

IHP news 815 : More than just “transactional” beings

(7 Feb 2025)

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,

This Friday issue continues from where we stopped on Tuesday. In case you missed that (extra) mid-week issue, see [IHP 814](#). Today, we continue **coverage and analysis of WHO’s 156th Executive Board meeting** (mostly via colleagues from Devex, HPW, Geneva Health Files, PHM, ...) and also zoom in again on – deep sigh – the unhinged “**Trump 2.0**” Administration (including already a large analysis/advocacy section as well) which makes us wake up every morning with a “WTF” feeling these days.

Speaking of the latter, though: it’s sometimes said that it will take Aliens for mankind to unite. True, in the past, Klaus Schwab proved for many a fairly “decent alternative” (😊), but could it be that at last mankind has stumbled upon a good - even if second-best - fit? Indeed, it’s getting clearer day by day that “Trump 2.0” (which includes Musk and all of the rest of them), now that there are no adults in the room anymore to keep “the Donald” in check, might be the alternative we have been waiting for all along to at last have a big chunk of the world team up. Nothing like a good villain to focus minds of resistance.

With ‘empathy’ and ‘compassion’ – ahum – “alien” words for most of these [men](#), by now it should be clear for all that **Trump 2.0 doesn’t do ‘dignity’ and neither are they into ‘soft power’**. For every ‘deal’ that makes half sense, they’re trying to strike five others that antagonize entire nations and peoples (a bit like in the old neoliberal days which paved the way for Trump et al - when for every [Piketty](#), sadly, there were five Larry Summers). When it comes to offending countries, Trump, Musk & other [Rubio](#)’s clearly want to ‘Leave No One Behind’. So from where I sit, not all hope is lost. Yes, maybe “Trump 2.0” is indeed the ugliest face of global capitalism (i.e. one with a techno-fascist streak), and things could very well still [turn worse](#), as Katri Bertram argued in a new blog. Nevertheless, **I do believe most human beings are not * only * self-interested, greedy and ‘transactional’ people**, even if decades of neoliberalism clearly didn’t help. And so, Trump 2.0 might be in for a surprise. In the end, nobody likes a big bully (except for some “like-minded” little bullies perhaps).

In the meantime, though, it’s shocking (the words [seismic](#) and [tectonic](#) are being used, and they’re not exaggerated) but more importantly [downright criminal and evil](#) what’s happening, and this certainly includes global health and development ramifications all over the world.

Yet, more and more people also realize that the current shock [exposes](#) the flaws of the current largely donor-driven global health & aid system – and perhaps provides a (small) window of opportunity as well in the medium-term. Quite some health/development voices and think tanks now see in the “Trump shock” an additional argument for at last implementing some of their ideas

(which were already lurking there for a few years anyway) in order to make the global health and humanitarian aid system (& funding) more [diversified](#), “resilient” and fairer - whether it’s the [Decolonize Global Health Movement](#), or the ones aiming to turn this into an extra boost for the Lusaka agenda and/or Africa CDC’s New Public Health Order, [CGD](#) think pieces, [health financing staff at WHO](#), scholars who argue for a global health future [less focused on PPPs, ...](#)

Nevertheless, as **Simon Rushton** put it during a [webinar](#) on Tuesday, “while this shock might indeed provide a window of opportunity to at last break the donor charity model, **what about the transition process?** You can’t go cold turkey on the donor charity model!” Indeed.

Also, while there are possible positive scenarios imaginable in the medium term, with **David Legge** listing some of them in a [PHM analysis](#), things might also [go horribly wrong](#) altogether in the coming years. In the words of Legge himself: “....It is **both a window of opportunity for progressive forces, but also a possible tipping point towards disaster, including a deepening health crisis, runaway global heating and devastating conflict.**”

It’s up to all of us, I guess, to at least try avoid the latter. If only to show that human beings are more than just ‘transactional’ beings?

(Disclaimer: I did write this on a morning, when [supposedly](#) one’s mental health is a bit in better shape 😊)

Enjoy your reading.

Kristof Decoster

Featured Article

Suspension of US support for several international organizations: a brutal wake-up call but also an opportunity for Africa to rethink health financing?

Mohamed Ali Ag Ahmed (Coordinator of the network ‘Afrique Francophone et Fragilité’ (AFRAFRA); Researcher at the University Institute Sherpa & Associated Professor at the University of Montreal, Canada)

The United States is the main contributor to several international organizations working on health in Africa, not to mention its bilateral programs (eg PEPFAR). The Trump Administration’s recent [decision](#) to suspend support for these organizations thus represents a significant shock in health financing in Africa when the region already faces unprecedented structural challenges and multidimensional crises (armed conflicts, socio-political, climate crisis, etc.). Faced with the immense health needs of African countries, these organizations play a crucial role, particularly in crisis management and supporting the public health system. The suspension of US aid, whether bilateral, multilateral or via contributions to Global Health Initiatives (GHIs), together with the country’s [withdrawal from WHO](#) could therefore exacerbate public health problems in Africa and jeopardize the progress already made. [It could](#)

[seriously compromise the region's ability to fight infectious diseases such as malaria, tuberculosis and HIV/AIDS, the burden of which is immense.](#) It would also impact vaccination and prevention programs, increasing the risk of epidemics in the most vulnerable countries. It would further weaken food distribution systems and initiatives to strengthen community resilience in crises, exacerbating food insecurity. Moreover, the suspension of US contributions comes when development aid is already under pressure in quite some traditional donor countries.

Against this backdrop, it's clear the Trump Administration's "America first" approach represents a brutal wake-up call for Africa. Going back to the previous status quo seems rather unlikely, and so African countries urgently need to mobilize to innovate and rethink their health financing systems to ensure their sustainability. So, what can African countries do?

First, domestic resource mobilization needs to be strengthened asap, by improving tax and governance systems in African countries. [More effective taxation of flourishing mining companies and large tobacco, alcohol and soft drinks companies, as well as levies on airline tickets, would generate additional revenue to finance healthcare.](#) We need to learn from the experiences of African countries that have set up [these innovative sources of financing](#), and scale them up.

[Secondly, while certainly not a panacea, public-private partnerships \(PPPs\) in the healthcare sector can be another alternative in some settings to offset the decline in US support.](#) They have produced appreciable results in some African countries and deserve to be developed further. Philanthropic Foundations such as the [Gates Foundation](#) have also already demonstrated their ability to complement government funding, particularly in the healthcare sector – even if they are not without criticism either.

Thirdly, diversifying donors is essential to reduce dependence on a single donor country. On the continent, the African Union and the African Development Bank could play a pivotal role in facilitating regional funding mechanisms and encouraging contributions from emerging countries. For instance, these institutions could build on the [innovative health financing mechanisms developed during the pandemic](#), and perhaps even in the longer term aim for an African Health Fund. Emerging countries (China, India, BRICS, maybe some of the Gulf Countries) could be mobilised for co-financing medical infrastructure and technology transfers to bolster local production capacity. Contributions [from the African diaspora and international taxes on financial transactions or mobile telephony](#) (for example), could also help ensure stable and predictable funding for healthcare.

In addition, [far more African countries](#) should also - at last - meet the Abuja target (15% of government budgets being allocated to health). African nations must also organize and invest in insurance mechanisms to pool resources, better finance the healthcare system, and protect populations from catastrophic spending. And last but not least, strengthening auditing mechanisms, cutting unnecessary administrative costs, and optimising fund management would ensure more efficient use of resources.

In sum, the sustainability of healthcare financing in sub-Saharan Africa depends on diversification of funding sources, better governance and increased cooperation between regional and international players.

All have become rather urgent now.

Highlights of the week

WHO's 156th EB meeting (continued)

[WHO -EB 156](#)

We continue coverage/analysis from Tuesday on. **Key news & analysis below**, you find some **extra snippets** in the extra 'Global Health events' section.

WHO's Executive Board discusses health topics of interest to all

<https://www.who.int/news/item/03-02-2025-who-s-executive-board-discusses-health-topics-of-interest-to-all>

As a reminder, some of the agenda items.

PHM Commentaries

- [WHO Executive Board meets in the shadow of second Trump withdrawal](#)

Including this must-read **reflection by David Legge** – [The advent of Trump: Unfreezing Global Health: Scenarios and Strategies](#) :

Quote: “... The advent of Trump is a shake-up, an unfreezing of established institutions, norms and global relationships. It is both a window of opportunity for progressive forces, but also a possible tipping point towards disaster, including a deepening health crisis, runaway global heating and devastating conflict.”

Devex - Dr. Chikwe Ihekweazu appointed as WHO Africa acting director

<https://www.devex.com/news/dr-chikwe-ihkweazu-appointed-as-who-africa-acting-director-109279>

“...This appointment comes after the unexpected death of Dr. Faustine Engelbert Ndugulile, a career politician from Tanzania, who was slated to be the next regional director.”

“Following Ndugulile’s death, African countries were invited to submit candidates for the role by the end of this month. There will be a virtual live candidates forum in April and a special session on May 18th, around the World Health Assembly, to elect the next regional director who will then need to be nominated to WHO’s executive board.... “If that all goes to plan, we should have a new regional director for Africa in place by the first of June of this year,” Derek Walton, WHO’s legal counsel, previously said.”

HPW - WHO Faces China Pushback on 2026-27 Member State Fee Increase – Even After Slashing Budget Following US Exit

<https://healthpolicy-watch.news/who-china-fees-budget-slash-us-exit/>

Must-read analysis. Some excerpts:

“China has signalled it could oppose a planned increase in national membership fees to the World Health Organization aimed at increasing the reliability of its funding, threatening to deepen the financial crisis at the UN health agency as it faces the loss of its largest donor, the United States. The proposed 20% increase in assessed fees for the budget year 2026-27 was debated at WHO’s Executive Board meeting on Tuesday – despite being agreed too, in principle, by member states in 2022 when the World Health Assembly passed a resolution to increase the agency’s funding that comes from member states to half by 2030.”

