

IHP news 809 : Now what?

(10 January 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,

Let me start this IHP newsletter issue with a (final) reminder of the [2025 IHP correspondents call](#). **Deadline in 5 days! (15 January)** Warmly recommended!

As the world is **moving towards 'Increasing global disorder'** (in the words of a new WEF/McKinsey report) or **'going even more haywire'** (as Katri Bertram [put it](#) more accurately), this newsletter aims to provide you with a 'front seat' – at least when it comes to global & planetary (ill-)health policy trends. Speaking of which, I have to say **'bird flu'** was popping up more than I'd like in the many ['2025 forecasts'](#) pundit analyses. And neither do I find the increasing number of articles on (potential?) [climate change acceleration](#) very enticing. We've all seen the horrific images coming from LA this week (*I'll get to the equally worrying geopolitical & AI trends later in this intro*).

As I was reading Bertram's first blog of the year, [A decade of blogs: what next?](#), I (naturally) also pondered her question for a while. Her conclusion certainly rings a bell with many of us: " *As the world goes even more haywire ... there's even more to do for us advocates and activists. And as myself, many of us are simply... tired. Yet we keep going, because there's no alternative. I've written these words so many times in this blog, but I'll write them again: Silence is not an option. Passively waiting for the world to improve is not an option. Realizing our own agency and our personal responsibility at this critical juncture of history are key.*"

With that in mind, just a few thoughts perhaps from my side, which may (or may not) be relevant for you, whether you work in global health or not. As always, no need to agree 😊. And I'm sure you have many more ideas of your own.

- As I was watching again the footage on "6 January", the rather notorious 4-year "anniversary" from earlier this week, I think **it's key** for us **to call things what they are**. I admit, in plenty of settings that might not be an option these days, but if you can, we should [indeed](#) eg. call Trump (*borrowing a leaf from Zuckerberg's newfound love for 'freedom of speech'*) 'He who should have been put in jail 4 years ago'; the current Israeli government an 'extreme-right' one (*if not in intentions, then certainly in many of its acts*), etc. Let's just stop using sanitized language if it doesn't feel like the truth (anymore). Certainly as more likely than not, we're about to witness the 21st century version of [Nero-style "leadership"](#) the next few years (*yes, yes, I've seen "Gladiator II" recently* 😊).
- If that's not possible (see above), and I'm well aware that's the case in ever more settings these days, then **at the very least we should refrain from taking over the frames of our (radical-right/tech bro) opponents**. As if you do, you've already lost half the battle. In Global Health I've been seeing some evidence of this lately in the US (with some [observers](#) playing

the 'China card', in the hope to still convince the Trump administration not to pull out of WHO). You're better than that, [Gostin](#) et al.

- Even more so as one of the key aims of more or less rational people (*which includes most of us in global health, I believe 😊*) should be to **try avoid an axis of Russia/Iran/North Korea that would also include China** in the years to come. As if that happens, we're in even deeper geopolitical shit than we already are. For the time being, China is still somewhat sitting on the fence, though already a bit further (towards the axis) than Modi's (*happily freeriding 😊*) India... We really shouldn't give further ammunition in global health to the ones (in the US most of all) who have an obvious 'China problem' (*as they can't stand not being the biggest ones on this planet*). And no, that doesn't mean we're fond of Xi Jinping. (*as for playing on Trump's inflated 'Donald the Dealmaker' ego (eg. [Gordon Brown](#)), I guess that's worth a try 😊*)
- Speaking of somewhat opportunistic framing (though for different reasons), lately, I've also witnessed a trend whereby PPPR and climate change are treated more "holistically", at least ostensibly (*this week among others with a [BMJ Analysis](#) co-authored by the Pandemic Fund's executive director*). However, these 'holistic' analyses studiously seem to avoid the word 'capitalism'. Which takes a certain skill in itself 😊.
- While I'm obviously [no fan](#) of what Musk & co are doing nowadays, **I do think the global health community (as well as progressive politicians) should have their eyes on billionaires in general**. Tax them out of existence (and regulate their businesses so that people would have decent jobs) etc. , and I think the current radical-right 'broligarchy' will have a lot less momentum. More in general, while I admit the current disinformation wars warrant much of our attention (and regulation of platforms, where politically feasible), our battle should be first and foremost about **making capitalism a lot fairer (also taking on the global financial architecture, as J. Pfeiffer put it in a [must-read](#) from this week)**. 'Making capitalism fairer' might not be possible in the end (*contradictio in terminis?*), and neither might it suffice (in terms of sustainability), but it should be clear "we" stand on that side in everything we write and do – not the ones currently pretending to be on the workers'/precariat side (while they, sadly, manage to capture most of the current widespread anger).
- In themselves, "**The end of American hegemony**" and "**the end of neoliberal globalization**" aren't bad things, clearly. Trump 2.0 is a different story, however. As for how to deal with the incoming US administration, I suggest – paraphrasing [Andrew Harmer](#) ("*If Trump leaves in January, my advice would be 'let him go'. Like a child that walks off vowing never to return, he'll come back – eventually. And he'll have lost all of his toys in the process.*) – we bide our time till there again some more adults in the room. Right now, there aren't many left as far as I can tell. Unfortunately, though, they do have plenty of 'adult toys' to play with... So let's hope we all make it - more or less in one piece - till 2026 (midterms). By then (and hopefully far sooner), I think we'll see a major backlash against Trump/Musk themselves and what they stand for (*perhaps combined with a rift between them*). Quite curious by the way to see how Trump 2.0 ("[windmills are driving the whales crazy](#)") is going to "deal" with the polycrisis. For now, though, we're clearly in sorry KTA (Kiss Trump's Ass) territory (*and as always, [Pfizer's Bourla didn't want to miss the party](#)*).
- Let me end though with **the AI news of the week** -as it seemed to hint at a rather neat solution for the current political US conundrum. Apparently, according to OpenAI boss Sam Altman, AI is [about to become smarter than human beings](#). He even reckons this might already happen during Trump's presidency (*clearly, sometimes the Universe plays pranks on us, human beings 😊*). Altman describes AGI (Artificial General Intelligence) as '*a situation whereby AI is able to do what very important people do in important jobs*'. Now, if I use some 'old-fashioned' human logic, what would be an obvious way forward for the US polity when this happens? Exactly - enter an "[AI Agent](#)" to run the country! Can't be worse than the recent specimen.

PS: more importantly, I do think in some ways we also have to slow down – and then focus on what's truly key. But let's keep that for some other time 😊.

Enjoy your reading.

Kristof Decoster

Featured Article

Improving Primary Healthcare in Pakistan - Transformation of an Underutilized Resource to Become a Beacon of Hope for Women and Children

Naeem Majeed (Chief Executive, SPHERE Consulting Pakistan; naeem@sphereconsulting.services; nmajeed@gmail.com)

Fifteen years ago, Pakistan experienced devastating floods that wreaked havoc across the nation, particularly in the Southern part of Punjab, the most populous province. The floods presented a severe challenge from which the country has not fully recovered yet. They also offered an unexpected opportunity, however. During the flood response, the Health Department of Punjab Province made a pivotal decision to leverage existing health infrastructure to provide emergency medical and obstetric services in the affected districts. This decision breathed new life into facilities known as Basic Health Units (BHUs), which had long been considered redundant and non-functional. The disaster response related emergency funding from UN agencies (i.e. UNICEF and UNFPA) provided the - required - added resources.

Prior to 2010, the BHUs functioned six hours a day, from 8 AM to 2 PM, six days a week. The performance of these facilities was sub-optimal, and the Government machinery was always struggling to optimize these health facilities in order to justify the public expenditure on these facilities. Typically, a BHU is a one-bedded out-patient clinic manned by a medical doctor, a midwife (known as Lady Health Visitor), a dispenser, a storekeeper, a security guard and outreach staff including vaccinators and health workers. These BHUs had a low turnover of clients due to staff absence, shortage of medicines and limited working hours. In total, Punjab has around 2,500 BHUs.

In order to equip the BHUs for emergency obstetric and neonatal care services in the post-flood scenario, 70 of these facilities (which were located in flood affected areas) were declared as 24/7 BHUs after provision of additional human resources (midwives, female caretakers, and a male security guard); and additional medical supplies to cater to the increased uptake of services. Capacity of the deployed staff was built in various areas including basic Emergency Obstetric and Newborn Care (EmONC), maternal and child nutrition, neonatal care, etc. Performance management of staff occurred through a robust monitoring system, including via available digital tools at the time and through public accountability systems. A helpline number was announced for complaints in case of absence of staff, facility closure, or shortage of supplies.

Within a month after launching, the performance of these BHUs improved by 20 times the baseline performance – with the average number of normal births managed at a facility jumping from 0-1 per month to 20 per month. Within a year, the average performance of each of these 70 BHUs increased to around 40 deliveries per month. Similarly, improvements were seen in the number of outdoor patients as well as on antenatal care, vaccination services and family planning services. Community trust in the BHUs started to improve. Acknowledging the performance improvements, additional funds were allocated to this initiative and the number of BHUs functioning round the clock was increased to 150.

By 2014, the Department of Health had gathered sufficient evidence on the effectiveness of the 24/7-model of BHUs that the Government was convinced to fund it henceforth through its own resources. Within a year, the Government of Punjab funded and scaled up the initiative from 150 to 700 BHUs. With time, the number of facilities increased further – by now, 2,000 out of the 2,500 BHUs of Punjab are functioning round the clock. An average of 50-60 women deliver every month at each of these BHUs, and some of them are referred to higher facilities for management of complications. A network of rural ambulances is also linked to these facilities to offer transport to the women and children.

Each of these 2,000 24/7 BHUs is now equipped with sufficient human resources, medical supplies, electronic reporting systems and internet connectivity. Every service provided at these health facilities is digitally recorded and reported in real-time to a central server. This information is not only used for performance monitoring but also to ensure and improve quality of care. A functionality scorecard is available and updated for each facility on a monthly basis and reviewed both at the district and provincial level. Health facilities have been provided with a highly flexible funding mechanism for minor procurements, repair and maintenance. These funds are utilized on the basis of local needs identified and approved by the health councils. Guidelines for utilization are standardized across the province to ensure financial transparency.

The impact of these health facilities and associated services (i.e., referral system of rural ambulance service) in improving maternal and child health outcomes is obvious from the decline witnessed in maternal, neonatal and child mortality in the province. According to recent estimates from the Multiple Indicators Cluster Survey (MICS) of Punjab for 2024, the neonatal mortality rate (NMR) went down from 58 ([PDHS 2007](#)) to 33 per 1,000 live births ([MICS 2024](#)), while child mortality declined from 111 ([MICS 2008](#)) to 55 per 1,000 live births ([MICS 2024](#)).

The remarkable transformation of more or less “non-functional” Basic Health Units into 24/7 operational facilities showcases the Punjab Government's unwavering commitment to improving public health. Through strategic intervention during the flood response and the years after, it turned PHC into a beacon of hope for many women and children.

Highlights of the week

Looking ahead to 2025

Geneva Health Files – What To Watch Out For in 2025 For Global Health Geneva

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

“Here are **some key expected developments in 2025**, that we think could an impact on global health policy-making in Geneva.”. Some in the short, others in the medium term.

Patnaik mentions among others: “... conflict Strikes Home: WHO DG’s Close Shave In Yemen; ... The Trump Effect in Geneva; ... Geopolitics Will Put Multilateralism In Global Health To Test (including in pandemic agreement negotiations).... Avian flu Negotiations On First Ever UN Tax Treaty Biodiversity talks; climate crises and health.... Disinformation looms bigger...”

Lancet Editorial - Infectious diseases in 2025: a year for courage and conviction

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00036-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00036-4/fulltext)

Also discussing **ongoing replenishments (or ones about to kick off** – like the Global Fund’s).

Arguing: “.... In an environment of fiscal tightening, governments may be inclined to adopt a short-term perspective in which global health slips further down their political priorities. But **global health investments deliver an incredible return on investment that justifies continued commitment**. [Gavi](#), since 2000, has protected more than 1.1 billion children, saved 18.8 million lives, and generated more than \$250 billion in economic benefits for lower-income economies. GAVI 6.0 is projected to generate at least \$100 billion in economic benefits for Gavi-implementing countries. Similarly, [the Global Fund](#) has reduced deaths from HIV, tuberculosis, and malaria by 61% since 2002 and saved 65 million lives. As the largest multilateral grants provider for resilient and sustainable health systems, the Global Fund has also invested substantially—\$1.8 billion alone in 2023—to strengthen health systems not only for combating HIV, tuberculosis, and malaria, but also to prepare against other threats such as spreading antimicrobial resistance and climate change....”

