

IHP news 818 : Introducing this year's IHP correspondents

(28 Feb 2025)

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

Dear Colleagues,

I know, I know, it's almost March (☺), but let me start nevertheless this newsletter issue by formally introducing the **2025 IHP correspondents**. You find their respective **profiles** [here](#). Some of them (**Rajeev B R, Soe Yu, Teresa Santos**) already came up with a first contribution in previous weeks, and today **Shiferaw Tesfaye** does so in this week's **Featured article** on a vaccine manufacturing related event he attended in Addis recently. We're also looking forward to the views of **Denise Michela Milice, Emmanuel Benyeogor, Fatma Guleid, Ibrahim Kamara, Manya Sachdeva, Sherifath Mama Chabi** in the weeks and months to come. And gosh what a world it is for them to weigh in on.

Which brings me to the **global health policy news** of the week then. I won't try to summarize the main highlights (and lowlights) here, we actually have a whole section dedicated to that. "Trump 2.0" isn't even pretending anymore about ['lifesaving waivers'](#), it became [clear](#) this week – the sheer cruelty is just nauseating. One can apparently now also ["appease" evil Donald & his henchmen by brutally cutting ODA \(in order to pay for more defense\)](#). Speaking of defense, it would probably help if *"the world" 'warmongers' would end their disdain for global order"*, as **UN SG Guterres** argued on the [opening day of the Human Rights Council](#) but the way things are going, let's first see whether his organization still exists in a few years from now.

Meanwhile, while the far right clearly wants to get rid of **aid, soft power** and the like, as we've seen lately, you might also want to pay attention to what is happening with **science** in *'the country formerly known as a democracy'*. Turns out even **'excellent research'** in many cases doesn't survive if the radical-right gets to power. Earlier, Milei's Argentina had already "paved the way" in this respect. (Neoliberal) power corridors of academia in other parts of the world might want to pay attention.

Over to the papers & reports then. This week, among others, we came across a **new paper (by M Reid et al)** on a ['global health doughnut'](#) (and more in general, **redefining global health for the 21st century**) which ended like this: *"...In the next ten to fifteen years, the health impacts of climate change will be determined by the vulnerability of populations, their resilience to the current rate of climate change, and the extent and pace of adaptation. But over the next seventy to eighty years, the effects of climate change will increasingly depend on the extent to which transformational action is taken now to reduce emissions and avoid the breaching of dangerous temperature thresholds and potential irreversible tipping points. As such, we must address the ecological boundaries and close equity gaps concurrently and without delay."*

As international efforts to actually do the latter seem to be “less of a priority” now in many parts of the world, attending the [Global Tipping points conference](#) early July in the UK is probably not a dumb idea. (Do take a train though if you can 😊!)

Enjoy your reading.

Kristof Decoster

Featured Article

Building Local Vaccine Manufacturing in the African Union: Key messages and reflections from a recent meeting in Addis

Shiferaw Tesfaye Tilahun (Ethiopian Public Health Institute)

While August is recognized as [National Immunization Awareness Month](#) in countries such as the US and Canada, February 2025 has already made its mark in this respect with no less than three high-level meetings focused on African vaccine manufacturing. Recently two of these took place in Cairo, Egypt. The first one, on February 4, led to the [signing of a Memorandum of Understanding \(MoU\)](#) among Africa’s WHO Maturity Level 3 National Regulatory Authorities (NRAs). On February 05, the [2nd Vaccine and Other Health Products Manufacturing Forum](#) was held in the same city of Cairo, with many stakeholders involved. By the way, on the sidelines of this event, a few encouraging landmark vaccine deals were also [announced](#), signaling Africa’s willingness to shift to local manufacturing.

But over to the third [event](#) which I attended in person. Titled ‘**Sustainable Access to Vaccines: Strengthening Regulatory Frameworks, Building Production Capacity, and the Importance of Partnerships in Achieving AU Priorities**’, this meeting took place in Addis Ababa on the sidelines of the 38th Ordinary Session of the African Union Assembly, on 16 February. In this article, I’ll provide some key messages from this meeting.

But first some necessary background to get us all on the same page.

Why do we need vaccines? Why is vaccine production becoming a vital necessity in Africa?

As the Covid-19 pandemic made painfully clear, regional vaccine manufacturing has become indispensable – as well as urgent. It’s a [key priority](#) of Africa CDC’s New Public Health Order since a few years, and for good reason.

In geopolitically tricky times, with multilateralism under major pressure, regional vaccine manufacturing is even more relevant. And nowhere more so than on a continent where new and emerging infectious diseases are prevalent, with [52](#) outbreaks on average per year. Over [200](#) diseases outbreaks were reported on the continent last year. In short, we definitely need context-based vaccine production.

Speaking of which, last year, I was deployed to the Somali regional state of Ethiopia as part of the [African Volunteer Health Corps \(AVoHC\)](#) in response to a cholera outbreak. During a meeting with

the regional health leaders, I heard that the region requested hundreds of thousands of Oral Cholera Vaccines (OCV), but less than 15,000 were promised, and those were not even delivered on time (i.e. during the time of the outbreak). Imagine if we had the capacity to manufacture these vaccines locally, how many lives we could save and how many illnesses we could prevent!

While no African country has yet taken the lead on cholera vaccine production, [Zambia's](#) historic decision (October 2024) to sign an MoU with China to establish Africa's first-ever cholera vaccine plant could be a game-changer. And in 2022, the [International Vaccine Institute](#) (IVI) and [Biovac](#), a biopharmaceutical company based in South Africa, already [signed a groundbreaking licensing and technology transfer agreement](#) to manufacture oral cholera vaccine in Africa for African and worldwide usage. So some promising initiatives seem on the way.

With the rise in cholera outbreaks on the continent lately (and elsewhere), it only makes sense that regional manufacturing of cholera vaccines is firmly [on Africa CDC's radar](#) now, just like vaccines for Mpox, Marburg, measles and others.

Then there's Antimicrobial resistance (AMR) - and for the purpose of this article, the important role of vaccines in [reducing AMR](#). Antimicrobial resistance is rapidly becoming one of the most pressing global health challenges, with Africa a key battlefield. Projections indicate that by 2050, AMR could be responsible for a staggering 1.91 million deaths annually according to [IHME](#). However, there is hope: vaccines play a crucial role in reducing the use of antimicrobials, offering a powerful weapon in the fight against AMR. Africa needs stronger public health policies to combat AMR, integrating [vaccine development](#), local manufacturing, and efficient delivery systems.

The Addis event

The event I attended in Addis was hosted by the Rwandan Ministry of Health, the African Medicines Agency (AMA), and the International Vaccine institute. The latter played a key role in facilitating the program, with its Director General, [Jerome Kim](#) also present.

During the program, interim WHO-AFRO director Dr. Chikwe Ihekweazu delivered his remarks, marking his first public address since stepping into his new role. He mainly talked about vaccine sustainability and enhancing of the local workforce. He appreciated the [bio manufacturing](#) training provided by IVI, for healthcare workers globally and in Africa.

I agree with what he said, and that workforce development is crucial for strengthening capacity. However, we are behind the target. According to Prof. John Gyapong, President of the African Research Universities Alliance, Africa requires over 10,000 PhDs annually, but is currently producing fewer than 3,000 per year. The AU plans to train 12,000 people in order to achieve this goal. But we don't just need more PhDs, we also need a diversified workforce, as local manufacturing will only work if you have manufacturing, quality assurance, market shaping, pharmacovigilance, an intellectual property environment that does not block knowledge sharing, Training of qualified staff for all these areas is thus key. Investing in both short-term programs like ClinOps and [Bio Ventures for Global Health](#), as well as long-term training like the MSc Clinical Trials at [CDT-Africa, Addis Ababa University](#), sets an exemplary standard.

Sadly, Africa is still losing much of its educated workforce for several reasons, so we need to continue training and invest in manpower to scale vaccine production by Africans. And address some of the root causes of the brain drain.

During the meeting, I made an effort to capture **some key numbers**, because, as we all know, numbers speak volumes. However, I can't deny that some of these African figures are far from acceptable:

25 active vaccine manufacturing initiatives (as of June 2024)
375 pharmaceutical manufacturers (most in North Africa)
25% of consumers of globally produced vaccines
8 countries' national regulatory authorities reached ML3 (but only 2 countries -Egypt and South Africa- reached ML3 for local vaccine production)
>80% of countries with ML1 or ML2---that's why we still need WHO prequalification
99 % of vaccines is still imported
1.2 Billion USD is available for the African Vaccine Manufacturing Accelerator
AU target of producing 60% of vaccines needed by 2040...with a population of 2 billion people by then

It is crucial for partners to collaborate with the "appropriate key individuals" in governments. Support from government leadership is also necessary to bolster regulatory agencies and engage local leadership. A prime example of this is Kenyan President Ruto, who serves as the African Union Champion for domestic manufacturing.

Funding is available through collaborative efforts and innovative financing that can support end-to-end research. Manufacturers are often not aware about the various available financing structures in the continent. Later this year, a financial structure platform will become available, according to a representative from the African Export-Import Bank, so that those who want to access financing can get the information they need.

Key messages from the event

Several other messages from the various sessions I attended resonated with me:

- WHO must fast-track WHO pre-qualification for African-made vaccines by establishing a dedicated Africa-specific support program to provide on-site regulatory guidance to already existing manufacturers, and help train African regulatory staff.
- UNICEF, GAVI and others must commit to sourcing any pre-qualified vaccine manufactured in Africa directly from African manufacturers - because this is the only way to incentivize manufacturers.
- Currently, efforts are too fragmented, with various initiatives funded differently, operating on various timelines, and driven by different levels of urgency. So what we need now is connecting the dots and align these efforts under a single cohesive vision and roadmap that drives coordinated progress.
- A task force needs to be established comprising key personnel and accountable to drive rapid, coordinated progress. The taskforce can be led by Africa CDC, to create a unified roadmap for developing the continent's capabilities.
- Talent development should be strengthened to get to the 14,000 highly trained employees in vaccine manufacturing & research roles, which Jean Kaseya (Africa CDC) deems necessary to achieve the 2040 goal. But mitigating the brain drain should also get priority.
- Innovative financing models for filling the vaccine funding gap are required.

Throughout the insightful discussions and fruitful sessions organized at the event, I saw a lot of partnerships, a lot of collaborations, and a lot of MoUs. In addition, there are also plenty of frameworks and roadmaps in the vaccine manufacturing industry. How do we find overlap and

synergies between all these? And more importantly even, how do we get straight to the point and deliver?

Perhaps clear medium-term targets can help. In fact, they already exist. The first one (10 % by 2025) is clearly impossible, but member states and other actors should be encouraged to expedite efforts to get to '30% by 2030'.

It won't be easy. But regardless, the time has come to move beyond words and start taking bold, decisive action.

Highlights of the week

The read of the week

Development Today - Africa without foreign aid for health: Free at last?

O Adeyi. <https://www.development-today.com/archive/2025/dt-2--2025/africa-without-foreign-aid-for-health-free-at-last>

"The geopolitical vandalism of Trump II could have the unintended consequence of prompting low and middle-income countries, under duress, to liberate themselves from much of their long-running dependence on external financiers. **Olusoji Adeyi** writes."

Quote: **"African countries dependent on aid from the US now have an opportunity to do what they should have done during calm periods...."**

But true, this is not an option for all African countries, clearly.

INB13 re pandemic agreement: final analysis

With some final analysis on last week's INB13 round.

HPW - Pandemic Agreement Negotiators Assert They Can Finish by May Deadline

<https://healthpolicy-watch.news/pandemic-agreement-negotiators-assert-they-can-finish-by-may/>

With the respective views of some **negotiators, Dr Tedros & civil society.**

"Negotiators working to nail down the pandemic agreement have offered assurances that they can meet the May deadline – for the sake of global security and to restore faith in multilateralism. Despite only five formal days of talks remaining in April, Pakistan's Umair Khalid said his country believes there is enough time to clinch the agreement. ..."

Dr Tedros: “Joining the closing session, **Dr Tedros Adhanom Ghebreyessus**, World Health Organization (WHO) Director-General, said that the **13th meeting of the Intergovernmental Negotiating Body (INB) had made progress – but “maybe not as much as you would have hoped”**. “As you move to finalize the pandemic agreement in time for the World Health Assembly, you have one week of formal negotiations left. “But you’re so close, closer than you think. You’re on the cusp of making history. This agreement should not fail on a word; it should not fail on a comma and it should not fail on a percentage. “History will not forgive us if we fail to deliver on the mandate the world needs, and a sign that multilateralism still works. Reaching a WHO pandemic agreement in the current geopolitical environment is a sign of hope.” **Tedros concluded with two messages: “We believe you can do it” and “Use every opportunity during the intercessional period to come closer together towards finding common ground.”...**”

“Civil society organisations following the pandemic agreement negotiations over the past three years are anxious that it won’t be completed by May – and that impetus for the initiative will fizzle and further undermine multilateralism. A sombre group of over 40 people met in person and online in Geneva over lunch on Friday to express frustration at the slow pace of talks over the past five days. With only five official negotiating days remaining – 7-11 April – many complex parts of the agreement are not agreed. The group also raised concerns about provisions being watered down, particularly on technology transfer and intellectual property, and the absence of clauses on prevention.....”

GHF – Countries Closer Than Before As Geopolitics Reshapes Dynamics In Pandemic Treaty Talks; Agreement Hinges On Pathogen Access & Benefits Sharing

[Geneva Health Files](#)

Analysis by **Priti Patnaik** from end of last week. A few excerpts:

“The dynamics in the Pandemic Agreement negotiations have transformed. Not because countries are giving up on long held positions, at least not yet, but **there is greater openness and less rigidity than before among key actors**, diplomatic sources say. As [Brussels tries to find a footing](#), and re-evaluates its strategies in a starkly different geopolitical landscape, **the dynamics in the Pandemic Treaty Talks is reflecting an unmistakable shift with a more “constructive role” being played by the European Union**, diplomats in the negotiations are of the view.”

“From discussions on prevention, to pathogen access and benefits sharing, countries made slow but noticeable progress this week. With less than a week of scheduled negotiating days left, ahead of the May 2025 deadline, the crunch time is here. **While the current meeting draws to a close today, the INB is scheduled to meet during April 7-11, preceded by informal inter-sessional meetings.** This week saw a **rash of informal bilateral meetings among countries across the spectrum**, something that was not as visible for much of these negotiations.”

“... In this story we focus on the discussions on the PABS mechanism that is going to be instrumental for the success of these negotiations. ... This week WHO member states edged closer in their understanding on certain principles that they would like to see in a PABS mechanism....”

The Collective Blog – Solidarity for Sale?

L Paremoer; <https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/lauren-paremoer/solidarity-for-sale.html>

“Language of 'solidarity' is often invoked in global health discourse. But what would meaningful enactments of solidarity look like in the field of health? Collective member Lauren Paremoer offers her reflections.” With application on the ongoing pandemic accord negotiations.

G20 South Africa

With **the first High-Level meetings** (foreign ministers, Finance ministers & Central Bank governors, ...) having taken place over the past week. Most without high-level US representation...

G20 Meeting a Success Despite US Absence, Priorities Backed

<https://g20.org/news/g20-meeting-a-success-despite-us-absence-priorities-backed/>

“International Relations Minister Ronald Lamola has praised the G20 Foreign Ministers’ Meeting in Johannesburg as a success, despite the notable absence of US Secretary of State Marco Rubio. Both Lamola and President Cyril Ramaphosa dismissed suggestions that Rubio’s no-show signaled a US boycott of the gathering. The US was represented by embassy staff from Pretoria....”

“... On Friday, Lamola delivered the chairperson’s summary, confirming that **G20 foreign ministers have endorsed South Africa’s Presidency priorities.** These include **sustainable development, debt sustainability for low-income countries, and reforms to global financial governance.....**”

- Related: [‘Cooperation is Our Greatest Strength’, Ramaphosa Tells Foreign Ministers’, at G20](#)

Daily Maverick - Trevor Manuel to chair G20 panel on African debt distress

https://www.dailymaverick.co.za/article/2025-02-21-trevor-manuel-to-chair-g20-panel-on-african-debt-distress/?utm_source=Sailthru&utm_medium=email&utm_campaign=weekly_wrap

“SA’s former finance minister Trevor Manuel will chair a Group of 20 (G20) panel on Africa’s deepening debt crisis. The debt panel is one of the top lines to come out of the first G20 foreign ministers’ meeting in Africa, which wrapped up in Johannesburg on February 21.....”

“...The Manuel panel will consider what can be done about African debt in general and developing market debt in particular.....”

Reuters - South Africa's G20 presidency to prioritise climate finance

[Reuters](#);

“South Africa's G20 presidency this year will prioritise efforts to help developing countries finance their shift to a low-carbon economy, President Cyril Ramaphosa said, even as the United States radically scales back its support.....

PS: “... **Adaptation finance, carbon markets** also on the agenda.”