PS: **“The United States, WHO’s largest donor, has yet to pay its full fees for 2024-2025, WHO has also said. WHO’s attempts to reclaim these dues have been largely rejected, pushing the agency into deficit even before the formal withdrawal takes effect. The United States was set to provide \$900 million in total funding for 2024-2025, including both assessed fees and voluntary funding....”**

“... The drive to boost assessed member state contributions aims to free WHO from its current constraints, where over 80% of its funding is earmarked for specific programs dictated by donor countries and organizations.... But WHO Director-General Dr Tedros Adhanom Ghebreyesus warned the board that the plan to ensure that the agency can meet 50% of its budget goals by 2030-31 with assessed member state contributions is already faltering. At the current pace – assuming that the contested 20% 2026-27 increase is finally approved – the target won’t be met until 2032-33, he said....” “That [timeline] was what was agreed by our member states, by you,” Tedros told the board. **“If the 2026-2027 20% is not agreed, that will push further the target to be reached by 2034-2035, almost 12 years after the agreement. Compared to the earliest target you set, it will be delayed by six years.”**

“...China’s resistance to increased WHO funding indicates it won’t fill the financial vacuum left by the U.S. withdrawal, countering, at least initially, some of the speculation that American departure would boost Chinese influence over the global health body....” “Instead, China’s approach reflects its preferred model of health diplomacy: direct bilateral engagement rather than working through multilateral institutions. “ **“.... As the world’s two largest economies step back from WHO, the financial burden is shifting to European states – and philanthropies....”**

“WHO’s recent [investment rounds](#) have so far secured \$1.7 billion in new commitments toward its \$11.15 billion budget for 2025-2028 – less than half its target. European nations provided the overwhelming majority of new funding, accounting for 77.3% (\$1.27 billion) raised in the blitz. ...” **“Brazil and Saudi Arabia, despite co-hosting two different fundraising efforts, made no pledges themselves, while China contributed just \$20 million. ... Qatar made the only contribution from the Middle East region, providing \$4 million – 0.2% of the total.”**

PS: Germany’s representative :**“We wonder why one region did not contribute financially,”** he added, in an apparent reference to the *complete absence of wealthy Gulf states from the funding commitments. ...”*

- See also Devex - [WHO pleads for 20% funding increase as some countries push back](#)

“ While WHO member states agreed to a 20% increase in assessed contributions for 2024-2025, “no consensus was reached” on increases in future years, according to China, which provides the second-largest membership dues to WHO after the U.S.”

GHF - Countries Line Up Behind WHO, As Chief Rebuts Trump’s Claims; Many Love Multilateralism But Not All Want To Pay

[Geneva Health Files](#);

(from Wednesday) “... In this story, we review the discussions at the Executive Board so far, as the difficult meeting gets underway in Geneva with **more than 47 items on agenda and more than 20 resolutions on the table**, complicated by **costing choices** that countries have to make, in light of the financing crises. ... During the meeting, **the secretariat put together scenarios on the costing of resolutions. This is currently being considered by countries. The estimated total costs of the new resolutions for the biennium 2026–2027 amount to US\$ 328 million**, WHO has said.”

Patnaik: “... There will be no “reimagining of global health” fanciful as it sounds, if countries do not step up with hard cash, and when it matters.” ... The smallest countries and the biggest blocs, stood up for WHO at the opening of [one of the most significant Executive Board meetings](#) in recent years that began this week, where they expressed regret, hoped for persuasion, and doubled down on the importance of the organization, responding to President Donald Trump’s decision to cut funding and withdraw from the institution. However, **for all the talk about multilateralism in global health, whether countries will cough up hard cash for the organization to tide over the financing crisis, is far from clear.**”

HPW –Argentina Withdraws from WHO – Executive Board Pauses Approval of New Resolutions Pending Cost Reviews

<https://healthpolicy-watch.news/argentina-withdraws-from-who-executive-board-pauses-approval-of-new-resolutions-pending-cost-reviews/>

“**Argentina’s maverick President, Javier Milei, declared Wednesday that he would follow the United States in withdrawing from the World Health Organization** – citing “profound differences in health management, especially due to the pandemic, which led us to the longest confinement in the history of humanity.”” “**The announcement came as another blow to the morale of the Geneva-based specialized UN agency** which has enjoyed broad support from member states of all political shades since its founding in 1948. **It has, however, less financial consequences** insofar as Argentina’s assessed contribution to WHO is comparatively small – amounting to only \$8 million as of December 2024 as compared to some nearly \$1 billion paid by the US. **The announcement came as WHO’s Executive Board was meeting in Geneva to debate the agenda for the May World Health Assembly. ...**”

- PS: (via [Reuters](#)) **more rationales**: “... presidential spokesperson Manuel Adorni said, citing Argentina's months-long lockdown under the previous leftist government.... Adorni also cited a "a lack of independence from the political influence of other states."”
- Related **tweet M Barber**: “*Among its many critical contributions to #WHO, Argentina hosts one of the regional mRNA hubs.*”

- Via [Cidrap News](#): “Michael Osterholm, ... said he worries today's news is a sign of what he called the "WHO flu," whereby **countries pull out of the global health organization for political reasons**. "If other countries want to be like Trump and the US and be in his good standing, they could follow suit," he said.”

Continued then from the EB meeting (HPW): “... The **financial fallout of the US withdrawal was evident in the proceedings where decisions to move forward with several new member state initiatives** – addressing issues ranging from rare diseases to strengthening health finance – **were paused until their costs could be more fully assessed**. **WHO’s leadership, meanwhile, laid out three options that it said the EB could consider in advancing new member state resolutions and decisions to the WHA:”**

PS: “... The memo included a **massive table of cost implications for every new decision being considered by the EB** – more than two dozen in all. That includes projected costs as low as \$9 million for stepped up advocacy and action on rare **diseases to costs of \$79.6 million for implementing a draft decision on strengthening global health financing by working with countries to help them devise better public health financial and insurance schemes**. Other big ticket items, not yet debated, include a new draft global strategy on climate change and health (\$161 million), an action plan for the global health care workforce (\$125 million); traditional medicines strategy (\$119 million)....”

PS: “**Rare diseases resolution gets widespread endorsement** ... Despite the cost concerns, [a new resolution aimed at promoting greater inclusion of rare diseases](#) in health care services received widespread endorsement – with some 21 countries co-sponsoring the initiative....”

- Check out the document: [WHO Overview of draft resolutions and decisions, and their costings](#) (4 Feb)

HPW - As Loneliness Takes its Toll, Countries Urge WHO to Provide Guidance on Combatting Social Isolation

<https://healthpolicy-watch.news/as-loneliness-takes-its-toll-countries-urge-who-to-provide-guidance-on-combatting-social-isolation/>

Coverage of Wednesday at the EB meeting.

Social isolation as a driver of poor mental health was discussed for the first time at the World Health Organization’s (WHO) executive board meeting (EB) on Wednesday. Several member states called for **WHO guidance on addressing loneliness and social isolation**, and for measures to combat these to be included in the body’s **Comprehensive Mental Health Action Plan....”**

“... The **WHO Director-General’s report on mental health and social connection** maps the extent of the problem, noting that a quarter of older people and at least one in six adolescents are socially isolated or lonely.”

PS: “... **Much of the discussion at the EB on Wednesday focused on non-communicable diseases (NCDs) in preparation for the United Nations High-Level Meeting (HLM) on NCDs in September.....”**

HPW - Crucial WHO Health Emergency Response Faces Budget Cut of 25%

<https://healthpolicy-watch.news/crucial-who-health-emergency-response-faces-budget-cut-of-25/>

“Responding to health emergencies is at the heart of the work of the World Health Organization (WHO), which assisted almost 90 million people with humanitarian health support in the first nine months of 2024. But the loss of United States funding, which has included the immediate freezing of funds already committed, means that this essential work will need to be cut back by as much as 25%. There were 45 [graded emergencies](#) affecting 87 countries, and 18 required major support, according to the WHO Director General’s [report on health emergencies](#) to the Executive Board....”

“...The loss of US funding comes at a time of increased health emergencies, fuelled by rising conflict and climate-related health emergencies....”

HPW – WHO Executive Board Greenlights \$648 Million Resolution on WHO Emergency Response to Gaza

<https://healthpolicy-watch.news/who-executive-board-greenlights-648-million-resolution-on-who-emergency-response-to-gaza/>

“The WHO Executive Board voted to advance a resolution on aid to war-torn Gaza to May’s World Health Assembly – the first to be greenlighted while several dozen other initiatives remain on hold due to budget constraints. Meanwhile, WHO Director General Dr Tedros Adhanom Ghebreyesus appealed to Israel to allow thousands of desperately sick and injured Palestinians to evacuate via its borders, and to reconsider a shuttering of UNRWA, the massive UN relief agency for Palestinians....”

“The Gaza aid resolution likely holds the steepest price tag of any new measure being considered by the EB this week – some \$648 million for the delivery of emergency aid and the initial rehabilitation of Gaza’s shattered hospitals and health clinics. Those costs would be covered by the department’s “emergency appeals budget segment” according to a financial analysis accompanying the report. Even so, it was unclear how the huge price tag could be squared with a projected [25% cut in WHO’s budget for its emergency operations](#), under new austerity measures being imposed at the global health agency as a result of the United States withdrawal from the organization. “

Trump 2.0 & global health/development – Updates since Tuesday

Devex - Most USAID staff cut from agency, marking end of world’s largest donor

<https://www.devex.com/news/most-usaid-staff-cut-from-agency-marking-end-of-world-s-largest-donor-109286>

(5 Feb) **“It’s the final gutting of an agency that two weeks ago, employed more than 10,000 people across the world.”**

“The [USAID](#) website has been broken for days — but on Tuesday night, it was rebooted for what seems like the final time. White screen, black text, USAID logo, and a **message that states nearly all USAID direct hires will be placed on administrative leave on Friday, Feb. 7.** “All USAID direct hire personnel will be placed on administrative leave globally, with the exception of designated personnel responsible for mission-critical functions, core leadership and specially designated programs,” the website reads. **It’s the final gutting of the U.S. aid agency that two weeks ago employed more than 10,000 people across the world.** In fiscal year 2023, USAID spent \$40 billion across more than 130 countries, a sum that totaled less than 1% of America’s federal budget....”

“... **By Friday night, there will be hardly anyone left at USAID — an agency that was once the largest bilateral donor in the world.....”**

- Related – [The Guardian – Trump dismisses USAid direct-hire workers around the world](#)

“**The Trump administration is placing U.S. Agency for International Development direct-hire staffers around the world on leave except those deemed essential, upending the aid agency’s six-decade mission overseas.** A [notice posted online](#) Tuesday gives the **workers 30 days to return home.** The move had been rumored for several days and was the most extreme of several proposals considered for consolidating the agency into the State Department. Other options had included closures of smaller USAID missions and partial closures of larger ones.....”

Devex - In letter to Rubio, senators question efforts to 'destroy' USAID

<https://www.devex.com/news/in-letter-to-rubio-senators-question-efforts-to-destroy-usaid-109284>

“A look at how members of the U.S. Congress are responding to the shutdown, funding freeze, and massive staffing cuts at the agency.”