New Humanitarian - Trends that will spur humanitarian needs in 2025

<https://www.thenewhumanitarian.org/analysis/2025/01/07/trends-will-spur-humanitarian-needs-2025>

“**Key factors raising new challenges and likely to worsen lives for millions in crisis hotspots over the coming year.**”

This analysis lists: Debt and taxes: Lopsided global financial order keeps countries dependent; Conflicts rage on (and worsen) as peacebuilding efforts flounder; The fracturing of the old order brings new dangers; Mass atrocity crimes continue unchecked, as impunity becomes more blatant; Women and girls at greater risk as scant services come under threat; Needs soar in Latin America as gang violence and organised crime spiral; The end of asylum...

- Related: the **New Humanitarian** - [What’s shaping aid policy in 2025](#) ‘The scramble for money, Trump multiplied, aid worker killings, mutual aid, ...’

Devex - 2025 in food systems: 9 key things to watch

<https://www.devex.com/news/2025-in-food-systems-9-key-things-to-watch-108926>

“Major events like COP30 in Brazil and the Nutrition for Growth Summit in Paris will shape 2025's global focus on food security, agriculture, and climate action. Here's what to watch in the year ahead.”

Including (9) - South Africa leads the G20: “... In 2025, food security is poised to remain a central focus in global forums as South Africa takes on the G20 presidency.....”

- And a link: Airfinity - [Reflecting on 2024: Conflict, climate and new pathogen strains shaped global disease trends](#)

“...2024 reflects how conflict, climate change, declining vaccination rates, and emerging health threats are shaping the global disease landscape. While progress has been made in some areas, the rise of preventable and climate-sensitive diseases highlights the need for renewed focus on prevention, surveillance, and global collaboration....”

Coming up next month: WHO 156th Executive Board meeting (3-11 Feb)

https://apps.who.int/gb/e/e_eb156.html

With background documents & provisional agenda.

G2H2- Series of policy debates hosted by the Geneva Global Health Hub (G2H2), 20-24 January 2025, ahead of WHO EB 156

[Series of public briefings and policy debates hosted by the Geneva Global Health Hub \(G2H2\), 20-24 January 2025 – G2H2](#)

Excellent preparation for WHO's EB meeting.

- PS: check out also [PHM's WHO Tracker](#) re **EB156** in the coming weeks (as it's gradually taking shape).

Trump 2.0 & Global Health

Devex – Prepare for unpredictability

A Green; <https://www.devex.com/news/devex-checkup-why-isn-t-there-enough-cholera-vaccine-to-go-around-109009>

“In the global health space, the only prediction for 2025 that seems reasonable is that the year will be unpredictable. And that's thanks to one man: incoming U.S. President Donald Trump. There

are, of course, seemingly obvious changes ahead. Washington is all but assured to reimpose the so-called global gag rule and cut funding to the United Nations Population Fund. U.S. withdrawal from WHO also seems likely. **Unpredictability comes in when considering how — or whether — organizations and donors will react to what is coming.** Then, there are the **unknown unknowns: the possible changes and disruptions that no one can even begin to predict.** But that doesn't mean players can't lay the groundwork to be better able to respond to whatever happens next....”

King's College London (Comment) : What a Trump presidency means for global health

by **Richard Sullivan**, Director, Institute of Cancer Policy and Co-Director of the Centre for Conflict & Health Research; <https://www.kcl.ac.uk/news/comment-what-trump-presidency-means-global-health>

From a few months ago, but still worth a read. “Global health is likely to be radically altered with Donald Trump in the White House. For starters, the president-elect has made no secret of his dislike for the World Health Organization (WHO), so a **complete withdrawal from the WHO is now a real prospect.**”

PS: among others, he also expects a **global acceleration of privatized healthcare.**

The Milbank Quarterly – Global Public Health for a New President

L Gostin et al; <https://www.milbank.org/quarterly/opinions/global-public-health-for-a-new-president/>

« **We discuss here five core global health challenges** that have become far more daunting since the November election. »

PS: “ ... **The signs coming out of the Trump transition team paint a bleak picture for the World Health Organization.** Trump tried to pull out of WHO during his first term, and his surrogates have strongly suggested that he will complete a US withdrawal during his second term. That could come as early as Day 1. Under U.S. law, the president must give one year's notice of the intent to withdraw by sending a letter to the UN Secretary General. But **instead of sending a letter, I hope he will do a deal.** That deal might mean continued US membership and funding in exchange for significant reforms of WHO such as increased transparency and accountability. **Whether Trump will send a letter or do a deal is still not certain, but most indications are that he will withdraw....”**

- For a similar read, see **Gostin & Friedman - [American Global Health Leadership in a Second Trump Administration](#)**

“ **The Trump administration may undermine U.S. leadership and the international system of global health cooperation. Pandemic preparedness, resilient health systems and reproductive rights will suffer worldwide.**”

Bloomberg – Trump must keep the US in the World Health Organization

Gordon Brown; <https://www.bloomberg.com/opinion/articles/2025-01-09/trump-must-keep-the-us-in-the-who-gordon-brown?srd=opinion>

(gated) “The global institution is standing up to China and open to making America’s financial burden more equitable.”

Excerpt: “... Trump, who also tried to pull the US out of the WHO in 2020, has two main criticisms: He **feels the US takes on an unfair portion of the financial burden**, and that China wasn’t transparent about the Covid epidemic...”

“On the former, by 2030, half of the WHO’s income will come from “assessed contributions,” which countries pay according to a formula based mainly on their share of global income and world population. **America’s assessed contribution of 22% of the budget is more than that of China. But if instead of leaving, the US used its leverage to push for assessed contributions to cover 100% of an agreed budget, China, India, the oil states and several European countries would actually be obliged to pay more, resulting in a fairer sharing of the load....**”

And a few links:

- [Plos GPH – It won’t end with COVID: Countering the next phase of American antivaccine activism 2025–29](#) (by Peter Hotez)
- NYT - [Inside Trump's search for a Health threat to justify his Immigration crackdown](#)
Trump’s advisors have spent months trying to identify a disease that will help them to build their case for closing the border.

Related **tweet by Benjamin Mason Meier** (on Bluesky):

” Government persecution under the guise of public health echoes Nazi depictions of the Jewish people as inherently diseased, laying the foundations of the Holocaust. Public Health institutions must speak out against this twisting of Public Health practice to dehumanize immigrants and violate rights.

Global Health Governance & Financing (incl debt crisis)

BMJ Editorial - Climate action is pandemic resilience

V Kerry & Priya Basu (Pandemic Fund); <https://www.bmj.com/content/388/bmj.q2790>

“Prolonged debate on the terms of the pandemic treaty has highlighted the differences in how to tackle our global health challenges. Despite the growing calls for a One Health approach, which integrates, optimises, and balances the health of people, animals, and the environment and aims to protect their collective health holistically, **the global community continues to separate discussions about climate change, pandemic preparedness, and other health campaigns.**”

“The world is facing innumerable health challenges, including accelerating disease burdens, increased pandemic risk, and growing health inequities amid slowed progress towards universal health coverage. **Climate change is driving poor health, eroding hard won progress, and creating new challenges. Our future pandemic risk is not exempt. These issues are deeply interrelated.** Experts predict there is at least a 50% chance of another covid-like pandemic occurring in the next 25 years, and this risk is exacerbated by climate change. Critically, **there are four concerns....**”

PS: Towards the end of the editorial, they then discuss **Financing resilience** (among others re the Pandemic Fund).

Guardian - UK cut health aid to vulnerable nations while hiring their nurses, research finds

<https://www.theguardian.com/global-development/2025/jan/06/uk-cuts-health-aid-vulnerable-countries-recruiting-nurses-analysis-royal-college-nursing-research>

“ **The UK cut health aid to some of the world’s vulnerable countries at the same time as recruiting thousands of their nurses, in a “double whammy” for fragile health systems, new analysis has found.**”

“**The [Royal College of Nursing \(RCN\)](#), which carried out the research, said Labour had a “duty to fix” aid cuts imposed by the previous government, and to work on increasing the UK’s domestic supply of nurses. ... **Between 2020 and 2023, direct UK aid for health-related projects in “red list” countries – those with the most severe workforce shortages – fell by nearly 63%, from £484m to £181m. Spending on projects designed to strengthen the healthcare workforce in those countries fell by 83%, from £24m to £4m. At the same time, the number of nurses from these countries on the UK’s national register rose sharply.** There were 11,386 registered in September 2020, and 32,543 in September 2024.....**

TGH - Atul Gawande on Global Health's Past and Present

<https://www.thinkglobalhealth.org/article/atul-gawande-global-healths-past-and-present>

“In a conversation with Thomas J. Bollyky, **Atul Gawande reflects on progress and future opportunities in global health.**” Among others, he points to the future potential of AI in global health. Wide-ranging interview though.

Quote: “... He spoke with particular **concern about attempts to “turn the world against the global health enterprise in fundamental ways....”** “Drawing on his background in medicine, he described the need to build “immunity” to combat these threats: **I’ve come to think of . . . our work around global health security as the building of our global immune system.....”**

- See also Politico [Future Pulse](#):

Re ‘the **parting message from Dr. Atul Gawande, assistant administrator for Global Health at the U.S. Agency for International Development.**’ ‘A renowned surgeon and writer, Gawande called the **position he’s held for the past four years** “the best health job in government that you’ve never heard of,” in [a farewell speech](#) at the agency Wednesday. **He cited a Russian disinformation effort that falsely portrayed U.S. health activities in Africa as an example of how meaningful USAID’s**

global health work is geopolitically. He said a **new Russian information agency, [African Initiative](#)**, “repeatedly publishes baseless claims that our programs are covertly carrying out nefarious biological testing on African communities,” Gawande said. African Initiative states on its website that it aims “to mutually expand the knowledge of Russians and Africans about each other.”...

SCMP - China’s health bonds with strategic African partner Djibouti grow closer over TCM

<https://www.scmp.com/news/china/diplomacy/article/3292427/chinas-health-bonds-strategic-african-partner-djibouti-grow-closer-over-tcm>

“After cataract surgeries, focus turns to TCM to treat nerve paralysis or car crash victims, and lesser known mosquito-borne viruses.”

“Beijing has stepped up public health assistance to its strategic African partner Djibouti – home to China’s only overseas military base – with a new focus on dengue fever and plans for the country’s first traditional Chinese medicine (TCM) centre....”

- Related **tweet by Kalipso Chalkidou**: “ **China aims to train 1,300 overseas health workers in TCM over the next three years and has been encouraging more use of its therapies**, which include acupuncture, massage and cupping, **especially among its Belt and Road Initiative partners.**”

CDC - Global Health’s Evolution and Search for Identity

Kevin M. De Cock; https://wwwnc.cdc.gov/eid/article/31/1/24-1026_article

“Despite earlier attempts to define global health, the discipline’s boundaries are unclear, its priorities defined more by funding from high-income countries from the Global North than by global health trends. Governance and resource allocation are challenged by movements such as **decolonizing global health**. Inherent contradictions within global health derive from its historical evolution from tropical medicine and international health, as well as recent trends in infectious diseases. Demographic, socioeconomic, and epidemiologic transitions, including the rise in noncommunicable diseases, have eroded the concept of a binary world of developed and developing countries. Competitive tension has emerged between aspirations for global health security and health equity. **Dominant principles should focus on vulnerable populations, transnational challenges such as migration and climate change, appropriate prevention and care, and epidemic preparedness and response capacity.** As the 2030 target date for the United Nations Sustainable Development Goals approaches, **reconceptualization of global health is required, or the discipline risks losing identity and relevance.**”

Globalization & Health - Commentary on “Social protection and the International Monetary Fund: promise versus performance” by Alexander Kentikelenis and Thomas Stubbs

James Pfeiffer; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-024-01081-5>

“The recent Globalization and Health article by Alex Kentikelenis and Thomas Stubbs (May 2024), “Social protection and the International Monetary Fund: promise versus performance”, offers a meticulously quantified rendering of the social costs imposed by the crisis and takes aim at IMF solutions. They advocate for a rejection of IMF austerity programs and offer a valuable prescription for change through the International Labor Organization’s “Universal Social Protection” concept.”

“Similar to the Jubilee movement at the turn of the century, global civil society, humanitarian aid, and health organizations are mobilizing in a variety of global networks to call for debt cancellation and restructuring as well as an end to austerity. These include new debt law campaigns in London and New York to rein in private creditors, calls for new IMF issuance of “Special Drawing Rights”, demands for “Global Public Investment”, and promotion of Universal Social Protection.

