadiverse nations](#)”, countries that account for 70% of Earth’s biodiversity. It also includes all of the G7 nations apart from the US, which is not part of the world’s nature treaty. All 196 countries that are part of the UN biodiversity treaty were due to submit their seventh “national reports” by [28 February](#), of which 98 have done so....”

“Their submissions are supposed to provide key information for an upcoming global report on actions to halt and reverse biodiversity loss by 2030, in addition to a global review of progress due to be conducted by countries at the COP17 nature summit in Armenia in October this year.”

World Inequality Database (Working paper) – Planetary Habitability, Global Convergence and Structural Transformation, 2026-2100

<https://wid.world/news-article/planetary-habitability-global-convergence-and-structural-transformation-2026-2100/>

“What level of economic prosperity and well-being is compatible with global convergence (equality between countries) and the preservation of planetary habitability? Or, to put it differently, what kind of structural transformation is needed and how should we redefine the notions of prosperity and well-being so that the objective of global convergence between countries does not compromise planetary habitability? In this [paper](#), Lucas Chancel, Cornelia Mohren, Moritz Odersky, Thomas Piketty, and Anmol Somanchi construct a new historical multi-sector global database* covering 57 countries and regions from 1970 to 2025 and develop an input-output projection model to 2100. They study scenarios in which all countries converge to the same per capita GDP level by 2100, and assess under what structural and energy conditions this convergence

is compatible with the 2°C climate target. Unlike standard climate-economy models, they examine sectoral reallocation toward immaterial sectors as a climate determinant, rather than treating it as a byproduct of development....”

Findings:

- **“... Global convergence to €60,000 (2025 PPP) per capita by 2100 is compatible with limiting warming to 2°C only under very strict conditions** combining rapid decarbonization with deep structural transformation (**“sobriety”**).
- **Rapid energy transition alone is not sufficient:** achieving the 2°C target also requires a drastic reduction in working hours (roughly halving global annual hours), a major shift in consumption from material to immaterial sectors (e.g. education and health), and substantial changes in food habits (including large reductions in red meat consumption and deforestation).
- **The core “Sustainable Convergence” scenario**—combining fast decarbonization, sectoral reallocation, worktime reduction, and food system transformation—**just stays within the 2°C limit, while alternative scenarios (“Productivist Convergence” and “Persistent Inequality”) lead to temperature increases above 4°C by 2100.**
- Structural composition matters as much as GDP levels: a higher-income world with strong shifts toward immaterial sectors can yield lower long-run warming than a lower-income world without such shifts.
- **The Sustainable Convergence pathway improves comprehensive well-being** (including the value of leisure time and planetary habitability) **in all regions relative to higher-GDP but high-emissions alternatives.**
- **Implementing this pathway would require massive investment—around 10–12% of global GDP annually over 2030–2060—and major distributional and institutional changes,** with financing largely borne by the global rich.”

Migration & Health

Lancet Planetary Health – Framing climate change, migration, and health as a syndemic

Patricia Nayna Schwerdtle et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00016-1/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00016-1/fulltext)

“Simplistic framings of “climate migrants” obscure the complexity of climate-related mobility and its health implications. Such framings overlook the interrelated dynamics shaping the intersection of climate change, migration, and health. **In this Comment, we propose a more integrative conceptual approach by understanding climate change, migration, and health as a syndemic.** This framing foregrounds the mutually reinforcing nature of social and biological processes and supports a systems-based perspective that can inform robust research, and more equitable and effective policy and practice....”

Conflict/War/Genocide & Health

HPW -WHO: War with Iran Paralyzes Dubai's Global Humanitarian Supply Hub

<https://healthpolicy-watch.news/who-war-with-iran-paralyzes-dubais-global-humanitarian-supply-hub/>

“The US-Israeli war with Iran, which has paralyzed air travel across the Middle East, has also frozen deliveries of vital medical supplies from the [world's largest humanitarian supply hub in Dubai](#) to conflict-wracked countries from Afghanistan to Lebanon, said the World Health Organization on Thursday. “

“Operations at WHO's logistics hub for global health emergencies in Dubai, are currently on hold due to insecurity,” said WHO Director General Dr Tedros Adhanom Ghebreyesus at a WHO press briefing in Geneva.... **“More than 50 emergency supply requests from 25 countries are currently affected.** And \$6 million in medicines for Gaza as well as \$1.6 million in polio laboratory supplies are also held up,” Balkhy said. **WHO's emergency operations across the region currently face a 70% funding gap,** she added. “Without urgent financial support, essential services will cease and preventable suffering will deepen.” ... **The Dubai hub, alongside one of the world's busiest airports, also serves as a logistics junction for WHO-supported medical supplies traveling to Africa, South-East Asia and beyond. ...”**

“Last year, WHO's global health emergencies logistics hub in Dubai fulfilled more than 500 emergency orders for 75 countries across all six WHO regions. However, humanitarian health supply chains are now being jeopardized,” said Balkhy. “

“... As the arc of the war extends across most of the region's air space, WHO is exploring alternative overland supply routes as an alternative to air transport together with UNICEF and the World Food Programme, said Annette Heinzlmann – EMRO emergency director ... **“We are assessing the possibility of working through our other UN logistic hubs, notably in Nairobi and in Brindisi, which are close to the region... we are also working with our logistics hub in Dakar to look into alternative shipment routes,”** Heinzlmann said ...”