HPW - Despite Waiver, Many US-Funded HIV Programmes Remain Paralysed; Trump Orders Face Protests, Lawsuits

<https://healthpolicy-watch.news/despite-waiver-many-us-funded-hiv-programmes-remain-paralysed-trump-orders-face-protests-lawsuits/>

“Many HIV programmes worldwide remain paralysed despite being **exempted** from the United States’ 90-day freeze on foreign aid and **“stop work order”**. This is largely because the **axe Elon Musk has taken** to US agencies has resulted in **there being too few staff members left to support their work, including processing payments and ensuring that supplies reach projects.**”

PS: “The **Joint UN Agency on HIV/AIDS (UNAIDS)** **said in a statement** on Wednesday that the permanent dismantling of PEPFAR would lead to “an estimated additional 6.3 million AIDS-related deaths, 3.4 million AIDS orphans, 350,000 new HIV infections among children and an additional 8.7 million adult new infections by 2029”.”

“... Meanwhile, **South African civil society organisations** **wrote to their government** on Wednesday, **urging it to develop an emergency plan and increased budget to address the PEPFAR freeze.** PEPFAR funds cover around 17% of South Africa’s HIV budget.”

PS: "... So far, the Trump administration is facing **33 lawsuits** and many more are likely in the coming days, particularly as many legal experts assert that the abolition of USAID is illegal. The [Foreign Affairs Reform and Restructuring Act of 1998](#) restricts the president's ability to abolish the agency unilaterally."

- Related: The Guardian - [Trump and Rubio sued by government workers over 'catastrophic' USAID cuts](#)

"The largest US government workers' union and an association of foreign service workers sued the Trump administration on Thursday in an effort to reverse its aggressive dismantling of the US Agency for International Development. The lawsuit, filed in Washington, DC federal court by the American Federation of Government Employees and the American Foreign Service Association, seeks an order blocking what it says are **"unconstitutional and illegal actions"** that have created a **"global humanitarian crisis"**."

- And Devex - [Lawsuit seeks to halt dismantling of USAID](#)

"The lawsuit seeks a temporary restraining order requiring the government to immediately reverse what plaintiffs call the Trump administration's "unlawful actions."

- See also a Lancet World Report - [Trump agenda ignites legal challenges](#)

"So far, two dozen lawsuits have been filed, according to an [online litigation tracker compiled](#) by Just Security, a project of the New York University School of Law...."

NYT - Foreign Aid Freeze Leaves Millions Without H.I.V. Treatment

<https://www.nytimes.com/2025/02/05/health/trump-usaid-pepfar.html>

"President Trump's pause on aid, and the gutting of the primary aid agency, **could jeopardize the health of more than 20 million people worldwide, including 500,000 children**, experts say."

PS: "... In [an interview](#) with The Washington Post, Mr. Rubio appeared to blame the recipient organizations for not acting on the waiver, saying he had "real questions about the competence" of the groups. **"I wonder whether they're deliberately sabotaging it for purposes of making a political point,"** he said. But experts familiar with PEPFAR's requirements said his comments belied the complexity of its system of approvals....."

"The messaging and guidance from the State Department expose an ignorance of how these programs function — and an alarming lack of compassion for the millions of lives at risk," said Jirair Ratevosian, who served as chief of staff for PEPFAR in the Biden administration.

For instance, **the stop-work orders compelled each program to cease immediately. The organizations are now legally required to wait for equally explicit instructions and cannot proceed on the basis of a general memo,** according to a senior official at a large global health organization that receives PEPFAR funds....."

".. The freeze is also disrupting the network of smaller organizations that deliver H.I.V. treatment and services in low-income nations. In a survey of 275 organizations in 11 sub-Saharan countries conducted over the past week, all reported that their programs or services had shut down or were

turning people away, said Dr. Stella Bosire, executive director of the Africa Center for Health Systems and Gender Justice. At least 70 organizations reported disruptions in H.I.V. prevention, testing and treatment services, and 41 said that some programs had closed.....”

“... Without U.S.A.I.D. staff to process waiver applications, organizations fear they will not see funds anytime soon.....”

Devex - USAID’s workforce to be slashed to just 294 staff

<https://www.devex.com/news/usaids-workforce-to-be-slashed-to-just-294-staff-109313>

“There will soon be just 12 USAID staff members covering the entire continent of Africa.”

Trump 2.0: Analysis, Advocacy, trackers ...

KFF - 10 Things to Know About U.S. Funding for Global Health

<https://www.kff.org/global-health-policy/issue-brief/10-things-to-know-about-u-s-funding-for-global-health/>

Very neat resource – of a now bygone time, I’m afraid.

Lancet Editorial - American chaos: standing up for health and medicine

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00237-5/fulltext?dgcid=tlcom_carousel1_ed25_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00237-5/fulltext?dgcid=tlcom_carousel1_ed25_lancet)

Quote: “...**They are a sweeping and damaging attack on the health of the American people and those dependent on US foreign assistance. They are also an attack on the health and medical research community.** Researchers’ ability to work has been severely limited or stopped altogether. Free speech is restricted. Use of certain terms is banned on US Government websites (and in manuscripts submitted to scientific journals), including “gender”, “transgender”, “LGBT”, and “non-binary”, and a directive has paused the submission of new work for publication for all CDC employees and contractors. At The Lancet, the impact has already been felt. Reviewers are declining and authors are self-censoring. **Health institutions may be hesitant to criticise the new administration publicly, but this timidity is a mistake. Trump's actions must be called out for the damage they are doing...**”

“...This moment is a test. How should our community react? ...

The editorial concludes: “**The past 3 weeks have generated much anger, fear, and sorrow—but it is no time for panic. The medical and scientific communities must come together and stand up for this vision.** In that spirit, The Lancet will be a focal point of accountability over the next 4 years, monitoring and reviewing the actions of the US Government and the consequences of its decisions for health.”

Nature Editorial - How the World Health Organization can thrive without the United States

<https://www.nature.com/articles/d41586-025-00283-0>

“If the 193 remaining member nations want the WHO to succeed, they must find a way to pay for it.”

CGD - Secretary Rubio: The Waivers Aren't Working, Please Fix the Process

C Kenny; <https://www.cgdev.org/blog/secretary-rubio-waivers-arent-working-please-fix-process>

“...It is urgent to restore operation of America’s life-saving assistance programs, halted under the ongoing 90-day pause of all foreign assistance. Two examples: First, PEPFAR is currently providing lifesaving HIV treatment for 20.6 million people, including 566,000 children. When people come off HIV medications, it takes about three weeks for viral loads to rebound. And, second, while the long-term picture on famine worldwide is positive, the short-term picture is anything but: about half a million people have already died of hunger and related diseases in Sudan since the civil war began, with the picture for this year suggesting that could rise into the millions without considerable additional food aid. ... **Emergency food assistance and PEPFAR are two of the programs where Secretary of State Marco Rubio has already issued waivers meant to ensure support continues. But the process isn’t working.** Reports on the ground suggest stop-work orders are still in place, clinics are shuttered, and assistance is still paused....”

Kenny urges Rubio to fix the waiver process.

Guardian - Deaths predicted amid the chaos of Elon Musk’s shutdown of USAid

<https://www.theguardian.com/global-development/2025/feb/04/deaths-predicted-amid-the-chaos-of-elon-musks-shutdown-of-usaid>

“The impact of the billionaire’s declaration has been swift and brutal, with food and crucial drugs abandoned in warehouses, vital programmes closed and workers laid off.”

Includes an **assessment by J Konyndyk**: “Jeremy Konyndyk, president of Refugees International and a former official at USAid, **described Musk’s wish to close the agency as posing an existential threat to the humanitarian sector.** “If this goes forward, it really is an extinction-level event for the global aid sector in the US and for much of the global relief and development sector around the world.” ... Konyndyk added that it would also “destabilise” budgets of many large aid and United Nations organisations around the world. “It threatens really the collapse not just of what USAid does, but of this huge ecosystem of relief and development organisations that are doing good around the world every day,” he said....”

PS: “ ...**Research from the [Guttmacher Institute](#)** underlined such warnings, revealing that **11.7 million women and girls will be denied access to contraceptive care over the course of the 90-day aid freeze**, which they predict means 8,340 women and girls would die from complications during pregnancy and childbirth....”

“Elsewhere, concern over the **fate of the humanitarian sector** was laid bare in a **survey of 342 international development organisations, which concluded that without US funding, more than half were likely to close before May.....**”

PS: “... A “**global aid freeze**” [tracker](#) has been set up to look at the collective impact of the orders, **inviting civil society organisations to input data.**”

Devex – Scoop: UN sketches global map of mayhem from US aid freeze

<https://www.devex.com/news/scoop-un-sketches-global-map-of-mayhem-from-us-aid-freeze-109268>

(re the abovementioned survey). “**In a confidential survey**, the U.N. sees U.S. pause fueling extremism, instability, and thwarting long-standing efforts to end poverty and global inequality.”

“**The United States suspension of foreign assistance is having a “severe” or “moderate” impact on the budgets of nearly 20 United Nations agencies, according to a confidential U.N. survey on the Trump administration’s crackdown on foreign aid.** This has undermined their ability to promote human rights, feed the needy, curb irregular migration from Latin America, support ceasefires in Gaza and Lebanon, and weaken social cohesion while fueling extremism in the Middle East.

“... **The Feb. 3 U.N. survey provides the most detailed account yet of [the impact the U.S. foreign aid pause is having on the U.N.’s far-ranging work](#)**, Colum writes, noting that the [World Food Programme](#), [UNICEF](#), and the [World Health Organization](#) said they were already feeling the pinch. “

“**The ripple effects, according to the survey, are worldwide.** It says the freeze has **undermined the U.N.’s ability to promote human rights, feed people in need, curb irregular migration** from Latin America, support ceasefires in Gaza and Lebanon, and it has weakened social cohesion while fueling extremism in the Middle East.....”

- For more detail, see Devex - [The US aid freeze in data: How will UN agencies be affected?](#)

“**The United Nations has gathered data on how agencies will be affected by the U.S. aid freeze.** We break down the impact.”

Lancet World Report - Health worker lay-offs in east Africa following US aid freeze

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00234-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00234-X/fulltext)

“**HIV services have been hit particularly hard, as clinics close across Kenya, Tanzania, and Uganda.** Gilbert Nakweya reports from Nairobi, Kenya.”

Science Insider - 'It's tectonic:' U.S. foreign aid freeze deals a blow to research around the globe

<https://www.science.org/content/article/it-s-tectonic-u-s-foreign-aid-freeze-deals-blow-research-around-globe>

“Dismantling of USAID could disrupt clinical trials and wipe away U.S. “soft power” in developing countries, scientists warn.”

“...BRILLIANT’s predicament is just one example of how the U.S. freeze on foreign aid—along with what appears to be the gutting of USAID itself this week—has dealt a blow to scientific research around the world. USAID-backed studies have been shuttered, data streams have dried up, researchers and technical staff have been fired or put on leave, a system to predict food crises has been muzzled, and a USAID-supported global health journal has stopped reviewing manuscripts...”