Pfeiffer concludes: **“The Universal Social Protection approach described by Kentikelenis and Stubbs provides a focal point for these demands to confront this latest and worst episode of sovereign debt crisis already undermining global health progress.”**

WEF Global Cooperation Barometer 2025

<https://www.weforum.org/publications/the-global-cooperation-barometer-2025/>

Published ahead of the **WEF summit in Davos later this month (20-24 Jan)**, presumably the dawn of the new ‘Intelligent Age’ (*ahum*).

PS: This year marks 25 years since [Gavi, the Vaccine Alliance](#) was born in Davos.

“Global cooperation is at a crossroads. While overall collaboration has **flatlined**, driven by heightened geopolitical tensions and instability, positive momentum in areas of climate and nature, innovation and technology, and health and wellness offer hope. **The Global Cooperation Barometer 2025 offers a comprehensive assessment of global collaboration broadly and across five pillars: trade and capital, innovation and technology, climate and natural capital, health and wellness, and peace and security.** By analysing 41 indicators, the report identifies areas of progress and stagnation, highlighting the complexities of cooperation in a world marked by economic uncertainty, geopolitical divides and rapid technological advancements....”

“... The barometer finds that after trending mostly positively for the better part of a decade, overall global cooperation is above pre-COVID-19 pandemic (hereafter referred to as “the pandemic”) levels but has flatlined over the past three years. A key reason for the stall has been the significant degradation in global peace and security, which has pulled the barometer’s overall measurement down. Still, the barometer shows that while cooperation may be slowing in some areas, there are also signs of growth....”

Re **“ Health and wellness”**: “health outcomes like life expectancy continue to improve postpandemic, but cross-border development assistance for health is falling....”

Africa Takes Centre Stage As South Africa Maps Ambitious G20 Agenda

https://allafrica.com/stories/202501080200.html?utm_campaign=allafrica%3Ainternal&utm_medium=social&utm_source=twitter&utm_content=promote%3Aaans%3Aabafbt

“As the first African country to lead the trillion-dollar G20 group, **South Africa will spend 2025 pushing debt relief, climate change and international justice issues**. This means there's a lot at stake for Brics and developing nations.”

“ "We will work towards solidarity, equality and sustainable development that will have an impact on many people around the world," President Cyril Ramaphosa said in his New Year address last night.... .. **Pretoria aims to put African development priorities firmly on the G20 agenda - and more broadly, those of the Global South**. South Africa took over the rotating presidency of the grouping in December, and will host its main annual summit in November 2025, before handing over to the United States....”

G20 South Africa – Health track

<https://g20.org/track/health/>

“... South Africa’s G20 health agenda will highlight the need for equitable multilateral solutions to address the health challenges of the 21st century. **At the centre of this approach will be universal health coverage (UHC), with a focus on primary health care (PHC)** as an inclusive, equitable, cost-effective, and efficient approach to enhancing physical and mental health and to responding to health emergencies. It is estimated that over 4.5 billion people lack access to essential health services, and two billion people face catastrophic or impoverishing health spending due to out-of-pocket health spending. ...”

“Under **the theme Accelerate Health Equity, Solidarity, and Universal Access**, South Africa’s G20 Health Working Group will focus on the **following priorities: Accelerating UHC through a PHC approach; Strengthening human resources for health; Stemming the tide of NCDs; Pandemic Prevention Preparedness and Response (PPPR); Science and innovation for health and economic growth....”**

IPS - Developing Countries are Being Choked by Debt: This Could be the Year of Breaking Free

Ben Philips; <https://www.ipsnews.net/2025/01/developing-countries-choked-debt-year-breaking-free/>

“ **The debt disaster is back**. Indeed, the aid agency Cafod reports that developing countries today face “**the most acute debt crisis in history**”. **At least 54 countries are in a debt crisis – more than double the number in 2010. A further 57 countries are at risk of debt crisis**. In the past decade, interest payments for developing countries overall have risen by 64%, and for Africa by 132%. **African countries are paying over 100 billion dollars a year to creditors. The share of African countries’ budgets going on debt payments is four times higher than in 2010**. Net finance flows to developing countries are now negative – that is, debt service repayments are now higher than inflows to governments....”

“... The scale of the crisis has not shocked world leaders into action, however. **So far, the G20 debt restructuring mechanisms have come nowhere close to what is needed.....”**

Nevertheless, **“2025 also brings two powerful reasons for hope. ...”**

“First, the moment. As the first ever African chair of the G20, South Africa has seized the opportunity to lead an intergovernmental push for action on debt, successfully bringing it to the core of global economic diplomacy. The South African G20 presidency has set out a bold agenda that prioritises tackling what they name in frank terms as the “crippling sovereign debt levels that force many countries to sacrifice their developmental obligations to service unmanageable debts”. South Africa has set out what would be transformative frame for G20 delivery: “We must take action to ensure debt sustainability for low-income countries...”

“... Second, the movement. Intergovernmental diplomacy alone, however well played, can never break through the power imbalances of global finance. **The resolution of the debt crisis needs a determined and organized mass movement of people. This movement is rising.** ... Amongst those who are coming together in the **broad Jubilee 2025 movement** are civil society organisations from climate justice marchers to human rights activists, trade unions from every sector and every part of the world, and artists raising their voices to demand the breaking of the chokehold of debt. At the heart of the Jubilee 2025 movement are the faith communities, who were also at the heart of Jubilee 2000. **As the Jubilee name signifies, debt cancellation is not a mere technical economic issue, it is a moral one, with deep roots in biblical traditions and in ethical understandings of the common good....”**

CGD - Money Talks: The Lusaka Agenda Financing Alignment Indicators

S Sparkes et al; <https://www.cgdev.org/blog/money-talks-lusaka-agenda-financing-alignment-indicators>

“... In September 2024, the Center for Global Development published a Lusaka Agenda Tracker to enable the monitoring of progress and alignment to the shifts laid out in the Lusaka Agenda. Its primary audience is development partners—specifically the global health initiatives (GHIs) (e.g., Gavi, the Global Fund, and Global Financing Facility) and those constituencies who sit on their boards. Building on the Tracker’s approach, we unpack the public financial management (PFM) alignment component into six indicators....” The indicators relate to budget preparation, budget execution & budget accountability.

PS: **“... The Lusaka Agenda sits at a crossroads: either we track progress and ensure mutual accountability, or it becomes another unfulfilled agenda for global health reform. We call for testing of these financing-related indicators, as part of the overall Lusaka Agenda accountability process, with a learning agenda across all regions to refine the definition and measurability of the indicators so they can be usefully incorporated into the Lusaka Agenda-related donor accountability processes, as well as country-level plans....”**

- And via [Pandemic Action’s Playbook](#):

Re **Focus on new sources of finance:** **“...The [Global Solidarity Levies Task Force’s](#) ongoing work to find new sources of climate and development finance through financial transactions and fossil fuel levies, amongst other proposals, is **needed more than ever and will be a key vehicle for change in 2025 ...”****

Decolonizing Global Health

With a few **book reviews** of Seye Abimbola's recent 'The Foreign Gaze-Essays on Global Health'.

K Bertram - Who are you "performing" for? A book review and personal reflections on: The Foreign Gaze – Essays on Global Health by Seye Abimbola

<https://katribertam.wordpress.com/2025/01/06/who-are-you-performing-for-a-book-review-and-personal-reflections-on-the-foreign-gaze-essays-on-global-health-by-seye-abimbola/>

Very neat review. And I trust now you'll at least want to read the conclusion of the book too 😊.

Speaking of Medicine - Where We Stand, Where We Look: A book review of The Foreign Gaze by Şeyə Abímbólá

By Tom Wein; <https://speakingofmedicine.plos.org/2025/01/06/where-we-stand-where-we-look-a-book-review-of-the-foreign-gaze-by-%E1%B9%A3eye-abimbola/>

".... The particular contribution this book makes lies in the analytical tools Abímbólá advances to begin the work of repair. He aims to suggest ways of thinking to achieve these aims. To do so, he introduces three ideas: pose and gaze; representative thinking; and two triangles...."

UHC & PHC

Joint Learning Network - Shaping Resilient Health Systems: JLN's Strategies for Tackling Health Challenges in a Changing World

Rahul S Reddy Kadarpetta et al; <https://jointlearningnetwork.org/shaping-resilient-health-systems-jlins-strategies-for-tackling-health-challenges-in-a-changing-world/>

"..... As healthcare systems across the globe grapple with these ever-evolving challenges, **the Joint Learning Network for Universal Health Coverage (JLN) is working with policymakers and practitioners from across 40 member countries to collectively find solutions to address some of these.** JLN's technical focus has centered on tackling key challenges in these areas including climate and health, emergency preparedness, digital health and primary healthcare.... **In this blog we explore how JLN is amplifying its contributions to this discourse and supporting global efforts.** JLN's recent technical offerings include **learning collaboratives on climate and health, emergency preparedness, digital health and primary healthcare...."**

Pandemic agreement negotiations

Soon to resume. In the meantime:

TWN - Full Version of Joint-Statement of 32 CSOs For Resumed Session of 12th Meeting of WHO Intergovernmental Negotiation Body on a pandemic agreement (INB) held in WHO, Geneva (2 to 6 December 2024)

<https://www.twn.my/title2/health.info/2025/hi250101.htm>

“This is a **statement on behalf of 32 CSOs across WHO regions**, and with 8 or more participating in this meeting, either online or in person. As CSOs, we are usually delighted to see more text getting greened—indicating progress towards a meaningful instrument with effective measures to protect public health and avoid past tragedies. However, this time, there is no excitement. Many diplomats tell us this will be a hollow treaty, with the current text resembling a “green cloth with big holes.” **We have several critical questions for Member States, and we expect their responses:....”**

Check out which critical questions, and on which articles. (*short but pointed read*)

Bird flu

NYT – Biden officials prepare for potential bird flu outbreak with added money

<https://www.nytimes.com/2025/01/02/us/politics/bird-flu-biden-trump.html?smid=nytcore-ios-share&referringSource=articleShare>

“The [Biden] administration is committing an additional \$306 million toward battling the virus, and will distribute the money before President-elect Donald J. Trump takes office.”

“The Biden administration, in a final push to shore up the nation’s pandemic preparedness before President-elect Donald J. Trump takes office, announced on Thursday that it **would nearly double the amount of money it was committing to ward off a potential outbreak of bird flu in humans** On Thursday, the administration said it was **committing \$306 million toward improving hospital preparedness, early stage research on therapeutics, diagnostics and vaccines**. About \$103 million of that will help maintain state and local efforts to track and test people exposed to infected animals, and for outreach to livestock workers and others at high risk. **The Biden administration has already spent more than \$1.8 billion battling bird flu since the spring of last year. Most of that, \$1.5 billion, was spent by the federal Agriculture Department on fighting the virus among animals.** The remainder, about \$360 million, has been spent by the Health and Human Services Department on efforts to protect people, according to federal officials...”

Stat - U.S. records first fatal bird flu case amid growing concerns about virus

[Stat;](#)

“The patient, in Louisiana, had underlying medical conditions.”

““CDC said in a statement that the event, while tragic, does not change its position on the current risk posed by the virus.”

UN News - Avian flu risk still 'low' after first US patient dies from H5N1 virus: WHO

<https://news.un.org/en/story/2025/01/1158776>

“A day after the United States reported its first human death from avian flu, the UN World Health Organization (WHO) insisted on Tuesday that the risk to the wider population remains “low”. WHO spokesperson Dr. Margaret Harris told reporters in Geneva that the H5N1 virus causing the disease is “not circulating in humans but jumping into humans” who are exposed to poultry or dairy cattle. “We’re not seeing sustained circulation,” she insisted....”

FT - Vaccine makers' shares jump after bird flu death in US

<https://www.ft.com/content/f26be9fc-4690-40b7-9e1f-c1693e93de51>

“Moderna, Pfizer, CureVac and Novavax register gains as CDC stresses risk to public ‘remains low’.”

Mpox

- Via Devex Check-up - [“a look at the faltering mpox response in the Democratic Republic of Congo.”](#)

With the **view of L Gostin.** “Global health security expert **Lawrence Gostin thinks alert levels for the international spread of mpox should be “sky high.”** The response in the Democratic Republic of Congo — the epicenter of the emergency — has been slow, inefficient, and grinding, he told my colleague Sara Jerving....” Do read the rest of the section.