- But see FT - [G20 finance chiefs fail to agree joint communique after trade and climate clashes](#)

Oxfam - In January, billionaires amassed more wealth than the poorest third of humanity owns

<https://www.oxfam.org/en/press-releases/january-billionaires-amassed-more-wealth-poorest-third-humanity-owns>

(24 Feb) **“Billionaire wealth surged by over \$300 billion in the first month of the year. It would take 15 million workers an entire year to make as much money. Since G20 Finance Ministers agreed to work together to effectively tax the super-rich in July 2024, billionaires have pocketed over \$1 trillion in new wealth. More than 50 organizations from across the world are urging G20 leaders to tax the super-rich to end extreme inequality, and invest in climate, environmental and social action. “**

Cfr **new analysis by the #TaxTheSuperRich Movement today ahead of the first meeting of the G20 Finance Ministers and Central Bank Governors in Cape Town, South Africa.**

“... Over 50 international organizations, including Amnesty International, Earth4All, Fight Inequality Alliance, Greenpeace International, International Trade Union Confederation, Oxfam, Patriotic Millionaires and Public Services International have joined forces under the #TaxTheSuperRich Movement. They are calling on G20 governments to follow through on their commitment to ensuring the super-rich are effectively taxed, including: Agree a global deal to tax the super-rich at rates high enough to reduce inequality, as well as mechanisms to end tax avoidance. Invest the billions of dollars raised in tackling poverty, climate and environmental crises, and ending extreme inequality. Endorse and actively support the UN Tax Convention as the inclusive platform for global tax cooperation. “

Trump 2.0 & development/aid : Updates from the last week

More or less chronologically. With by 27 Feb even a more [devastating picture](#).

Devex - Court says thousands of USAID staff can be put on leave, recalled

<https://www.devex.com/news/court-says-thousands-of-usaid-staff-can-be-put-on-leave-recalled-109474>

(22 Feb) “A **U.S. federal judge has cleared the way for the Trump administration to continue dismantling USAID**, placing thousands of staff on administrative leave and pulling 1,400+ from overseas posts.”

“A U.S. federal judge has allowed the Trump administration to continue dismantling the [U.S. Agency for International Development](#) — with a **court order on Friday** clearing the way for thousands of staff to be placed on administrative leave, and more than 1,400 to be pulled from their posts overseas.....”

PS: “....today’s ruling doesn’t mean the case is over, Kearney explained. Instead, **the plaintiffs will shift its focus from blocking staff suspensions to the 90-day funding freeze itself** — joining a handful of cases across the federal court system that are doing the same.”

Devex - Why are thousands being culled from USAID, and who will be left standing?

<https://www.devex.com/news/why-are-thousands-being-culled-from-usaid-and-who-will-be-left-standing-109488>

How they ‘frame’ it. “**In recent court filings, USAID's Acting Deputy Administrator Peter Marocco said a blanket funding freeze — and blanket layoffs — were the only way to ensure U.S. President Donald Trump's 90-day review of foreign aid.**”

“Calling time out on foreign assistance was the only way the Trump administration could gain control of the [U.S. Agency for International Development](#), **the agency’s acting deputy administrator Peter Marocco has said** — stating that after U.S. President Donald Trump issued his [90-day freeze on foreign aid](#), USAID staffers were “unwilling or unable” to provide his team with “basic compliance and oversight information.”...” (#ahum)

- See also **Devex (Pro):** [How accurate are Donald Trump’s claims about wasteful aid?](#)

“The Trump administration has justified its U.S. foreign aid freeze and dismantling of USAID with claims of wasteful spending. From allegations of funding “transgender operas” to “climate justice marketing,” we break down fact from fiction.”

Devex - Trump admin opposes UN commitment to broaden women's peace role

<https://www.devex.com/news/scoop-trump-admin-opposes-un-commitment-to-broaden-women-s-peace-role-109495>

Clearly there’s a pattern. “U.S. negotiators also **seek to remove references to disinformation, gender, and international law** in the U.N. peacekeeping agreement.”

Devex - What do we know about USAID's 90-day review?

<https://www.devex.com/news/what-do-we-know-about-usaid-s-90-day-review-109472>

Must-read analysis from earlier this week. “It’s been a **month since Trump announced his foreign aid review. Here’s what we know about how the process has played out.**” Some excerpts:

“More than 500 USAID grants, contracts, and awards have been terminated since Jan. 22, along with another 750 from the [Department of State](#). But 36 days in, most USAID staffers remain locked out of the process — something that was true even before most of the agency’s workforce was severed from USAID this week. ...”

“After the Trump administration was [sued](#) by several USAID implementing partners, Peter Marocco — USAID’s acting deputy administrator and director of the State Department’s Office of Foreign Assistance — told a federal court that programs were being evaluated on a “case-by-case basis.””

“... By Feb. 18, that review process resulted in the cancellation of nearly 500 awards related to diversity, equity, and inclusion; civic society and democracy; and sustainability and climate change, along with those “unrelated to USAID’s Core Mission” of lifesaving aid. So were those found to have “operational expenses and/or general waste” and those reliant on third parties with “accountability issues,” according to Marocco’s court statement.

PS: **“Marocco’s version of events has been refuted by both implementing partners and USAID staff, with several current employees telling Devex they had seen no evidence of the case-by-case review Marocco attested to.....** ... For many USAID employees, Rodgers’ **termination lists seem to be compiled from the agency’s Global Acquisition and Assistance System**, given the format of the lists’ columns and descriptions. **GLAAS is a financial tracking platform meant to record awards and money**, a former USAID official told Devex, **not evaluate or provide information on programs**. If that is the case, it seems those doing the review process are relying on the information in GLAAS — a one-line program description — to review awards.... **“[The GLAAS system] is not meant for reviewing content of programs and certainly not the effectiveness of programs,”** one former USAID official told Devex. **“Impossible to legitimately find ‘waste, fraud, and abuse’ from a spreadsheet of one line descriptions.”...**”

NYT – Trump Administration Ends Global Health Research Program

<https://www.nytimes.com/2025/02/26/health/usaids-global-health-surveys.html>

“...With funding from the United States Agency for International Development, the Demographic and Health Surveys were the only sources of information in many countries about maternal and child health and mortality, nutrition, reproductive health and H.I.V. infections, among many other health indicators. The surveys collected data in 90 low- and middle-income nations, which then used the information to set health benchmarks at the local, national and global levels, including the 2030 Sustainable Development Goals adopted by member countries of the United Nations....”

“On Tuesday, the program’s administrators learned that it was being “terminated for the convenience of the U.S. Government,” effective immediately, according to an email viewed by The New York Times. They were ordered to **“stop all work, terminate subcontracts and place no further orders.” ...”**

“... **The surveys have been conducted since 1984.** The funding totaled about \$500 million over five years, about half of which came from U.S.A.I.D. and half from other donors, including the nations themselves.....”

AP- Trump administration says it's cutting 90% of USAID foreign aid contracts

[AP](#);

(27 Feb) **“The Trump administration said it is eliminating more than 90% of the [U.S. Agency for International Development's](#) foreign aid contracts and \$60 billion in overall U.S. assistance around the world, putting numbers on its plans to eliminate the majority of U.S. development and humanitarian help abroad.”**

“The cuts detailed by the administration would leave few surviving USAID projects for advocates to try to save in what are ongoing [court battles with the administration](#). The Trump administration outlined its plans in both an internal memo obtained by The Associated Press and filings in one of those federal lawsuits Wednesday....”

“... In all, the Trump administration said it will eliminate 5,800 of 6,200 multiyear USAID contract awards, for a cut of \$54 billion. Another 4,100 of 9,100 State Department grants were being eliminated, for a cut of \$4.4 billion.....”

- See also Reuters - [Services collapsing as USAID cuts health contracts worldwide](#)

“U.S.-funded health projects around the world, including those providing lifesaving care, received termination notices from Washington on Thursday as President Donald Trump's administration neared completion of a review to ensure grants are aligned with its "America First" policy.....”

“ U.S. Secretary of State Marco Rubio has dismissed concerns that Washington is ending foreign aid, saying waivers had been provided to life-saving aid. Only weeks later, the administration decided to terminate more than 90% of the programs globally, according to a February 25 court document, including many that were initially covered by waivers such as work tackling HIV as well as wider health programs.”

“Several of the largest U.S.-funded HIV/AIDS programmes in South Africa were told that their funding would not resume, according to three senior leaders at health organizations, while a global non-profit that works on malaria and maternal and newborn health had the majority of its contracts cancelled. UNAIDS, the United Nations agency tackling HIV and AIDS, had its contract with the United States Agency for International Development (USAID) cancelled, documents reviewed by Reuters showed.”

"Major United Nations health programmes were among those to get termination notices, including UNAIDS, the Stop TB Partnership and Scaling Up Nutrition as well as projects helping millions of forcibly displaced people."

- See also HPW - [US Terminates Thousands of Life-Saving Health Grants Including For HIV and Malaria](#) (27 Feb)

PS: “**Mitchell Warren**, head of the US-based HIV programme AVAC, described the **blanket termination of USAID grants** as “unlawful”.”

- And Devex - [‘God Bless America’ and the death of 10,000 projects](#) (27 Feb)

UN News – US funding cuts confirmed, ending lifesaving support for women and girls

<https://news.un.org/en/story/2025/02/1160631>

“The United States has cut \$377 million worth of funding to the UN reproductive and sexual health agency, **UNFPA**, it was confirmed on Thursday, leading to potentially “devastating impacts”, on women and girls. “

Guardian - Fired USAid workers and HIV activists hold ‘die-in’ to protest Trump and Musk

<https://www.theguardian.com/us-news/2025/feb/26/usa-id-hiv-protest-trump-musk>

“Dozens of demonstrators lie down in government office building to warn against dismantling foreign aid agency.”

And some links:

- [WP – Musk claims DOGE ‘restored’ Ebola prevention efforts. Officials disagree](#) (another blatant lie from Musk & co)

See also **NYT** - [U.S. Canceled Work to Contain a Serious Ebola Outbreak](#)

“The contracts financed Ebola screening at airports and protective gear for health workers, among other measures. Work had been held up for weeks, contrary to Elon Musk’s claim on Wednesday....”

- Devex - [Previously fired USAID staff dismissed again — this time, immediately](#)
- Stat - [Q&A: How Trump’s USAID freeze halted the effort to develop an effective HIV vaccine in Africa](#)

“ Glenda Gray of the **BRILLIANT Consortium** talks about the ‘rollercoaster of emotions’.”

- Devex – [As USAID is dismantled, Republicans fight to save a food aid program](#)
“Republicans have proposed moving Food for Peace from USAID to the U.S. Department of Agriculture. Can it work?”

Trump 2.0: Analysis/advocacy/reactions/strategy...

In this section you find some of the main reads in this respect from this week.

But as you'll notice, some others will be listed under the **Global Health Governance & Financing** section (*as many GHG & F reads these weeks are clearly connected to the global health mayhem caused by Trump 2.0*)...

The Reporter - "We have to go back to the basics": A testing time for African health systems

<https://www.thereporterethiopia.com/43884/>

With the view of **Joy Phumaphi** (Executive Secretary of the African Leaders Malaria Alliance (ALMA)).

"During her **visit to Addis Ababa for the African Union Summit**, Joy sat down with The Reporter's Sisay Sahlu to discuss the **continent's malaria eradication efforts, the consequences of Washington's aid embargo, and Africa's ambitions for self-sufficiency in health and medicine....**"

"...The African CDC had a meeting with ministers, and I advised the ministers on what they should do. **I recommended six steps.....**"

D Reidpath (on LinkedIn) – Immoral modern rules for foreign aid

<https://www.linkedin.com/pulse/immoral-modern-rules-foreign-aid-daniel-reidpath-nzx1e/>

"**"What's in it for me?"** is a morally bankrupt means for any country to determine foreign aid allocations. This is, nonetheless, the **"Rubio Rule"**. And since [USAID was absorbed into the State Department](#), it is the way the US Government decides who deserves and who does not deserve help, and under what circumstances....."

"... Unfortunately for the world's poor, the US does not feel safe, strong or prosperous if equality is part of the UN's agenda. They couch their objection in terms of halting a "radical ideology" of diversity, equity and inclusion. That is, they object to the [human-rights framework](#) of the multilateral system. As a consequence, **under the Rubio Rule, the world's most disadvantage people will not receive help if they can't show how they are going to help the richest and most militarily powerful country in the world become stronger, safer, and more prosperous than ever.** If UN agencies submit to US demands, they will be forsaking their principles and throwing under the bus the those who are being left behind....."

- PS: from the same author, you might also want to read his [LinkedIn Comment](#) on a new paper by Khosla & Allotey (see further in the newsletter). The real challenge is how to design global health norms with staying power—**norms that endure not because they are trusted but because they are deeply institutionalised, mutually reinforcing, and resistant to political shifts.**"

SUSTAINIT blog – Trump and Health

<https://www.med.uio.no/sustainit/english/news-and-events/blog/2025/trump-and-health.html>

Some reflections by **Ole Petter Ottersen**.

Excerpt: “....The hope is that political decision-makers in Europe and elsewhere not only will help mitigate the acute impacts of USA’s disengagement from international development and multilateral organizations (like WHO) but **will use this opportunity to break with the megatrends that have replaced solidarity with protectionism, offered nationalistic answers to political, economic, and social problems, and increasingly subordinated health to economic goals.** The development under the new US administration should be a warning against any attempt to further nourish these trends.”

Devex – International aid groups axe thousands of jobs in wake of Trump funding freeze

<https://www.theguardian.com/global-development/2025/feb/21/aid-groups-axe-jobs-trump-freeze>

“Fears that cuts will ‘decimate’ ability to react to crises as sector loses expertise and skills at every level, **report finds.**”

“**Some of the world’s largest aid organisations are axing thousands of jobs** as a result of US president Donald Trump’s freeze on overseas aid, **potentially “decimating” the sector’s ability to react to future crises.** Those that have already announced job cuts include **the International Rescue Committee, Danish Refugee Council, Norwegian Refugee Council and war zone-focused [Norwegian People’s Aid](#).** ... Catholic Relief Services has also warned staff to expect losses and there is concern among workers at **Save the Children**, whose US wing was [more than half-funded by the government agency USAid](#), that cuts could lie ahead.....

“... [A report released this week](#) by the International Council of Voluntary Agencies (ICVA), a network of aid groups in 160 countries, found **55% of affected organisations surveyed had to fire or suspend staff or place them on leave.** It said **the cuts were at every level**, from people working in coordination, advocacy and policy to field workers in communities and refugee camps.....”

“**We’re not just losing jobs – we’re losing decades of accumulated expertise, institutional knowledge and established networks that are crucial for effective aid delivery,**” said Lee Crawford, a research fellow at the Center for Global Development. Crawford called **the job cuts by big international NGOs “the tip of the iceberg”, saying there would be knock-on effects for local NGOs with limited resources who relied on financial support from larger aid groups.....**”

Devex - Funding freeze fallout: Tracking furloughs, layoffs, and cuts

<https://www.devex.com/news/funding-freeze-fallout-tracking-furloughs-layoffs-and-cuts-109471>

Tracker. “Here are **the organizations that have made cuts, furloughs, and suspensions** across their workforce so far. This tracker will be continuously updated as the foreign aid freeze continues.”

Devex – US aid freeze could cost Amref \$30M amid some work stoppages and furloughs

<https://www.devex.com/news/us-aid-freeze-could-cost-amref-30m-amid-some-work-stoppages-and-furloughs-109467>

Focus here on Amref. **“Nairobi-based Amref Health Africa could lose \$30 million in funds it receives from the U.S. government, although 80% of its work across Africa remains unhindered.”**

“The Trump administration’s 90-day-freeze on foreign aid funding, the stop-work order issued on the [U.S. Agency for International Development](#)’s global programming, and the reinstatement of the Mexico City Policy had initially led the Nairobi-based [Amref Health Africa](#) to put 692 of its staff on unpaid leave for at least three months and halt 20 of its initiatives across multiple countries. However, the organization has since received waivers from the [U.S. Centers for Disease Control and Prevention](#) to continue some work covering five programs largely related to HIV in Tanzania and Kenya. This will bring about 300 of the 692 Amref staff placed on unpaid leave back to work. But 15 of its programs are still paused and the organization’s [Kefeta program](#) in Ethiopia has been canceled. This program empowered youth “to advance their own economic, civic, and social development.” ...”

“And the waivers to continue the work are only temporary, while the U.S. government conducts a 90-day review of all of its foreign development and humanitarian aid to decide whether to continue, modify, or terminate programming.”

“Given this, Amref Health Africa could lose about \$30 million in funds it receives from the U.S. this year, Dr. Githinji Gitahi, group chief executive officer of Amref Health Africa, **told Devex.”** “Other programming that has come to a halt due to the stop work orders includes childhood immunizations, nutrition support, pregnancy and neonatal care programming, tuberculosis screening and treatment, and health workers training, among other efforts. **The organization supports about 17 million people annually in 10 countries and has some 2,300 staff members,** including those on unpaid leave.

PS: “Gitahi told Devex that **even despite these impacts, his organization as a whole is not in trouble. Some 80% of its work across Africa — which is worth over \$200 million — remains unhindered “due to diversified resources in light of shifting aid dynamics,”** he said. This includes nonprogrammatic, social enterprise work, such as Amref International University and Amref Flying Doctors....”

Devex - Trump’s 'beautiful Christians' left knocking on White House’s door

<https://www.devex.com/news/trump-s-beautiful-christians-left-knocking-on-white-house-s-door-109469>

“The U.S. president has pledged special treatment for the faithful, but religious charities suffering from foreign aid freeze.”

“.... Some of the largest Christian aid organizations, including [World Vision](#), Catholic Relief Services, and [Samaritan’s Purse](#), have been subject to the same cuts as other secular aid agencies, and are competing for waivers.....”

““It’s a disaster. Most of the faith-based organizations’ budgets depend on their partnerships with [USAID](#),” Samah Norquist, who served as the first Trump administration’s religious freedom envoy at USAID, told Devex in a phone interview. “It stopped everything....Every faith-based organization USAID partners with is unable to deliver...assistance, including food and commodities.....”