Telegraph – Emergency supplies for nuclear or chemical attack distributed across Middle East, says WHO

<https://www.telegraph.co.uk/global-health/terror-and-security/emergency-supplies-for-nuclear-attack-middle-east/>

“Radiation protection and specialist medical training are included in mitigation plans disseminated across the region.”

Devex – Aid groups win court reprieve from Gaza ban

<https://www.devex.com/news/aid-groups-win-court-reprieve-from-gaza-ban-111963>

“The decision comes days after 19 organizations petitioned Israel's High Court over new registration rules, which would have required the groups to provide detailed staff information to the Israeli government.” “ Israel’s High Court of Justice has allowed some of the world’s largest aid groups to continue operating in the Gaza Strip, a decision that affects Médecins Sans Frontières, Oxfam, the Danish Refugee Council, and 34 other organizations in the territory....”

BMJ GH - Getting unstuck: reframing health systems strengthening and resilience in fragile and conflict-affected settings

C Truppa, B Marchal et al ; <https://gh.bmj.com/content/11/2/e020061>

« **The concepts of health systems strengthening and health systems resilience are conceptually different but often used interchangeably in health policy and systems research and practice.** Operationalising them can be difficult, but both are particularly relevant in contexts of conflict, violence and institutional fragility. In the current landscape of increasing complexity of humanitarian crises and constrained resources, understanding their meaning can be helpful to reaffirm their significance and value for achieving equitable access to care for the most vulnerable populations. **We propose reframing health systems strengthening and resilience across three key dimensions: actors, levels and time.** Donors and multilateral and international organisations need to explicitly recognise and engage a broader range of local health systems actors, including community-based, faith-based and non-state actors, alongside national authorities. Actors should work across levels, from individual and communities to district and national domains, minimising gaps and vulnerabilities. It is also crucial to adopt longer time frames in the conception, design, implementation, monitoring and evaluation of interventions to strengthen health systems and increase their resilience in fragile and conflict-affected settings. This timeframe shift can help mitigate potential unintended long-term consequences of short-term interventions, support sustainability, improve learning capabilities and enhance transformation. **Such a three-pronged shift demands a deeper engagement with the affected communities and local health actors. It entails transferring decision-making power to them rather than exclusively transferring risks.** This can **ground health systems strengthening and resilience interventions in the contextual reality and needs** rather than in externally defined priorities and frameworks. »

International Journal of Social Determinants of Health and Health Services - Deconstructing Resilience and Reconstructing Palestinian Endurance and Resistance

R Glacaman; <https://journals.sagepub.com/doi/abs/10.1177/27551938261423037>

“This commentary critiques the concept of resilience in general drawing on the international literature, followed by an analysis of its application to Palestinians living in the Israeli occupied Palestinian territory (the West Bank, including Palestinian East Jerusalem, and the Gaza Strip).”

Access to medicines, vaccines & other health technologies

Reuters – South Africa seeks local production of Gilead’s HIV prevention drug

[Reuters](#):

“South Africa is asking local drugmakers to start a process to make Gilead Sciences’ long-acting HIV prevention drug, lenacapavir, domestically, in a push to bring production to the region where it is most needed. The government is working alongside international partners, including Unitaid and the United States Pharmacopoeia, to identify which local company could make the twice-yearly injection safely, effectively and affordably, and provide any support needed. They will then recommend that company to Gilead....”

- Related: **UNITAID press statement - [Unitaid and USP provide technical and market support to strengthen regional manufacturing and supply resilience](#)**
- And via [Devex check-up](#) :

“South Africa has been one of the countries [hardest hit by U.S. aid cuts](#). That includes [being blocked](#) from a U.S. program to provide African countries with access to lenacapavir, a twice-yearly injectable to prevent HIV infection. So South Africa is jump-starting a process to make lenacapavir locally. With the support of [Unitaid](#) and a host of other partners, South Africa today [launched an official call](#) to identify at least one local manufacturer capable of producing lenacapavir to international standards. This is the first step in trying to secure a voluntary license for a prospective manufacturer from [Gilead](#), which holds the primary patent on the medicine.”

“Gilead [has issued](#) voluntary licenses to six generic manufacturers already, though none are on the African continent. Unitaid and its partners [actually worked](#) with one of those manufacturers, [Dr. Reddy’s Laboratories](#), to secure a yearly price of \$40. Robert Matiru, the director of programs at Unitaid, tells me that would be the floor for an agreement that might emerge from the current process in South Africa. “We’re going to be trying our best to get the best access commitments, but at the minimum, what we’ve secured with other licenses,” he explains. A potential manufacturer should be identified within a month, at which point Unitaid and its partners will work to try to facilitate an agreement between the company and Gilead. That might mean bringing in technology transfers, technical assistance, or even connecting the manufacturer to financing from a development finance institution. “We’re bringing in different instruments to make this a successful attempt to get a local producer in South Africa,” Matiru tells me. If all goes well, he envisions the “journey to the finish line” to be anywhere from two to three years, securing an affordable supply of lenacapavir not just for the country, but the southern African region.”

Lancet World Report – The boom in counterfeit obesity drugs

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00461-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00461-7/fulltext)

“Driven by high prices, lack of insurance, and a desire to lose weight, the proliferation of fake and falsified obesity drugs is prompting public health concern. Sophie Cousins reports.”