- And via **John Hopkins Center for Health Security [newsletter](#):**

“From January 1, 2024, to January 5, 2025, 20 countries in Africa have reported [14,700 laboratory confirmed mpox cases, including 66 deaths](#), according to WHO. The 3 countries with the most cases recorded in 2024 were the Democratic Republic of the Congo (DRC), Burundi, and Uganda. During its last briefing of 2024 on December 19, [Africa CDC said](#) the region has reported [nearly 70,000 suspected and confirmed mpox cases](#) in 20 countries, with **transmission under control in only 5 nations (Gabon, South Africa, Morocco, Zambia, and Zimbabwe).** In a continental review of the emergency response, **officials from Africa CDC, WHO, and partners identified [8 priorities](#) for the ongoing outbreak**, including mobilizing more resources and improving data collection and management systems.”

“... Cases of the new clade, first detected in DRC in 2023, have now been identified in 12 countries outside of Africa....”

AMR

Plos GPH - Intergovernmental or fully independent? Designing a scientific panel on evidence for action against antimicrobial resistance

Arne Ruckert, Steven J. Hoffman et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004039>

“... Despite a call in 2019 by the Interagency Coordination Group on AMR to establish a policy-science interface, and the reaffirmation to establish a scientific panel in the 2024 Political Declaration on Antimicrobial Resistance, no authoritative entity currently exists that synthesizes the scientific evidence on AMR and outlines policy options based on the best scientific insight. A **Scientific Panel on Evidence for Action against AMR (SPEA)** could address this gap, as well as contribute to additional governance gaps in the space of AMR, by facilitating better global coordination and cooperation; establishing real-time evidence to guide policy actions; and monitoring progress towards any globally agreed upon AMR goals and targets. **In this essay, we argue that SPEA has the potential to fulfill several governance functions, and we explore two design options for such a scientific panel to promote equitable and evidence-informed policy implementation. ...**”

Guardian - Antibiotic emergency ‘could claim 40 million lives in next 25 years’

<https://www.theguardian.com/society/2025/jan/05/antibiotic-emergency-could-claim-40-million-lives-in-next-25-years>

“As superbugs spread across the globe, death rates from antimicrobial resistance are set to double, says **England’s former chief medical officer.**” Dame Sally Davies, that is.

PS: related tweet Andrew Harmer: “**Recent data shows AMR is going down in the under-fives, which is good news. For the over-70s, mortality rates have gone up 80% since 1990; that is very concerning**”

More on PPPR (and GHS)

Paper - The scientific mission and governance of an Intergovernmental Panel on Pandemics: lessons from the IPCC and IPBES

Colin J Carlson, L Gostin, M Koopmans, A Phelan et al ;

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5088265

Re an ‘IPCC for pandemics’.

“Pandemics pose a global threat to human-wellbeing, justice, economies, and ecosystems, comparable in urgency and impact to other planetary crises such as climate change and biodiversity loss. **The world needs a scientific synthesis and assessment body focused on pandemic risks and**

solutions. Now, the primary challenge is for national governments and international organizations to agree on a blueprint. **Learning lessons from the Intergovernmental Panel on Climate Change (IPCC) and the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) could help them chart a course through important decisions about format, governance, operations, scientific scope and process, and the ability to recommend policies that make the world safer. “**

- **Related tweet by first author on Bluesky:** “Several countries and reports have called for the creation of an Intergovernmental Panel on Pandemics. **Over the last two years, we brought global health law experts together with IPCC and IPBES members, and mapped out a blueprint for its scope and governance.”**

Stat - What Covid tried to teach us — and why it will matter in the next pandemic

H Branswell; <https://www.statnews.com/2025/01/06/covid-5-year-anniversary-lessons-learned-vaccine-hesitancy-mandate-resistance/>

Focus on the US in this analysis, but also relevant for other countries.

“Helen Branswell reflects on lessons from the last half-decade. “What do we have to show for the time that has passed? Perhaps not enough,” she writes. In the aftermath of the pandemic, there haven’t been the types of post-mortems that normally follow an event of such magnitude. **People don’t trust public health institutions or the miraculous speed of the mRNA vaccines. Mitigation measures like school closures proved unpopular.** This will all be a problem for the next pandemic — which isn’t a matter of *if*, but *when*. “

“Five years after the start of the outbreak, **here are some issues we will likely have to deal with when the next pandemic hits:**

Public trust in public health institutions has cratered (but probably worse in US, vs CDC...); **The way to rapid vaccine development is mRNA. But people don’t trust it....**

“... The nimbleness of the mRNA platform will be of critical importance when the next pandemic starts, especially if it is triggered by a flu virus.” PS: **“The concern about the vaccine platform isn’t just political and it isn’t just in the U.S. [A study analyzing global attitudes towards mRNA vaccines](#) on the social media platform X — previously known as Twitter — from June 2022 to May 2023 found a widespread lack of confidence in the safety and effectiveness of mRNA vaccines, with much of the discussion anchored in misinformation.....”**

And: **“... Mitigation measures can help but may be difficult to deploy”**

Yet, Branswell also acknowledges: **“...If the next pandemic is severe for young children and teenagers, much of the reluctance to adopt control measures stemming from the Covid experience may quickly evaporate.”**

Global Health Research & Policy- Health security—Why is ‘public health’ not enough?

D Akavein, S Abimbola et al ; <https://link.springer.com/article/10.1186/s41256-024-00394-7>

“There is a growing tendency in global discourse to describe a health issue as a security issue. But why is this health security language and framing necessary during times of crisis? Why is the term “health security” used when perhaps simply saying “public health” would do? ... Securitisation of health, which facilitates urgent and exceptional measures in response to an event, is a politically charged process with the tendency to further marginalise already marginalised individuals, groups, and nations. **By exploring the ethical and practical consequences of a powerful actor’s move to securitise health, the essay highlights the importance of considering the perspectives and well-being of marginalised individuals, groups and nations who may be impacted by the move.** The essay challenges the assumption that securitising health or framing health as a security issue necessarily leads to good outcomes. It highlights the historical roots and explores the contemporary implications of “health security”, and invites critically informed discourse on its use within global health.”

BMJ Opinion - Governance of national public health agencies: a crucial yet neglected aspect of health emergency preparedness and response

K Rasanathan et al; <https://www.bmj.com/content/388/bmj.q2823>

“... In considering current country experiences with the governance of national public health agencies, several key conclusions can be drawn. First, governance of national public health agencies is a crucial yet neglected aspect of health emergency preparedness and response. Second, there is no “one-size-fits-all” governance arrangement for national public health agencies or the delivery of essential public health functions that can be recommended for adoption by all countries... Third, regardless of the structure of national public health agencies, clear lines of authority and effective coordination are essential ... Fourth, challenges faced by national public health agencies, including with respect to their governance, reflect broader challenges within health systems...”

“... To respond to the increasing interest in countries and demands for guidance on the governance and organisation of national public health agencies in the wake of the covid-19 pandemic, **the WHO Health Emergencies Programme and the Alliance for Health Policy and Systems Research are convening a peer learning network of national public health agencies** to support country-specific research and learning to inform ongoing efforts to strengthen and improve the capacities of national public health agencies in the management of health emergencies....”

Malaria

Nature (Correspondence) - Resurgence of malaria and artemisinin resistance in Africa requires a concerted response

N Dereje, J Kaseya et al; [Nature](#);

By Africa CDC authors. A few excerpts:

“As we look forward to attaining malaria elimination in Africa, it is critical to refocus malaria prevention and control strategies to align with current trends in the epidemiology of malaria and emerging public health emergencies in the region. **We suggest the establishment of an African-led malaria research network (MaIRNet)** to accelerate malaria elimination by generating evidence on emerging issues such as ART-R, new strains, therapeutic efficacy and socio-behavioral and epidemiological studies.”

“... Moreover, therapeutic efficacy studies of ACT drugs need to be conducted in African settings, particularly in areas where ART-R is identified....”

TB

NPR - Tuberculosis rates plunge when families living in poverty get a monthly cash payout

<https://www.npr.org/sections/goats-and-soda/2025/01/03/nx-s1-5246014/tb-tuberculosis-brazil-poverty-cash-transfer>

“There's a growing body of research that suggests economic programs that give money to very poor people can have major health benefits. Now, a **new study — out on Friday in *Nature Medicine* — proves this approach can work when it comes to the world's deadliest infectious disease: tuberculosis**, which killed more than [1.25 million people](#) in 2023. The study is impressive in its scale. **Researchers combined two Brazilian datasets — one from the Ministry of Health and one that tracks social programs for the poorest half of the population — enabling them to zero in on 54 million people in Brazil living in poverty.** In this group, 44% of them received cash each month from a government program while 56% did not. **The families that received the cash were significantly less likely to contract TB.** Among the extremely poor in this category, TB cases and deaths dropped by more than 50% and in the Indigenous population the drop was even more dramatic: more than 60%....”

“... Here's a look at how the **conditional cash transfer program** works, why it's having unintentional – but welcome – health impacts and what the implications are....”

Cidrap News - Study warns of emergence, spread of resistance to new drug-resistant TB treatments

<https://www.cidrap.umn.edu/tuberculosis/study-warns-emergence-spread-resistance-new-drug-resistant-tb-treatments>

“**A new study indicates resistance to shorter and less toxic drug regimens for multidrug-resistant tuberculosis (MDR-TB) is emerging and spreading between patients.**”

“In a **letter** published last week in the *New England Journal of Medicine*, scientists with the Swiss Tropical and Public Health Institute (Swiss TPH) and Georgia's National Center for Tuberculosis and Lung Diseases say **analysis of *Mycobacterium tuberculosis* genomes from 27 countries identified more than 500 strains of MDR-TB with additional resistance to at least one of the compounds in the BPaL/M (bedaquiline, pretomanid, and linezolid with or without moxifloxacin) regimen. ...**”

Polio

TGH - The "Miracle" of the Polio Vaccine

<https://www.thinkglobalhealth.org/article/miracle-polio-vaccine>

“Polio expert Walter Orenstein speaks about the important legacy of the polio vaccine following efforts to undermine it.”

*“To learn more about the legacy of the polio vaccine and the danger of efforts to undermine it, Think Global Health spoke with **Walter Orenstein**, former immunization programs director at the Bill & Melinda Gates Foundation and longtime head of the United States immunization program at the U.S. Centers for Disease Control and Prevention. According to Orenstein, the polio vaccine was a "miracle," and has nearly freed the world of the virus—but only continued vaccination will "finish the job." Efforts to undermine the vaccine risk decades of progress. “*

*“Last year on a podcast, RFK Jr. **suggested** that the polio vaccine caused cancers that "killed many, many, many, many, many more people than polio ever did." He also reportedly **called** the polio vaccine's success "a mythology." Coupled with his other **antivaccine views**, RFK Jr.'s statements on the polio vaccine are prompting public health experts—including Orenstein—to remind leaders and the public of its transformational role in global public health.”*

NCDs

Guardian - Sugary drinks linked to millions of new diabetes and heart disease cases – study

<https://www.theguardian.com/global-development/2025/jan/06/global-health-inequalities-sugary-drinks-diabetes-heart-disease-africa-latin-america-influencers>

“Tufts University analysis highlights rise in global health inequalities, with fastest growth in linked diseases in Africa.”

*“Sugary drinks are responsible for more than 2.2m new cases of diabetes and 1.1m new cases of heart disease a year around the world, according to a new study. ... **Global analysis published in Nature Medicine** on Monday highlights growing health inequalities. In Latin America and the Caribbean, sugary drinks contributed to almost a quarter (24%) of new diabetes cases in 2020. **In sub-Saharan Africa, the region that has seen the greatest percentage increase in cases from 1990 to 2020, sugary drinks led to more than one in five (21%) new diabetes cases and more than one in 10 (11%) new cases of heart disease.....”***

- See also [HPW coverage – Sugary Drinks Drive Global Diabetes and Cardiovascular Cases](#)

Children's Health

Guardian - Health experts rally for 'call to arms' to protect children from toxic chemicals

<https://www.theguardian.com/society/2025/jan/08/health-experts-childrens-health-chemicals-paper>

"In new paper in the New England Journal of Medicine, leading researchers to propose action to protect kids."