Euronews - WHO in ‘stop the bleeding phase’ due to US withdrawal, Europe head says

<https://www.euronews.com/health/2025/02/20/who-in-stop-the-bleeding-phase-due-to-us-withdrawal-europe-head-says>

With Hans Kluge’s view. **“The World Health Organisation (WHO) is assessing the impact of the United States’ withdrawal, taking short-term measures, and considering structural reorganisation, Hans Kluge, Director of WHO Europe, told the European Parliament.”**

“....A month after the US announcement, Kluge explained to EU lawmakers in Brussels that the organisation is currently in a “stop the bleeding” phase – the first of three. “Meaning very, very brutal cost efficiency measures. Going a little bit like the COVID-19 mode... After stopping the immediate financial shortfall, he said, the next step will be to seek alternative sources of funding. ...”

“...Point number three, according to Kluge, would involve rethinking how the organisation operates, which includes identifying redundancies, exploring synergies and options to lower costs. ... “The WHO is doing too much; that is a fact. We are not a large NGO. We must return to the basics,” he said, adding that the agency should focus on delivering high-quality guidance, technical expertise, and scientific excellence while engaging in operational work only when necessary.”

Publish what you fund - Why US foreign assistance data must stay public: The case for aid transparency

<https://www.publishwhatyoufund.org/2025/02/why-us-foreign-assistance-data-must-stay-public-the-case-for-aid-transparency/>

“Aid transparency is the law. The 2016 Foreign Aid Accountability Act and 2018 Evidence-Based Policymaking Act mandate public access to U.S. foreign assistance data. The removal of key USAID data sets and websites limits the ability to assess program effectiveness and spending. Without transparency, accountability weakens. The solution isn’t less data, but better data. Expanding subcontractor details and evaluations would strengthen oversight—not erase it.”

Global Health Now – The Topic Everyone Was Talking About at CUGH 2025

B Simpson; <https://globalhealthnow.org/2025-02/topic-everyone-was-talking-about-cugh-2025>

“In hallways, sessions, keynotes, and receptions, one topic dominated last week’s 2025 Consortium of Universities for Global Health (CUGH) conference (in Atlanta).....” No prizes to be won which one.

Quote: “... During a Sunday, Feb. 23 panel about how the global health community should respond to recent challenges, **Sofia Gruskin** invoked Albert Einstein’s quote that within every crisis is an opportunity. “I think right now is a great crisis, so it's a great opportunity, right?” said Gruskin, director of the University of Southern California’s Institute on Inequalities in Global Health. **The great opportunity, according to Gruskin, is to improve the already “shaky” global public health system. “The U.S. withdrawal or threat of withdrawal from the World Health Organization is starting to make much more explicit the fragility of global health governance,” she said....”**

Nature Editorial - Trump 2.0: an assault on science anywhere is an assault on science everywhere

[Nature Editorial](#)

“US President Donald Trump is taking a wrecking ball to science and to international institutions. **The global research community must take a stand against these attacks. “**

“Those working at federal agencies might feel unable to speak up, so others across the globe — such as those at universities, scientific societies, businesses, labour unions and campaign groups — must do so. “The US scientific and educational communities must know that they are not alone,” says the editorial. **“An assault on science and scientists anywhere is an assault on science and scientists everywhere.””**

KFF (Explainer) - UNFPA Funding and Kemp-Kasten: An Explainer

Kellie Moss and Jennifer Kates; <https://www.kff.org/global-health-policy/issue-brief/unfpa-funding-and-kemp-kasten-an-explainer/>

This resource was updated most recently on Feb. 21, 2025, to reflect the latest developments.

KFF - Overview of President Trump’s Executive Actions Impacting LGBTQ+ Health

[KFF](#);

Updated resource as of 24 Feb. **“KFF’s [new guide](#) highlights President Trump’s Executive Actions that directly address or affect health programs, efforts, or policies designed to meet the health needs of LGBTQ+ people.** These actions cover a range of federal agencies and policies and, in general, seek to eliminate federal diversity initiatives, narrowly define sex and sex-based protections, and limit access to gender affirming care. The guide describes when the Executive Action was first taken, its potential impact, and examines follow-up actions, including litigation efforts; it will be updated to reflect additional actions and developments as needed.”

CGD (blog) - Tuberculosis Doesn’t Respect Borders—US Aid Cuts Could Fuel a Global Health Crisis

A McDonnell; <https://www.cgdev.org/blog/tuberculosis-doesnt-respect-borders-us-aid-cuts-could-fuel-global-health-crisis>

Mc Donnell lays out why. Also providing some stats.

UNAIDS - Bold new initiative to put an additional 1.1 million people living with HIV on treatment puts South Africa on the path to end AIDS as a public health threat by 2030

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/february/20250225_1-1-million-people-treatment-south-africa

“UNAIDS welcomes **South Africa’s plan to put an additional 1.1 million people living with HIV on life-saving treatment by the end of 2025** as a significant step towards ending AIDS as a public health threat by 2030. At the launch of the *Close The Gap* campaign in Soweto hosted by South Africa’s Minister of Health, Aaron Motsoaledi, UNAIDS commended the plan as inspiring.”

Devex Invested: The art of the new deal as US retreats from foreign aid

<https://www.devex.com/news/devex-invested-the-art-of-the-new-deal-as-us-retreats-from-foreign-aid-109487>

“Asked about the impact of the Trump administration’s cuts to foreign aid, **Rémy Rioux** told [Radio Classique](#) that the **U.S. president is throwing into question a kind of broad agreement — or “grand accord” — that had existed between Europe and the United States.** “The **U.S. took care of security and humanitarian aid ...** and they do three times as much as the Europeans there,” Rioux said. “But **in exchange, the Europeans, with the U.K. and Norway, took care of development** — that is, long-term investments, etc. We are three times bigger than the Americans. So if there is a new deal, we have to talk with all the numbers on the table. **Europe represents \$150 billion each year for development....**”

“....There is **no sign of a new deal on foreign aid burden sharing** for now. But Rioux is among those thinking about how to use **this year’s International Conference on Financing for Development in Seville, Spain**, to strike out in a new direction....”

And some links:

- **Lancet Letter** - [USAID programme suspension in Nigeria: a looming health crisis](#) (by M J Mustapha et al)

“**The USA, through USAID, contributed approximately US\$2.8 billion to the health care of Nigerians between 2022 and 2024.** This funding has been integral to the fight against HIV/AIDS, malaria, tuberculosis, and polio. ...”

- Bhekisisa - [BREAKING: Trump orders USAID-funded HIV organisations in South Africa to shut down](#) (27 Feb)

More on Global Health Governance & financing

As mentioned, some of the reads below also have a link with “Trump 2.0”. But not all 😊.

WHO strengthens support for grassroots crowdsourcing campaign: a global movement of unity and solidarity

https://hq_who_departmentofcommunications.cmail20.com/t/d-e-stdhjld-ikudkhluul-h/

“What started as a grassroots initiative by a WHO staff member has grown into a global movement for health. Building on the success of the [1 Dollar 1 World campaign](#), the World Health Organization (WHO) is now amplifying and evolving the initiative to encourage more people around the world to show their solidarity. Inspired by an individual’s initiative, **WHO is now backing the 1 Dollar 1 World movement, encouraging regions, countries, champions, and its own workforce to unite behind the effort.** Together with the **WHO Foundation**, WHO will strengthen its efforts to create awareness about its critical work and engage communities worldwide....”

“With this initiative, WHO is embracing a new approach by leveraging crowdfunding to support its mission. For the first time, WHO is activating its existing infrastructure – spanning 150 country offices – alongside the WHO Foundation’s reach, to amplify this grassroots movement. This strategic shift not only strengthens community engagement but also aligns with WHO’s broader strategy to diversify funding sources and support its ongoing Investment Round....”

Tim Schwab - Musk v. Gates: is a billionaire feud shaping Trump's funding cuts?

<https://timschwab.substack.com/p/musk-v-gates-is-a-billionaire-feud>

“As Elon Musk slashes federal funding to the global health architecture that Bill Gates built over the last two decades, is he **motivated in part by a desire to inflict maximum pain on his rival?** “

In this article, Schwab wonders whether ‘beef’ between the two billionaires also plays a role.

Globalization & Health – Normative convergence between global health security and universal health coverage: a qualitative analysis of international health negotiations in the wake of COVID-19

Arush Lal et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01099-3>

One of the papers of the week. **“This qualitative study assesses normative convergence between GHS and UHC by tracing their development through iterative draft texts across two major international health negotiations** – specifically examining how UHC norms are expressed in the WHO Pandemic Agreement, and how GHS norms are expressed in the 2023 UNGA Political Declaration on Universal Health Coverage...”

Findings: **“... UHC was promoted in the WHO Pandemic Agreement** through three closely-associated discourse themes (rights-based narratives, equity frames, focus on social determinants of health) and three closely-associated core functions (accessible and affordable health commodities, prioritizing vulnerable populations, primary health care approach). **Meanwhile, GHS was reciprocally promoted in the 2023 UHC Political Declaration** through three related discourse themes (existential threat narratives, resilience frames, focus on infectious diseases) and three related core functions (outbreak preparedness, health emergency response, One Health approach).”

Interpretation: “... The **findings indicate that the COVID-19 pandemic created a policy window uniquely-positioned to accelerate normative convergence between GHS and UHC** However, **negotiators agreed to political and operational trade-offs which made it difficult to sustain progress**. This study provides a nuanced account of how global health norms evolve through integration in complex policy environments – finding that normative convergence may not always be explicit, but rather implicit through incremental linkages in their underlying discourse and core functions. This research contributes to pragmatic efforts by global health actors seeking consensus amidst an era of polycrisis, and highlights the importance of navigating geopolitics and overcoming path dependencies. It also deepens scholarly understanding on how ‘hybrid norms’ develop through the dynamic process of normative convergence via diplomacy.”

WHO Montreux Collaborative blog - Precipitated aid transition in health – priority actions for low-and-middle income-countries

H Barroy, S Sparkes & K Chalkidou (with contributions from many others);
<https://www.pfm4health.net/blog/precipitated-aid-transition-in-health-priority-actions-for-lowandmiddle-incomecountries>

"While acknowledging the significant disruptions caused by freezing aid flows, this challenging situation also presents a potential opportunity, and actual necessity in many cases, for renewed dialogue between donors and domestic authorities, and health and finance authorities."

“..... reform to the aid architecture for health has been an issue long before January 2025. This particular moment, with US Government funding in flux, provides a window to refocus all existing donor funding for health on core government priorities and to put in place protections to mitigate against the impact of aid volatility. This aligns with the shifts put forward by [the Lusaka Agenda](#), which stresses reforms needed to Global Health Initiatives, and the overall global health financing architecture, so that funding flows can better support domestic systems, priorities, and needs. Over the past decade, [WHO’s Health Financing team](#) at country, regional and global levels has worked, closely with countries in building the evidence base, sharing best practices, and providing guidance to promote sustainable and efficient domestic financing for health, including through leveraging work on [cross-programmatic efficiency](#) and [public financial management](#) (PFM). In this blog, we outline practical actions that health leadership can take to mitigate the sustainability risks of the current situation and establish longer-term foundations for a smooth transition towards increasingly domestically financed health systems. We focus on a set of interconnected actions related to external resources, domestic revenues, and programme operations and organization. These three streams will need to come together in support of sustainable coverage regardless of the revenue source and require coordinated actions between donors and country leadership.....”

CGD (blog) - 26 Countries Are Most Vulnerable to US Global Health Aid Cuts. Can Other Funders Bridge the Gap?

Pete Baker et al; <https://www.cgdev.org/blog/26-countries-are-most-vulnerable-us-global-health-aid-cuts-can-other-funders-bridge-gap>

Important read. “The **Trump administration’s recent actions on foreign aid are dramatically shifting the global health funding landscape and triggering a health financing crisis in many countries.** In this blog, **we conceptualise this as a health system shock, present a back-of-the-envelope**

assessment of LMICs that are most exposed, and discuss possibilities for short-term policy responses from other funders and LMIC governments, drawing lessons from the rapid global response to COVID-19.”

“We find that 26 LMICs, with a combined total population of 1.38 billion, are both highly exposed to US global health aid cuts *and* highly fiscally constrained, meaning they are least able to adequately respond. Amid economic headwinds and shifting geopolitics, bilateral government donors as well as philanthropies and multilateral development banks may be unlikely to fill the entirety of the gap left by the US, at the necessary scale and speed. Prioritisation and agile support from funders to countries that are most exposed and least able to respond will be key....”

“... we review three options for how different funders can support countries to use their own resources, provide additional resources, and/or reschedule future spending [mainly by philanthropies] into the current year.....”

Kingdom of Saudi Arabia confirms US \$500 million commitment to global polio eradication effort

<https://polioeradication.org/news/kingdom-of-saudi-arabia-confirms-us-500-million-commitment-to-global-polio-eradication-effort/>

“The Kingdom of Saudi Arabia today reaffirmed its US \$500 million pledge to the Global Polio Eradication Initiative (GPEI) in a signing event during the fourth Riyadh International Humanitarian Forum. Critical funds will be immediately disbursed to the Global Polio Eradication Initiative to help end wild polio in Pakistan and Afghanistan and stop outbreaks of variant polio.”

Devex - UK will slash billions in aid spending to fund larger military

<https://www.devex.com/news/uk-will-slash-billions-in-aid-spending-to-fund-larger-military-109494>

Another major shock this week. **“British Prime Minister Keir Starmer stuns Labour MPs by shifting billions of pounds from development to pay for a bigger military — despite a manifesto promise to increase aid spending to 0.7% of GNI.”**

“The United Kingdom plans to slash aid spending to just 0.3% of national income, claiming the dramatic step is the only way to boost the country’s defense budget to meet the “generational challenge” of Russia’s threat. the cut to 0.3% will be made in 2027, when defense spending will rise to 2.5% ahead of a long-term plan to hike the defence budget to 3% — implying the aid budget reduction will last into the next decade.....”

- Related: [the Guardian – Starmer’s cuts to UK aid budget are ‘cruel and shameful’, say experts](#)
- CGD (blog) - [Breaking Down Prime Minister Starmer’s Aid Cut](#) (by Ian Mitchell et al)

“... Without reforms to reduce refugee spending from ODA, the UK’s actual international spending seems likely to be more like 0.17 percent of GNI, or around £5.2 billion.....”

Do check what they estimate to be the UK's contribution to the Global Fund replenishment (1 billion) among others.

Lancet GH (Health Policy) - Establishing the value of regional cooperation and a critical role for regional organisations in managing future health emergencies

A Rahman-Shepherd et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00500-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00500-X/fulltext)

“The COVID-19 pandemic revealed the failures of global, multilateral cooperation to respond and adapt to health emergencies while observing the principles of solidarity and equity. This response has raised the question of whether the global architecture for health emergencies is fit for purpose. **In this Health Policy, amid proposals to reform this architecture, we consider the potential value of regional cooperation and the role regional organisations might play in delivering effective and equitable solutions to the challenges posed by public health emergencies.** Drawing on our multidisciplinary perspectives and diverse experience of geographical regions, **we explore the value of regional cooperation, the role of regional organisations, where they could have the greatest impact, and the major factors affecting regional cooperation and regional organisations in managing public health emergencies.** As the COVID-19 pandemic reshapes our approach to health emergencies, leveraging and integrating the capabilities of regional organisations will be crucial for improving preparedness and response efforts globally.”

From our synthesis, **we propose three recommendations for regional organisations. ...”**

PS: “.... **Alongside the recommendations** we propose in this Health Policy, **there is a need to empirically evaluate the role of regional organisations in managing public health emergencies and to generate a robust evidence base** that regional organisations, their member states, and their regional and international partners can operationalise.”

Devex - African Union finally approves framework for Africa CDC epidemics fund

<https://www.devex.com/news/african-union-finally-approves-framework-for-africa-cdc-epidemics-fund-109456>

See also last week's IHP newsletter. **“The African Union has finally approved the operational framework for the new Africa Epidemics Fund** — three years after African heads of state agreed to its creation. The fund will be used to support African countries to [prepare and respond to outbreaks](#).”

With **some more detail** (re governance/aims...) **& assessment by experts.** (recommended read)

PS: “.... **Last week, Rwandan President Paul Kagame held a high-level meeting on domestic health financing.** “To attract grant funding for health, we will have to make a very strong case, and that means contributing more from our own resources, and relentlessly focusing on value for money,” Kagame said. “The work to build our continent, including our health, cannot be outsourced to anyone else. Current events are therefore an invitation for us to take full ownership of our challenges, and find alternative ways of addressing them.” Jean **Kaseya said that at this meeting it**

was decided that Africa CDC would set up a committee in the coming weeks to explore innovative ways to fund health goals. He also said he's working to engage the private sector and mentioned Nigerian businessmen and philanthropists Aliko Dangote and Tony Elumelu."

Lancet Letter - PAHO is Latin America's Centre for Disease Control and Prevention

M A Espinal et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00245-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00245-4/fulltext)

The debate continues. **This letter is by former PAHO staff.** *"The Comment by Patricia J García and colleagues, calling for the creation of a new health agency for Latin America, pays no justice to the role of the Pan American Health Organization (PAHO)....."*

- See also an **Author's reply** in the Lancet: [PAHO is Latin America's Centre for Disease Control and Prevention – Authors' reply](#)

" In response to Marcos A Espinal and colleagues, and their challenge to our call for the creation of a dedicated Latin American Regional Centre for Disease Control and Prevention (LATAM-CDC). Although we acknowledge the substantial contributions of the Pan American Health Organization (PAHO) over its century-long history, PAHO is the office of WHO for the Americas, and thus is only accountable to Member States. **A LATAM-CDC could function as a specialised agency with a focused mandate, and would benefit from a broader funding base and a different governance structure, enabling collaboration with and accountability to a wider range of stakeholders, including governments, civil society, academia, and the private sector.**

The assertion that creating a new agency would lead to fragmentation overlooks the potential for collaboration between PAHO and a regional CDC, such as those currently existing between Africa CDC and WHO African Region, and the Caribbean Public Health Agency and PAHO...."