Science News - ‘Truly spectacular’ drug for sleeping sickness simplifies treatment, raising hopes for eradication

<https://www.science.org/content/article/truly-spectacular-drug-sleeping-sickness-simplifies-treatment-raising-hopes-eradication>

“European regulators greenlight new one-dose compound that could help African countries get rid of an ancient burden.”

“Acoziborole is the latest in a series of dramatic improvements in the treatment of sleeping sickness, largely thanks to the work of the Drugs for Neglected Diseases Initiative (DNDi), a Switzerland-based nonprofit....”

- Related: **DNDi press release - [Acoziborole Winthrop, developed by DNDi and Sanofi, receives European Medicines Agency positive opinion as three-tablet, single-dose treatment for most common form of sleeping sickness](#)**

“... The therapy, given as a single dose of three tablets, could offer a simpler alternative to longer, more complex regimens and help support the World Health Organization’s (WHO) goal of eliminating the disease by 2030. Sanofi will donate the medicine to WHO through its philanthropic arm Foundation”

Devex - WHO backs pooled TB testing to expand diagnosis and cut costs

<https://www.devex.com/news/who-backs-pooled-tb-testing-to-expand-diagnosis-and-cut-costs-111962>

“It includes pooled testing for tuberculosis in resource-constrained settings, allowing governments to screen more people for TB without additional costs.”

“The [World Health Organization](#) issued new recommendations that experts say would help expand testing for tuberculosis while helping governments save money. The [recommendations](#) include the use of near point-of-care molecular tests for diagnosing TB over smear microscopy, which checks for the presence of TB bacteria from an individual’s sputum sample using a microscope. While inexpensive, using smear microscopy can miss TB cases and can be time-consuming. WHO also recommends the use of tongue swabs in cases when individuals cannot produce sputum samples. Another recommendation is the use of [pooled testing](#) for resource-constrained settings, where sputum samples from several individuals are mixed in one vial and tested together for TB. It requires no further testing if the pooled sample tests negative. However, if the test comes back positive, each sample needs to be retested individually....”

E&K (Analysis) - Africa's Vaccine Manufacturing Ambition: Between Declaration and Delivery Informed by Presidential Declaration in Addis Ababa on 14 February 2026

Short (8p) analysis published ahead of **the extraordinary summit in Nairobi**, chaired by Ruto.

Via LinkedIn: https://www.linkedin.com/posts/drjosearono_africas-vaccine-manufacturing-ek-consulting-activity-7430936825017503746-lhQ/

“On 14 February 2026, African Heads of State adopted a Presidential Declaration in Addis Ababa reaffirming a commitment to produce 60% of the continent's vaccine needs locally by 2040. ...

“Analysis by [E&K Consulting Firm](#) - drawing on a deep-dive into Senegal's vaccine ecosystem and the 14 February Presidential Declaration — identifies a specific structural gap. Not a funding gap, exactly. A navigational gap. Facilities get funded. Technology transfer agreements get announced. Per-dose incentive structures get designed with increasing sophistication. ...”

- But who is doing the work in between?
- Who is modelling which antigen portfolios each manufacturer can actually compete in, given technology transfer pipelines and UNICEF procurement rules?
- Who is mapping regulatory pathways against AVMA milestone triggers — pathways the [E&K Consulting Firm](#)'s analysis acknowledges are subject to regulatory authority review with timelines that are far from automatic?
- Who is advising governments on how to sequence national manufacturing policy so it reinforces the continental framework rather than fragmenting it? - Who is capturing what is working across 25 simultaneous projects so the ecosystem learns rather than repeats?....”

Some more papers, reports & publications of the week

Lancet Viewpoint – Health justice

Sudhir Anand; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02163-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02163-4/fulltext)

“Justice in health is often conflated with health equity, a topic that has given rise to an extensive literature in recent decades. ... **Justice in health is a much broader concept than health equity**, and health inequalities have only a partial overlap with health inequities, which are themselves a small subset of health injustices. To show these differences, it is necessary to first identify and analyse the constitutive elements of health justice. After providing a comprehensive account of health justice, the exact relationship between health inequality, health inequity, and health injustice is elucidated and formalised. The account presented of health justice reveals that it has many and varied faces that require distinct attention and remedial action. **This Viewpoint develops the idea of health justice as a plural conception, draws on the literature on justice from philosophy and economics, and investigates its application and reach in the space of health.** See the panel for terms of reference used in this Viewpoint. **Several distinctions are invoked in identifying and contrasting different facets of health justice and injustice. These distinctions include substantive justice versus process fairness, comparative versus non-comparative justice, and compensatory and distributive justice. Within distributive justice, the health implications of alternate principles—equality, priority, sufficiency, and efficiency—are examined and evaluated.** Many faces of health justice are thus exposed that go well beyond the unitary face of health equity and help address the **multiple types of injustice observed in the health sphere.**”

Miscellaneous

HPW - Ghana and Senegal Consider Harsher Measures Against LGBTQ People

<https://healthpolicy-watch.news/ghana-and-senegal-consider-harsher-measures-against-lgbtq-people/>

“The Parliaments of both Ghana and Senegal are considering harsher penalties for same-sex relationships.”