"Children are suffering and dying from diseases that emerging scientific research has linked to chemical exposures, findings that require urgent revamping of laws around the world, according to [a new paper](#) published on Wednesday in the [New England Journal of Medicine \(NEJM\)](#). Authored by more than 20 leading public health researchers, including one from the US Environmental Protection Agency (EPA) and another from the United Nations, **the paper lays out "a large body of evidence" linking multiple childhood diseases to synthetic chemicals and recommends a series of aggressive actions to try to better protect children."**

"In conjunction with the release of the paper, some of the study authors are helping launch an [Institute for Preventive Health](#) to support the recommendations outlined in the paper and to help fund implementation of reforms..."

PS: "... The **authors of the paper prescribe a new global "precautionary" approach** that would only allow chemical products on the market if their manufacturers could establish through independent testing that the chemicals are not toxic at anticipated exposure levels. **Key to it all would be a legally binding global chemicals treaty that would fall under the auspices of the United Nations** and would require a "permanent, independent science policy body to provide expert guidance", the paper suggests...."

SRHR

Global Public Health – Where is menstruation in global health policy? The need for a collective understanding

J McAllister et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2024.2448272?src=>

"...In this paper, we argue that, despite this proliferation of academic and policy interest, attention to menstruation is still relatively muted at the level of global health policy. Using Carol Bacchi's 'what's the problem?' approach to critical frame analysis, we show that global health policy on menstruation remains patchy, with little cohesive understanding of it as a policy issue emerging at the international level. Instead, competing constructions of it as an issue emerge, such that there is not one clear way in which menstruation is addressed in international health policy. We sketch the implications of this, arguing that **without a collective understanding of the problem, solutions are likely to remain siloed, and cross-sectoral work will be difficult...."**

Planetary Health (& 'Climate & health')

FT - World breaches 1.5C global warming target for first time in 2024

<https://www.ft.com/content/fd914266-71bf-4317-9fdc-44b55acb52f6>

As I'm sure you've read by now. See also the Guardian - [Hottest year on record sent planet past 1.5C of heating for first time in 2024](#). "... The **average temperature in 2024 was 1.6C above preindustrial levels, data from the EU's Copernicus Climate Change Service (C3S) shows**. That is a jump of 0.1C from 2023, which was also a record hot year and represents levels of heat never experienced by modern humans...."

PS: "...The **next big opportunity for action comes in February when countries have to submit new [emissions-cutting pledges](#) to the UN. ...**"

Guardian op-ed- Scientists prize neutrality – that doesn't cut it any more. In 2025, they must fully back the climate movement

Bill McGuire and Roger Hallam; <https://www.theguardian.com/commentisfree/2025/jan/09/planet-dying-climate-crisis-emergency-scientists>

"With 2024 set to go down as the hottest year on record, we know that what is coming is truly horrifying."

"... But we are not done yet. **We need to make 2025 the year that scientists, activists and all who care about the future of our planet mobilise together, to demand that our leaders, and governments around the world, treat climate breakdown as the desperate emergency it is, and act accordingly to slash emissions as the science demands – by at least 45% (compared with 2010) by 2030. It is absolutely critical, too, that scientists are in the vanguard.** Some are already doing their bit, but far too many remain silent on the greatest ever threat to human civilisation. This has to change. There are nearly 9 million scientists in the world, making up a tribe that is one of the most trusted groups on the planet. Imagine the noise they could make if they spoke with one voice; think of the impetus it would give climate activism...."

Nature (News Explainer) - Earth shattered heat records in 2023 and 2024: is global warming speeding up?

<https://www.nature.com/articles/d41586-024-04242-z>

"Nature examines whether the temperature spike is a blip or an enduring — and concerning — trend."

- See also the Atlantic - [Climate Models Can't Explain What's Happening to Earth](#)

"Global warming is moving faster than the best models can keep a handle on."

“Across places where a third of humanity lives, actual daily temperature records are outpacing model predictions, according to forthcoming research from Dartmouth’s Alexander Gottlieb and Justin Mankin.”

Guardian - World’s climate fight needs fundamental reform, UN expert says: ‘Some states are not acting in good faith’

<https://www.theguardian.com/environment/ng-interactive/2025/jan/07/climate-change-reform-elisa-morgera>

“Special rapporteur Elisa Morgera criticizes ‘ineffective’ status quo and says focus must be on ‘deep, systemic inequalities’.”

“... Elisa Morgera, the UN special rapporteur on climate change, said the **annual UN climate summits and the consensus-based, state-driven process is dominated by powerful forces pushing false narratives and by tech fixes that divert attention from real, equitable solutions** for the countries least responsible and most affected. “We can observe that **some states are not acting in good faith in very clear ways, which is the basis of any international regime.** There is widespread disregard for the rule of international law, and also a very clear pushback on the science, and shrinking of civil spaces at all levels. Basically, the truth is out of the conversation. That is the problem – there is no space at Cop for the truth,” said Morgera.”

“... Morgera, a professor of global environmental law at the University of Strathclyde in Glasgow, said: **“This is not a blanket condemnation of the whole regime, but if the experiences and evidence of what climate change is doing around the world and how it is affecting people in differentiated ways is not made central to the decision-making, then it’s really hard to see how this process can meaningfully contribute.”** Open sessions should be the norm at Cop – and Indigenous people, UN agencies and others from civil society with different knowledge systems and evidence should **be able to make textual suggestions for states to consider in real time,** Morgera says. The UNFCCC could also ensure total transparency over corporate interests including the thousands of fossil-fuel, big ag and plastics lobbyists who participate in the annual climate summits, she argues....”

Climate Change News - Oxfam: Super-rich have already burned more than their fair share of carbon for 2025

<https://www.climatechangenews.com/2025/01/10/oxfam-super-rich-already-burned-more-fair-share-carbon-2025-oxfam/>

“The world’s richest people are likely to have already used their fair share of the annual global carbon budget, according to research by international NGO Oxfam.”

“Based on data from 2019, **Oxfam have estimated that the 77 million people in the global top 1% of earners, with an income of \$310,000 or more per year, use 2.1 tons of carbon dioxide each in just ten days.** In contrast, it takes **those in the world’s poorest 50% nearly three years to pollute that much.** According to the global carbon budget estimated by the United Nations Environment Programme, **2.1 tons per year is the full individual budget each person can emit by 2030** before breaching 1.5C of global warming....”

IJHPM - Navigating Towards a Well-Being Economy: Need for a Robust Theory of Change; Comment on “Can a Well-Being Economy Save Us?”

David Legge; https://www.ijhpm.com/article_4694.html

“In his recent editorial, Professor Labonté surveyed international initiatives calling for a well-being global economy. Most of these initiatives offer glowing visions but implausible theories of change. The 1974 UN call for a New International Economic Order provides a case study of an earlier instance of well-being economics (although not labelled as such). The NIEO included specific institutional and regulatory initiatives directed to achieving a fairer and more liveable world. However, it was defeated through the rise of neoliberalism from the 1980s as well as internal contradictions within the movement for a NIEO. The history of the NIEO provides useful lessons regarding the political dynamics of global transformation. Any policy initiatives, directed towards reforming the global economy for the well-being of people and planet, need to be based on a robust theory of change. “

Lancet Comment -Ensuring health at the heart of climate change Advisory Opinion

Marlies Hesselman, L Gostin et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02815-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02815-0/fulltext)

“The International Court of Justice (ICJ) in The Hague, Netherlands, concluded landmark hearings on Dec 13, 2024 that could fundamentally reshape the future of global health and human rights. The UN General Assembly had requested, by consensus, an Advisory Opinion from the world's highest judicial body on states' legal obligations to respond to climate change. The ICJ is expected to issue its opinion in 2025....”

“Appearing at the ICJ, the Director-General of WHO, Tedros Adhanom Ghebreyesus, and WHO Legal Counsel, Derek Walton, made clear that public health is the principal argument for climate action. In drawing attention to its unique contributions to the ICJ Advisory Opinion ([panel](#)), WHO Legal Counsel emphasised WHO's mandate and expertise at the intersection of health and climate. WHO has been collecting evidence on the health impacts of climate change for over 25 years and is uniquely placed to share scientific evidence and technical guidance. In a powerful closing statement, Walton pleaded with the court to be guided by this evidence and “to give full effect to the fundamental right of every human being to the highest attainable standard of health, as enshrined in the WHO Constitution....”

PS: “... This WHO intervention is momentous and exemplary. The ICJ Advisory Opinion must be seen as part of a larger global legal mobilisation to support decisive and equitable climate action to protect health and human rights for vulnerable communities. A powerful ICJ ruling can help steer international politics to stave off catastrophic climate change, and inspire other courts throughout the world. However, a weak ruling may risk complicating international climate negotiations even more, setting back efforts to ensure strong legal action. Strong and convincing public health evidence is thus essential to effectively build cases on climate change. Scientists and health professionals will be important in offering written and oral testimony in court, assisting lawyers in understanding the scientific evidence available to support robust legal action, while working closely with affected communities to build the evidence base for future protections. The evidence gathered by WHO, the IPCC, and the Lancet Countdown are major starting points for legal action....”

Bill of Health - Climate Change and Health: Mobilizing Public International Law into Action

<https://blog.petrieflom.law.harvard.edu/2024/11/19/climate-change-and-health-mobilizing-public-international-law-into-action/>

“This post launches a new Digital Symposium, **Climate Change and Health: Mobilizing Public International Law into Action** by Guest Editors [Thalia Viveros Uehara](#) and [Alicia Ely Yamin](#). ...”

- Start with [Climate Change and Health: Mobilizing Public International Law into Action](#)

“This **digital symposium, Climate Change and Health: Mobilizing Public International Law into Action**, by guest editors Thalia Viveros Uehara and Alicia Ely Yamin, makes clear that the stakes could not be higher for global health.”

The Conversation - Relentless warming is driving the water cycle to new extremes, the 2024 global water report shows

A Van Dijk; <https://theconversation.com/relentless-warming-is-driving-the-water-cycle-to-new-extremes-the-2024-global-water-report-shows-246131>

“Last year, Earth experienced its hottest year on record – for the fourth year in a row. **Rising temperatures are changing the way water moves around our planet, wreaking havoc on the water cycle.** The **2024 Global Water Monitor Report** released today shows how **these changes are driving extreme events around the world.** ... We found rainfall records are being broken with increasing regularity. For example, record-high monthly rainfall totals were achieved 27% more frequently in 2024 than at the start of this century. Record-lows were 38% more frequent.”

“**Water-related disasters caused more than 8,700 deaths and displaced 40 million people in 2024, with associated economic losses topping US\$550 billion (A\$885 billion).** The number and scale of extreme weather events will continue to grow, as we continue pump greenhouse gases into an already overheated atmosphere. ...”

- See also **the Guardian** – [Climate crisis ‘wreaking havoc’ on Earth’s water cycle, report finds](#)

“Global heating is supercharging storms, floods and droughts, affecting entire ecosystems and billions of people.”

War/conflict & health

IJHPM - Are Burned Babies and Mass Graves a Global Health Crisis? What Does Decolonization Got to Do With It? Comment on “The Rhetoric of Decolonizing

Global Health Fails to Address the Reality of Settler Colonialism: Gaza as a Case in Point?”

Anonymous (Palestinian doctor) https://www.ijhpm.com/article_4684.html

In case you missed this hard-hitting viewpoint (a Comment on an also must-read by Engebretsen & Baker) from some weeks ago.

“In this commentary, the author situates the [article of Engebretsen and Baker](#) in the larger history of exceptionalizing and evading Palestine in the global health literature. The political root causes for ill health in Palestine such as settler colonization, apartheid and racism are evaded and deemed “too political” and Palestinian health is flattened to the humanitarian realm, thus reinforcing Palestinian dependency on humanitarian aid, rather than subjects of Israeli necropolitics. The commentary focuses on this moment of genocide in Gaza and the importance of shifting the narrative on Palestinian health and global health more generally to focus on current imperialism, wars and settler colonialism. The commentary highlights the importance of showing moral clarity at this moment and center the Gaza Genocide in classrooms, publications and conferences rather than avoiding “controversy” and developing a moral outrage when it is no longer useful and after the smell of death has dissipated.”

UN News - ‘Hospitals have become battlegrounds’: Gaza’s health system on brink of collapse

<https://news.un.org/en/story/2025/01/1158741>

“With seven per cent of the population killed or injured since October 2023, the health crisis in Gaza shows no signs of abating.”

“In a [Security Council meeting](#) on Friday, Dr. Rik Peeperkorn, World Health Organization ([WHO](#)) representative for the West Bank and Gaza, painted a grim picture of the situation, emphasising that over 25 per cent of the 105,000 injured civilians now face life-changing injuries.....”