NYT - As the U.S. Exits Foreign Aid, Who Will Fill the Gap?

<https://www.nytimes.com/2025/02/22/health/usaids-who-trump-china.html>

"China could reap the soft-power advantage, but like Western governments, the country is cutting back on aid. **Philanthropies say they cannot replace the United States.**" Excerpts:

As the reality sets in that the United States is drastically diminishing its foreign assistance to developing countries, an **urgent conversation is starting among governments, philanthropists, and global health and development organizations. It is centered on one crucial question: Who will fill this gap? Last year, the United States contributed about \$12 billion to global health**, money that has funded treatment of H.I.V. and prevention of new infections; children's vaccines against polio, measles and pneumonia; clean water for refugees; and tests and medications for malaria...."

"The **next largest funder is the Gates Foundation**, which disburses a fraction of that amount: its global health division had a budget of **\$1.86 billion in 2023.....**"

"... **Many people are suggesting that other countries, particularly China, could move into some of the areas vacated by the United States**, Dr. Ntusi said. **Others are making urgent appeals to big philanthropies including the Gates Foundation and Open Philanthropy.....** This conversation is most

consequential in Africa. **About 85 percent of U.S. spending on global health went to programs in or for African countries....”**

“... The U.S. is the largest donor to Gavi, an organization that supplies essential vaccines to the world’s poorest countries, and to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The U.S. contribution is required by Congress. Asked about the commitment to these and other multilateral agencies including the Pandemic Fund, a State Department spokesperson said that the programs were being reviewed to see if they aligned with the national interest, and that funding would continue only for those that met this condition....”

PS: **“.... Of nongovernmental players, the World Bank is best placed to provide long-term support for health spending. The bank has said little so far. It could offer countries hit hard by the U.S. cutoff innovative financing such as debt-for-health-care swaps to give nations struggling under heavy debt burdens some fiscal freedom to make up lost health care funding. However, the U.S. is the largest shareholder of the bank, and the Trump administration would have influence over any such investment....”**

PS: **“Multiple recipients of Gates Foundation funding, who declined to speak on the record because they were describing confidential conversations, said they had been told by foundation staff members that it would continue to fund research and programs in the areas it already worked, but wouldn’t expand significantly, and that while some grants might be restructured to try to compensate for part of the lost U.S. funding, the foundation’s work would continue to be “catalytic” rather than support large-scale programming like U.S.A.I.D. did....”**

“John-Arne Røttingen, the chief executive of the Wellcome Trust, which is among the largest donors to global health research, said in an email that the foundation was “exploring what options might exist” in the new landscape. But, he said, its help would be “a drop in the ocean compared to what governments across the world need to provide.” ...”

“... African governments are under tremendous pressure from frustrated citizens to assume responsibility for the health spending that was coming from the U.S. The issue led the agenda at a meeting of the continent’s health ministers at an African Union summit last week....”

And a quote from M Pate: **“....also predicted that the end of U.S. aid would accelerate what he called a “realignment” in Africa. “The world has shifted in the last 20 years,” he said. “So we have other actors: We have China, India, Brazil, Mexico and others.””**

NPR - As the U.S. steps back from global health, what role will China play?

I Birch; <https://www.wvik.org/2025-02-20/as-the-u-s-steps-back-from-global-health-what-role-will-china-play>

Informative article. With the views of [Nadège Rolland](#) & Yanzhong Huang, among others.

“... China puts far less into global health than what the U.S. had spent before Trump's freeze on foreign aid. But, experts say, China is an emerging force with a very different approach than the U.S., so it's worth understanding — and their strategies raise concerns among U.S. experts....”

The Conversation -Africa relies too heavily on foreign aid for health – 4 ways to fix this

F Mutapi; <https://theconversation.com/africa-relies-too-heavily-on-foreign-aid-for-health-4-ways-to-fix-this-249886>

She suggests: “ 1.) **Diversifying domestic resource mobilisation.** 2.) **More private-public partnerships.** Formed between local and international philanthropies or institutions, these can bridge financing gaps. One successful example is the 2015 health service provision partnership between the Kenyan government and GE Healthcare; 3.) **Promotion of regional integration to boost local production.** This will reduce the need for aid-funded imported medical products. 4.) **Leverage development finance institutions.** These are specialised financial organisations – such as the Africa Development Bank, African Export-Import Bank and the Development Bank of Southern Africa. They can provide capital and expertise to projects deemed too risky for traditional investors. This includes support for health financing for infrastructure development, private sector development for small and medium-sized enterprises and the regional integration. One transformative initiative is **the AfricInvest investment platform.** With support from development finance institutions in the US and Europe, AfricInvest has raised over US\$100 million for health investment in Africa....”

Lancet Comment - Breaking dependency: strengthening the global tuberculosis response in the face of USAID cuts

Alimuddin Zumla et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00335-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00335-6/fulltext)

“The global community must take urgent and decisive action to change the current status quo, mobilise the required funding, and jumpstart the long overdue process for low-income and middle-income countries (LMICs) to reduce donor dependency. In this context, **the Stop TB Partnership, in collaboration with tuberculosis-affected communities, launched the Keep the Lights On campaign in February, 2025—an emergency fundraising initiative to temporarily sustain USAID-funded tuberculosis survivor networks, community organisations, and country-level civil society and Stop TB Partnership platforms.** These efforts to end tuberculosis must be **complemented by strategies to address the underlying factors that increase susceptibility to tuberculosis**—ie, socioeconomic drivers such as poverty, malnutrition, smoking, diabetes, HIV co-infection, poor housing, overcrowding due to mass population displacement, and incarceration.”

“**Moving forward, multilateral development banks and the donor community must act quickly to prevent a reversal in progress being made in achieving WHO's End TB targets. Urgent action is needed in several key areas (table).....”**

With **seven concrete suggestions.**

Global tax justice & debt crisis response/relief

The African Leaders Debt Relief Initiative – Cape Town Declaration

<https://debt-leaders.org/about/statements/>

(27 Feb) **“WE, A GROUP OF AFRICAN LEADERS**, have come together in Cape Town as the **African Leaders Debt Relief Initiative (ALDRI)**, to call for bold and urgent action on a comprehensive plan for debt relief for Africa and other developing countries suffering under **excessive debt burden....”**

They propose a **two-pronged approach**.

Pontifical Academy of Social Sciences (PASS) and Columbia University’s Initiative for Policy Dialogue (IPD) - Jubilee Commission to Address Debt and Development Crises

https://www.pass.va/en/events/2025/tax_justice/press_release.html

“Today, **February 21**, the Pontifical Academy of Social Sciences (PASS) and Columbia University’s Initiative for Policy Dialogue (IPD) are **announcing the establishment of a Commission of Experts that will convene during 2025 to address the growing sovereign debt and development crises that are affecting countries across the Southern Hemisphere.”**

“... The **Commission, chaired by Professor Joseph E. Stiglitz**, will **produce a Jubilee Report on Addressing the Debt and Development Crises in countries from the South**. The report will provide an assessment of the current situation as well as a blueprint for reforms to the international financial architecture that would enable countries to achieve sustainable debt levels that allow them to increase investment in healthcare, education, clean energy, and climate adaptation in countries across the Southern Hemisphere....”

Project Syndicate - What Should Be on the Global Financial Agenda?

J Ocampo; <https://www.project-syndicate.org/commentary/global-financing-for-development-agenda-2025-by-jose-antonio-ocampo-2025-02>

J Ocampo offers a **roadmap for this year’s global conferences on “financing for development”**.

“In the face of high public-sector indebtedness, environmental and geopolitical breakdown, and other mounting problems, **global consensus-building to support development institutions and developing countries’ growth strategies is more important than ever**. The international community must set its priorities accordingly.”

- Related: **Report of the International Commission of Experts for the Fourth Conference on Financing for Development (FFD4)** - [Financing a Sustainable Future: Proposals for a Renewed Global Development Finance Agenda](#)

(also with an [exec summary](#))

UHC & PHC

Lancet Comment – Understanding the scale of critical illness in Africa and the need for universal access to emergency and critical care

N I Lone et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02843-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02843-5/fulltext)

Comment linked to a new study. “....Understanding the **scale of critical illness in an African context**, while recognising that critical illness occurs outside of critical care facilities, and investigating the availability of emergency and critical care interventions are fundamental to inform future service needs and provision. **In The Lancet, the African Critical Illness Outcomes Study (ACIOS) Investigators report their continent-wide, cross-sectional point prevalence study to bridge this knowledge gap.....**”

The comment concludes: “....**The ACIOS Investigators have established the scale of critical illness in African hospitals and draw attention to the substantial gap in service provision of emergency and critical care interventions.** Many, if not all, of these interventions have already established effectiveness as live-saving, low-cost interventions. **The next steps are clear—urgent efforts must now focus on infrastructure, education, and workforce development in preparation for the next public health emergency.**”

PPPR

Stat - U.S. joins WHO-led flu vaccine meeting, despite planned withdrawal from agency

<https://www.statnews.com/2025/02/24/us-who-flu-vaccine-meeting-london/>

“CDC, FDA are participating virtually in gathering seen as critical to public health.”

“Two U.S. government agencies that are key players in the World Health Organization-led process to select the flu viruses for next winter’s influenza vaccines are participating in a meeting to discuss the issue, despite the Trump administration’s plans to withdraw from the global health agency, sources told STAT..... **This week’s meeting, for the 2025-2026 Northern Hemisphere flu vaccines, is being held at the Francis Crick Institute in London.** The meeting for the Southern Hemisphere 2026 flu vaccine will be held in September.....”

“...The weeklong meeting began Monday, with experts from both the CDC and the Food and Drug Administration in virtual attendance. To attend the meeting, even virtually, the two agencies would have had to receive an exemption from the Trump administration due to its ban on all interactions with the WHO.....”

PS: **“In addition to making recommendations on the viruses seasonal flu vaccines should target, the group also reviews what is happening with flu viruses like H5N1 bird flu and other flu viruses that pose a pandemic risk.** The goal of these discussions is to determine if existing candidate vaccine viruses — effectively seed strains with which to make vaccines to target these novel viruses — are still effective or should be updated.....”

African Development Bank, Pandemic Fund sign agreement to leverage resources for pandemic preparedness

<https://www.afdb.org/en/news-and-events/press-releases/african-development-bank-pandemic-fund-sign-agreement-leverage-resources-pandemic-preparedness-81297>

“The African Development Bank Group has signed an agreement to become an implementing entity of [the Pandemic Fund](#). This enables the Bank to coordinate financing of the Fund’s approved projects in Africa, as well as to participate in a call for proposals for financing investments scheduled to launch next month.....”

“The financial procedures agreement, signed in January with the World Bank Group (the International Bank for Reconstruction and Development acted as a trustee for the Pandemic Fund), qualifies the African Development Bank to participate in a share of \$500 million in Fund Secretariat financing for proposals for pandemic-related programs, projects and policies, with a focus on low and middle-income countries.....”

Bloomberg – As Measles Cases Surge in Texas, WHO’s Global Control Program Risks Collapse

Gift link: [Bloomberg](#);

“ ‘Gremlin network risks collapse over funding gap, WHO says. Program’s 760 labs also help diagnose and control Mpox, Ebola.”

“.... The [Global Measles and Rubella Laboratory Network](#) — known internally as “Gremlin” — is the backbone of efforts to track and control infectious threats. With 760 labs worldwide, it tests about 500,000 patient samples annually, identifying outbreaks before they cross borders. Its potential collapse threatens the [elimination](#) of measles, which killed a school-age [child](#) in a growing outbreak in Texas. “ ... The WHO-led program relies entirely on US funding, receiving about \$8 million annually to operate..... “The network is at risk of collapse unless alternative funding is identified,” Margaret Harris, a WHO spokesperson, said in an email....”

“... While its primary focus is measles and rubella, the global lab network also provides critical pandemic preparedness capabilities, helping detect SARS-CoV-2, respiratory syncytial virus, rotavirus, dengue, and rarer infections such as bird flu, mpox, yellow fever, Ebola, and Lassa fever....”

- Related: NYT - [Unvaccinated Child Dies of Measles in Texas Outbreak](#)

Stat - Trump administration takes aim at bird flu. For now, the cattle will have to wait

<https://www.statnews.com/2025/02/26/trump-administration-bird-flu-policy-issue-of-public-health-or-egg-prices/>

“New strategy focuses on economic threat posed by sick poultry over wider pandemic threat.”

“The U.S. Department of Agriculture [announced](#) Wednesday an additional \$1 billion to help the nation’s poultry industry combat an accelerating outbreak of [H5N1 avian influenza](#), which has

devastated farmers and driven the price of eggs to record highs. ...” “The infusion is part of a **new strategy under the Trump administration that aims to boost financial relief to farmers whose flocks have been affected by the bird flu and aid in increasing biosecurity measures to prevent the spread from wild birds to domestic poultry operations. It also sets aside funds to develop vaccines and therapeutics for laying chickens.** But the new plan does not include any additional efforts to curb the spread of virus among dairy cattle....”

Lancet Editorial - H5N1 avian influenza: technical solutions, political challenges

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00400-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00400-3/fulltext)

This week’s Lancet Editorial. Linking with ‘One Health’, the new ‘situation’ in the US, and pandemic agreement negotiations.

And concluding: “**The technical solutions for lessening the risk of zoonoses from food animals are known but putting them into practice comes with substantial political and economic hurdles.** Unless those challenges are confronted and overcome, then we will struggle to make a substantial impact on the risk of avian influenza, or any other potential pandemic, spreading and evolving further.”

Plos Med - Charting a novel path towards Ebola virus disease preparedness: Considerations for preventive vaccination

Donovan Guttieres et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004543>

“In June 2024, Gavi, the Vaccine Alliance, launched a preventive vaccination program against Ebola virus disease (EVD). This marks a historic shift in the management of EVD, allowing at-risk countries across sub-Saharan Africa to request support in implementing preventive vaccination campaigns. This **perspective piece** shares considerations that can inform how countries approach preventive EVD vaccination and potential unintended consequences. It also provides insights into strategies for vaccines against other epidemic-prone pathogens.”

CEPI, Brown, NTI Partner with Rising Leaders to Take Biological Threats off the Table

<https://pandemics.sph.brown.edu/news/2025-02-24/rising-global-south-leaders-munich-security-conference-sign-declaration-integrate>

“The **Coalition for Epidemic Preparedness Innovations (CEPI)**, the **Brown Pandemic Center**, and the **Nuclear Threat Initiative (NTI)** jointly endorse the Biosecurity Rising Leaders’ Munich Security Conference Declaration: *Taking Biological Threats off the Table Through Next Generation Global South Leadership*. As an outcome of the Conference, the historic declaration, issued by a group of **Global South Biosecurity Game Changers**, calls on global partners to urgently accelerate actions to ensure biosafety and biosecurity are integral components of the [100 Days Mission](#) and of the global life science research and biotechnology development enterprise.....

- Including “....**Integrating biosecurity investments as a core pillar of global health security funding**, including advocating for dedicated biosecurity and biosafety investment streams

within major international bodies, e.g., CEPI, WHO, the Pandemic Fund, Global Alliance for Vaccines and Immunization (GAVI), as well as regional and local organizations.”

Mpox & other health Emergencies

WHO Director-General announces that mpox remains a public health emergency of international concern

<https://hq.who.int/departmentofcommunications/cmail20.com/t/d-e-sthjrud-ikudkhluul-m/>

“On 27 February, WHO Director-General Dr Tedros Adhanom Ghebreyesus announced that the mpox upsurge continues to meet the criteria of a public health emergency of international concern set forth in the international Health Regulations (IHR). “

“The announcement follows the third meeting of the IHR Emergency Committee regarding the upsurge of mpox, held on 25 February 2025. The Committee advised the Director-General to extend the public health emergency of international concern, **based on the continuing rise in numbers and geographic spread, the violence in the eastern Democratic Republic of the Congo—which hampers the response— as well as a lack of funding to implement the response plan. ...”**

See also Cidrap News - [WHO extends mpox emergency as more transmissible clade 1a variant identified in DR Congo](#)

“ Ngashi Ngongo, MD, PhD, MPH, who leads Africa CDC's mpox incident management team, said growing armed conflict in the Democratic Republic of the Congo (DRC) is occurring in one of the main mpox hot spots, increasing the risk of spread to other provinces and countries. **He also noted the emergence of new variants, especially a clade 1a variant detected in the DRC that carries the APOBEC3 mutation, which enhances its transmissibility.** Clade 1a is the older clade that has been linked to spillovers in animals and some limited human-to-human transmission in endemic areas. Clade 1a is thought to be more deadly and capable of causing more severe disease than are clade 1b or clade 2. Ngongo said the new clade 1a variant raises significant public health concerns, due to the higher transmissibility of an mpox strain with higher morbidity. **He noted that the novel clade 1b strain also carries the APOBEC3 mutation, a factor in what makes it more transmissible.....”**

“.... In other updates, Ngongo said **14 of 22 affected African countries are still in the active outbreak stage, including South Africa**, which reported three new cases after more than 90 days without any. **In Uganda, another hot spot, cases continue to rise and are overwhelming some treatment centers**, with the country now opting for home-based care for patients who have less severe cases.....”