“Last month, Ghana’s Parliament had its first reading of an anti-LGBTQ Bill, which is now being considered by its Committee on Constitutional, Legal and Parliamentary Affairs. Meanwhile, Senegal’s Cabinet approved a Bill for its Parliament last month that will double the maximum penalty for same sex relationships – up to 10 years in prison....”

Global health governance & Governance of Health

Geneva Solutions - As the financial crisis deepens, UN faces growing pressure to cut salaries

<https://genevasolutions.news/global-news/as-the-financial-crisis-deepens-un-faces-growing-pressure-to-cut-salaries>

“The US is pressing the UN to cut staff pay to ease its budget crisis. Unions in Geneva say compensation is being misrepresented, but other states are also warming to the idea.”

Global Policy - Renewal of the UN Requires Investment and Democratic Reform

A Bummel; <https://www.globalpolicyjournal.com/blog/02/03/2026/renewal-un-requires-investment-and-democratic-reform>

“Andreas Bummel argues that reform of the UN requires democratic world governance and that research suggests support for it remains widespread.”

“ Strengthening the UN and multilateralism more broadly requires strengthening their democratic character and moving beyond a strictly state-centered model. **In an interdependent world, basing international cooperation solely on governments is increasingly untenable.** Narrowing the political imagination only deepens cynicism and reinforces the very paralysis government leaders claim to oppose. **One forward-looking and long-standing proposal, ready to be picked up, is the creation of a world parliament, an elected body representing people rather than governments, mandated to address global challenges and advance the global common good.** This vision, which could be implemented incrementally in a UN context, has strong popular backing even in times of nationalism, polarization and authoritarian resurgence as a new survey shows.....”

IDS - Shaping China-global South cooperation in a contested world order

https://www.ids.ac.uk/news/shaping-china-global-south-cooperation-in-a-contested-world-order/?utm_source=bluesky&utm_medium=social&utm_content=ap_pkcoi3db1e

“A **new book** by **Professor Jing Gu**, Senior Research Fellow at the Institute of Development Studies, explores how cooperation between China and countries across the global South works in practice. **The book examines how China’s provinces engage with African partners**, how development cooperation is structured and negotiated, and how risks, bargaining, and institutional constraints shape outcomes in a changing global economic and political landscape....”

Global Health Governance: Refocusing global health priorities: the dynamics of agenda setting in Global Health in the Global South

Vivek ND ; <https://blogs.shu.edu/ghg/files/2026/02/Fall-2025-GHG-Issue.pdf#page=30>

“**This paper examines the complex process of global health agenda-setting, focusing on the Global South, particularly India.** It explores how various stakeholders – governments, international organizations, and civil society, shape health priorities and policies. Drawing on critical political economy and historical perspectives, the study analyzes the role of political, economic, and social factors influencing health agenda setting. Key findings reveal a shift in global health financing dynamics, with increasing reliance on philanthrocapitalist and multi-bi funding mechanisms, diverting focus from traditional multilateral institutions like WHO. This shift raises concerns about the short-term prioritization of health issues at the expense of longterm goals, while also highlighting the growing influence of private actors on global health policy. **The analysis emphasizes the importance of international norms, economic interests, and institutional frameworks in shaping health policies, particularly in low-income countries. The paper concludes by addressing the power imbalances in global health governance, underscoring the need for more inclusive and equitable approaches to health policy.** It advocates for collaboration across borders and the prioritization of marginalized communities to address systemic health disparities in the Global South.”

CGD (blog) - The “Triple Threat” Facing Think Tanks

H Dempster et al; <https://www.cgdev.org/blog/triple-threat-facing-think-tanks>

“**For over 100 years**, think tanks have been instrumental in shaping policy around the world, developing ideas and synthesizing complex information for policymakers, political leaders, and journalists. However, **think tanks are now facing a “triple threat”—from a shifting funding landscape; artificial intelligence; and rising polarization**—all of which intersect and reinforce each other.

This was our main takeaway from the recent **On Think Tanks School**, held in Barcelona last month...”

... **This blog outlines some of our takeaways (largely from a development-focused, Global North-based, think tank perspective)** identifying ways in which we need to adapt to remain relevant at a time **when the public needs us most....”**

Global Security: Health, Science and Policy - The UAE's niche diplomacy in the Middle East: authoritarian strategies of a middle power

Mordechai Chaziza et al; <https://www.tandfonline.com/doi/full/10.1080/23779497.2025.2577421>

“This study analyzes how the United Arab Emirates (UAE) leverages niche diplomacy as an authoritarian middle power to expand its global influence, construct normative legitimacy, and navigate structural constraints in the international system. Focusing on high-visibility sectors, humanitarian aid, renewable energy, health, culture, and sports, the UAE converts sectoral specialization into symbolic capital, enhancing its diplomatic reach while deflecting scrutiny of its domestic governance. Rather than treating niche diplomacy as technocratic or apolitical, the study frames it as a strategic instrument of identity formation and regime legitimation. The UAE case challenges conventional international relations (IR) assumptions that associate normative influence with liberal democracies, illustrating how authoritarian states can retool soft power mechanisms for strategic gain. By addressing gaps in the literature on Middle Eastern middle powers and authoritarian diplomacy, the study contributes to a more nuanced understanding of how non-democratic regimes shape global agendas through functional, performative, and reputational strategies.”