“... USAID has also been the main funder of the Demographic and Health Surveys Program, which collects data in numerous developing countries every 3 to 5 years. It forms the basis for global child mortality estimates, for example, and helps track progress toward the United Nations Sustainable Development Goals. The data are used by thousands of researchers and policymakers around the world and show up in hundreds of papers every year, says a USAID staffer who spoke on condition of anonymity. Although existing data are still available, the collection of new data “will cease,” the source says.”

“... The pause has also paralyzed *Global Health: Science and Practice (GHSP)*, an open-access journal supported by USAID. ...”

NYT - Abandoned in the Middle of Clinical Trials, Because of a Trump Order

<https://www.nytimes.com/2025/02/06/health/usaids-clinical-trials-funding-trump.html>

“The stop-work order on U.S.A.I.D.-funded research has left thousands of people with experimental drugs and devices in their bodies, with no access to monitoring or care.”

“...The Times identified more than 30 frozen studies that had volunteers already in the care of researchers, including trials of: malaria treatment in children under age 5 in Mozambique; treatment for cholera in Bangladesh; a screen-and-treat method for cervical cancer in Malawi; tuberculosis treatment for children and teenagers in Peru and South Africa; nutritional support for children in Ethiopia; early-childhood-development interventions in Cambodia; ways to support pregnant and breastfeeding women to reduce malnutrition in Jordan; an mRNA vaccine technology for H.I.V. in South Africa...”

Devex – FCDO says USAID merger would have 'seismic impact'

<https://www.devex.com/news/scoop-fcdo-says-usaid-merger-would-have-seismic-impact-109276>

“A memo sent to senior staff warns of severe impacts from the 90-day aid freeze and potential merger and says there is no evidence of waivers working.”

“The United Kingdom’s [Foreign, Commonwealth & Development Office](#), or FCDO, has warned its senior staff that the U.S. foreign aid freeze is likely to have lasting effects beyond the initial 90 days — both on humanitarian aid and on U.S. relations with the communities it serves.”

“... It cited particular concern about the impact on global health, including the U.S. withdrawal from the [World Health Organization](#), significant staff reductions at the [President’s Malaria Initiative](#), and disruptions to international HIV programs such as [PEPFAR](#). The memo said that these changes could hinder essential HIV treatment and prevention, especially in vulnerable communities. ... **Long term, FCDO said the lack of U.S. support could significantly weaken WHO’s ability to respond to pandemics, especially if the U.S. stops sharing data....**”

PS: “The outlook is less severe for international financial institutions, or IFIs, and multilateral development banks, as FCDO expects them to mitigate the freeze’s effects by borrowing from other institutions — at least if the freeze is limited to 180 days.”

BMJ Opinion - Medical journal editors must resist CDC order and anti-gender ideology

J Clark; <https://www.bmj.com/content/388/bmj.r253>

Related **tweet from Clark**: “Censor CDC scientists and ask them to withdraw papers from medical journals? This is not how it works, Mr President. Our response @bmj_latest on the Trump Executive Order and his "forbidden words".”

The Collective Blog - Standing Our Ground: Holding onto Progressive Counter-Narratives in Global Health

Alicia Yamin; [The Collective blog](#)

Must-read blog. “ In a matter of weeks, President Trump has upended global governance for health since he took office for the second time. While lives and livelihoods are being lost it smacks of detached privilege to repeat the mantra that crisis is opportunity. But **too much is at stake to allow the discourse to be defined by the reckless arsonists and those who merely seek to return to the status quo ante.**”

Medicines Law & Policy- Trump Administration poses an unprecedented threat to life-saving health programmes

Ellen ‘t Hoen ; <https://medicineslawandpolicy.org/2025/02/trump-administration-poses-an-unprecedented-threat-to-life-saving-health-programmes/>

Quotes: “Today, the price for the medicines for one year’s treatment for one person with HIV is under US\$40. This would not have happened without sustained funding for HIV by **PEPFAR, the Global Fund, Unitaid and others. These agencies have created a viable global market for low-priced generic medicines.** The prospect of the loss of PEPFAR’s financing for the procurement of such medicines may affect the willingness of generic companies to continue to invest in production and supply of ARVs.... “

And on Europe's silence: "It is striking that there is little response from European governments or the European Commission. So far, Europe has followed a 'silent approach' of wait and see. History has taught us that saving the lives of people with HIV requires forceful and loud responses. In the words of Act-Up campaigners of the first our "Silence = Death"."

Duncan Green - Two lessons from Trump's attack on Aid

<https://frompoverty.oxfam.org.uk/two-lessons-from-trumps-attack-on-aid/>

"Whatever finally emerges from the Trump Administration's [assault on USAID](#) (and other governments such as [Switzerland jumping on the bandwagon](#)), surely the status quo ante is unlikely to return..... I think **there are at least two lessons for those interested in international development.**"

"**The first is that the last couple of weeks have finally exposed the folly and fragility of aid dependence.** The **second lesson** I draw from the Trump meltdown is that **the slow shift in the aid sector's attention towards influencing and activism, and away from direct service provision, needs to accelerate drastically.** Put simply, aid may no longer have the big bucks to provide services en masse, and one way to still make a difference is to support domestic activists to pressure governments to do that job better...."

NYT – Foreign Strongmen Cheer as Musk Dismantles U.S. Aid Agency

<https://www.nytimes.com/2025/02/05/world/europe/usaids-russia-putin.html?smid=nytcore-ios-share>

"Leaders in Russia, Hungary and El Salvador welcomed the Trump administration's assault on U.S.A.I.D., which many authoritarians have seen as a threat."

Science Insider - U.S. foreign aid freeze derails efforts to stem proliferation risks

<https://www.science.org/content/article/u-s-foreign-aid-freeze-derails-efforts-stem-proliferation-risks>

"**Trump order could leave United States blind to foreign efforts to turn lab discoveries into weapons of mass destruction.**"

".... Helping research labs in the Caucasus secure dangerous pathogens. Training biologists in Southeast Asia on how to disrupt an attack with a bioweapon. Rebuilding a radiation monitoring system for the defunct Chernobyl Nuclear Power Plant. These efforts are **among hundreds of programs aimed at preventing the proliferation of weapons of mass destruction and improving research security that have ground to a halt** because of President Donald Trump's administration's freeze on U.S. foreign aid. **Caught in the maelstrom is a bevy of U.S.-funded nonproliferation projects at hot spots around the world that often team U.S. scientists with foreign colleagues.** Unlike, say, humanitarian or disaster aid that seeks to save lives and improve livelihoods, **nonproliferation programs are designed to strengthen U.S. security...."**

“... Nonproliferation experts say they are counting on the foreign assistance review, led by U.S. Secretary of State Marco Rubio, to validate their programs as vital to U.S. interests.”

Foreign Policy - Abolishing USAID Is Both Unconstitutional and Disastrous

M Kavanagh et al; <https://foreignpolicy.com/2025/02/04/usaaid-state-department-health-disease-united-states-trump-musk/>

“...“The State Department isn’t ready to handle vital disease-prevention efforts worldwide. “

“.... ... To be clear-eyed: **This is neither good policy nor legal under the most basic elements of U.S. law and the Constitution.....”**

“There are **many reasons to demand reform at USAID**. Critiques of the agency have emerged from the left and the right. Too much aid is poorly designed for the world of 2025, the agency too often operates in a neocolonial model, and not enough of the investment reaches those who need it most. But **many of the critiques from Musk are completely baseless....”** “**“And aid money saves lives. Halting it has shut down efforts to prevent children from dying of malaria, stopped clinical trials for various drugs and medical devices, threatened a resurgence of HIV, and more”**

“..... **And any reforms should be done legally**. The U.S. Agency for International Development is an independent agency with authorities legislated by Congress. Its history is complex, but its status is clear. The president—let alone Musk, who is neither elected nor confirmed by Congress—does not have the legal authority to abolish USAID or move it under the State Department unilaterally. **Dissolving USAID or merging it into the State Department without the authorization of Congress would be unconstitutional.”**

In short: “... **Doing aid better**—and with the outcomes and focus that Rubio has pushed for—**requires people, infrastructure, and political independence.”**

(with as an example: the **Marburg outbreak in Tanzania**)

- Related: [Foreign Policy - Merging USAID and State Could Make the U.S. Less Secure](#) (by Rachel A George)

“Similar attempts to combine development and diplomacy worldwide have had mixed results.”

The Conversation - US health funding cuts: what Nigeria stands to lose

O Tomori; <https://theconversation.com/us-health-funding-cuts-what-nigeria-stands-to-lose-248921>

“US president Donald Trump’s decision to withdraw the US from the World Health Organization is threatening funding for critical health programmes like HIV/Aids and tuberculosis in different parts of the world, including Nigeria. **The Conversation Africa’s Adejuwon Soyinka asked professor of virology and former WHO Africa regional virologist Oyewale Tomori why Nigeria is heavily**

dependent on US funding for some of its health programmes, what's at risk and how to mitigate the impact.”

Devex - Trump's first 100 days: Tracking the impact on development work

<https://www.devex.com/news/trump-s-first-100-days-tracking-the-impact-on-development-work-109177>

Resource -regularly updated tracker.

PEPFAR Impact Tracker

<https://pepfarimpact.vercel.app/>

“On January 27th, 2025, a 90-day suspension of foreign aid was ordered, affecting PEPFAR which supports 20 million people living with HIV across 55 countries. The suspension impacts 222,000 people receiving daily HIV medication, 224,000 HIV tests performed daily, and essential services for vulnerable populations. The suspension affects 190,000 healthcare workers involved in global HIV response efforts. suspension affects 190,000 healthcare workers involved in global HIV response efforts. **This page estimates impact in infant and adult deaths caused by this suspension to date.**”

More on Global health Governance & financing

Reuters – Trump team considers demanding WHO reform, including American in charge

<https://www.reuters.com/world/trump-team-considers-demanding-who-reforms-including-american-charge-2025-02-06/>

“**The Trump administration has been considering a plan for reform at the World Health Organization, including putting an American in charge, in order for it to remain a member of the global health agency,** according to two sources familiar with the plan and a proposal document reviewed by Reuters.”

“**The document, shared with President Donald Trump's advisors before his Jan. 20 inauguration, recommended that the United States quickly announce its withdrawal from the WHO and adopt a "radical new approach" for dealing with the agency, including pushing for a U.S. official to serve as director general when Tedros Adhanom Ghebreyesus's term ends in 2027.**”

“... The reform proposal has been under discussion since before Trump took office, but it is not clear whether his administration will adopt any of its other recommendations, the two sources said.”