NPR - Why the good news about the mpox outbreak of 2025 isn't really good after all

<https://www.npr.org/sections/goats-and-soda/2025/02/25/g-s1-49693/mpox-vaccines-democratic-republic-congo-usaid>

“There seemed to be encouraging news at the end of January, when the number of new cases dropped suddenly. But mpox trackers are not celebrating. "This decrease in terms of cases is not the reality," says Jean Kaseya (Africa CDC). Instead, he says, this is **a sign that the ability to**

monitor and tally new cases has been interrupted. He attributes this to two things: "The combination between insecurity [and] lack of funding." ..."

"The insecurity he's referring to is in eastern DRC – a hotspot in the mpox outbreak – where rebel forces have taken control of key areas. The violence has interrupted mpox control and reporting work. The lack of funding is the result of the abrupt [freeze in U.S. foreign aid](#) instituted after President Trump took office on Jan. 20, along with the decision to [fire or place on leave](#) most of the 10,000 people working for the U.S. Agency for International Development. Almost all of the agency's work has stalled, including critical parts of the mpox response effort." Do read what the impact is on the ground.

- Related tweet by The Independent Panel for Pandemic Preparedness and Response:

"A sobering report on the impact of abrupt #USAID cuts to the #mpox response in DRC. **"Flying blind" in surveillance. Vaccines stuck in the warehouse. Combined with insecurity, @who.int says "All of the investment we've made ..are interrupted, on hold and impossible to continue."** "

Devex - US delayed assistance to Uganda's Ebola response

A Green; <https://www.devex.com/news/us-delayed-assistance-to-uganda-s-ebola-response-109503>

"Ugandan officials appear to have largely contained an outbreak of Ebola virus but **did so without the same level of support they have previously received from the U.S. government.**"

Telegraph - At least 50 people die in Congo from mystery illness that kills within 48 hours

<https://www.telegraph.co.uk/global-health/science-and-disease/mystery-illness-kills-50-people-democratic-republic-congo/>

"... **More than 50 people have died in north western Congo from an unknown illness which has been killing victims within 48 hours.** The World Health Organization (WHO) has dispatched a team of experts to the area to take samples and try to determine the cause. **The WHO's Africa office said the first cases in the town of Boloko began after three children ate a bat and quickly died following haemorrhagic fever symptoms,** Associated Press reported..... There have been 419 cases and 53 deaths since the outbreak began on Jan 21....."

- Related [WHO Afro report](#)

And tweet by The Independent Panel for Pandemic Preparedness and Response: "Here's the report from @whoafro.bsky.social, with details on two communities affected by an unknown disease causing a recorded 431 cases, 53 deaths and CFR of 12.3%. **Ebola and Marburg are ruled out, laboratory testing, investigation ongoing.**"

Let's see what tests will reveal.

- Update via **WHO Afro (27 Feb)** - [Democratic Republic of the Congo deepens investigation on cluster of illness and community deaths in Equateur province](#)
- And **BMJ News** with some more detail - [Deadly outbreak of unidentified disease in western Congo nears 1000 cases](#)

And by Thursday, via Reuters - [Deadly illness in Congo may be malaria, health officials say](#)

"A condition that has killed at least 50 people in northwest Democratic Republic of Congo this month is **suspected to be malaria or food poisoning**, local health officials said on Thursday...." ""For now, our diagnosis is malaria, and we also suspect food poisoning," **Mwamba (director general of the National Institute of Public Health)** told Reuters. "It's not an unknown and mysterious disease. It's a phenomenon involving children who consumed bushmeat."

HIV/AIDS

WHO - Protecting key populations from abrupt disruptions to essential HIV services

<https://www.who.int/news/item/27-02-2025-protecting-key-populations-from-abrupt-disruptions-to-essential-hiv-services>

WHO Statement 27 Feb. "... abrupt disruptions to foreign aid and service delivery threaten these gains, putting millions of people at risk – especially people living with HIV and key and vulnerable populations...."

UN News - New report flags severity of US funding cuts to global AIDS response

<https://news.un.org/en/story/2025/02/1160561>

"Shuttered clinics and health workers laid off around the world reflect the widespread, negative toll the United States funding freeze is taking on the global AIDS response, **according to a new situation report released on Wednesday** by the UN agency charged with responding to the disease."

"UNAIDS said that **at least one status report on the impact of cuts has been received from 55 different countries up to the start of this week**. That includes 42 projects that are supported by the US President's Emergency Plan for AIDS Relief (PEPFAR) and 13 that receive some US support...."

- For the **situation report**, see UNAIDS - [Impact of US funding freeze on the global AIDS - weekly update 24 Feb](#) (5-pager)

"**Reports received over the past week show that waivers have led to the resumption of select clinical services, such as HIV treatment and prevention of vertical transmission, in many countries that are highly dependent on US funding.** However, the **durability of this resumption is unclear** amid multiple reports that key US government systems and staff responsible for paying implementing partners are either offline or working at greatly reduced capacity...."

"**Critical layers of national AIDS responses are ineligible for waivers, including many HIV prevention and community-led services for key populations and adolescent girls and young women.** In addition, **data collection and analysis services have been disrupted in numerous countries.** Reports from UNAIDS' Country Offices note that **these interruptions have eroded the overall quantity and quality of HIV prevention, testing and treatment services.** Human resources for health at health facilities are facing increased workloads, and patients are experiencing increased waiting times to receive life-saving services. **US government statements to UN system organizations**

suggest US-funded programmes focused on gender equality and transgender populations may not resume....”

UNAIDS launches the development of the new Global AIDS Strategy 2026-2031

https://www.unaids.org/en/resources/presscentre/featurestories/2025/february/20250220_global_AIDS-strategy-26-31

“... UNAIDS is launching the development of the new Global AIDS Strategy 2026-2031, an ambitious, inclusive, and action-driven plan that will guide the global HIV response for the next five years and help end AIDS as a public health threat.”

Covid

Nature News - What sparked the COVID pandemic? Mounting evidence points to raccoon dogs

<https://www.nature.com/articles/d41586-025-00426-3?linkId=13059331>

“More than five years on, studies suggest the animal is the most likely culprit, but other candidates haven't been ruled out.”

“Today, mounting evidence from more than a dozen studies point to a person, or people, catching the virus from a wild animal or animals at the [Huanan Seafood Market](#) in Wuhan, China, the city at the epicentre of the outbreak. And the animal at the top of the list is the raccoon dog (*Nyctereutes procyonoides*).....”

Stat - A small study on Covid vaccine safety sparks an online tempest

<https://www.statnews.com/2025/02/24/post-vaccine-syndrome-yale-study-covid-vaccinations-rare-complication-fuels-critics/>

“Response to preliminary research highlights conundrum faced by scientists.”

“A group of researchers last week released a small, preliminary paper theorizing that Covid-19 vaccines may be linked in rare cases to a constellation of lingering symptoms not dissimilar to those associated with long Covid. They intended for their work to be the subject of academic discussion and to spur further study of what they dubbed “post-vaccination syndrome.” Instead, it has exploded online — and become a parable for the ways in which the internet is being used to weaponize basic vaccine research vital to advancing scientific knowledge about the safe use of these key products....”

“... The incident is a textbook example of something that plagues vaccine safety researchers: a damned-if-they-do-and-damned-if-they-don't phenomenon. If researchers see evidence that use of a vaccine might be causing harm, they are ethically required to report it and pursue study of it. But

public discussion of so-called signals of possible vaccine side effects are quickly weaponized by anti-vaccine forces.”

NCDs

WHO - First ever WHO treaty marks 20 years of saving millions of lives worldwide

https://hq_who_departmentofcommunications.cmail20.com/t/d-e-stdjruiy-ikudkhluul-p/

“The WHO Framework Convention on Tobacco Control (WHO FCTC) – one of the most widely embraced UN treaties in history – celebrates the 20-year anniversary of its entry into force this week.....”

“The WHO FCTC is the first ever public health treaty negotiated under the auspices of WHO with 183 Parties to the Convention covering 90% of the global population. The treaty provides a legal framework and a comprehensive package of evidence-based tobacco control measures underpinned by international law that have saved millions of lives including large pictorial health warnings on cigarette packages, smoke free laws and increased taxes on tobacco products, among many others.”

- Related: HPW - [On 20th Anniversary of Framework Convention: New Tobacco Products, Social Media, and Illicit Trade Pose Big Challenges](#)

Coverage of a **WHO press conference** marking the 20th anniversary of the WHO Framework Convention on Tobacco Control (WHO FCTC).

- Related **Lancet Comment – [20th anniversary of the WHO Framework Convention on Tobacco Control coming into force: time for a step change in ambition](#)** (by Anna B Gilmore et al)

“... As the treaty enters its 21st year, we reflect on its achievements and identify the need for a step change in ambition if the treaty is to continue to effectively address the tobacco epidemic, alongside the emergent nicotine and multiple product use (poly-use) epidemics.....”

“.... At the 20-year mark, the FCTC is therefore at an unavoidable inflection point. If a generation of young people is to be protected and progress restored, parties to the FCTC must step up their ambition. **The panel details specific recommendations to accelerate progress across parties at all stages of implementation**, address the changing nature of the tobacco and nicotine epidemics, and better counter industry interference. We detail how this can be achieved by harnessing recent COP decisions and the treaty's original ambition to address global challenges through cooperation and collective action..... Ultimately, however, **sustainable financing needs to be secured for such recommendations and the system drivers of the tobacco and nicotine epidemics need to be addressed—externalities, excess profits, and the consequent resource imbalance between industry and those attempting to hold them to account.** By moving towards a **polluter pays approach**, in which the tobacco industry pays for the harm it causes, both can be achieved...”

Guardian - Africa's medical system risks 'collapse in next few years', warns health leader

<https://www.theguardian.com/global-development/2025/feb/27/africas-medical-system-risks-collapse-in-next-few-years-warns-health-leader>

"Focusing foreign aid on infectious diseases has allowed a rise in cancer and diabetes that African governments don't have resources to fight, says **Dr Githinji Gitahi.**"

Laying out what needs to happen to tackle the vast NCD challenge, **both at global level** (including aid & solidarity) **and national level.**

Excerpt on the need for solidarity: "US funding accounts for half of all development assistance in Africa, he said, or \$6.5bn out of \$13bn. **African governments will not be able to completely replace lost funding**, Gitahi said, **because their economies are not large enough. It may mean reframing goals to provide universal health care to cover "100% of the poor" rather than the entire population.** "Africa cannot raise enough money from its fiscal space, from its GDP, to actually take care of all social services," he said. **"Africa needs solidarity." In the end, the international community should see that solidarity was important for global security,** he said. "...."

Devex - Noncommunicable diseases: A policy success but implementation failure

<https://www.devex.com/news/noncommunicable-diseases-a-policy-success-but-implementation-failure-109413>

"In September, there's a high-level meeting focused on how the world should tackle the growing burden of NCDs. **In the lead-up to the meeting, experts, advocates, policymakers, and NGOs gathered in Kigali to start defining their priorities.**"

PS: The **High-Level meeting " will be an opportunity to start crafting new goals.** In 2013, the World Health Assembly adopted 25 indicators and nine global targets around reducing premature mortality from noncommunicable diseases by 2025. **There will be a process around creating new targets for the next 10 to 15 years through a global monitoring framework on NCDs that will come after the high-level meeting,** Dain said. **The [World Health Organization](#) will establish a group of experts around setting these targets and there will be a country-level meeting after UNGA to agree upon new goals. The new framework will then be presented to the World Health Assembly in May 2026...."**

"The NCD Alliance has **five priorities** for the September meeting, Katie Dain said..."

JAMA (Viewpoint) - Fourth Time a Charm?—How to Make the UN High-Level Meeting on Noncommunicable Diseases Effective

George Alleyne, Awa Marie Coll-Seck, & T Frieden; <https://jamanetwork.com/journals/jama/article-abstract/2830745>

"This Viewpoint summarizes the history of United Nations High-Level Meetings on noncommunicable diseases (NCDs) and **calls for a meeting document that includes transparent,**

accurate accountability metrics and targets priority areas (eg, health taxes, hypertension control, cancer prevention and treatment, reducing air pollution, and improving nutrition) **to address NCDs.**”

Excerpt: “**Health taxes on tobacco, alcohol, and sugar-sweetened beverages** are proven to reduce NCD risk factors, prevent cancers, and generate revenue. This is **perhaps the most important priority—it will bring health improvements, advance health equity, and could also increase funding to combat NCDs.** If all countries resist industry interference and increase their excise taxes so that prices on tobacco, alcohol, and sugary beverages increase by 50%, more than 50 million premature deaths, most in low- and middle-income countries, will be averted over the next 50 years. Over this period, **these measures would also generate revenues, in present discounted value, of US \$20 trillion.** Countries can tax not only sugary beverages but also other unhealthy foods such as those high in salt and sugar.”

Guardian - If road deaths were a virus, we'd call it a pandemic. Safer transport helps us all – and we need it urgently

Tedros Adhanom Ghebreyesus and Jean Todt; <https://www.theguardian.com/global-development/2025/feb/22/sustainable-transport-development-road-deaths-un-urban-planning>

“Deaths on the road costs countries up to 5% of GDP. Centring transport around people, not cars, can propel development.”

“.... This week, world leaders met for the 4th Global Ministerial Conference on Road Safety in Morocco to assess progress, share knowledge and advance actions to halve road deaths by 2030. ... They have **adopted the new Marrakech Declaration**, which recognises road safety as an urgent public health and development priority, and that our efforts must be guided by the principles of equity, accessibility and sustainability....”

UN News – Breast cancer cases projected to rise by nearly 40 per cent by 2050, WHO warns

<https://news.un.org/en/story/2025/02/1160391>

“Breast cancer cases are expected to increase by 38 percent globally by 2050, with annual deaths from the disease projected to rise by 68 percent, according to a new report from the International Agency for Research on Cancer (IARC), a specialised branch of the World Health Organization (WHO).”

“The findings, published in Nature Medicine on Monday, warn that if current trends continue, the world will see 3.2 million new breast cancer cases and 1.1 million related deaths each year by mid-century..... **The burden will be disproportionately felt in low- and middle-income countries, where access to early detection, treatment and care remains limited.....”**

- See also Nature News – [Breast cancer is on the rise: data reveal drastic gap in survival rates](#)

“Lack of screening and limited treatment options mean that low- and middle-income countries face higher death rates despite having fewer cases than wealthier nations.”

“...people aged under 50 in low-income countries are four times more likely to die from breast cancer than those in high-income countries, on the basis of the most-recent available data, from 2022. Because of increasing life expectancy and changing prevalence of risk factors — such as obesity, drinking alcohol, and less breastfeeding — breast cancer cases and deaths are predicted to rise over the next 25 years, with the greatest increase in LMICs....”

- And the **study in Nature Medicine** – [Global patterns and trends in breast cancer incidence and mortality across 185 countries](#) (by J Kim et al)

Lancet - Trends in the global, regional, and national burden of oral conditions from 1990 to 2021: a systematic analysis for the Global Burden of Disease Study 2021

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02811-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02811-3/fulltext)

New study by **GBD 2021 Oral Disorders Collaborators**. “...The **minor changes in the burden of oral conditions over the past 30 years** demonstrate that past and current efforts to control oral conditions have not been successful and that different approaches are needed....”

Access to medicines, vaccines & other health technologies

People’s Health Dispatch – Public Pharma: still a missing debate in mainstream academia

<https://peoplesdispatch.org/2025/02/17/public-pharma-still-a-missing-debate-in-mainstream-academia/>

“Despite drug shortages and soaring prices, mainstream academia continues to ignore Public Pharma as a solution.”

“... the *Johns Hopkins International Conference on Drug Pricing and Affordability*, held on February 5, 2025, brought together experts from academia, policy, and industry to discuss critical challenges such as drug shortages, out-of-pocket (OOP) costs, and health technology assessments (HTA). The conference provided a valuable space for dialogue and featured diverse perspectives. However, **one crucial topic remained largely absent from the discussions: Public Pharma. The discussions focused on addressing the urgent need for more accessible medicines, yet often returned to the same fundamental premise: how to improve the system without questioning its core structure. The implicit assumption remained that private sector incentives must be preserved, rather than exploring radical alternatives for research, development, manufacturing, and distribution of health technologies....”**

“...panelists set out to examine how HTA influences drug pricing and coverage decisions. Prompted by the predominant technocratic tone of the presentations, some of the participants raised questions about the impact of the patent system on HTA. However, the response only reinforced the neoliberal undertone that had characterized the other sessions. The message, in essence, was: “Given that we won’t be getting rid of the patent system anytime soon, we should learn to live

with it.” The lack of a more ambitious vision for change reflects the deep-rooted ideological barriers that hinder meaningful progress.” ...”

Africa CDC - Regional Networks to Strengthen Africa’s Vaccine and Health Products Manufacturing Workforce

<https://africacdc.org/news-item/regional-networks-to-strengthen-africas-vaccine-and-health-products-manufacturing-workforce/>

“In a move to accelerate Africa’s capacity to produce its own vaccines and other health products, **the Africa Centres for Disease Control and Prevention (Africa CDC) has established Regional Capability and Capacity Networks (RCCNs)** to drive skills development, workforce training and R&D.”