Global health financing

Telegraph - UK charities turn to corporate donors to offset aid cuts

<https://www.telegraph.co.uk/global-health/climate-and-people/uk-charities-turn-to-corporate-donors-to-offset-aid-cuts/>

“One source from a major aid charity told the Telegraph the unprecedented cuts has forced it to diversify.”

“British aid agencies are becoming increasingly dependent on wealthy philanthropists and corporate partners to make up budget shortfalls.”

“... A source at one of the UK's main aid charities told the Telegraph: “We are having to diversify because the scale of the cuts has been so unprecedented....” “Looking ahead, it seems pretty clear that long-term survival will depend on reliable partnerships with large corporations as well as high-net-worth philanthropists. This is more likely to work for single projects with fixed, achievable aims that have a more easily measurable impact than with less defined unrestricted spending. There will certainly be significant changes to how we operate.”

UHC & PHC

Lancet World Report –Bangladesh's ambitious new health plans

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00458-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00458-7/fulltext)

“The country's new government has **promised to prioritise primary care and public health spending after years of neglect**. Samaan Lateef reports.”

World Bank – How Scale-Up Happens : Financing, Political Economy, and Delivery in Social Assistance Expansion

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099082825150531902>

By U Gentilini et al. **Executive summary** with 10 key messages.

The Conversation - Do doctors treat poorer patients differently? Our study in Tunisia found they do – in subtle ways

T Powell-Jackson et al ; <https://theconversation.com/do-doctors-treat-poorer-patients-differently-our-study-in-tunisia-found-they-do-in-subtle-ways-274988>

“As health economists interested in the behaviour of healthcare providers, we sought to explore an understudied driver of health inequalities in Tunisia: whether doctors treat patients from different socioeconomic backgrounds differently during a clinical encounter...”

GAVI – We studied primary care in 6 rich countries – it’s under unprecedented strain everywhere

F Goodyear-Smith <https://www.gavi.org/vaccineswork/we-studied-primary-care-6-rich-countries-its-under-unprecedented-strain-everywhere>

(first published in **the Conversation**). **“Like other high-income countries, Australia and New Zealand are leaning on GPs to solve increasingly complex health needs – without the necessary investment.”**

“... across many high-income countries, despite very different health systems, primary care is under unprecedented strain. **Our [recently published paper](#) presents case studies from the United Kingdom, the Netherlands, Canada, the United States, Australia and New Zealand.** All show governments are leaning on primary care to solve increasingly complex health needs. At the same time, [bureaucracies are demanding](#) more documentation, compliance, performance metrics and administrative work.”

“However, **very little new investment is going into the four parts of primary care that matter most:** continuity: **seeing the same health provider over time**, rather than pinballing from one specialist to another; **comprehensiveness:** getting the whole family’s physical, mental and social health care from one place; **coordination:** ensuring all the different people and services involved in a patient’s care work together smoothly, information is shared and roles are clear, so patients don’t fall through the cracks; **first-contact care:** being able to get an appointment with a doctor or nurse you know, when you need it.”

HP&P - Integration of complementary and alternative medicine in the Indian health system: how the state inadvertently undermines policy implementation

Gupteswar Patel et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag025/8503067?searchresult=1>

“India’s AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) integration policy emphasises medical pluralism. However, implementation occurs within a complex health system where the state apparatus, through its governance and policy processes, affects health services and outcomes. **This study explores how state and policy complexities shape AYUSH integration processes and practitioners’ capacities in primary healthcare...**”

Pandemic preparedness & response/ Global Health Security

Lancet Microbe - Pathogen access and benefit sharing in a pandemic: working towards fair exchange?

J Radeino Ambe et al (on behalf of the **Ethics Working Group of the Coalition for Equitable Research in Low Resource Settings (CERCLE)**)
[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(26\)00031-5/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(26)00031-5/fulltext)

“ In this Comment, we highlight key aspects of the PABS System that fail to ensure fairness; however, despite these limitations, we support its ambition.....”

BMJ GH (Analysis) – Collective action for responsible global health data sharing and use

<https://gh.bmj.com/content/11/3/e022013>

On behalf of the data sharing discussion group.

Planetary health

IDS – New study reveals China’s global role in renewable energy transition

<https://www.ids.ac.uk/news/new-study-reveals-chinas-global-role-in-renewable-energy-transition/>

“The most comprehensive and transparent analysis of China’s role in the global energy transition shows a significant shift to renewables compared to the past decade, dominated by mega solar projects in Asia and Africa, but varying to include niche areas like biomass in some places.”

Guardian - Global sea levels have been underestimated due to poor modelling, research suggests

<https://www.theguardian.com/environment/2026/mar/04/global-sea-levels-underestimated-poor-modelling-research>

“Analysis shows average levels are 30cm higher than thought, and up to 150cm in south-east Asia and Indo-Pacific.” Latest research, [published in Nature](#).

PS: “Rising sea levels are a major threat to coastal communities across the world, and the UN Intergovernmental Panel on Climate Change (IPCC) estimates that by 2100 levels may rise by 28-100cm....”