“... **The proposal document calls for the appointment of a U.S. special envoy in 2025, reporting to Trump and the White House, to oversee negotiations with the WHO about potential reforms prior to the exit scheduled for next year.....**”

Geneva Solutions - WHO staffer launches crowdfunding campaign amid US exit

<https://genevasolutions.news/global-health/who-staffer-launches-crowdfunding-campaign-amid-us-exit>

Update on the crowdfunding campaign.

“From Brazil to Belgium to Nigeria to Qatar, the campaign “One Dollar, One World” has collected a little over \$112,000 from donors in over 140 countries within a week. **While far from the estimated \$1bn shortfall from the US’s withdrawal, Cernuschi explains that the initiative’s main goal is not so much fundraising but awareness raising.** “We’re not particularly good at explaining what we do and why it matters to all, and not just to people in poor settings, for example,” she reflected. “Who is WHO? Is it the director general, is it me as a staff, is it you as a taxpayer, is the member states? I think we are all WHO.”

Devex Opinion - ‘Africa First’ is a necessary response to Trump’s ‘America First’

S Y Kitenge; <https://www.devex.com/news/opinion-africa-first-is-a-necessary-response-to-trump-s-america-first-109289>

“The African continent must prioritize its own interests in global partnerships, adopting an “Africa First” perspective.”

Do read what it would entail.

Devex – Opinion: How do we fix global health financing? This review can help

K Chalkidou; [Devex](#) “A review of four multilateral climate funds presents recommendations applicable to the largest global health funds.”

Reuters – No plan to prop up global health, Novo Nordisk Foundation says, as Trump freezes US aid

[Reuters](#);

“The Novo Nordisk Foundation does not plan to step in to prop up a global health sector reeling from a [freeze on U.S.-funded](#) foreign aid, and will continue to focus on its core non-communicable disease agenda, an official told Reuters. **The foundation**, which is linked to the Danish drugmaker and is one of the world's largest charitable organizations, **will prioritize funding work tackling conditions such as heart disease and diabetes, and risk factors like obesity**, said Flemming Konradsen, scientific director of global health.”

PS: “Novo’s record profit from obesity drugs has given the Foundation [a war chest](#) to fund its philanthropic grants, although investments have moved slowly so far. **It has \$153 billion in total assets, and just under \$25 billion available for grants and investments**, a spokesperson said. ... Konradsen said **international grants had increased to around \$150 million last year, representing 10-12% of total grants**, with the rest of its \$1.35 billion allocated to work in Denmark and other

Nordic countries. **Internationally, he said the biggest focus would be on helping governments implement healthy school meal programs, and to support institutions that train nurses....”**

“PS: Global health experts have questioned what other wealthy philanthropies could do to mitigate the impact of the U.S. government’s actions. Rob Nabors, who leads the Gates Foundation’s North America government relations, policy and advocacy efforts, said there was no foundation “that can provide the funding, workforce capacity, expertise, or leadership that the United States has historically provided to combat and control deadly diseases and address hunger and poverty around the world.” A spokeswoman declined to comment on whether the Gates Foundation might expand funding for such programs.”

BMJ Opinion –The case for women’s leadership in global health

J Clark; <https://www.bmj.com/content/388/bmj.r190>

“A new global evidence review on leadership outcomes bolsters advocacy for gender equality in the current context of backlash against rights and equity, diversity, and inclusion efforts, writes Jocalyn Clark.”

“...Advocacy for more female leaders in global health tends to fall into three categories: an ethical case (it’s the right and fair thing to do), a case of social justice (women’s right to participate fully in decision making systems is protected by international law and treaties), and a business case (women’s leadership is good for an organisation’s bottom line, work culture, and customer and patient satisfaction). These are all legitimate and have been used, usually in combination, in global health advocacy.....”

“... A new comprehensive scientific review in BMJ Global Health lays out all the evidence across multiple sectors of women’s leadership in multinational settings—showing their effectiveness as leaders and disputing women’s exclusion from leadership roles.”

- See the study in BMJ GH: [A scoping review on the impact of women’s global leadership: evidence to inform health leadership](#) (by A Kalbarzyk, R Morgan et al)

“.... Studies found women leaders’ positive influence on six areas of impact: (1) financial performance, risk, and stability, (2) innovation, (3) engagement with ethical initiatives, (4) health, (5) organisational culture and climate outcomes, and (6) influence on other women’s careers and aspirations.....”

Tim Schwab - What is Bill Gates afraid of?The mask is finally coming off

<https://unherd.com/2025/02/what-is-bill-gates-afraid-of/>

Tim Schwab’s review of Gates’ (first part of his) memoir, “ Source Code”. As always, a bit harsher than I would put it – but with more than a bit of truth in quite some respects....

A few quotes:” ... **There’s something grotesque in seeing the contours of our oligarchs so exposed. But this behaviour also seems like a natural evolution of oligarchy, at least in American politics.**

Republicans and Democrats have long normalised and legitimised billionaires like Gates — accepting his campaign contributions, giving him humanitarian awards, generously co-funding Gates Foundation projects, delivering to him massive tax benefits for his philanthropy, and financially partnering with the company that continues to make Gates rich, Microsoft. Elon Musk may present a new level of normalisation and legitimisation for oligarchy, but he’s standing on the shoulders of Bill Gates.....”

“... On the flipside, his philanthropic foundation shamelessly gives out hundreds of millions of dollars to the news media — *The Telegraph*, *The Guardian*, BBC and dozens of other outlets around the world — which creates strong incentives to praise Gates. Though the news media occasionally does put a critical lens to Gates, **most journalists, even those not directly funded by the foundation, tend to treat him differently — and better — than other billionaires.** To be sure, most news outlets appear to love Gates’s new memoir....”

“... There’s always been something desperate about Gates deploying his money in a manner that reliably builds allies and quiets critics. **Why not enter the public debate standing on his own two feet, explaining who he is and what his ideas are? What is Gates so afraid of? That he’ll finally hear the chorus of voices calling him the emperor who has no clothes?....”**

TGH – Infrastructure, Cities, and Global Health Diplomacy

E de Leeuw et al; <https://www.thinkglobalhealth.org/article/infrastructure-cities-and-global-health-diplomacy>

The **first installment in a series exploring urbanization and global health**, guest-edited by Evelyne de Leeuw.

“The interconnections of societies on an urbanizing planet require cities to network and engage more in health diplomacy.”

“ New thinking about infrastructure and novel ways of infrastructure development for an urbanizing planet are gaining attention. **This series of articles examines how transnational city networks are becoming more important in global health diplomacy.** Such networks are developing ways to integrate the One Health strategy into urban infrastructure. The series also explores how infrastructures that function within, and that connect cities, can evolve by learning how natural ecosystems create and sustain resilience in complex, living communities. ...”

- **Second article in the series:** TGH - [Making City Diplomacy Work for Global Health](#) (by M Acuto)

“ Collaborative governance among cities is expanding and should be central to global health diplomacy.”

IISD - Draft Programme for HLPF 2025 Published

[IISD](#);

“..... The [provisional programme](#), dated 27 January, indicates that following an opening session, the first week of HLPF 2025 [in July] will be dedicated to **in-depth review of: SDG 3 (good health and well-being); SDG 5 (gender equality); SDG 8 (decent work and economic growth); and SDG 14 (life below water...** The four review sessions will also explore how we can strengthen the means of implementation and partnerships (SDG 17) to achieve these Goals.”

Global Tax Justice & debt crisis

[Intergovernmental Negotiations for UN Framework Convention on International Tax Cooperation](#) (3-6 Feb)

As a reminder: “... **The UN General Assembly has established an intergovernmental negotiating committee to draft a United Nations Framework Convention on International Tax Cooperation and two early protocols.** This Member State-led process will **run from 2025 to 2027**, with the aim of developing a framework convention that leads to fully inclusive and more effective international tax cooperation.”

Tax Justice Now - US scores own goal on day one of UN tax negotiations

<https://taxjustice.net/press/us-scores-own-goal-on-day-one-of-un-tax-negotiations/>

(4 Feb) “**The US walked out alone from an overwhelmingly positive kick off to the UN tax negotiations yesterday, after failing to rally any other country to answer its plea to join a walkout.**”

“Following an opening session in which every delegate who spoke, from every region of the world, had affirmed their country’s commitment to the principles of the UN tax convention, the US delegation took to the floor to declare themselves unwilling even to participate in the conversation about more effective and inclusive international tax rules, then proceeded to ask delegates to join it in walking out of the room. **The miscalculated opening gambit, made just two weeks after the US threatened the world with a tax war, now puts the US in a weaker position to obstruct a widely backed UN tax reform process.** The US’s withdrawal effectively opens the way for the rest of the world to negotiate, unimpeded by the US presence, a set of fairer tax rules....”

- See also [Eurodad – United States walks out of UN Tax Convention process](#)

ICRICT’s statement on the negotiation of a UN Framework Convention on International Tax Cooperation (UN FCITC)

[ICRICT](#)

(14 p.) ICRICT stands for the **Independent Commission for the Reform of International Corporate Taxation.**

Among others with **Key issues to be addressed by a UN Framework Convention on International Tax Cooperation.**

IDS (News) - UN Tax Talks: New research highlights key scenarios at next week's historic negotiations

<https://www.ids.ac.uk/news/un-tax-talks-new-research-highlights-key-scenarios-at-next-weeks-historic-negotiations/>

“With formal negotiations on a new UN-led international tax convention kick-starting in New York next month, new research from the International Centre for Tax and Development (ICTD) provides crucial insights into the challenges and opportunities shaping these historic negotiations. The analysis, conducted by Dr Frederik Heitmuller, an Associate Postdoctoral Fellow of ICTD, highlights three pivotal areas of debate that will shape the Convention’s progress:... “

And: **“.... the research outlines three potential scenarios, each with their own pros and cons, for the Convention moving forward: Institution building, Alliance Building & Consensus-building.”**

Devex - New UK debt distress plan will not solve crisis, campaigners warn

<https://www.devex.com/news/new-uk-debt-distress-plan-will-not-solve-crisis-campaigners-warn-109267> **“The U.K. is encouraging private creditors to respond to the debt crisis facing lower-income countries — but campaigners say the initiative is like fighting a forest fire with a water pistol, with legislation needed for real change.”**

“A new scheme launched by the U.K. government to help lower-income countries that are [struggling to pay their debts](#) has been criticized by campaign groups as a major disappointment that will fail to bring private lenders to the table. Under the scheme announced Monday, banks [will receive](#) government support if they introduce clauses enabling debt restructuring to go ahead where a deal is backed by a majority of lenders behind a syndicated loan. This arrangement is already built into 90% of new bonds.... “ [Anneliese Dodds](#), the U.K. development minister, argued that **such “[collective action clauses](#)” had pushed forward debt negotiations with Ghana and Zambia, telling the audience at a London event....”**

“...The announcement appeared to be an attempt to head off [a campaign](#) for the U.K. to change its laws to achieve debt relief. Campaigners said that, due to **London’s position as a financial hub**, U.K. law [oversees](#) 90% of debts owed by lower-income countries to banks, hedge funds, and asset managers....”