Doctors Against Genocide demand release of Kamal Adwan Hospital Director

<https://www.middleeastmonitor.com/20250108-doctors-against-genocide-demand-release-of-kamal-adwan-hospital-director/>

“Doctors Against Genocide (DAG) gathered, Wednesday, in Washington DC to demand the release of the Director of the Kamal Adwan Hospital in the Gaza Strip, Anadolu Agency reports. DAG, a global coalition of health care workers, mobilised more than 50 medical professionals on Capitol Hill to advocate for the release of Dr. Hussam Abu Safiya, who was detained by Israeli forces along with others during a 27 December raid on the hospital. The delegation visited members of the House of Representatives and Senate to advocate urgent congressional action on the humanitarian crisis in Gaza....”

Lancet (Comment) - Traumatic injury mortality in the Gaza Strip from Oct 7, 2023, to June 30, 2024: a capture–recapture analysis

Z Jamaluddine et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02678-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02678-3/fulltext)

“We estimated 64 260 deaths (95% CI 55 298–78 525) due to traumatic injury during the study period, suggesting the Palestinian MoH under-reported mortality by 41%.....”

UN News - ‘Children are now freezing to death’: harrowing updates from Gaza

<https://news.un.org/en/story/2025/01/1158881>

“The horrors in Gaza show no signs of abating, the UN said on Thursday, noting that the Ministry of Health reports that over 46,000 Palestinians have been killed there since October 2023, most of them women and children. “

Plos GPH - Women and children first: Delivering solutions in conflict-affected settings

Maria El Bizri, Etienne V. Langlois, Amy Reid, Rajat Khosla ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004084>

« ...We can learn from previous practices and the increasing body of knowledge on effective approaches and evidence-based solutions to upholding critical health services and protecting vulnerable women and children in these settings...”

- And a link: BMJ GH Commentary - [The role of public health professionals in addressing the health and humanitarian catastrophe in Gaza](#) (by T King et al)

“...As public health researchers and practitioners, our role in times of both peace and war, is to promote population health, prevent disease and reduce health inequalities. While the politics may be complicated, the public health imperative is not complicated– action is needed to prevent further death, injury and suffering in Gaza.”

Access to medicines, vaccines & other health technologies

Lancet Letter - Is MSF changing course on access to medicines?

Mohga Kamal-Yanni et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02623-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02623-0/fulltext)

Excerpt: “... **We were therefore alarmed by MSF statements** reported by Talha Burki, such as “it is not about trying to change the global pharmaceutical industry. We do not have the legitimacy to talk about that”, which is a **striking departure from the central role MSF has had in challenging the industry's policies and behaviour**. Moreover, this departure has little chance of success when both the causes of and solutions for access problems are often structural and stretch beyond specific

geographical locations. **We are concerned by the proposed turn inward whereby “the immediate medical needs of the populations MSF assists within a specific context always have primacy,” leaving it unclear if MSF will still support broader access needs for other vulnerable patients who are not within MSF populations.** Many of us have worked hand-in-hand with MSF for decades to transform access to treatments, tests, and vaccines. We are deeply concerned that MSF's recent comments imply that those of us living in the very communities MSF aims to be closer to either have no understanding of the situation or are simply resistant to change. **We ask MSF to clarify its position.”**

- Related **Lancet Letter** - [Humanitarian responsibilities in the context of structural injustice](#) (by James Smith & Unni Karakunara)

“In the World Report, Talha Burki reported on what we believe to be the **misguided decision by a consortium of senior leaders in Médecins Sans Frontières (MSF) to dismantle its highly regarded Access Campaign....”**

They also zoom in on the same quote: “...Burki writes extensively from an interview with the Executive Director of MSF UK. **One problematic assertion gives cause for our collective concern: the suggestion that MSF does not function to change the global pharmaceutical industry.** The Executive Director states “We do not have the legitimacy to talk about that—we are a medical humanitarian organisation”.”

Authors conclude: “...If pharmaceutical, military-industrial, and other extractive and exploitative capitalist systems compromise care (as they do), then it is our moral duty to actively resist those systems. **There can be no legitimate humanitarian solidarity without resistance to unjust and violent power structures.”**

Devex CheckUp: Why isn't there enough cholera vaccine to go around?

<https://www.devex.com/news/devex-checkup-why-isn-t-there-enough-cholera-vaccine-to-go-around-109009>

“Why isn't the production of cholera vaccines meeting the demand?”

- For more detail, see Devex - [Countries grapple with global shortage of oral cholera vaccine](#) (23 Dec)
- Related: **Lancet Letter** - [Cholera hotspots: health-care systems ignored](#) (by M Schedwin et al)

“...We were pleased to read the Editorial on cholera and its emphasis on water, sanitation, and hygiene practices to address the root cause of the cholera pandemic. **However, what we missed was emphasis on strengthening local health systems to detect and respond to these outbreaks—axis 1 of the Global Task Force on Cholera Control roadmap.** Strengthening local health systems has synergistic potential to improve health in relation to other pathogens and diseases, and has been advocated as best practice for interventions in low-resource settings. **We recently found that health**

system readiness was low in cholera hotspots in eastern Democratic Republic of the Congo. We also found frustration with the common short-term emergency response to cholera outbreaks.....”

Nature - Why the last cases of sleeping sickness will be the hardest to eliminate

[Nature](#)

“Pharmaceuticals and vector-control programmes have greatly diminished the once-widespread disease, but sustained effort will be needed to stamp out infection for good. “ Very informative article. With quotes among others from WHO’s Gerardo Priotto.

NYT – In Africa, danger slithers through homes and fields

<https://www.nytimes.com/2025/01/06/health/africa-snakebite-treatment-access.html>

“Venomous snakes bite millions of people worldwide each year, killing at least 120,000. Many of them are poor people in rural areas of Africa without easy access to treatment.” Excerpts:

“... each year, about 120,000 die, and some 400,000 lose limbs to amputation.... The real toll is almost certainly much higher. Estimates are generally based on hospital records, but most snakebites occur [in rural areas](#), far from dispensaries that stock antivenom and among people too poor to afford treatment.....”

“... Venomous snakebite has jumped on and off the World Health Organization’s list of [neglected tropical diseases](#). In 2019, the W.H.O. announced a plan to [halve the number](#) of snakebite deaths by 2030 and the Wellcome Trust, a charity in Britain, [invested 80 million pounds](#) (about \$102 million) into treatment research, a big boost. Still, most countries have not allocated needed resources to fighting this danger, which mainly affects rural people with little political clout. [Farmers](#), migrant workers, nomadic groups and residents of remote villages encounter snakes in their dilapidated homes, while sleeping on the floor, using outdoor toilets or walking barefoot.”

“India accounts for about half of snakebite cases globally, but some African countries lead the list relative to population size. “The fatality rate for snakebite episodes is much higher in sub-Saharan Africa,” said Diogo Martins, who leads research on the issue at Wellcome Trust. Sub-Saharan Africa is home to dozens of snake species, but the most deadly and feared are the puff adder, cobra and black mamba.”

PS: “ There is [only one](#) antivenom manufacturer in all of sub-Saharan Africa, Johannesburg-based South African Vaccine Producers. Many other nations import antivenom from Asia and South America. But antivenoms from one country often don’t work on snakebites in another. Antivenoms made in India, where kraits are most common, is useless against the black mambas or puff adders that terrorize Kenyans. The fragmented market makes it hard for companies to earn healthy profits on antivenoms, so the supply has dwindled even as the need has risen..... To be effective, an antivenom should be tailored to the snake.... “

“... Until 2023, the Kenyan market was rife with counterfeit or diluted antivenom. The country has now rid itself of Indian-made antivenom that was [ineffective](#) against local species. It has only one product sanctioned by the W.H.O.....”

WHO prequalifies diagnostic test to support safer administration of *P. vivax* malaria treatments

<https://www.who.int/news/item/08-01-2025-who-prequalifies-diagnostic-test-to-support-safer-administration-of-p.-vivax-malaria-treatments>

“On 18 December 2024, the World Health Organization (WHO) prequalified the first diagnostic test for glucose-6-phosphate dehydrogenase (G6PD) deficiency which can help to safely deliver WHO-recommended treatments to prevent relapse of *Plasmodium vivax* (*P. vivax*) infection. The prequalification of this G6PD diagnostic test marks a significant milestone in facilitating safe and effective *P. vivax* malaria treatment, reaffirming WHO’s dedication to ensuring equitable access to life-saving health solutions globally. Some 500 000 people die each year from malaria, most of them children.”

“The prequalification of this test immediately followed the [prequalification, in early December, of two new tafenoquine products](#) for anti-relapse treatment of *P. vivax* malaria, and these therapeutics were recommended in updated [WHO malaria guidelines](#) released a few days earlier, in late November.”

“This package of actions by WHO reflects the organization’s recent adoption of synchronized and parallel processes for two key functions: developing recommendations for essential health products and overseeing their prequalification.... While these processes remain entirely independent, their alignment aims to significantly reduce the time required to bring vital health products to low- and lower-middle-income countries....”

Webinar report (ITM/Acame) – Is Access to Medicines Improving in Francophone Africa? What Central Medical Stores Know That No One Asks

<https://publicdocs.itg.be/com/BeCauseHealth-ACAME-Rapport-du-Webinaire-Access-aux-Medicaments-en-Afrique-Francophone-English-2024.pdf>

Report from a webinar early November last year.

Concluding: “.... **Access to medicines is improving in Francophone Africa, but significant challenges remain.** Several countries report notable progress in the availability and distribution of essential medicines, with more ambitious performance targets and an increase in the range of products distributed in the public sector. However, **obstacles still need to be overcome.** In addition to the financial and logistical barriers specific to Francophone African countries, the dependence on imports has been exacerbated by the international context since the pandemic. Armed conflicts in Ukraine and Gaza continue to impact the importation and pricing of medicines, making the work of central medical stores particularly challenging. Moreover, security issues in certain countries and the increase in epidemics and natural disasters further complicate the situation. **In summary, while progress is being made in improving access to medicines, efforts must go beyond the role of central medical stores and their capacity to absorb financial risks. Funding for Universal Health Coverage (UHC), in close collaboration with central medical stores, remains an essential strategy to ensure equitable and sustainable access to medicines for all populations.**”

Guardian - Breakthrough drugs herald 'new era' in battle against dementia, experts predict

<https://www.theguardian.com/global-development/2025/jan/08/health-medicine-new-era-drugs-dementia-alzheimers-disease-pharmaceuticals-lecanemab-donanemab>

"Medical advances make pills to treat Alzheimer's disease viable, though challenges remain in sharing gains globally."

Miscellaneous

Science - As academic Bluesky grows, researchers find strengths—and shortcomings

<https://www.science.org/content/article/academic-bluesky-grows-researchers-find-strengths-and-shortcomings>

"Platform fosters collegial interactions among scientists, but potentially limits interactions beyond the academic community." **"The fast-growing platform may be more equitable than X, but gives scientists a smaller stage."** Quote: 'Good Boring'.

Lancet (World Report) - Research focus: Sexual Violence Research Initiative

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00035-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00035-2/fulltext)

"Founded more than 20 years ago, the Sexual Violence Research Initiative has grown into the largest network on research on violence against women and children. Sophie Cousins reports."

".... After years of work, SVRI was founded in 2003 initially as a project as part of WHO, then as part of South Africa's Medical Research Council. In 2019, it became an independent organisation that has grown into the largest network on research on violence against women and children that brings together researchers, practitioners, donors, activists, and policy makers, with a focus on low-income and middle-income countries (LMICs). It has more than 11 000 members...."

Vox Dev - Three smart ways to unlock progress on the big issues in development in 2025

<https://voxdev.org/topic/macroeconomics-growth/three-smart-ways-unlock-progress-big-issues-development-2025>

"Members of the 'Network of Chief Economists of Development Agencies and Finance Institutes' explore how we can unlock progress on the big issues for global development in 2025...."

More in particular, by: 1. Making inclusive and sustainable growth a top global priority; 2. Setting realistic and achievable finance ambitions at FFD4 (The 4th International Conference on Financing

for Development) in June 2025; 3. Getting higher development impact and returns from investments.

Global health governance & Governance of Health

Constitutionalizing Global Health - The Security Council as a Constitutional Legislator

G Z Capaldo; <https://academic.oup.com/book/58226/chapter/483263018>

This article was published in *The Global Community Yearbook of International Law and Jurisprudence 2023: Global Law, Politics, Ethics, Justice* (2024).