WHO Bulletin – Justice in priority-setting for research on health and climate change

S Bhaumik; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294480.pdf?sfvrsn=aa43e96f_3

“... Here, I examine and describe the dimensions of justice in setting priorities for research on health and climate change using the weaving approach, which is common in Eastern and Indigenous knowledge traditions. Rather than proposing new conceptual frameworks, this approach integrates established concepts from diverse domains to clarify their intersections. Weaving also enables the pursuit of shared meaning on the topic of enquiry among all those involved or interested. This epistemological stance offers a distinct contribution, by fostering dialogue and debate across disciplines and knowledge systems. Drawing on Western constructs of justice and global health ethics, this article weaves concepts together in a nonprescriptive manner....”

Bhaumik concludes: “...The weaving of justice in our global knowledge system on climate and health is and should remain a pursuit that requires collective resolve, and not just in research priority setting....”

Journal of Public health - Human rights underpin climate action for global health and just transition: from awareness and analysis to political and legal action

David W Patterson, R Guinto, B M Meier et al;
https://academic.oup.com/jpubhealth/article/47/Supplement_1/i48/8316634

“This article examines the imperative for human rights under international law as a foundation for the public health response to climate change....”

Critical Public Health (Editorial) - The ‘Blue Pacific’: ocean governance and planetary health

Joe Thomas et al ; <https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2629078>

“The objective of this paper is to offer a brief reflection on the emerging opportunities of the ‘Blue Pacific’ and its interconnectedness with global health governance and planetary health.”

“... Ocean governance is rapidly emerging as a powerful force for ensuring planetary health in myriad ways. This article briefly discusses the idea of ‘Blu Pacific’, highlights and unpacks it, and reviews some ocean governance mechanisms. Emerging threats and challenges to ocean governance are identified. The interaction between planetary health and ocean governance is reflected upon. Some emerging threats to ocean governance and to SDG 14 have also been identified...”

Mpox

Cidrap News - Analysis suggests rope squirrels are a natural reservoir of mpox virus

<https://www.cidrap.umn.edu/mpox/analysis-suggests-rope-squirrels-are-natural-reservoir-mpox-virus>

“A report in *Nature* details a case of likely direct interspecies mpox virus (MPXV) transmission from a fire-footed rope squirrel to wild sooty mangabey monkeys in a Cote d’Ivoire national park in 2023...”

Infectious diseases & NTDs

Science News – New HIV cure approach forces hidden virus into tripping immune sensor

<https://www.science.org/content/article/new-hiv-cure-approach-forces-hidden-virus-tripping-immune-sensor>

“Strategy gains momentum after promising results in cell studies and infected people.” Presented last week at an HIV/AIDS conference in Denver.

GAVI – Malaria vaccination reduces hospitalisations, deaths of children in northwestern Nigeria

<https://www.gavi.org/vaccineswork/kebbi-malaria-vaccination-rolls-back-hospitalisations-deaths-children>

“One year after the malaria vaccine was added to the routine immunisation schedule in Nigeria’s Kebbi State, health authorities and caregivers are counting the gains.”

“...Nigeria grapples with the world’s largest malaria case-load, carrying **27%** of the global burden and about 30.9% of the 569,000 deaths recorded worldwide in 2023. **Of the country’s 36 states, Kebbi has the highest malaria prevalence at 49% of children under five and the highest**

mortality. In a momentous step forward against that scourge, **Nigeria received 1 million doses of the R21 vaccine with support from Gavi, the Vaccine Alliance, UNICEF and the World Health Organization (WHO).** Kebbi State was allotted 595,980 doses to be integrated into the state's routine immunisation schedule from December 2024....”

The Conversation - When floods hit, the risk of malaria follows: how disaster systems can prepare better

T de Jager et al ; <https://theconversation.com/when-floods-hit-the-risk-of-malaria-follows-how-disaster-systems-can-prepare-better-275829>

« **When floods sweep through southern Africa, the most visible damage is immediate: homes washed away, crops destroyed, clinics disrupted, families displaced.** These images dominate headlines and humanitarian appeals. **But as floodwaters recede, a quieter, slower-moving crisis often follows** – in those same communities that are already struggling to recover. **In parts of Mozambique, Malawi, Tanzania, Zambia, Zimbabwe and South Africa, severe rainfall and flooding in early 2026 reshaped daily life for hundreds of thousands of people.** As communities clear debris and try to rebuild livelihoods, **they are also entering the most dangerous window for malaria transmission....”**

« We are **scientists from the University of Pretoria Institute for Sustainable Malaria Control.** Our institute has **the Remote Sensing for Malaria Control in Africa programme,** which uses satellite data, remote sensing and environmental modelling to study malaria. It **focuses on how climate variability and change influence transmission drivers like rainfall, temperature, surface water, land usage, cross-border movement, vector ecology and parasite patterns.** »

« **As climate-driven floods become more frequent in southern Africa,** they are not only washing away infrastructure. **They are reshaping malaria risk in ways that entrench poverty and threaten fragile progress towards elimination....”**

BMJ Editorial - Trachoma: the final push for global elimination

E Habtamu et al ; <https://www.bmj.com/content/392/bmj.s384>

“Eliminating the leading cause of infectious blindness is achievable but needs recalibrated strategies and renewed commitment.”

Plos GPH - Principles and priorities for integrated tuberculosis screening and care: A modified Delphi consensus exercise

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005954>

By Claire Jacqueline Calderwood et al.