“... **The RCCN Secretariats were officially launched on the sidelines of the 2nd Vaccines and Other Health Products Manufacturing Forum for African Union Member States, held in Cairo from 4–6 February 2025.....** “

“In his keynote address, Africa CDC Director General, Dr, Jean Kaseya, hailed the initiative, describing it as a game-changer for workforce development in biomanufacturing. This announcement marked **the completion of a rigorous selection process to identify leading institutions that will coordinate efforts in each region: North Africa:** Institut Pasteur du Maroc (IPM) in Morocco and The Unified Procurement Authority (UPA) in Egypt; **East Africa:** Africa Biomanufacturing Institute (ABI) in Rwanda; **West Africa:** Institut Pasteur de Dakar in Senegal; **Southern Africa:** Council for Scientific and Industrial Research (CSIR) in South Africa.”

Africa vaccine manufacturers to get WHO approval for eight vaccines from 2025 — Africa CDC

<https://businessday.ng/health/article/africa-vaccine-manufacturers-to-get-who-approval-for-eight-vaccines-from-2025-africa-cdc/>

“Africa’s push for vaccine self-sufficiency is gaining momentum, with **three manufacturers on track to secure World Health Organization (WHO) prequalification for eight vaccines between 2025 and 2030**, the Africa Centre for Disease Control (CDC) stated on Wednesday.....”

Lancet Global Health Correspondence on Mpox vaccination in the DRC

<https://www.thelancet.com/journals/langlo/issue/current>

With **a number of letters** in response to the study by Alexandra Savinkina and colleagues (December, 2024) on mpox immunisation in DR Congo. Plus **author’s reply by G Gonsalves**.

Among others, he reacts rather sharply on the Letter by E Paul et al. And has largely a point.

Devex - Innovative finance brings new river blindness medicine to Africa

<https://www.devex.com/news/innovative-finance-brings-new-river-blindness-medicine-to-africa-109137>

“A new river blindness medicine is being introduced by a nonprofit pharmaceutical company in Ghana.”

“The Australian-based [Medicines Development for Global Health](#) said **it’s the first nonprofit to bring a novel medicine to market in an endemic country for any disease without a multinational pharmaceutical or generic company.** It is now rolling out the new drug in one district of Ghana....”

Lancet GH – A rapid facility-level assessment of oxygen systems in 39 low-income and middle-income countries: a cross-sectional study

N Ijaz et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00561-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00561-8/fulltext)

- Related Lancet GH Comment - [Towards equity: the unfinished crisis of medical oxygen](#)

Vaccine scepticism & misinformation

Stat - Fueled by pandemic frustrations, populist parties are embracing anti-vaccine figures overseas, too

<https://www.statnews.com/2025/02/21/anti-vaxxer-politics-on-rise-european-populist-parties/>

“In Austria, the far-right party aligns itself with foes of established public health practices”

PS: “... **Not all far-right European parties have embraced such hard-line rhetoric as Austria’s Freedom Party. In France, where the National Rally has been working to portray itself as a mainstream movement with broad appeal, party leader Marine Le Pen criticized the government’s moves during the pandemic to restrict people who weren’t vaccinated from bars and cultural venues. But the party didn’t make anti-vaccination rhetoric core to its message,** aiming to nod to its base of supporters who might oppose immunizations without seeming to defy scientific standards and risk alienating others, said Jeremy Ward, a sociologist at France’s National Institute of Health and Medical Research, known as Inserm....”

“... In many ways, attacks on public health align with the anti-elite, anti-establishment philosophy that defines these populist parties.... Ivory-tower scientists, profit-seeking pharma companies, and bureaucrats in Geneva and Brussels were the ones pushing these vaccines, the argument went. In this view, all these interventions were trampling the rights of ordinary people. ... But the far-right parties also saw a political opening with the pandemic, and decided to stoke it to their advantage, experts say...” “... notably, prior to the pandemic, the populist parties didn’t say much about vaccinations at all, experts said. Covid showed them the potency of vaccination as a rallying force, and gave them an incentive to keep hammering on the theme.”

- See also a [FT big read – The political rise of the anti-vax movement](#)

“As traditional parties decline, vaccine scepticism has become one of the anti-establishment forces filling the vacuum.” *(I call it the gift from Bourla & co’s North Star on earning billions and billions, during the pandemic, that keeps on giving)*

BMJ (Opinion) - Oversimplified efforts to counter health misinformation are missing the mark

<https://www.bmj.com/content/388/bmj.r393>

Important read. “Public health solutions to health misinformation need to **recognise the complex, structural nature of the online information environment**, write **Tina D Purnat and Jocalyn Clark.**”

Authors identify **three outstanding concerns** that limit an effective response to the complex problem of health misinformation.

SRHR & Maternal Health

Lancet Comment – Age of distrust: impact of hegemonic policy decisions on sexual and reproductive health and rights

R Khosla & P Allotey; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00351-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00351-4/fulltext)

“Beyond the COVID-19 pandemic, trust in global health has been undermined by geopolitical shifts, rising nationalism in some countries, and policies from high-income countries that often sideline the priorities of low-income and middle-income countries. In an era of disinformation and dwindling trust in science, evidence-based policy making has been attacked and weaponised by some actors, particularly in relation to sexual and reproductive health and rights (SRHR) and gender equality. A backlash fuelled by misogyny, ideological conservatism, and misinformation and disinformation has undermined progress in advancing sexual and reproductive health and gender equality, exacerbating inequalities.....”

“... Global health policy making is increasingly driven by national interests and dominant ideologies rather than multilateral cooperation, undermining trust in international health governance and multilateralism overall. In the context of gender equality and SRHR this situation has resulted in a push for nationalistic, hegemonic agendas by a few countries to undermine long held global policy consensus on these issues. As a consequence gender equality and SRHR-related issues are constantly under attack in multilateral settings, resulting in policy paralysis or backsliding on agreed policies.....”

They conclude: “....To restore trust, global health leaders must maintain the commitment to and funding for SRHR, strengthen partnerships with local organisations, and actively counter misinformation and disinformation. SRHR should be safeguarded as a core component of universal health coverage, integrated into national health systems, and protected from ideological shifts

through diversified funding mechanisms. **The erosion of trust in global health is not irreversible. Reaffirming commitments to SRHR, protecting marginalised groups, and reinforcing evidence-based policies are essential for a more equitable and resilient global health system.** Additionally, a multipolar system with stronger regional and subregional alliances to address these geopolitical shifts needs to be supported and developed....”

WEF - World Health Day 2025: WHO calls for action on maternal and newborn health

<https://www.weforum.org/stories/2025/02/protect-mothers-and-babies-says-who-and-other-top-health-stories/>

“This year’s World Health Day, on 7 April, will centre on maternal and newborn health with the theme “Healthy beginnings, hopeful futures”. The World Health Organization (WHO) is calling for urgent action to tackle the preventable deaths of mothers and babies, improve healthcare access and invest in life-saving interventions....”

The key issues the WHO is focusing on this year are: (1) A preventable crisis: Every seven seconds, a mother or newborn dies, with 300,000 maternal deaths and over 4 million newborn deaths or stillbirths each year. (2) Widening gaps in care: Conflict zones and low-income countries face severe healthcare shortages, putting pregnant women and babies at extreme risk. (3) Off-track goals: Four out of five countries are failing to meet United Nations (UN) maternal survival targets, with one in three lagging behind on improving newborn survival rates. (4) Climate and crisis threats: Rising temperatures and humanitarian rollbacks are jeopardizing maternal and newborn health worldwide.

Brookings – An ‘impact hub’ approach to transforming global maternal health outcomes by 2030

M-A Etiebet & A-M Slaughter; <https://www.brookings.edu/articles/an-impact-hub-approach-to-transforming-global-maternal-health-outcomes-by-2030/>

“... Against this backdrop, leading maternal health practitioners and experts at the forefront of redesigning global institutions gathered in Room 17—a working group linked to SDG 17 for revitalizing partnerships—within the 17 Rooms initiative. Room members explored how an **“impact hub” approach** could help transform global maternal health outcomes by 2030. We began by recognizing that no one approach can ever address the full complexity of the problem and that the idea of an “impact hub” builds on efforts that already exist. Still, we concluded that the time is right for pulling together many current efforts within this framework....”

“... An impact hub is an organization that connects governmental and non-governmental actors to pursue a singular, measurable mission, with a focus on scaling up effective solutions, rather than starting from scratch. An impact hub is a time-bound institution, intended to solve a specific problem and then close or transition into something else. **It is meant to complement, not replace, existing efforts and institutions; indeed, it can pull them together.... “**

“In the case of maternal health, several regional and global organizations, including the Partnership for Maternal, Newborn & Child Health (PMNCH), Merck/MSD for Mothers, AlignMNH, development finance institutions, including Global Financing Facility (GFF), and the World Bank, and several U.N.

agencies including UNICEF, the World Health Organization, and the United Nations Population Fund (UNFPA) **already perform some impact hub functions.** To help coordinate these existing efforts, **the working group proposes the creation of impact hubs focused on the goal of zero maternal deaths by 2030....** ...The larger vision for a worldwide effort would be a network of impact hubs across local, regional, national, and international levels, unified by their commitment to achieving zero maternal deaths by 2030 (and by their willingness to use the same measurement criteria, described below). A network of impact hubs could be activated initially through a **combination of a global-scale impact hub** (e.g., a partnership between three or more global actors including GFF, PMNCH, and AlignMNH, and international donors) **and several local impact hubs** (e.g., by identifying two or three community-level impact hubs in country contexts like Ethiopia, Nigeria, Sierra Leone, or Tanzania....”

Planetary Health

HPW - Strong Support Among WHO Member States for Health-Focused Action on Climate Change

https://healthpolicy-watch.news/strong-support-among-who-member-states-for-health-focused-action-on-climate-change/?feed_id=389&unique_id=67b8a1727f87f

Coverage of a panel last week on Thursday.

“Bolstered by strong support in Africa, Europe and Latin America, there are **high hopes that an ambitious new [Global Action Plan on Climate Change and Health](#) will be approved in May by the World Health Assembly**, said WHO’s Maria Neira, Director of the Department of Climate, Environment and Health. **The WHO moves will also help set the stage for an initiative by Brazil on a “Bélem Action Plan” on climate change and health at [COP30, in Bélem, Brazil](#)** – which aims to reinforce UN Member states’ commitments to include health goals in their climate strategies, said Gustavo dos Santos Souza, coordinator of Climate Change and Health Equity in Brazil’s Ministry of Health... “**The goal of this plan is to support countries implementing equitable health adaptation strategies and policies in response to climate change.** This plan will align its goals and objectives with the global goal on adaptation under the UNFCCC, reinforcing the need for a unified global approach with a minimal set of measurable outcomes, it will also apply specific adaptation strategies to strengthen health system resilience to climate-related impacts. And we hope countries will voluntarily endorse this plan in Brazil.”

“Neira and Souza were speaking, along with representatives from The Netherlands and civil society, at a panel Thursday on [Health at the Heart of Climate Action](#), hosted by the Global Health Centre of the Geneva Graduate Institute.”

NYT - The World Bank Pivoted to Climate. That Now May Be a Problem.

<https://www.nytimes.com/2025/02/25/climate/world-bank-trump-project-2025-funding.html?smid=nytcore-ios-share&referringSource=articleShare>

“The Trump administration’s deep cuts to clean-energy programs are raising concerns about U.S. commitments to the lender.”

“As the Trump administration imposes deep cuts on foreign aid and renewable energy programs, the World Bank, one of the most important financiers of [energy projects in developing countries](#), is facing **doubts over whether its biggest shareholder, the United States, will stay on board.**”

“While the Trump administration has voiced neither support nor antipathy for the bank, it has issued an executive order promising a review of U.S. involvement in all international organizations. And Project 2025, the right-wing blueprint for overhauling the federal government, has **pressed for withdrawal from the World Bank.** The concern about the bank’s future is heightened as the **second Trump administration doubles down on its repudiation of climate projects and promotes an accelerated expansion of U.S. oil and gas projects.....**”

“... the bank also faces a more existential problem: **Will the Trump administration continue its support for the institution, and if it does, will it back Mr. Banga’s goal to channel nearly half of its money into helping developing countries adapt to the hazards of a warming planet and build energy systems that contribute less to climate change?...**”

Devex - At COP16 take two, delegates aim to finalize funding for biodiversity

<https://www.devex.com/news/at-cop16-take-two-delegates-aim-to-finalize-funding-for-biodiversity-109444>

From early this week. “Delegates in Rome [will] finalize key biodiversity financing discussions left unresolved at COP16 in Rome, focusing on resource mobilization, governance, and the role of the Global Environment Fund. The outcome could shape global efforts to address biodiversity loss.”

- See also the Guardian – [More than half of countries are ignoring biodiversity pledges – analysis](#)

“Many of the nations gathering in Rome for Cop16 have offered no plans to honour their agreement to protect 30% of land and sea for nature.”

“**More than half the world’s countries have no plans to protect 30% of land and sea for nature, despite committing to a global agreement to do so less than three years ago, new analysis shows.** In late 2022, nearly every country signed a [once-in-a-decade UN deal](#) to halt the destruction of Earth’s ecosystems. It included a headline target to protect nearly a third of the planet for biodiversity by the end of the decade – [a goal known as “30 by 30”](#). But as country leaders gather in Rome to conclude [COP16](#) negotiations to save nature, [analysis of countries’ plans by Carbon Brief and the Guardian](#) found that many countries are will fall short. **More than half are either pledging to protect less than 30% of their territory or are not setting a numerical target.**”

- See the Guardian - [COP16 countries strike crucial deal on nature despite global tensions \(28 Feb\)](#)

Good news on Friday morning: “**Delegates from across the world have cheered a last-gasp deal to map out funding to protect nature, breaking a deadlock at UN talks seen as a test for international cooperation in the face of geopolitical tensions.** Rich and developing countries on Thursday hammered out a delicate compromise on raising and delivering the billions of dollars needed to protect species, overcoming stark divisions that had scuttled their previous Cop16 meeting in Cali, Colombia last year.....”

Devex - Cali Fund launches, calling companies to fund biodiversity protection

<https://www.devex.com/news/cali-fund-launches-calling-companies-to-fund-biodiversity-protection-109492>

“The Cali Fund, launched on Feb. 25, seeks to mobilize corporate contributions from companies profiting from digital sequence information to support biodiversity conservation.”

“Last October, countries [agreed to establish](#) the Cali Fund, a blended finance experiment that takes contributions from companies profiting from the use of biodiversity’s genetic data to develop products such as pharmaceuticals, biotech, and cosmetics — and funnels the money back to biodiversity conservation with at least 50% going to Indigenous groups. The agreement was one of the few successes of last year’s United Nations Biodiversity Conference, or COP16. On Feb. 25, as delegates gathered in Rome to complete unfinished business, the fund saw its official launch....”

“.... While donations are voluntary, the agreement in Colombia read that large companies “should” pay a small percentage of what they make — 1% of profits or 0.1% of revenue — for the commercial use of these genetic resources extracted from nature, officially called digital sequence information on genetic resources, or DSI. The fund is expected to raise up to \$1 billion annually, which will go to conserving biodiversity by allocating the money based on the importance of a country’s biodiversity....”

Climate Change News - In Trump’s shadow, IPCC set to make key decision on timing of climate science review

<https://www.climatechangenews.com/2025/02/21/in-trumps-shadow-ipcc-set-to-make-key-decision-on-timing-of-climate-science-review/>

“Governments are expected to face fraught discussions next week over the timeline of several key climate science reports and the fallout of a reported US exit from the Intergovernmental Panel on Climate Change (IPCC). At a week-long plenary meeting of the IPCC in Hangzhou, China, diplomats and scientists will again try to decide whether flagship reports reviewing the world’s knowledge of climate change should be ready in time for the next UN assessment of global climate action....”

“.... The IPCC is in its seventh assessment cycle – known as AR7 – which is meant to compile global climate science into three reports: one on the physical scientific basis for climate change, another on the vulnerability of human and natural systems, and a third one on options for mitigating climate change. These reports are scheduled for release in 2029. Some scientists have called for the AR7 reports to be completed in time to inform the next review of climate policies as mandated by the Paris Agreement, known as the Global Stocktake and scheduled for 2028. But deep divisions have twice prevented an agreement on the timeline being reached so far. European and Latin American states, small island nations and least developed countries have pushed for the reports to be delivered by mid-2028, in time for the next UN Global Stocktake. But, at the last gathering in August 2024, a dozen developing countries led by Saudi Arabia, Russia, China and India opposed an accelerated timeline, citing concerns over the inclusivity of a shortened assessment process....”

- Related: Science insider – [NASA cuts off international climate science support](#)

“U.N. panel meets for first time without U.S. leadership.” “The news caught climate scientists off guard. During the first Trump administration there was no interference with IPCC....”

- And the **Guardian** - [US officials have been absent from global climate forums during Trump 2.0](#)

“While Trump left the [Paris] agreement during his first term, US officials continued to play a leading role in meetings convened by the United Nations Framework Convention on Climate Change (UNFCCC), the 1992 parent treaty to the Paris agreement. The US is still a signatory to the UNFCCC and Trump has not said whether or not he intends to leave. **However, since the start of his second term last month, US officials seem to have not attended any meetings, according to meeting minutes and recordings posted to the UNFCCC website and people with knowledge of the meetings who spoke to CCR under the condition of anonymity.** US representatives appear to have missed at least four international climate meetings in recent weeks, CCR and the Guardian found. Trump has also reportedly blocked US government scientists from attending a meeting this week of the Intergovernmental Panel on Climate Change (IPCC) as the group prepares its seventh major report on the state of the crisis....”