“This article explores the transition to a global health constitutional law under the aegis of the UN Security Council (SC). The article argues that SC Resolution 2565 develops a paradigm shift of the health system based on four basic tenets (which the author calls the “four tenets paradigm of global health”). This resolution is a “proposal” that lays the legal foundation for global health constitutionalization. It has to be “accepted” by the global community as a framework for a new course. In global law, constituent power rests with the global community. From this perspective, the SC’s capacity as global initiator, legislator, and enforcement authority in the development of new concepts, lawmaking procedures, and rules of health law (binding on all global players) derives from the global community (the Council acts as its agent). The global community already accepted SC powers to promote constitutional processes, especially in matters concerning global terrorism...”

International Journal of Environmental Research & Public Health - Sector-Wide Approach (SWAp) in Healthcare—A Mixed-Methods Assessment of Health SWAps in Nepal and Bangladesh

by Steffen Flessa; <https://www.mdpi.com/1660-4601/21/12/1682>

“...This paper analyses the development and achievements of the SWAp in healthcare of Bangladesh and Nepal in order to gain insights into the development and relevance of SWAps in the healthcare sectors of low- and lower-middle-income countries in general...”

USAID - Policy for Global Health Development: Advancing Life Expectancy and Well-Being

<https://www.usaid.gov/policy/globalhealth>

“...This policy provides a new and uniting vision to guide all USAID global health development programming and defines new pathways that connect every aspect of our work. This policy institutionalizes a commitment to intentionally work across all of our health programming toward equitably and sustainably advancing life expectancy and well-being. **For the first time, this policy lays out the crucial role of primary health care (PHC) in the Agency’s global health development work** and how it is essential to achieving this cross-sectoral vision....” With **4 core principles**.

Journal of African Economies - The Political Economy of Economic Policy Advice

S Dercon; https://academic.oup.com/jae/article/33/Supplement_2/ii26/7929322?login=true

“...This article examines the political economy of economic policy advice. It offers a framework for assessing how to maximise the economic development impact of advice, allowing for the political incentives of those in power. It argues for a ‘second best’ analysis that looks to maximise development impact given political incentives and shows how standard advice often given by researchers, government advisors or international organisations such as the World Bank and the IMF may not be this second best option.”

- Via Devex Newswire: [Geldof his lawn](#)

“Bob Geldof spent much of the festive period battling away criticism that the 40th anniversary re-release of his charity record “Do They Know It’s Christmas?” was degrading to modern-day Africa, insisting, “this little pop song has kept millions of people alive.” Now the New Year release of United Kingdom government papers from 20 years ago show the Band Aid founder was far from complimentary about the continent’s leaders as he sought to influence Tony Blair’s attempts to fire up development aid, our U.K. reporter Rob Merrick tells me. The then-prime minister’s 2005 Commission for Africa created a blueprint for action on aid, trade, and debt relief at the landmark Group of Eight advanced economies’ summit in the U.K. that year, after — it now emerges — a behind-the-scenes tussle over who should be in charge. A memo to Blair, penned by his international development adviser Liz Lloyd, says of Geldof: “He is scathing about the ability and worthiness of virtually all African leaders and sees the audience as primarily the US,” adding, “he therefore does not want an African co-chair, content to ride with your name to give it credibility.” Blair did chair the commission, but the majority of its 17 figures from the worlds of government, business, and development were African....”

- And also via Devex – [Brussels bubbles](#)

“The [European Commission](#) is talking a lot about Chinese dependencies these days, too, including in its development policy, where it is trying to portray its **Global Gateway investment strategy as an alternative to China’s Belt and Road initiative. **2025 is the year the commission will present its proposal for the EU’s collective 2028-2034 budget, which works out to the Western world’s third-largest aid budget each year.**”**

“The think tank [ECDPM](#) has just put out a [handy primer](#) on the budget negotiations, which typically take years once EU member states and the European Parliament get involved. ... **Expect aid to Ukraine and migration management to feature prominently, the authors write, as EU development policy also shifts toward “projects aligned with economic priorities, such as trade agreements, infrastructure, access to raw materials and energy security.” And that means: “Future EU external action will likely **prioritise collaboration with like-minded partners** and regional alliances, and find pragmatic ways to engage with non-like-minded states on shared agendas, such as climate change.” **The downside? “This shift risks leaving regions like Africa and the Middle East, and groups such as the Least Developed Countries (LDCs), potentially underfunded unless there is a robust defence in their favour.”****

Global health financing

WHO Bulletin - What justifies public engagement in health financing decisions?

Matthew S McCoy et al; <https://pmc.ncbi.nlm.nih.gov/articles/PMC11704629/>

From the new WHO Bulletin issue (January).

“The World Bank’s report, *Open and inclusive: fair processes for financing universal health coverage*, represents an important effort to specify the benefits and criteria of fair processes in health financing decisions. Here we argue that the report’s justification for increasing public engagement in health financing decisions, one of its most novel contributions, rests on a widely shared but flawed assumption that public engagement will produce more equitable outcomes. Examining evidence from national-level public engagement initiatives cited in the report, we argue that there is no reason to assume that engaged publics will prioritize equity over other relevant values such as the maximization of population health. We conclude that instead of seeing public engagement as a tool for advancing particular values, policy-makers should view it as a neutral way of assessing what the public values and gathering insights that can inform the design of health benefits packages. If policy-makers wish to prioritize equity, they should do so directly through substantive policy choices regarding the design and financing of coverage schemes.”

UHC & PHC

Plos GPH - Moving toward universal health coverage with a national health insurance program: A scoping review and narrative synthesis of experiences in eleven low- and lower-middle income countries

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003651>

By M Florence et al.

International Journal of Health Policy & Management -The Future Hospital in Global Health Systems: The Future Hospital as an Entity

Sebire NJ, M McKee et al ; <https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3893>

Review article.

BMC Health Services - Primary healthcare’s carbon footprint and sustainable strategies to mitigate its contribution: a scoping review

Stephen James Walsh et al; <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-12068-8>

Systematic review.

Pandemic preparedness & response/ Global Health Security

Nature - What will viruses do next? AI is helping scientists predict their evolution

<https://www.nature.com/articles/d41586-024-04195-3>

“Forecasts of viral variation could improve vaccine and antiviral treatments ahead of time.”

“The holy grail of pandemic preparedness is being able to predict how a virus will evolve just by looking at its genetic sequence. Those days are still a way off, but a growing number of research groups are using artificial intelligence (AI) to predict the evolution of SARS-CoV-2, influenza and other viruses....”

CFR (book) - When the World Closed Its Doors: The COVID-19 Tragedy and the Future of Borders

E Alden et al; <https://www.cfr.org/book/when-world-closed-its-doors>

“A detailed exploration of the most sweeping government border closures in human history during the COVID-19 pandemic and the implications for the future of global mobility.”

Cidrap News - CIDRAP report highlights gaps, offers guidance for possible CWD spillover into people, other species

<https://www.cidrap.umn.edu/chronic-wasting-disease/cidrap-report-highlights-gaps-offers-guidance-possible-cwd-spillover-people>

“The Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota today published a comprehensive, state-of-the-art report aimed at improving surveillance, research, and response to a potential chronic wasting disease (CWD) spillover from cervids such as deer to people or farm animals.”

“The report, “Chronic Wasting Disease Spillover Preparedness and Response: Charting an Uncertain Future,” identifies gaps in spillover preparedness and offers recommendations to support public and animal health agencies' ability to recognize and respond to a species jump....”

Planetary health

PIK - Growing Divide: Agricultural Climate Policies Affect Food Prices Differently in Wealthy and Poor Countries

<https://www.pik-potsdam.de/en/news/latest-news/growing-divide-agricultural-climate-policies-affect-food-prices-differently-in-wealthy-and-poor-countries>

“Farmers are receiving less of what consumers spend on food, as modern food systems increasingly direct costs toward value-added components like processing, transport, and marketing. **A new study by the Potsdam Institute for Climate Impact Research PIK shows that this effect shapes how food prices respond to agricultural climate policies: While value-added components buffer consumer price changes in wealthier countries, low-income countries – where farming costs dominate – face greater challenges in managing food price increases due to climate policies.....**”

- Cfr the article in **Nature food** - [Future food prices will become less sensitive to agricultural market prices and mitigation costs](#)

Guardian - ‘Ironic’: climate-driven sea level rise will overwhelm major oil ports, study shows

<https://www.theguardian.com/environment/2025/jan/04/climate-driven-sea-level-rise-set-to-flood-major-oil-ports>

“**Ports including in Saudi Arabia and the US** projected to be seriously damaged by a metre of sea level rise.”

Cfr the [latest science published](#) by the **International Cryosphere Climate Initiative (ICCI)**.

Guardian - Six big US banks quit net zero alliance before Trump inauguration

<https://www.theguardian.com/business/2025/jan/08/us-banks-quit-net-zero-alliance-before-trump-inauguration>

“Exodus from target-setting group is attempt to head off ‘anti-woke’ attacks from rightwing politicians, say analysts.”

“**The six biggest banks in the US have all quit the global banking industry’s net zero target-setting group**, with the imminent inauguration of Donald Trump as president expected to bring political backlash against climate action. JP Morgan is the latest to withdraw from the UN-sponsored net zero banking alliance (NZBA), following Citigroup, Bank of America, Morgan Stanley, Wells Fargo and Goldman Sachs. All six have left since the start of December....”

Geneva Health Files - Examining the Plastics Treaty Negotiations

By Priti Patnaik & Yukta N; [Geneva Health Files](#);

“In this edition, we take a close look at the negotiations towards a Plastics Treaty, discussions that collapsed in December 2024. ... In this story **we look at the issues at stake and its relevance for global health....**”

- Related: Science Editorial - [Optimism for a global plastics treaty](#)

Nature News - Climate engineering faces hostility — here’s how scientists say it might move forwards

[Nature](#)

“Questions about effectiveness, risks and regulation must be answered before Sun-dimming technology can be developed, according to researchers. “

Covid

Plos GPH - Countries’ progress towards Global Health Security (GHS) increased health systems resilience during the Coronavirus Disease-19 (COVID-19) pandemic: A difference-in-difference study of 191 countries

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004051>

By Tyler Y. Headley et al.

Mpox

Nature Medicine -Preparedness and priority research to tackle the mpox outbreak response

Ali Aziz et al; <https://www.nature.com/articles/s41591-024-03367-y>

by CEPI authors.

Excerpt: “...As part of international scientific efforts to advance mpox research, **CEPI** has worked in partnership with the World Health Organization, the Africa Centres for Disease Control and Prevention and the US National Institute of Allergy and Infectious Diseases on a [coordinated research roadmap for mpox](#) and is supporting research on identified priority research objectives.”

Infectious diseases & NTDs

Nature Medicine - Setting sights on a single-shot malaria vaccine

Debashree Goswami et al; <https://www.nature.com/articles/s41591-024-03427-3>

“In a game-changing development for malaria vaccines, single-dose immunization with a genetically weakened whole malaria parasite vaccine achieved an unprecedented 90% protection.”

Lancet Infectious Disease - A new RH5.1/Matrix-M candidate malaria vaccine: a promising finding to boost malaria elimination in Africa

N Dereje, J Kaseya et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00860-0/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00860-0/fulltext)

“**Hamtandi M Natama and colleagues conducted a clinical trial on the efficacy and safety of the RH5.1/Matrix-M vaccine, a candidate malaria vaccine, in children aged 5–17 months in Burkina Faso and published its interim results in *The Lancet Infectious Diseases*.** The new vaccine (RH5.1/Matrix-M) targets blood-stage malaria, unlike the previously approved malaria vaccines (RTS,S/AS01 and R21/Matrix-M) that target the pre-erythrocyte stage...”

Lancet Infectious Diseases - Effect of mass drug administration on malaria incidence in southeast Senegal during 2020–22: a two-arm, open-label, cluster-randomised controlled trial

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00741-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00741-2/fulltext)

- And related **Lancet Infectious Diseases Comment by Lorenz von Seidlein - [Another antimalarial mass drug administration?](#)**

Lancet World Report - Loiasis: bringing an end to neglect

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02185-8/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02185-8/abstract)

“Loa loa infections affect up to 20 million people in Central and West Africa, but options for treatment and control are widely inadequate. Laura Salm-Reifferscheidt reports.”