Science News – Many heat-stressed tropical insects are reaching their limits

<https://www.science.org/content/article/many-heat-stressed-tropical-insects-are-reaching-their-limits>

“Vast study in Peru and Kenya confirms limited defenses against rising temperatures, redoubling climate concerns.”

“Insects living in the lowland tropics have evolved to deal with brutal heat. But many of them are close to their limit, according to a massive study that assessed the heat tolerance of hundreds of species. The findings, published today in *Nature*, provide [an unprecedented view of what temperatures tropical insects can deal with](#)—and reinforce concerns about the risk that climate change poses for insect biodiversity. ...”

AMR

Nature Medicine - Evaluation of antimicrobial resistance governance across 193 countries to inform the 2026 Global Action Plan update

Weiye Chen et al; <https://www.nature.com/articles/s41591-026-04257-1>

“An evaluation across 193 countries for the Global Action Plan update showed that **countries with strong multisectoral governance and early surveillance adoption** achieved long-term improvements in reducing antimicrobial resistance. “

Plos Med (Perspective) – Better, not just fewer: Rethinking antibiotic prescribing

Giorgia Sulis et al; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004941>

“Clinical decision support tools can curb unnecessary antibiotic use, but success depends on more than technology. **Here, we explore behavioral, equity, and governance challenges in tackling antimicrobial resistance, and why “better, not just fewer” prescriptions are essential.**”

And a link:

- Cidrap News - [GARDP to explore animal antibiotic as a potential superbug treatment](#)

NCDs

Economist - A cancer diagnosis can push people to crime

<https://www.economist.com/graphic-detail/2026/03/01/a-cancer-diagnosis-can-push-people-to-crime>

“Even generous welfare states are not immune to a **“Breaking Bad” effect.**”

“In Breaking Bad, a mild-mannered chemistry teacher reinvents himself as a drug lord after learning he has terminal cancer. A new study suggests the television show’s plot is less outlandish than it seems. **Researchers in Denmark and the Netherlands find that the likelihood of a cancer patient committing a crime is 14% higher in the decade following their diagnosis than the baseline rate among people yet to develop the disease....**”

BMJ Editorial - Revisiting the diagnostic classification for low back pain

C B Oliveira et al ; <https://www.bmj.com/content/392/bmj.s353>

“**Greater recognition of “non-spine” causes** and impact on urgency of care escalation is needed.”

Nature Health (Perspective) - Colombo Call to Action for diabetes prevention and control in South-East Asia

<https://www.nature.com/articles/s44360-026-00067-4>

“This Perspective describes **the Colombo call to action**, a roadmap for countries in South-East Asia to accelerate diabetes prevention and care....”

Guardian - Quarter of healthy years lost to breast cancer are due to lifestyle factors, research finds

<https://www.theguardian.com/society/2026/mar/02/healthy-years-breast-cancer-lifestyle-factors>

Cfr a **new study in the Lancet Oncology**. “Largest study of its kind suggests high red meat consumption has biggest impact, followed by smoking.”

Guardian - Weight loss drugs may stop people getting addicted to drugs and alcohol, study finds

<https://www.theguardian.com/science/2026/mar/04/weight-loss-addiction-drugs-alcohol-study>

“**US study suggests GLP-1s, used to treat type 2 diabetes, could also reduce risk of people already using substances from overdosing.**”

“Weight loss drugs could help people avoid getting addicted to alcohol, tobacco and drugs such as cannabis and cocaine, a study has found. They could also reduce the risk of people already addicted to illicit substances having an overdose, ending up in hospital or dying, according to **research published in the British Medical Journal....**”

Social & commercial determinants of health

Global Health Governance – When civil society persists: explaining the complex politics of soda and ultra-processed food taxation and regulation policy reform in Colombia

E Gomez; <https://blogs.shu.edu/ghg/files/2026/02/Fall-2025-GHG-Issue.pdf#page=43>

« In the area of global health and development, the new field of the commercial determinants of health has highlighted the various ways that major food and beverage industries shape politics, policy, and society in industries' favor. However, **little is known about the conditions under which industries gradually lose their policymaking power**. Filling in this lacuna in the literature, **this article examines the case of Colombia and reveals the important role that civil society, i.e., NGOs, activists, and academics, play in gradually overcoming corporate power and introducing beverage taxation and food labeling regulations that go against industry preferences**. The **concept of civil society's power in persistence** is introduced to encapsulate this general process: i.e., **despite business opposition and threats, societal persistence in pressuring government for reform can gradually alter the perceptions and interests of congressional leaders and even previously opposed presidents in favor of reform**. This power in persistence derives from broad public support and financial backing, in turn motivating activists to use policy tactics such as information sharing and educating policymakers...”

Global Policy - Reforming International Investment Treaty Practice: Comparing Policy Innovation in Australia and Uruguay

Dori Patay, Gastón Ares, Gerónimo Brunet, Anne Marie Thow;
<https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70146>

« **The Philip Morris lawsuits against Australia and Uruguay in the early 2010s** highlighted the need to reform international investment agreement (IIA) practices to ensure that governments do not give up their regulatory autonomy for foreign investment. **We undertook a policy analysis to reveal how interests, ideas and institutions shaped reform in IIA treaty practice to protect health policy autonomy in Australia and Uruguay after the Philip Morris investor-state dispute settlement cases...**”

- Finally, the **Lancet** also features a number of letters today – check the authors' reply: [Ultra-processed foods in research and policy – Authors' reply](#) (by C A Monteiro et al)

Sexual & Reproductive health rights

Plos GPH – Expert consensus on pre-eclampsia risk screening tools for low- and middle-income countries: Development of a new Target Product Profile

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005766>

Annie R. A. McDougal et al.