Action Aid (report) - Who Owes Who?

https://actionaid.org/publications/2025/who-owes-who?utm_source=semafor

“External debts, climate debts and reparations in the Jubilee Year.”

“ Based on the most systematic studies, **the climate debt that rich polluting countries are liable to pay low- and lower-middle income countries is US\$ 107 trillion.** This is more than 70 times greater than the total external debt of US\$ 1.45 trillion that these countries collectively owe....”

Conflict & health

Lancet Comment - Unjustified silence in the face of this new war in eastern DR Congo

M Hatem et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00334-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00334-4/fulltext)

“... Despite the efforts of non-governmental organisations, such as Médecins Sans Frontières and the International Committee of the Red Cross, to support health facilities, the human toll of this resource-driven conflict continues to be overlooked by the international community. **We, professionals with varied backgrounds ranging from the medical sciences to law, urge all members of the international medical community to push their respective governments to demand an immediate end to the war and the restoration of international law, whether through the UN or the African Union.....**”

Guardian - Long-term effects of Gaza war could quadruple Palestinian death toll, warn UK doctors

<https://www.theguardian.com/global-development/2025/feb/22/gaza-wars-aftereffects-palestinian-death-toll-warn-uk-doctors-disease-malnutrition-healthcare>

“Surgeons who worked in Gaza fear **disease, malnutrition and eradication of healthcare will reverberate for decades.**”

Guardian - The well-worn playbook for bombing hospitals in war: deny, deflect, justify. Time for the law to close these loopholes

M van der Heijden; <https://www.theguardian.com/global-development/2025/feb/26/the-well-worn-playbook-for-bombing-hospitals-in-war-deny-deflect-justify-time-for-the-law-to-close-these-loopholes>

“To reverse the rise in attacks on healthcare facilities and workers international law must provide immediate, simple and unequivocal protection. One possibility would be to establish an absolute prohibition on attacks against healthcare facilities. Or, at the very least, to ban the use of aerial bombing and explosive weapons in and around them. This should be combined with a prohibition to use hospitals and surrounding areas for military purposes. Ideally, both should also be war crimes, without exception. Without such unequivocal protections, hospitals will remain theatres of war, and international law will continue to offer a script for impunity.”

Guardian - UK suspends aid to Rwanda over support for DRC rebels

<https://www.theguardian.com/world/2025/feb/25/uk-suspends-aid-to-rwanda-over-alleged-support-for-drc-rebels>

“The UK government will cease attending events hosted by Rwanda, as well as pausing aid to all but the ‘poorest and most vulnerable’.”

BMJ - Healthcare after a nuclear strike

J C Jeng e tal; <https://www.bmj.com/content/388/bmj.r319>

(Technically, I’m afraid this read belongs to another section, ‘The end of the world & health’.)
“**Tactical nuclear weapons** pose a threat to life and health that we cannot ignore.”

Some reports, resources & papers of the week

Lancet Journals Series - Zika Virus: Research Priorities for Preparedness and Response

<https://www.thelancet.com/series/zika-virus>

“Since WHO declared the Zika virus epidemic a public health emergency of international concern in 2016, there remain no licensed vaccines, therapeutics, or diagnostic tests for routine antenatal screening, leaving the world critically vulnerable to future epidemics. To address the absence of essential tools to detect and mitigate Zika virus transmission, a cadre of experts developed a priority agenda for Zika virus research and development, based on extensive literature reviews and input

from a meeting of 125 global thought leaders. **This Series summarises the state of the science and the critical challenges to research and development, and outlines a comprehensive strategy to advance research, surveillance, global capacity, policy, and investment for Zika virus preparedness and response.**"

Revamped WHO World Health Data Hub Country Pages

<https://data.who.int/countries>

For a snapshot of health data.

HPW - Climate Change, Vaccine Hesitancy and Vector-borne Diseases are Driving Encephalitis

<https://healthpolicy-watch.news/climate-change-vaccine-hesitancy-and-vector-borne-diseases-are-driving-encephalitis/>

"Encephalitis "remains under-recognized, under-diagnosed, and underfunded", according to a new policy [report](#) from the World Health Organization (WHO). Climate change, vaccine hesitancy, and the rising burden of vector-borne diseases are also fuelling an increased number of encephalitis cases, a rare but serious inflammation of the brain. ... The technical document urges coordinated global action to "confront and tackle the growing public health threat from encephalitis," and points to prevention strategies, as well as gaps in diagnosis, research, treatment, and care. ..."

PS: **"Encephalitis today is not a funding priority in many low and middle income countries, not because it is not important, but because these countries face multiple crises. Lack of clean water, limited access to education, an overburdened healthcare system, armed conflicts. And as a reality, it is difficult to choose what to prioritize. "But encephalitis must be a priority.""**

"Diagnosis in lower-and-middle income countries is especially difficult, because the condition requires a confirmatory lumbar puncture, and sometimes highly specialized tests such as brain imaging and electroencephalography (EEG). However, as the report notes, and as Matos highlighted in her remarks, most of the world's population lives in areas with no immediate access to comprehensive or rapid encephalitis diagnostics. ..."

"... Several pathogens can cause encephalitis, with the herpes simplex virus being the most common cause of the condition, according to the WHO. But other viruses, notably vector-borne diseases, are a rising threat for encephalitis."

PS: **"Encephalitis-inducing viruses can be prevented by vaccines, such as influenza, varicella-zoster virus (VZV), rabies, poliomyelitis, and measles, mumps and rubella (MMR). The COVID-19 pandemic-related disruptions in routine immunizations and vaccine hesitancy have left experts worried about encephalitis cases due to MMR. ..."**

"... For Professor Benedict Michael, a neurologist at the University of Liverpool, the new report "puts encephalitis on the map," building on the advocacy successes in the past decade. While epilepsy

and Parkinson's have garnered more attention on the brain health front, the **experts gathered at the Encephalitis International-WHO launch hope that the report will improve public health policies, including vaccine programs and vector control. ...**"

- See also [WHO launches new technical brief on encephalitis](#)

Global Public Health – Redefining global health in the 21st century: Towards a more equitable global health agenda

M Reid et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2464060?src=>

Global health is at a critical juncture.... "This commentary proposes a new global health model inspired by Kate Raworth's 'doughnut' framework, which emphasizes maintaining ecological and social boundaries to foster sustainable health. The **inner boundary focuses on ensuring equitable access to essential health services, particularly for underserved populations. The **outer boundary** addresses the health impacts of environmental degradation and climate change, advocating for adaptive and resilient health systems. This model calls for a reorientation of global health priorities to balance human well-being with environmental sustainability, urging international collective action at platforms like COP29. By addressing both health equity and ecological stability, this framework aims to guide the global health community towards a more equitable and sustainable future."**

Miscellaneous

Blog - Global Health Monopoly

K Decoster; <https://kdecoaster.blogspot.com/2025/02/global-health-monopoly.html>

If you got that far in this newsletter, you might perhaps want to read a short dark blog on our dark times – on my own (somewhat dormant) blog. Among others, featuring **Johnny Logan**.

Global health governance & Governance of Health

Devex - Trump-style misinformation on aid comes to France

<https://www.devex.com/news/trump-style-misinformation-on-aid-comes-to-france-109466>

““If you put the words ‘environment,’ ‘inclusion’ then you get a few million [extra],” **Sarah Knafo** joked.”

“As it first froze and then tried to dismantle the [United States Agency for International Development](#) in recent weeks, U.S. President Donald Trump's administration mocked the kinds of projects the agency had been supporting — even if the details were often [wrong or misleading](#). **Appearing on the conservative French television network CNews last week, Sarah Knafo, a far-**

right member of the European Parliament, [cited](#) her own list of projects from the [French Development Agency](#), or AFD.....”

Slashed aid budget must help “Dutch earning power”: minister

<https://www.dutchnews.nl/2025/02/slashed-aid-budget-must-help-dutch-earning-power-minister/>

More dire aid news from the Dutch (radical) right-wing government.

- See also Devex: [The low country](#)

““Devastating” and “incomprehensible” — that’s how Dutch NGOs reacted to a **letter from Minister for Foreign Trade and Development Reinette Klever on Thursday setting out how the right-wing governing coalition will implement development spending cuts of €2.4 billion (\$2.5 billion) from 2027**. “All the programmes we fund **must contribute directly to our own interests: promoting trade, enhancing security and reducing migration,**” Klever says. And, [the statement](#) adds, “**funding for various programmes will be terminated, in areas such as gender equality, vocational and higher education, sport and culture,**” while “**funding for climate action, civil society and UN organisations will be reduced.**” “

“The NGO [Cordaid](#) tells Devex that **cutting programs on women’s rights and gender equality** now is **incomprehensible and “unprecedented” for the Netherlands**, which was known as a champion of women’s rights.....”

IDS - What’s next for international development? Key trends to watch this decade

<https://www.ids.ac.uk/opinions/whats-next-for-international-development-key-trends-to-watch-this-decade/>

“Evidence suggests that the world is becoming increasingly volatile in the face of complex and interconnected challenges. It is also clear that we are failing to achieve key climate and development goals. More optimistically, other signals suggest that **collective action still has the power to shape a more resilient and inclusive future.**”

“Towards the end of last year, I reviewed some of these forecasts in global politics and sustainable development for the UK’s Foreign, Commonwealth and Development Office (FCDO), as part of the [IDS-led K4DD programme](#). The report explored the **outlook for international development from 2025 to 2035**. Here’s what I found in the report, [‘Global Trends and Scenarios to 2035’](#).”

Basically with two main scenarios. But including: **‘the future is not fixed’**.

- And a link: [10 years Women in Global Health](#)

Global health financing

CGD - Rising Global Inequality: How Can Fiscal and Monetary Policies Be Reformed to Promote Fairer Economies?

B Clements et al; <https://www.cgdev.org/blog/rising-global-inequality-how-can-fiscal-and-monetary-policies-be-reformed-promote-fairer>

« With more low-income countries facing debt distress and economic shocks becoming more frequent, a crucial question arises: ***how can fiscal and monetary policies be reformed to promote inclusive and sustainable growth?....*** At the request of the UN Committee of Experts on Public Administration (CEPA)—which advises member states on strengthening governance and public administration to achieve the Sustainable Development Goals (SDGs) under the 2030 Agenda—we have prepared [a guidance note on promoting equitable fiscal and monetary policies](#). This note, expected to be released to member countries soon, outlines key policy recommendations. **This blog post summarizes our main findings.....”**

ECDPM (paper) - Scaling up Global Gateway: Boosting coordination in development and export finance

<https://ecdpm.org/work/scaling-global-gateway-boosting-coordination-development-export-finance>

“The rapidly changing dynamics of global economic governance, coupled with rising geopolitical tensions, significantly impact Europe’s trade, investment and development landscape. **San Bilal and Andreas Klasen argue that to fully realise the ambitions of its Global Gateway strategy, the EU should improve the coordination and complementarity of development and export finance.”**

UHC & PHC

Plos GPH - Building a Sustainable Future: Lessons from the evaluation of the Quality of Care Network for improving maternal, newborn and child health

Blerta Maliqi et al ;
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004308>

“.... **Bangladesh, Côte d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone, Uganda, and the United Republic of Tanzania**, collaborated with WHO and partners to launch the **Network for improving quality of care for maternal, newborn and child health** (the Network) in 2017....”

“... **The QCN Evaluation series** provides an in-depth analysis of the effectiveness, legitimacy and sustainability of QoC initiatives in four of the 11 Network countries -Bangladesh, Ethiopia, Uganda and Malawi - during 2017-2022.”

SS&M - Comprehensive Assessment of the Impact of Mandatory Community-Based Health Insurance in Burkina Faso

<https://www.sciencedirect.com/science/article/pii/S0277953625001996?via%3Dihub>

By D Boutin, V Ridde et al.

NEJM – Medicaid on the Chopping Block

E Park; <https://www.nejm.org/doi/full/10.1056/NEJMp2501855>

“A top priority for Congress and President Donald Trump is extending and expanding tax cuts expiring at the end of 2025. To enact these cuts, congressional Republicans plan to use budget reconciliation, an expedited procedure that bypasses the Senate filibuster. Republican leaders in the House intend to make at least \$880 billion in Medicaid cuts over 10 years to offset some of the tax cuts’ \$4.5 trillion cost. Although members of the House and Senate disagree on timing and various components of a budget resolution and a budget-reconciliation bill, Medicaid is clearly on the chopping block. Medicaid, however, is more essential than it has ever been. It provides affordable, comprehensive health coverage to more than 72 million low-income Americans.....”

Pandemic preparedness & response/ Global Health Security

BMJ (blog) - Second Outbreak of Marburg Virus Disease (MVD) in Tanzania: Urgent Response and Public Health Interventions

<https://blogs.bmj.com/bmjgh/2025/02/25/second-outbreak-of-marburg-virus-disease-mvd-in-tanzania-urgent-response-and-public-health-interventions/>

By Dr. Ntuli Angyelile Kapologwe (Director of Preventive Health Services, Tanzania Ministry of Health.)

Devex - Advocates warn World Bank’s farm financing risks fueling next pandemic

<https://www.devex.com/news/advocates-warn-world-bank-s-farm-financing-risks-fueling-next-pandemic-109511>

“A coalition of advocacy groups has called on the World Bank to stop financing industrial livestock farms, warning that they contribute to the spread of bird flu and increase the risk of another pandemic.”

Planetary health

Guardian - Total collapse of vital Atlantic currents unlikely this century, study finds

<https://www.theguardian.com/environment/2025/feb/26/total-collapse-of-vital-atlantic-currents-unlikely-this-century-study-finds>

“Climate scientists caution, however, that **even weakened currents would cause profound harm to humanity.**”

“... The latest study, [published in the journal Nature](#), used 34 state-of-the-art climate models to assess the Amoc....”

Guardian - Plants losing appetite for carbon dioxide amid effects of warming climate

https://www.theguardian.com/science/2025/feb/26/plants-losing-appetite-for-carbon-dioxide-amid-effects-of-warming-climate?CMP=share_btn_url

“**Earth’s plants and soils reached peak carbon dioxide sequestration in 2008** but proportion absorbed has been declining since, study finds....”

Devex - As the US retreats from climate finance, can philanthropy fill the gap?

<https://www.devex.com/news/as-the-us-retreats-from-climate-finance-can-philanthropy-fill-the-gap-109462>

“**As the U.S. retreats from climate commitments, philanthropy is stepping in—but it remains far from a substitute for government funding.**”

“... as U.S. funding disappears, some billionaires and philanthropic foundations are pledging to fill the void and ensure financing for climate programs continues. **In the highest-profile example, Michael Bloomberg recently [announced](#) that his philanthropic organization, Bloomberg Philanthropies — along with other unnamed funders — would cover the United States’ financial commitments to the [U.N. Framework Convention on Climate Change](#), or UNFCCC, along with its reporting commitments. The U.S. traditionally provides [22% of the UNFCCC’s budget](#)—an estimated €16 million (\$16.8 million) per year out of the convention’s €74 million budget for 2024–25....”**

PS: “**climate philanthropy has been growing at an unprecedented pace. In 2023, foundation funding for climate philanthropy rose 20% from the previous year, hitting a record \$4.8 billion — almost three times the \$1.7 billion recorded in 2019, according to the [latest report published in December](#) from the global philanthropy ClimateWorks Foundation....”**

Guardian – Rolling back on climate actions may spell rise in preventable illness – study

<https://www.theguardian.com/environment/2025/feb/21/rolling-back-on-climate-actions-may-spell-rise-in-preventable-illness-study>

“Net zero policies would result in fewer deaths saving UK billions, say researchers.”

“Countries that weaken or stop their net zero and climate actions may be consigning their populations to decades of preventable illness. Gains from net zero are often presented as global benefits and mainly for future generations. But less fossil fuel use also means less air pollution which results in local health gains right away.... For example, rapid health gains are predicted from policies for US net zero by 2050. By 2035, between 4,000 to 15,000 fewer US residents would die annually from air pollution, saving the US economy \$65bn to \$128bn, with even greater benefits thereafter.”

“A study, led by Imperial College London, has found that there are large health gains from UK net zero actions....”

Boston University Global Development Policy Center -Blending from the Ground Up: Multilateral and National Development Bank Collaboration to Scale Climate Finance

C Mariotti et al ; <https://www.bu.edu/gdp/2025/02/18/blending-from-the-ground-up-multilateral-and-national-development-bank-collaboration-to-scale-climate-finance/>

Re **public-public partnerships**. « In a **new report**, @chiaramariotti, @rishirbhandary, @KevinPGallagher & Richard Kozul-Wright **outline policy recommendations for multilateral + national development bank cooperation to advance development + climate change priorities.**”

- Related blog: [Unlocking Synergies Between Multilateral Development Banks and National Development Banks](#)

“2025 will be a pivotal year for development and climate cooperation, with financial matters coming to the fore at a range of key policy events, from the upcoming [Finance in Common Summit](#) taking place at the end of February in Cape Town to the [30th United Nations Climate Change Conference](#) (COP30) in Belém and the Group of 20 (G20) Heads of State in Johannesburg in November. These fora will ensure that the discussion on the state of the international financial architecture will remain at the top of the global policy agenda....”

“.... The report examines five case studies of MDBs collaboration with NDBs to advance the energy transition...”

Nature (Comment) - We use 30 billion tonnes of concrete each year — here’s how to make it sustainable

[Nature](#);

“Promising methods are emerging to reduce emissions, resource use and waste from construction industries.”