NCDs

HPW - Amid Ignorance of the Links Between Alcohol and Cancer, US Surgeon General Calls for Updated Warning Labels

<https://healthpolicy-watch.news/links-between-alcohol-and-cancer-us/>

News from last week (from the US). “Alcohol is the third leading cause of cancer in the United States, yet less than half of US citizens polled are aware of its link to cancer, according to the US Surgeon General. To mitigate this, **the warning labels on alcoholic beverages should be updated to include the risk of cancer, [advised Surgeon General](#) Dr Vivek Murthy this week....”**

Lancet Oncology (News) - Africa renews commitment to an accelerated plan to end cervical cancer by 2030

[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(24\)00711-3/fulltext?dgcid=tlcom_carousel1_news25_lanonc](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(24)00711-3/fulltext?dgcid=tlcom_carousel1_news25_lanonc)

“... African countries have agreed to set up three centres of excellence to serve as hubs for health-care innovation and research and to accelerate plans to eliminate cervical cancer by 2030 on the continent. The decision came at the Continental Consultative Meeting on Cervical Cancer Elimination organised by the Africa Centres for Disease Control and Prevention (Africa CDC) and held in Addis Ababa, Ethiopia, on Nov 27–29, 2024. **Rwanda, Morocco, and Zambia were selected to host the centres, on the basis of their track record in cancer prevention...**”

“... In 2020, [WHO](#) published the *Global strategy to accelerate the elimination of cervical cancer as a public health problem*, which provides a roadmap for achieving the 90–70–90 targets (90% of girls fully vaccinated with the HPV vaccine by age 15 years, 70% of women screened by 35 years and again by 45 years, and 90% of women with cervical disease receiving treatment) by 2030. **The accelerated roadmap had the backing of Africa CDC and was supported by UNAIDS, the US President's Emergency Plan for AIDS Relief, and Gavi, the Vaccine Alliance, under the [Go Further](#) partnership. A Continental Technical Working Group will oversee the roadmap's implementation with clear and actionable recommendations to improve HPV vaccination, diagnostics, and treatment, including establishment of the three centres of excellence....”**

Health Research Policy & Systems - Can integrated care interventions strengthen primary care and improve outcomes for patients with chronic diseases? A systematic review and meta-analysis

Yuqi Zhang, Jin Xu et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01260-1>

“... An increasing number of people live with chronic disease or multi-morbidity. Current consensus is that their care requires an integrated model bringing different professionals together to provide person-centred care. Although primary care has a central role in managing chronic disease, and integration may be important in strengthening this role, previous research has shown insufficient attention to the relationships between primary care and integration. **This review summarizes primary care involvement in integrated care interventions and assesses the effect of those interventions on a range of measures of primary care functions and wider outcomes....”**

Social & commercial determinants of health

BMJ Feature - Do smoking bans work?

<https://www.bmj.com/content/388/bmj.q2759>

“Since 2007 there have been moves towards stricter regulations on smoking in public spaces across the world. But have any of these had noticeable health impacts? Sally Howard and Geetanjali Krishna report.”

Mental health & psycho-social wellbeing

SS&M - Gender Inequality, Well-being, and Ill-being: A Macro Analysis of Human and Societal Flourishing

S Araki et al; <https://www.sciencedirect.com/science/article/pii/S0277953624011249>

“The **longitudinal link between gender equality and well-being/ill-being is assessed**. We analyze the original macro-level panel dataset for 137 countries over 15 years. **Higher gender equality positively predicts better well-being regardless of gender. Gender equality is negatively linked to the risk of ill-being regardless of gender.** These trends are notably observed along with economic gender equality.”

Guardian - Loneliness linked to ill health through effect on protein levels, research suggests

<https://www.theguardian.com/society/2025/jan/03/loneliness-ill-health-protein-levels-research>

“Study finds higher levels of certain proteins in people who reported social isolation or loneliness.”

Cfr a new [study in Nature](#).

Medicalxpress - Study shows 'sandwich carers' experience decline in mental and physical health

<https://medicalxpress.com/news/2025-01-sandwich-carers-decline-mental-physical.html>

“People who care for both their children and older family members—also known as 'sandwich carers'—suffer from deterioration in both their mental and physical health over time, finds a new study by UCL researchers. The research, published in **Public Health**, analyzed data from around 2,000 sandwich carers and 2,000 non-sandwich carers from the UK Household Longitudinal Study between 2009 and 2020. **Sandwich carers juggle the responsibilities of caring for aging parents or older relatives while raising dependent children (aged under 16).** ...”

National Geographic - Singapore has a unique idea for tourism: Focus on your mental health

<https://www.nationalgeographic.com/travel/article/singapore-wellness-mental-health>

“The country is centering its **therapeutic gardens**, which were designed with the needs of neurodiverse children and visitors with autism or dementia in mind.”

Sexual & Reproductive health rights

Plos GPH - Technical and management coaching for government institutions: Lessons learned and health systems transformations across 8 countries in sub-Saharan Africa and India

Kate Graham et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004058>

“Traditional engagement with local governments often relies on financial and human resources from international or local partners, leading to direct implementation by organizations, which can hinder sustainability. While some organizations include sustainability indicators, **few focus on transferring technical and financial ownership to governments**. The **Challenge Initiative (TCI)** uses a phased coaching model—lead, assist, observe, and monitor—to **build local government capacity for scaling family planning (FP) and adolescent and youth sexual and reproductive health (AYSRH) programs**. ...”Focus here on stakeholders across 24 TCI sites in **8 countries—Benin, Kenya, India, Niger, Nigeria, Senegal, Tanzania, and Uganda**—from October 2020 to March 2021.

And a link:

- SciTech Daily - [New Global Standard? Iron Infusions Boost Pregnancy Outcomes in Landmark Study](#)

“A single third-trimester iron infusion significantly reduces anemia in pregnant women, outperforming oral iron tablets and offering potential to improve maternal care globally.”

Neonatal and child health

Vaccines - Scoping Review of Current Costing Literature on Interventions to Reach Zero-Dose Children in Low- and Middle-Income Countries

<https://www.mdpi.com/2076-393X/12/12/1431>

By Ann Levin et al.

Access to medicines & health technology

TechInvention Joins Hands with Ethiopia to Boost Vaccine Manufacturing and Pandemic Preparedness

<https://ehealth.eletsonline.com/2025/01/techinvention-joins-hands-with-ethiopia-to-boost-vaccine-manufacturing-and-pandemic-preparedness/>

“In a landmark collaboration aimed at strengthening Africa’s healthcare resilience and vaccine self-sufficiency, Indian biotech company TechInvention has signed an agreement with Ethiopia’s Ministry of Health. This partnership aligns with Ethiopia’s vision under the African Union’s Agenda 2063 and the Partnership for African Vaccine Manufacturing (PAVM), which focus on building robust healthcare systems and enhancing pandemic preparedness across the continent. As part of this initiative, TechInvention will provide end-to-end technical and strategic support for the vaccine manufacturing project...”

Lancet GH - Prices, availability, and affordability of adult medicines in 54 low-income and middle-income countries: evidence based on a secondary analysis

Lachlan Oldfield, M et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00442-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00442-X/fulltext)

In case you missed this. From the Lancet GH January issue.

Human resources for health

Plos GPH - Modelling the health labour market outlook in Kenya: Supply, needs and investment requirements for health workers, 2021–2035

James Avoka Asaman et al ;
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003966>

“... the Ministry of Health undertook a comprehensive Health Labour Market Analysis (HLMA) in 2022 to generate evidence supporting the development of responsive health workforce policies. This paper presents findings of a modelling exercise to understand the health labour market outlook...”

International Journal of Health Planning & Management -Absenteeism of Healthcare Workers in Primary Healthcare in Sub-Saharan Africa: A Scoping Review

Larissa Klootwijk et al;
<https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3890?campaign=wolearlyview>

“Absenteeism is highly prevalent in primary healthcare in Sub-Sahara Africa. Causes of absenteeism are rooted in individual-level causes and health system-level. The impact of

absenteeism on patients and healthcare workers is profound. A multifactorial approach to address absenteeism is warranted.”

Plos GPH - Individual and organizational factors associated with public health workforce competencies to advance health equity

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004068>

By Paula M Kett et al.

Decolonize Global Health

Transforming Global Health Partnerships - When Women Lead in Global Health: Alternative Mobilizations

C Alonso, I Torres et al ; https://link.springer.com/chapter/10.1007/978-3-031-53793-6_21

“Ongoing discussions on what is “wrong” with global health or how to decolonize global health tend to focus exclusively on structural shortcomings, such as effectiveness of global platforms and institutions or lack of truly participatory consultation strategies (downstream perspective). Thereby they fail to capture alternative approaches to global health leadership (upstream perspective) and to recognize the sovereignty of non-Western knowledge and the intrinsic value of community regeneration in all its forms as a key ingredient for effective global health practice. Women’s perspectives have been largely relegated to the gender agenda (balance, parity, equity) or proposed as models on “how to lead better” based on preconceived, male-based notions of what constitutes “effective” leadership, including setting and prioritizing goals. ... **This chapter centers on the disproportionate impact of COVID-19 in the lives of Latin American immigrants in Chelsea, Massachusetts, United States, during the 2020 pandemic.** The chapter explores how public health prioritization of basic needs neither captured the relationship between impact and social response nor acknowledged the interplay between the different needs of people. **Employing an insider’s look, we describe how the women leaders of the local organization La Colaborativa called upon culturally accepted codes to reverse power roles, questioned scientific definitions of needs and led their community out of potentially irreversible consequences of the crisis in a holistic and sustainable way. Their leadership serves as an example of how self-governed, women-led organizations that are rooted in the community may address the real needs of its members during a global catastrophic event.**”

Conflict/War & Health

Global Policy - The Triple Humanitarian, Development and Peace Nexus: In Context and Everyday Perspective

By Marina Ferrero Baselga and Rodrigo Mena;

<https://www.globalpolicyjournal.com/blog/06/01/2025/triple-humanitarian-development-and-peace-nexus-context-and-everyday-perspective>

“This post represents the **introduction to a forthcoming e-book**, entitled '**The Triple Humanitarian, Development and Peace Nexus: In Context and Everyday Perspective**', edited by Marina Ferrero Baselga and Rodrigo Mena. Chapters will be serialised on Global Policy over the coming months...”

Miscellaneous

Economist –(Special report) The economic gap between Africa and the rest of the world is growing

<https://www.economist.com/special-report/2025/01/06/the-economic-gap-between-africa-and-the-rest-of-the-world-is-growing>

“Business as usual will not narrow it, says John McDermott.” Interesting (but somewhat dire) analysis.

“By 2030 Africans will make up over 80% of the world’s poor.”

Papers & reports

WHO Bulletin – January issue

Overview of the new issue: [In this month's Bulletin](#).

Check out among others:

- [WHO Editorial – The ethics of research into health and climate change: call for papers](#) (by Katherine Littler et al)

Katherine Littler et al. call for papers for a special theme issue on the ethics of research into health and climate change.

- [Mitigating the unintended consequences of health-care initiatives](#)

“Health-care policies and initiatives are designed to save lives and enhance well-being, but they can also entrain unintended negative effects. **Gary Humphreys** reports.” Among others, re the **CONSEQUENT framework**.

SSM Health Systems – Rigorously accounting for the role of social values in health systems: Guidance for Health Policy and Systems Researchers

E B Whyte & J Oliver; <https://www.sciencedirect.com/science/article/pii/S2949856225000017>

“... in health policy and systems research, social values are often studied only as drivers of policy change. **We present an analytical framework to guide analysts in accounting for values-based complexity in health systems change.** Rigorously accounting for social values as both driving and constraining change requires recognising that policy processes unfold in complex social health systems; that social values comprise part of an ideational context that constrains actor choices; that this ideational context may change in important ways over time; and that past policy decisions embed values in social institutions, creating feedback loops that constrain change. The analytical framework centres moments of policy decision-making in their ideational context; emphasises the points of interaction between health systems, policy decisions and social values; and points the analyst towards the tangible contextual realities that shape the ideational context.”

Tweets (via X & Bluesky)

Matthew Harper

(via FT article)

“Pfizer’s CEO Albert Bourla traveled with his top management team to Donald Trump’s Mar-a-Lago resort for an off-site meeting, "according to flight records and two people familiar with the matter.”

Fifa A Rahman

Back at work setting @matahariglobal.bsky.social up for the new year, and **developing a roadmap for implementation of the African Health Workforce Compact for Africa CDC.** One of the elements I’m excited about in the latter is **harmonising standards for qualifications facross the continent.”**

Jocalyn Clark

“ICMJE has issued a [joint editorial](#) about **Predatory Journals** – saying **action is needed by all stakeholders.** It cites my [editorial](#) w/ @Richard56 from 10 yrs ago sounding an alarm. **We also raised concern about targeting of junior & global south researchers.”**