Access to medicines & health technology

TWN – CSOs rally against Trump’s trade tactics threatening access to drugs

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

See also last week’s IHP newsletter. **“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...”

Health Sciences report – The Current Landscape and Future Prospects of Vaccine Manufacturing in Africa: Challenges, Innovations, and Opportunities: A Narrative Review

Courage Chandipwisa et al; <https://onlinelibrary.wiley.com/doi/pdf/10.1002/hsr2.71926>

“Africa's vaccine manufacturing capacity is constrained by limited production infrastructure, a shortage of skilled personnel, and inadequate technical resources. These challenges are compounded by financial constraints, heavy reliance on donor support, and restricted access to technology transfer. In remote regions, regulatory fragmentation and weak cold chain infrastructure further hinder vaccine distribution. Promising innovations such as mRNA platforms, heat-stable formulations, and microarray patches offer potential breakthroughs, but progress in scaling up manufacturing remains slow despite international partnerships and funding support. To achieve vaccine self-sufficiency, Africa must strengthen its research ecosystem, build a skilled workforce, and expand domestic manufacturing capabilities.”

Decolonize Global Health

BMJ Opinion – Language and geographical bias limits global health research

<https://www.bmj.com/content/392/bmj.s436>

“Research in global health must expand its scope beyond English language publishing to ensure inclusivity, writes **Abdourahmane Ndong.**”

Guardian - My sexual freedom odyssey: what ancient African wisdom can teach us about pleasure today

N D Sekiamah; <https://www.theguardian.com/global-development/2026/mar/03/sexual-freedom-ancient-african-wisdom-teach-us-about-pleasure-today-nana-darkoa-sekyiama>

“By speaking to women across the continent, I discovered how **reclaiming pre-colonial rites and rituals** can help us find joy in our bodies.”

AI & health

Science (Commentary) - Global majority countries must embed critical minerals into AI governance

C T Okolo; <https://www.science.org/doi/10.1126/science.aef6678>

« Over the past decade, an increasing number of Global Majority countries—broadly characterized as economically developing countries in Africa, the Caribbean, Asia, Latin America, the Middle East, and Oceania—have **introduced** national artificial intelligence (AI) strategies. However, many of these frameworks overlook a critical dimension of AI governance: the strategic importance of critical minerals. **As geopolitical tensions intensify around access to computing infrastructure, Global Majority countries must recognize that their mineral reserves represent leverage points for transforming their respective positions in the global AI value chain....**”

The Invisible Gatekeeper

<https://aipublichealth.substack.com/p/the-invisible-gatekeeper?triedRedirect=true>

“How **context routers** decide what AI “knows” when it answers, and **why public health leaders need to understand them.**”

Papers & reports

WHO Bulletin March issue

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+3%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+3%5BIssue%5D)

Theme issue on ‘Ethics and climate health research’.

The Milbank Quarterly - How Corruption Influences Population Health

I Kyriopoulos et al ; <https://www.milbank.org/quarterly/articles/how-corruption-influences-population-health/>

« **This study examines the link between corruption and mortality.** We find that **corruption is associated with higher mortality, particularly in low-income countries. It is also linked to lower government revenue and distorted government expenditure patterns,** which may contribute to resource misallocation and constraints in health financing. »

« Our findings contribute to the literature on upstream determinants of health by highlighting the relevance of institutional and political economy factors for population health. **The Sustainable Development Goals on combating corruption and improving health are found to be complementary.** Efforts to address corruption could align with and support public health objectives. »

The American Journal of Bioethics – Beyond Good and Bad: Rethinking Solidarity and Coercion in Public Health

Tess Johnson, S A Karim et al;

<https://www.tandfonline.com/doi/full/10.1080/15265161.2026.2632018#abstract>

“We analyze the terms solidarity and coercion, and argue that they cannot be used alone as moral judgements of public health actions. Rather, they are better considered as descriptive terms that are merely frequent proxies for normative terms such as justice or utility. We illustrate our argument by **reference to three case studies**: school reopenings in the USA, mandatory isolation measures in the UK, and vaccine distribution within the EU....”

Tweets (via X, LinkedIn & Bluesky)

Shakira Choonara

Reflecting on the WHO DG race:

“Interesting read via [Health Policy Watch](#): My thoughts: in the race for WHO DG, male leaders seem to be pitched more strongly than female leaders when it comes to top contenders for the post, also the key concerns and arguments of support are focused on fiscal reforms/ experience and also centred on the US returning to the organization, and experience and **mandate of stronger health systems and increasing access universal health coverage seems to be on the backburner.**”

Project Syndicate article quote

“@JosephEStiglitz @KalondoMonica @MichaelMarmot **call for an automatic IP waiver on all critical pandemic therapies and products, which would be triggered the moment the @WHO issues its formal pandemic declaration.** [Project Syndicate: Inequality Will Make the Next Pandemic Worse](#)