IPS - Tax the Super-Rich. We have a World to Win

By Attiya Waris and Ben Phillips; https://www.ipsnews.net/2025/02/tax-super-rich-world-win/#google_vignette

“.... Building on the wave of mobilisation for tax justice worldwide, over forty organisations from across the world have united a joint campaign to “[tax the super-rich](#)”.

Their **common platform** calls for:

- Implementing ambitious tax rates on the richest people that are high enough to reduce inequality
- Using revenues raised to invest ending poverty, reducing inequality, and tackling the world's most pressing social and environmental issues
- Ensuring global cooperation to curb illicit financial flows that allow the super-rich to evade tax responsibility
- Shifting decision-making on taxation to a fair and globally inclusive forum, ensuring that all countries – particularly poorer ones – have an equal voice....”

Health emergencies in SSA

HPW – Conflict in Goma Sets Back Battle Against Mpox Epidemic

<https://healthpolicy-watch.news/conflict-in-goma-sets-back-mpox-treatment/>

“Parties embroiled in the conflict around Goma in the eastern Democratic Republic of the Congo (DRC) are discussing a humanitarian corridor to enable supplies and staff to address the mpox outbreak, according to Dr Yap Boum, Africa CDC’s deputy incident manager for Africa... .. Boum told the Africa CDC’s weekly briefing that 128 mpox patients had fled from health facilities in Goma during fighting and could be spreading the infectious disease in the community. Africa CDC is also concerned that incorrect handling of dead bodies may also result in disease....”

... **“The DRC, Uganda and Zambia are the countries where we still see an increased number of cases, and they currently represent 97.5% of all cases. ”**

- For more on the Africa CDC press briefing of Thursday, see **Cidrap News** - <https://www.cidrap.umn.edu/mpox/armed-conflict-disrupts-mpox-response-dr-congo>

PS: “In September, the Biden Administration had announced new support for Africa’s mpox outbreak, which has affected 21 African countries and involves multiple clades—including the novel 1b clade that has been linked to travel—and limited secondary cases in several countries outside the region over the past several months. The pledge included 1 million vaccine doses and \$500 million to assist with the outbreak response. Ngashi Ngongo, MD, PhD, head of Africa CDC’s mpox incident management team, said \$340 million of the pledge had been dispersed, and he said that there are no vaccine delivery status changes that Africa CDC knows of, though officials are following developments closely. The vaccine donations funnel through GAVI, the Vaccine Alliance.”

Devex - In the wake of its outbreak, Rwanda is examining its Marburg survivors

<https://www.devex.com/news/in-the-wake-of-its-outbreak-rwanda-is-examining-its-marburg-survivors-109031>

“Rwanda is studying the survivors of its recent Marburg outbreak to better understand how they survived.”

“... The [Rwanda Biomedical Centre](#) and the Rwandan clinical research center Rinda Ubuzima [have launched](#) a two-year study in Kigali to better understand the body’s response to the virus. It’s hoped this intel will foster the development of tests, treatments and vaccines, as well as improve care for people who become infected in the future. The [Coalition for Epidemic Preparedness Innovations](#) is providing up to \$910,000 to support the research, with a commitment to making the study’s findings available in open-access publications....”

- And a link: [Cidrap News - Ebola Sudan outbreak in Uganda grows to 7 cases](#)

Run-up to next round of INB negotiations (re a pandemic agreement)

Geneva Graduate Institute - Technology transfer in practice: implications for Pandemic Agreement negotiations: interviews with Ellen 't Hoen, Ravi Ganapathy, Ike James and Martin Friede

S Moon; <https://repository.graduateinstitute.ch/record/319917?v=pdf>

“This publication was prepared as part of the lead-up to the 27 January 2025 workshop, "Technology Transfer in Practice: Implications for Pandemic Agreement Negotiations," organized by the Global Health Centre (GHC), in partnership with the Permanent Mission of the Kingdom of the Netherlands to the United Nations Office and other International Organizations in Geneva, and the Permanent Mission of Pakistan to the United Nations Office and other International Organizations in Geneva. This workshop aims to foster a deeper understanding of how technology transfer operates in practice and to explore its potential implications for the Pandemic Agreement negotiations. To enhance the discussion and prepare for the event, GHC staff members interviewed the expert speakers invited to the workshop. Their responses have been captured in writing and are included in this document. Additionally, **Suerie Moon, Co-Director of the Global Health Centre, has contributed by drafting a synthesis highlighting the implications of the workshop discussions for the negotiations of the WHO Pandemic Agreement.**”

NCDs

WHO Afro - Urgent action needed to reinforce breast cancer control measures in Africa: WHO report

<https://www.afro.who.int/news/urgent-action-needed-reinforce-breast-cancer-control-measures-africa-who-report>

“An estimated 135 000 women could lose their lives to breast cancer by 2040 in sub-Saharan Africa if urgent actions are not taken to reverse the trends, a new World Health Organization (WHO) report finds. The WHO study assessed breast cancer control capacities in 42 of the 47 countries within the African region, focusing on six critical areas: leadership, governance and financing, health workforce, health information systems, and service delivery. The assessment revealed significant gaps and disparities in breast cancer control across the region highlighting critical

shortage of healthcare workers essential for prevention, diagnosis, and treatment, as well as limited access to specialized cancer centres, hindering progress toward the Global Breast Cancer Initiative (GBCI) goals.....”

“The analysis finds that only 5 out of 47 countries in the region have established organized breast cancer screening programmes with many countries still relying on opportunistic screening programmes. Access to pathology in Africa remains limited, with only two countries meeting the standard of one lab per 100 000 people.....”

Lancet Public Health (Editorial) - Cancer screening: putting people at the centre

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00016-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00016-7/fulltext)

“Feb 4 marks [World Cancer Day](#)—an opportunity to raise awareness about cancer and to reflect on the latest trends, challenges, and hopes. Acknowledging that cancer is not simply a medical diagnosis, but rather a unique personal story, **the World Cancer Day campaign places people at the centre and calls for a people-centred approach to cancer.**”

“From a public health perspective, although population-based screening programmes have been key to lowering cancer mortality, risks of overdiagnosis and overtreatment have highlighted the limitations of one-size-fits-all policies and supported, instead, **a shift towards more personalised approaches to screening aimed at identifying individuals most likely to benefit from screening.** Putting people at the centre, **one should seek the views of those concerned by personalised cancer screening: the general population and health-care professionals.** In this issue of *The Lancet Public Health*, [Naomi Tan and colleagues](#) did exactly that. ...”

The editorial concludes: “ **Supporting World Cancer Day's campaign for a people-centred approach, the study by Tan and colleagues shows that personalised risk-based screening is the next logical step in patient-centred cancer care.** How this approach might reduce inequities in cancer remains to be seen. And with resources (financial and human) already scarce in most health systems, opportunities for implementation will be extremely challenging. But **as an objective, a truly personalised, people-centred approach to cancer screening that is equitable, affordable, and risk-based is an ideal worth fighting for.**”

International Day of Zero Tolerance for Female Genital Mutilation

Strengthening alliances and building movements to end female genital mutilation

Joint statement by UNFPA Executive Director Dr Natalia Kanem, UNICEF Executive Director Catherine Russell and WHO Director-General Dr Tedros Adhanom Ghebreyesus

<https://www.who.int/news/item/06-02-2025-strengthening-alliances-and-building-movements-to-end-female-genital-mutilation>

“Female genital mutilation is a violation of human rights that inflicts deep and lifelong physical, emotional and psychological scars on girls and women. This harmful practice affects more than 230 million girls and women today. An estimated 27 million more girls could endure this violation of their rights and dignity by 2030 if we do not take action now.” **“Today, on the International Day of Zero Tolerance for Female Genital Mutilation, and in response to the theme "Stepping up the pace: Strengthening alliances and building movements to end female genital mutilation", UNFPA, UNICEF and WHO reaffirm our commitment to work together with countries and communities to end this harmful practice – once and for all.”**

“... There is hope. Many countries have seen a decline in the prevalence of female genital mutilation. We are witnessing progress in countries like Kenya and Uganda, where collaborative action and community-led initiatives are proving that by strengthening alliances and building movements, we can accelerate change. Since the launch of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation in 2008, and in collaboration with WHO, close to 7 million girls and women access prevention and protection services. Additionally, 48 million people have made public declarations to abandon the practice, and 220 million individuals were reached by mass media messaging on the issue. In the last two years, close to 12 000 grassroots organizations and 112 000 community and frontline workers galvanized to effect change at this critical juncture.

“Yet the fragility of progress made has also become starkly evident... “

- See also UN News - [‘Step Up the Pace’ and end female genital mutilation, UN says](#)

“... the United Nations is warning that without urgent action, a staggering 27 million more girls could undergo the procedure by 2030.”

- The Conversation - [Female genital mutilation is a leading cause of death for girls where it’s practised – new study](#) (by H D Flowe et al)

2nd Vaccine and Other Health Products Manufacturing Forum (Cairo)

GAVI - Stakeholders discuss progress, next steps for Africa’s health security at Manufacturing Forum

<https://www.gavi.org/news/media-room/stakeholders-discuss-progress-next-steps-africas-health-security-manufacturing>

“The 2nd Vaccine and Other Health Products Manufacturing Forum, organised by Africa CDC, Gavi, the Vaccine Alliance, the Regionalized Vaccine Manufacturing Collaborative (RVMC) and the Unified Procurement Authority of Egypt, opened in in Cairo, the Arab Republic of Egypt.”

“The Forum convenes African Union Ministers of Health, National Regulatory Authorities (NRAs), Regional Economic Communities (RECs), African Union organs, African manufacturers, manufacturers’ associations, AVMA investors, global and international partners, philanthropies and CSOs to discuss challenges and potential solutions to unlock the potential of local manufacturing, and ensure sustainable coordination efforts to manufacture vaccines and other health priority products in Africa.”

PS: “... Since the inaugural **Manufacturers Marketplace for Vaccine Manufacturing African Union Member States, held in 2023 in Morocco, tangible progress has been made** towards achieving health security ambitions, including: (1) **The launch of Gavi’s AVMA**, which has committed up to US\$ 1.2 billion over ten years to support sustainable vaccine production across Africa. (2) **The decision of the 37th Ordinary Session of the Assembly of the Union that requested Africa CDC to establish a Pooled Procurement Mechanism (PPM) for medical products from African manufacturers and to broaden the mandate of the Partnerships for African Vaccine Manufacturing (PAVM) to include manufacturing of medicines, diagnostics and other health products.** (3) **Commitments of over US\$ 3.5 billion from global donors, and development finance institutions** like the European Investment Bank (EIB), International Finance Corporation (IFC) and the U.S. International Development Finance Corporation (DFC). (4) **An increase in the number of African NRAs attaining WHO Maturity Level 3 status for non-vaccine products**, reflecting improvements in regulatory frameworks essential for local manufacturing. (5) **The establishment of the RVMC with a secretariat** to foster collaboration across governments, multilateral organisations, industry, civil society and funders, in support of regionally led strategies across regions to advance vaccine manufacturing.”