“**The production of concrete — particularly cement —accounts for 7% of all anthropogenic CO2 emissions.** The construction industry can become more sustainable by using recycled materials, renewable energy sources and greener cement-production methods, says **a group of civil engineers and materials scientists**. The journey to net-zero concrete can be made step-by-step, starting with more-efficient production methods and eventually with the use of concrete engineered to sequester CO2. But, **the industry must lay the groundwork now if we’re ever going to get there, the group argues.**”

Mpox

Lancet Letter - The research and development landscape for mpox vaccines

Min Du et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00115-X/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00115-X/fulltext)

« ... Here, we collected data on the **pipelines of prophylactic vaccine candidates for mpox globally from the Pharmcube database....**”

Infectious diseases & NTDs

Plos Med (Perspective) – Detrimental infant and maternal outcomes of undiagnosed asymptomatic malaria in pregnancy

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004528>

By James G. Beeson et al.

AMR

Lancet GH - Mitigating antimicrobial resistance, a critical step towards saving newborns: still miles to go

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00060-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00060-9/fulltext)

Comment linked to a **new Lancet GH study** - [Multidrug-resistant sepsis in special newborn care units in five district hospitals in India: a prospective cohort study](#)

NCDs

HPW - Vanishing Memories: Tanzania's Elderly Battle Dementia in Silence

<https://healthpolicy-watch.news/vanishing-memories-tanzanias-elderly-battle-dementia-in-silence/>

“.... Public health experts like Dr Kibwana urge Tanzania and other African nations to prioritize dementia as a public health issue. They stress the need for awareness campaigns, caregiver support programs, and affordable medication. Without these measures, they warn, thousands of families will continue to struggle alone, and the silent suffering of the elderly will only worsen.....”

Lancet GH (Letter) - Indonesia's first nationwide health screening programme

Aqsha Nur et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00071-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00071-3/fulltext)

“**Health screening**, when well designed and implemented, can be one of the most effective interventions to prevent disease and improve health outcomes. For decades, suboptimal prevention measures for non-communicable diseases have resulted in rising deaths and health-care costs in Indonesia. **Understanding that a major policy shift was required for disease prevention, the Government of Indonesia launched a nationwide screening programme, *Pemeriksaan Kesehatan Gratis* (PKG), in February, 2025.** This **nationwide screening programme** will deliver comprehensive assessments for 280 million people throughout the life course, from newborns to older adults. It covers assessment for metabolic risk factors, cardiovascular diseases, cancer, mental health, and other major diseases following a risk-based approach. A **distinctive feature of PKG is its birthday-linked system, drawing on a culturally relevant context, and its integration with the digital health application SATUSEHAT** (which was downloaded by over 100 million people during the COVID-19 pandemic) for easy appointments and personalised health records.....”

Lancet Public Health - Global, regional, and national burden of epilepsy, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021

GBD Epilepsy Collaborators;

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00302-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00302-5/fulltext)

Among the findings: “Although the global trends in idiopathic epilepsy deaths and DALY rates have improved in the preceding decades, **in 2021 there were almost 52 million people with active epilepsy (24 million from idiopathic epilepsy and 28 million from secondary epilepsy), with the bulk of the burden (>80%) residing in low-income to middle-income countries.** Better treatment and prevention of epilepsy are required, along with further research on risk factors of idiopathic epilepsy, good-quality long-term epilepsy surveillance studies, and exploration of the possible effect of stigma and cultural differences in seeking medical attention for epilepsy.”

SS&M - A political economy of hope: Materialisations of social class and inequity in women's imaginings of alcohol (free) futures

P Ward et al; <https://www.sciencedirect.com/science/article/pii/S0277953625002138>

“Research on the sociology of hope has tended to be either theoretical or focused on specific patient groups. • **We explore how hope and hopefulness are enabled, structured and blocked in different social classes of midlife women.** • Midlife women (45-64 years) drink more alcohol than younger women, increasing their risk of breast cancer. • Our social class based analysis shows how hope and hopefulness are socially distributed and practiced. • New policies are required to reduce alcohol consumption, based on changing and increasing hope for midlife women.”

Nature (News) - How a junk-food splurge can change your brain activity

<https://www.nature.com/articles/d41586-025-00549-7?linkId=13117683>

“A short bout of indulgence in fatty, sugary snacks leads to lingering brain-activity changes — even if it does not cause weight gain.”

“Five days of indulging in chocolate bars, crisps and other junk foods can lead to lingering changes in brain activity, a study shows. The resulting brain patterns are similar to those seen in people who have obesity. A **junk-food splurge** shifted brain patterns in healthy young men despite their [body weight and composition](#) remaining unchanged, according to the **study, published 21 February in Nature Metabolism.....**”

Lancet Public Health - Confronting the growing epidemic of silicosis and tuberculosis among small-scale miners

Patrick Howlett et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00014-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00014-3/fulltext)

“An estimated 49.5 million small-scale miners worldwide are exposed to high concentrations of silica during their work. The substantial morbidity and mortality of silicosis and tuberculosis among workers exposed to such intensities have been documented. **This Viewpoint raises concern at the failure to respond to a growing epidemic of lung disease (predominantly silicosis and tuberculosis) among small-scale miners....**”

Speaking of Medicine - Addressing kidney care gaps in resource-limited settings

<https://speakingofmedicine.plos.org/2025/02/25/addressing-kidney-care-gaps-in-resource-limited-settings/>

“PLOS Global Public Health is delighted to share a new collection of papers from the International Society of Nephrology Global Kidney Health Atlas (ISN-GKHA). *Below the authors of this important collection of papers detail the main findings, themes, and policy implications from the papers, as well as directions for future research.*”

Social & commercial determinants of health

BMJ GH - The impact of the social media industry as a commercial determinant of health on the digital food environment for children and adolescents: a scoping review

<https://gh.bmj.com/content/10/2/e014667>

By Jesse Lafontaine et al.

International Journal of Social Determinants of Health and Health Services - The Role of Justice in Addressing the Social Determinants of Health

<https://journals.sagepub.com/doi/10.1177/27551938251321973>

By Sara Gilboe et al.

Mental health & psycho-social wellbeing

TGH - When Endometriosis Causes Mental Illness

M S G Jahromi; <https://www.thinkglobalhealth.org/article/when-endometriosis-causes-mental-illness>

“Despite endometriosis's links to psychiatric conditions, health systems fail to train doctors to spot these connections.”

Neonatal and child health

Journal of Global Health (Viewpoint) - Using calculations from the Lives Saved Tool in other global health modelling tools

<https://jogh.org/2025/jogh-15-03012>

By Timothy Roberton et al.

Access to medicines & health technology

Lancet Public Health (Viewpoint) - Towards opioid access without excess

William E Rosa et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00035-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00035-0/fulltext)

« A decade after World Health Assembly Resolution 67.19 recognised palliative care as a component of comprehensive care and universal health coverage throughout the life course, a balanced approach to opioid access remains elusive. Disparities in the alleviation of serious health-related suffering persist, characterised by **two parallel opioid-related public health crises: a pandemic of unrelieved pain and an opioid addiction epidemic**. The pain pandemic is largely driven by the opioid access abyss and primarily affects over 50 million people with serious health-related suffering living in low-income and middle-income countries. Conversely, several high-income countries have been affected by an opioid addiction epidemic. An estimated 39.5 million people struggle with opioid use disorder worldwide, the vast majority living in North America. **In this Viewpoint, we describe these parallel crises, argue for pain relief as a global public good, and identify stewardship roles of WHO member states and local actors to use a balanced approach in galvanising the global health system to simultaneously close the global pain divide and move towards opioid access without excess in alignment with Sustainable Development Goal targets focused on the prevention of substance abuse (3.5) and universal health coverage (3.8).**»

GHF- The Resurgence of Cholera, "The Forgotten Pandemic", Amid Vaccine Shortages

H Rilkoff ; [Geneva Health Files](#) ;

“A deep dive on the resurgence of Cholera - the number of cases worldwide surged in 2024 to more than 800,000 — an increase of more than 50 per cent compared to the year before. We look at not only the multi-faceted causes of such events, but also the structural shortcomings in the response including vaccine shortages. “

Some excerpts re the vaccine situation:

“The demand is so high that no doses have been available for preventative campaigns, which aim to vaccinate at-risk populations before cholera outbreaks occur, since January 2022. Countries that could benefit greatly from prevention campaigns are also experiencing sustained outbreaks, Daniela Garone, an international medical coordinator with the Médecins Sans Frontières, member of the International Coordinating Group on Vaccine Provision (ICG), said in a phone interview....”

« ... With cholera concentrated in parts of the world that cannot afford to pay high prices for a vaccine, no market incentive exists for wealthy nations to buy the vaccine at the higher prices that could subsidize vaccines for lower-income countries, similar to what happens with vaccines for diseases such as influenza and rotavirus. Instead, **cholera vaccine manufacturers operate on a high-volume, low-profit model. They sell large quantities of cholera vaccines at low cost to UNICEF, which procures them using funding from Gavi - The Vaccine Alliance, an international organization that supports vaccine access in low-income countries..... Gavi’s [current estimates](#) suggest that approximately 85 million doses will be needed each year to support prevention and outbreak response. But these estimates are not based on a high-demand scenario for prevention and outbreak response, where 220 million doses annually will be needed.**”

“....Three new manufacturers are slated to start producing cholera vaccines over the next six years....”

PS: “.... **Gavi launched the African Vaccine Manufacturing Accelerator (AVMA) in 2024** to encourage the growth of manufacturing in Africa, particularly for diseases that are of strategic importance to the continent. **Cholera is listed as one of its top priority diseases.** This is an important opportunity for **Biovac, which is poised to become the first African company to produce the cholera vaccine end-to-end.** **Morena Makhoana, CEO of Biovac** in Cape Town, South Africa, expressed confidence that as part of the AVMA, organizations purchasing cholera vaccines will take geographic diversity into consideration, so that **at least a portion of the purchasing space for cholera vaccines will go to an African manufacturer.** This makes him less worried that the market will be overcrowded once Biovac begins producing vaccinations for the global stockpile in a few years’ time. **“There has to be space for an African manufacturer,”** he said in a phone interview to *Geneva Health Files*.”

“.... Some global health agencies [have called for an expansion](#) of the global stockpile, arguing that there is currently no buffer that would allow for unexpected increases in outbreak and prevention needs. But this would require increased and sustainable resourcing for cholera response.....”

Decolonize Global Health

Plos GPH (Opinion) - Can we unplug global health education from The Matrix?

Shashika Bandara, M Pai et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004307>

«Within the last decade, a growing number of calls and acts of resistance have been made by the global health community, especially by students to change the curricula to reflect and address the deep power asymmetries in global health. Essentially, these relentless calls ask us to ‘unplug’ global health education from ‘The Matrix,’ by providing an education that accurately represents the colonial histories and neo-colonial contemporary geopolitical and contextual factors affecting all determinants of health. An argument can be made that the absence of such an education has directly or indirectly perpetuated downstream inequities we see today within representation, funding, global governance choices and more....”

“Building on these strong and necessary calls to action, we compare the usual ways of apolitical and ahistorical teaching that perpetuate the status quo (i.e., the blue pill way of teaching) versus the reimagined ways of teaching that consider the roots of global health inequities and challenges the status quo (i.e., the red pill way of teaching). While recognizing that global health curricula may not fall neatly into these binary categories, we hope that this juxtaposition can provoke a critical discussion we need to have to reconstruct global health education. We provide eight points of juxtaposition for consideration to educators....”

BMJ GH (blog) - Global trends in maternal care call for a decolonization approach

S Das et al ; <https://blogs.bmj.com/bmjgh/2025/02/25/global-trends-in-maternal-care-call-for-a-decolonization-approach/>

Re self-managed abortion.

Conflict/War & Health

BMJ Opinion - Three years into Russia's full-scale invasion, Ukraine offers a model of health system resilience

<https://www.bmj.com/content/388/bmj.r377>

By A Murphy et al.

Papers & reports

Lancet Global Health – March issue

<https://www.thelancet.com/journals/langlo/issue/current>

Among articles that didn't appear yet online, we flag among others:

- [Editorial: Artificial-intelligence-based peer reviewing: opportunity or threat?](#)
- [Comment - The paradox of increasing serious health-related suffering](#)

Comment on a new Lancet GH study by F Knaul et al. : **“In the current issue of *The Lancet Global Health*, Felicia Knaul and colleagues present an extended analysis of SHS [Serious Health related Suffering] from 1990 to 2021, differentiating among decedents and non-decedents by health conditions, sex, and age groups. Knaul and colleagues' findings indicate that **global SHS increased 74% between 1990 and 2021 to more than 73 million individuals, with the largest increases in LMICs (83% vs 46% in HICs)**. This increase in SHS occurred alongside a dramatic simultaneous reduction in global poverty; examining possible reasons for this apparent paradox could help us identify strategies to stem the worldwide increase in SHS, which is projected to accelerate up to the year 2060....”**

Link to the study by Knaul et al: [The evolution of serious health-related suffering from 1990 to 2021: an update to The Lancet Commission on global access to palliative care and pain relief](#)

“The Lancet Commission on global access to palliative care and pain relief introduced the concept of serious health-related suffering (SHS) to measure the worldwide dearth of palliative care. This Article provides an extended analysis of SHS from 1990 to 2021 and the corresponding global palliative care need....”

SSM Health Systems - Theoretical foundations and mechanisms of health systems responsiveness: a realist synthesis

<https://www.sciencedirect.com/science/article/pii/S2949856225000133>

By T Mirzoev et al.

IJHPM - Barriers and Facilitators to the Development and Implementation of Public Policies Addressing Food Systems in Five Sub-Saharan African Countries and Five of Their Cities

C Burgaz et al; https://www.ijhpm.com/article_4706.html

“.... From an evidence-based list of proposed policies with double- or triple-duty potential to achieve healthy and environmentally sustainable food systems, **a policy mapping was performed in five African countries** (Benin, Côte d’Ivoire, Senegal, Togo, Uganda) **and one city in each of these countries** (Ouidah, Bouaké, Saint-Louis, Sokodé, Mbale).....”

Bioethics - What in the world is global health? A conceptual analysis

A Giubilini; <https://onlinelibrary.wiley.com/doi/full/10.1111/dewb.12478>

“.... All in all, this article wants to bring to light the ethical implications that the terminology of ‘global health’ introduces in academic research and public policy that goes under that heading, as a first step towards better defining the ethical contours of this discipline.”

And a link:

- Frontiers in Public Health- [Conceptually mapping how investing in essential public health functions \(EPHFs\) and common goods for health \(CGH\) can improve health system performance](#) (by M Amri, J Bump et al)

Blogs & op-eds

VoxDev Development Dialogues: The future of evidence-based policymaking and international development

<https://voxdev.org/topic/institutions-political-economy/development-dialogues-future-evidence-based-policymaking-and>

“Is evidence-based policymaking dead? In an age of populism, how can we ensure that facts and evidence still matter in policymaking and international development? **In this episode of Development Dialogues, Rory Stewart, Stefan Dercon, and Trudi Makhaya join host Catherine Cheney to discuss the challenges of evidence-based policy in an era where populism and narratives often outweigh facts.** The conversation centres around how to ensure facts and evidence still matter in policymaking and international development, especially as political landscapes become increasingly divided....”

Tweets (via X & Bluesky)

Nick Dearden

“OK so here it is, Starmer will cut development spending to fund the military. We don't need to wait for Farage to get elected. He's already in power. **The age of aid is over. Time to fight for true, international justice.**”

Jeremy Konyndyk

“So - I've actually led Ebola outbreak response at @USAID. **This is bunk from Elon.** They have laid off most of the experts, they're bankrupting most of the partner orgs, have withdrawn from WHO, and muzzled CDC. **What's left is a fig-leaf effort to cover their asses politically.**”

He was **reacting on a quote from Elon Musk:** *"We will make mistakes. We won't be perfect ... so for example, with USAID, one of the things we accidentally canceled very briefly was ebola prevention."*

M Kavanagh

“Thousands of #USAID contracts terminated last night, **many for life-saving services covered by Rubio's waiver.** Not even pretending now. This is the active destruction of a good portion of global infrastructure fighting pandemics and diseases like Malaria. In defiance of congress & court orders.”

John Green

“**Essentially ALL TB programs funded by the U.S. Government were officially terminated last night. Horrifyingly, that includes the Global Drug Facility** that coordinates the vast majority of TB treatment and tests purchased globally. **Shuttering the GDF will stop TB treatment for the entire planet....**”

Catherine Kyobutungi

“**People will die,**” said Dr. Catherine Kyobutungi, executive director of the African Population and Health Research Center, “**but we will never know, because even the programs to count the dead are cut.**”

Rutger Bregman

(referring to a PEPFAR tracker): “**The blood that Elon Musk and his DOGE-cronies have on their hands because of the PEPFAR Funding Suspension. 200.000+ people not getting their daily HIV medication. 15.000+ deaths and counting.**”

Podcasts

Global Health Matters - Power and responsibility in global health

<https://tdr.who.int/global-health-matters-podcast/power-and-responsibility-in-global-health>

“In this episode, we turn the lens on ourselves as the global health community. **Host Garry Aslanyan speaks with Hani Kim and Seye Abimbola about how elite global health actors can marginalize local perspectives and knowledge.** They stress the importance of localizing efforts and acknowledging implicit biases to address the structural inequalities that perpetuate health disparities. Seye Abimbola is Associate Professor at the University of Sydney School of Public Health and inaugural editor-in-chief of BMJ Global Health, and Hani Kim is Executive Director of the Research Investment for Global Health Technology (RIGHT) Foundation in South Korea.”