Landmark agreement among Africa’s leading National Medicines Regulatory Authorities to foster collaboration

<https://www.sahpra.org.za/news-and-updates/landmark-agreement-among-africas-leading-national-medicines-regulatory-authorities-to-foster-collaboration/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) and African Union Development Agency – New Partnership for Africa’s Development (AUDA-NEPAD) are proud to announce the signing of a Memorandum of Understanding (MoU) among Africa’s WHO Maturity Level 3 National Regulatory Authorities (NRAs). These agencies have established robust systems to ensure the safety, efficacy and quality of medical products in line with international regulatory standards.....”

Human Resources for Health

Plos GPH – Comparing apples with apples: A proposed taxonomy for “Community Health Workers” and other front-line health workers for international comparisons

S Hodgins et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004156>

“This paper proposes a taxonomy for Community Health Workers (CHWs) and others engaged in front-line community health activities, encompassing formally-employed workers extending government primary health care (PHC) service delivery as well as a range of other actors with roles at the nexus of government PHC and communities. The taxonomy is grounded in current definitions from the World Health Organization and the International Labor Organization, and proposes some refinements for future iterations of guidance from these agencies.....”

Conflict & Health

Lancet Comment – On the quantification of military violence in Gaza

J Smith, Duha Shellah et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00138-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00138-2/fulltext)

“... In the context of attempts to deny Palestinian humanity and the suffering inflicted on Palestinians, the generation of robust evidence is imbued with heightened significance. Two studies in The Lancet exemplify the potential of health data sciences and epidemiology to more fully quantify the impact of violence as perpetrated by the Israeli military in Gaza.... .. Together, these studies function to counteract narratives that seek to downplay and render invisible the impact of violence by the State of Israel against Palestinians. **Both studies also raise the question of what it means to quantify what several legal experts, genocide scholars, and human rights organisations have determined is genocide against the Palestinian people.....”**

“... despite the importance of these contributions, both studies are limited by their inability to accurately estimate absolute all-cause mortality or all-cause life expectancy decline. The data required to make such estimations have remained largely unavailable as a consequence of widespread violence and inaccessibility throughout Gaza, and the systematic destruction of the health system.... **Beyond the incomplete nature of the mortality datasets used in these studies, the totalising violence of occupation and what we believe to be genocide simply cannot be reduced to numbers, which are wholly unable to capture the complete and cumulative effects of violence that manifest beyond the loss of life alone.** Several Palestinian-led initiatives continue to meticulously narrate the lives of Palestinians in order to resist dehumanising political, media, and public health discourses. In Gaza, where both the biological and biographical character of lives have been obscured, **quantification has come to offer an incomplete remedy to the statistical erasure of the Palestinian people, as emboldened by processes of dehumanisation and anti-Palestinian racism....”**

Planetary Health

Climate Change News - UN gives countries more time to submit “quality” climate plans for 2035

<https://www.climatechangenews.com/2025/02/06/un-extends-deadline-for-countries-to-submit-2035-climate-plans/>

“China, the EU and India are among big polluters set to miss this month’s deadline for new targets as concerns grow of a “softening” in climate ambition. **The head of the UN climate change body has urged countries to submit new “first-rate” climate targets by September, after only a handful of countries published updated plans to cut emissions ahead of a February deadline. ...”**

Guardian – Climate change target of 2C is ‘dead’, says renowned climate scientist

<https://www.theguardian.com/environment/2025/feb/04/climate-change-target-of-2c-is-dead-says-renowned-climate-scientist>

“Prof James Hansen says pace of global heating has been significantly underestimated though other scientists disagree.”

“... A new analysis by Hansen and colleagues concludes that both the impact of recent cuts in sun-blocking shipping pollution, which has raised temperatures, and the sensitivity of the climate to increasing fossil fuels emissions are greater than thought...”

“The group’s results are at the high end of estimates from mainstream climate science but cannot be ruled out, independent experts said. If correct, they mean even worse extreme weather will come sooner and a greater risk of passing global tipping points, such as the collapse of the critical Atlantic ocean currents.....”

- For the paper, see [Global Warming Has accelerated – Are the UN and the public well-informed?](#)

Lancet Comment - Integrating environmental outcomes in randomised clinical trials: a call to action

J J Petersen et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02666-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02666-7/fulltext)

“... We believe there is a need to develop CONSORT and SPIRIT extensions that cover the climate and environmental impacts of clinical interventions. Therefore, we have established the Implementing Climate and Environmental Outcomes in Trials Group (ICE-GROUP), comprising international experts from various fields including research methods, clinical trials, and environmental science. In time, we envision this initiative will achieve global representation of stakeholders... .. Criteria for evaluating interventions should be redefined to encompass not only clinical effects but also their impact on the environment and, ultimately, planetary health. This approach introduces a new dimension to deciding whether to implement a clinical intervention, as environmental considerations can play a decisive role, for example when clinical outcomes are similar. Our vision is that, within a few years and in addition to clinical outcomes, all major trials will assess environmental outcomes, guided by these SPIRIT and CONSORT extensions and benefiting both current and future patients, the public, and the planet.”

Miscellaneous

Lancet Offline – Equality must be defended

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00238-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00238-7/fulltext)

Among others, Horton discusses the latest book by Piketty & Sandel, *Equality: What it Means and Why it Matters*. **“Equality matters, first, because of public demand for access to basic services—health, education, housing; second, because of public demand to have a say in the way society is run; and third, because of fundamental concerns we have (or should have) for human dignity. Inequalities put distance between us, and distance is an acid that destroys the fabric binding communities together. Piketty’s solution is the steady growth of the “social state” (he prefers this term over**

welfare state because it includes health, education, and other public services). It is the social state that has provided the underpinning for prosperity by decommodifying social life....”

“The **rejection of equality, diversity, and inclusion (EDI) initiatives** by President Trump, quickly replicated by much of Corporate America, will be a further hindrance to progress. Replacing EDI with **merit, excellence, and intelligence (MEI)** will only embed inequalities still further.”

“What is thrilling about reading Piketty is his optimism, and his commitment to equality as the outcome that can protect and strengthen our communities. For those of us who work in health, this commitment is the foundation of our moral outlook. **It is time for us to heed Piketty and to re-engage in this struggle for equality.**”

Global health events

Some more snippets on WHO’s 156th EB meeting

TWN - WHO: Cervical Cancer Resolution Overlooks Critical Treatment Disparities

C Rao et al; <https://www.twn.my/title2/health.info/2025/hi250201.htm>

“ **The resolution on cervical cancer, which seeks to designate 17 November as the World Cervical Cancer Elimination Day**, while reinforcing the global commitments and actionable steps of a 2020 World Health Assembly resolution, **does little to address the inequities in the treatment**. The **156th meeting of the Executive Board of the World Health Organization (3 -11 February) is set to discuss the resolution focused on cervical cancer.**”

Global health governance & Governance of Health

Devex - 6 lessons for the US from the UK's aid department's traumatic demise

<https://www.devex.com/news/6-lessons-for-the-us-from-the-uk-s-aid-department-s-traumatic-demise-109293>

“Five years after the Department for International Department was axed, the fallout still reverberates — and may hold clues for the impact of USAID's disappearance.”

Devex - Finland’s development minister on the impact of far-right parties on aid

<https://www.devex.com/news/finland-s-development-minister-on-the-impact-of-far-right-parties-on-aid-109194>

“Ville Tavio, Finland’s minister for foreign trade and development and a member of the **right-wing Finns Party**, which he described as “somewhat like a Finland First party,” **addressed misconceptions about conservative hostility toward international development** during a special episode of This Week in Global Development from Davos, Switzerland....”

UHC & PHC

Guardian - US health department condemns private equity firms for role in declining healthcare access

<https://www.theguardian.com/us-news/2025/feb/06/private-equity-healthcare>

“Government report says private equity investment in nursing homes led to 11% increase in patient deaths.”

“**Private equity investment firms have been slammed for their role in the declining healthcare quality and access, as well as the rising costs for patients**, in a recently [released report](#) from the Department of Health and Human Services (HHS).....”

Pandemic preparedness & response/ Global Health Security

NYT - C.D.C. Posts, Then Deletes, Data on Bird Flu Spread Between Cats and People

<https://www.nytimes.com/2025/02/06/health/cdc-bird-flu-cats-people.html>

“The data, which appeared fleetingly online on Wednesday, confirmed transmission in two households. Scientists called on the agency to release the full report.”

Planetary health

Guardian - Hottest January on record mystifies climate scientists

<https://www.theguardian.com/environment/2025/feb/06/hottest-january-on-record-climate-scientists-global-temperatures-high>

“EU monitor says **global temperatures were 1.75C above preindustrial levels**, extending run of unprecedented highs.”

“... **Climate scientists had expected this exceptional spell to subside after a warming El Niño event peaked in January 2024 and conditions shifted to an opposing, cooling La Niña phase**. But the heat has lingered at record or near-record levels, prompting debate about what other factors could be driving it to the top end of expectations. Julien Nicolas, a climate scientist at Copernicus, told Agence France-Presse: “**This is what makes it a bit of a surprise: you’re not seeing this cooling effect, or temporary brake at least, on the global temperature that we were expecting to see.**”

Guardian - Air pollution reduces people's ability to focus on everyday tasks, study finds

<https://www.theguardian.com/environment/2025/feb/06/air-pollution-affects-peoples-ability-to-focus-on-everyday-tasks-study-finds>

“...The **study, published in the journal Nature Communications**, found that even brief exposure to high concentrations of PM affected participants' selective attention and emotion recognition – regardless of whether they breathed normally or just through their mouth. ...”

Guardian - Jeff Bezos fund ends support for climate group amid fears billionaires 'bowing down' to Trump

<https://www.theguardian.com/environment/2025/feb/06/jeff-bezos-climate-group-trump-bezos-earth-fund-science-based-targets-initiative-decarbonisation-aoe>

“Concerns raised as **\$10bn Bezos Earth Fund halts funding for Science Based Targets initiative**, which monitors companies' decarbonisation.”

“**Jeff Bezos's \$10bn climate and biodiversity fund** has halted its funding of one of the world's most important climate certification organisations, amid broader concerns **US billionaires are “bowing down to Trump”** and his anti-climate action rhetoric. The Bezos Earth Fund has stopped its support for the **Science Based Targets initiative (SBTi)**, an international body that assesses if companies are decarbonising in line with the [Paris agreement](#). Earth Fund had been one of two core funders of the SBTi, with the Ikea Foundation....”

Guardian – Call to make tech firms report data centre energy use as AI booms

<https://www.theguardian.com/technology/2025/feb/07/call-to-make-tech-firms-report-data-centre-energy-use-as-ai-booms>

“Experts say mandatory reporting on energy and water use is needed to avoid irreparable damage to environment.”

Plos Climate - Climate-related bilateral official development assistance (ODA) and vulnerability: A comparative study of allocation and effectiveness

Santosh Kumar Rauniyar et al ;

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000382>

“This study investigates bilateral ODA allocated to climate change mitigation and adaptation from 2002 to 2021. “

“... In 2021, Japan, Germany, and France provided 75% of total bilateral ODA dedicated to climate change. From 2002 to 2021, major donors directed substantial portions of climate-related ODA towards infrastructure, energy, water & sanitation, agriculture, and environmental protection. From 2011 to 2021, the highest EAAPC (estimated average annual percentage change) in vulnerability was observed in the Central African Republic (0.62; 95% CI: 0.60 to 0.64), followed by

Papua New Guinea (0.57; 0.55 to 0.59), Yemen (0.50; 0.49 to 0.52), and Guinea-Bissau (0.33; 0.32 to 0.34). Despite their high vulnerability, some of these countries received disproportionately less adaptation-focused ODA. **The correlation between vulnerability and adaptation-focused ODA revealed a complex regional relationship. Variations in adaptation-focused ODA and vulnerabilities underscore the dynamic relationship between international aid and a nation's intrinsic capacity to address challenges.** This investigation highlights the importance of understanding these dynamics and calls for a re-evaluation of aid allocation....”

Covid

Nature - How COVID vaccination keeps a ‘breakthrough’ infection in check

<https://www.nature.com/articles/d41586-025-00327-5?linkId=12790100>

“The vaccines’ effect on inflammation-promoting cells might help to explain why the jabs protect against severe disease.”

Infectious diseases & NTDs

Lancet Infectious Diseases (Comment) - Beyond mosquitoes and malaria—ivermectin in Africa

Felix Hammann et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00835-1/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00835-1/fulltext)

Comment linked to a **new Lancet Infectious Diseases study** - [Safety and efficacy of repeat ivermectin mass drug administrations for malaria control \(RIMDAMAL II\): a phase 3, double-blind, placebo-controlled, cluster-randomised, parallel-group trial](#)

“.... **The RIMDAMAL II trial presented by A Fabrice Somé and colleagues in The Lancet Infectious Diseases** is the latest attempt to outsmart the disease using a new approach of distributing ivermectin in mass drug administrations (MDAs) to entire communities in a large field trial in southwest Burkina Faso in 2019 and 2020. The goal was to target Anopheles biting people treated with ivermectin, which is lethal to the mosquitoes when ingested through a blood meal, ultimately reducing community-wide transmission.....”

BMJ GH (blog) - Polio beyond a medical problem

I Ali; <https://blogs.bmj.com/bmjgh/2025/02/05/polio-beyond-a-medical-problem/>

With focus on polio in Pakistan.

“ [Polio](#) cannot be understood solely as a medical problem. It is deeply entangled within Pakistan’s intricate web of social, cultural, political, and economic realities. **Drawing on Bruno Latour’s Actor-Network Theory (ANT)**, we can see entities such as the poliovirus not only as biological agents but

also as actors embedded in networks that link the natural, social, and semiotic worlds.

Understanding polio's persistence, therefore, requires rethinking it as part of a dynamic and multifaceted network where humans and nonhumans alike interact, act, and reshape outcomes: they influence each other....."

Lancet Infectious Diseases - Approaches to increase access to community-based infectious disease control for ethnically, racially, and religiously marginalised populations: a scoping review

Seth W M Epling, et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00744-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00744-8/fulltext)

"Marginalised populations often have reduced access to infectious disease prevention interventions, and as a result of this and other socioeconomic factors, these populations are at a higher risk of disease. **Here, we reviewed the literature of community-based interventions delivered at the individual level across multiple diseases, and focused on how to increase access to infectious disease interventions for ethnically, racially, and religiously marginalised populations.....** We noted the **lack of research, especially in low-income and middle-income countries.** Common themes on the adaptations made included the importance of trust, descriptions of how the community was engaged at a deep level, and highlighting the importance of where interventions were delivered. **We conclude that there is a need for more implementation research on this topic.** Understanding how to increase access is crucial for achieving universal health coverage, which is also important from a global health security perspective, especially in an era when large-scale epidemics and pandemics are becoming more common."

- And a link: Lancet Infectious Diseases - [Effects of conditional cash transfers and pre-test and post-test tuberculosis counselling on patient outcomes and loss to follow-up across the continuum of care in South Africa: a randomised controlled trial](#) by N Ismail et al.

And related **Comment in the Lancet Infectious Diseases** - [Cash incentives as a bold new strategy for tuberculosis control](#)

AMR

Guardian - Flies in hospital wards may be spreading drug-resistant bacteria to patients

<https://www.theguardian.com/global-development/2025/feb/05/flies-in-hospital-wards-may-be-spreading-drug-resistant-bacteria-to-patients>

"**Scientists in Nigeria** found the insects carry infections resistant to last-resort antibiotics, adding to fears about superbugs."

LSHTM (blog) - What's in a name? Would AMR by another name smell as sweet (or sweeter)?

<https://www.lshtm.ac.uk/research/centres/amr/news/447841/whats-name-would-amr-another-name-smell-sweet-or-sweeter>

“In this blog, **Rebecca Glover**, our Deputy Director, explores whether rebranding really holds the key to better public engagement.”

Mental health & psycho-social wellbeing

Guardian - Scientists find that things really do seem better in the morning

<https://www.theguardian.com/society/2025/feb/05/scientists-find-that-things-really-do-seem-better-in-the-morning>

“**UCL study into mental health and wellbeing** finds that **people generally feel worse at night and on Sundays.**”

“... [Their findings were published](#) in the journal BMJ Mental Health...”

Sexual & Reproductive health rights

Plos Med (Perspective) – Improving monitoring of sexual, reproductive health, and rights globally

Sacha St-Onge Ahmad, Zulfiqar A. Bhutta;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004525>

Perspective linked to a **new study in Plos Med.**

“The inclusion of sexual health and reproductive health targets in the Sustainable Development Goals (SDGs) aimed to provide impetus for tracking progress and advocating for sexual health and reproductive health rights for girls and women globally. With a rapidly changing political landscape in many countries, especially the United States, and with regions experiencing prolonged poly-crises, such as in the Middle East and North Africa region, it is imperative to ensure the tools used to monitor progress are valid and adaptable to varying contexts. **SDG 5.6.2**, defined as the “**Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information, and education,**” has potential to address this need.”

“**In a new study, Jewel Gausman and colleagues examine the validity of SDG 5.6.2’s current method of calculation** by using country-level data to compare it to their revised version.....”

Access to medicines & health technology

Global Health Action - Irrational medicine use and its associated factors in conflict-affected areas in Mali: a cross-sectional study

Mohamed Ali Ag Ahmed et al;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2458935>

Aim: “To assess barriers to rational use of essential medicines at primary healthcare level in conflict-affected areas of Mali.”

Decolonize Global Health

Plos GPH - From decolonizing global health to neo-colonization by local elites: From the frying pan into the fire

Siddhesh Zadey et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004196>

“... Here, we would like to focus on the problem of *local* elite capture in the Global South.”

“... Local elites – individuals and institutions that hold majority power in decision-making and enjoy high status within their professional communities – can monopolize opportunities for research, leadership, and funding. This form of *neo-colonization* can prevent broader representation, leading to within-country/community disparities in power and skew narratives that do not strictly adhere to the ‘equity’ goal espoused by Global Health. The metaphor “from the frying pan into the fire” perfectly encapsulates the risk of moving from external colonization to internal neo-colonization. Such *elite swap* - transferring power from the Global North to the select few in the Global South – is in direct contrast to aims of DGH....”

“... To avoid moving from the frying pan into the fire, global health leaders in the Global South must take seriously the need to democratize power, diversify representation, and critically self-reflect on our limitations and methods to achieve the noble intentions of DGH....”

Conflict/War & Health

Global Public Health - Barriers and enablers towards integrated care for survivors of sexual violence in humanitarian settings: A real-time qualitative Delphi study

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2460016>

By Engy Sawah et al.

Conflict & Health - Realising health justice in Palestine: beyond humanitarian voices

James Smith et al ; <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00634-0>

« In the shadow of Israel’s ongoing genocide throughout occupied Palestine, this article examines the moral, political, and epistemic responsibilities of humanitarian, public health, global health, medical and related communities of practice amid profound violence and injustice. **In this paper we offer a three-part critique of a May 2024 commentary by Karl Blanchet and colleagues, ‘Rebuilding the health sector in Gaza: Alternative humanitarian voices’”**

Miscellaneous

HPW - Ambitious Fund Aims to Connect 300 Million Africans to Reliable, Cleaner Energy by 2030

<https://healthpolicy-watch.news/ambitious-fund-aims-to-connect-300-million-africans-to-reliable-cleaner-energy-by-2030/>

“ **African leaders and global financial institutions have launched a landmark \$40 billion Africa Energy Fund to fast-track investments in renewable energy and bridge the continent’s persistent financing gap.** Reliance on dirty cooking fuels such as firewood and charcoal causes an estimated 600,000 premature deaths annually across Africa....”

“**The World Bank has pledged \$22 billion to support the fund, while the African Development Bank (AfDB) has committed \$18.2 billion.** Other contributions included \$2.65 billion from the Islamic Development Bank and \$1 billion from the OPEC Fund. **The initiative, announced at the [Mission 300 Africa Energy Summit](#) in Dar es Salaam last week,** is expected to expand sustainable electricity access and stimulate economic growth, particularly in underserved regions. ...”

Tweets (via X, LinkedIn & Bluesky)

Seye Abimbola

“**You rolled over on genocide in Gaza, were told to keep quiet and obeyed. No matter what you say about Trump now, it just rings hollow.** When we look back at Trump’s impact on (global/public) health we’d see that the **failure of our response began with the failure of our response on Gaza.**”

Katri Bertram

“**Striking (but no longer surprising to me) that some “development campaigning organizations” are fully silent at the moment.** Their funding and leadership is so tightly tied to single funders and issues that the collapse of huge parts of the sector are...irrelevant?”

Tim France

**“Let's not forget: It's not the USA, it's Trump. It's not Argentina, it's Milei.
WHO will be there long after the memory of these politicians has faded.”**