

# IHP news 820 : 5-year anniversary of the Covid pandemic & a 'Defining Moment'

( 14 March 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,

It was a fairly busy week again, though perhaps not one with a clear overriding theme as there's just too much going on. So below just some issues that I already wanted to flag in this intro.

The **five-year anniversary of the declaration of the Covid pandemic**, first of all, which sparked a number of related commemorative viewpoints (eg by [L Spinney](#) in the Guardian), including on how the pandemic 'shaped the world', for better and - in many cases - for worse.

**Preparations for the UN High-Level Meeting on NCDs in September** are also [gaining momentum](#), among others via a [report by the UN Secretary General](#).

Clearly, by now the horror show called "**Trump 2.0**" is triggering more and more analyses and/or [adaptive strategies](#), from various corners, including takes on [Africa's Defining moment](#); calls for a [bold and truly transformative approach](#) for global health; a few ([US](#)) [commentators](#) even discerning "the **Enshittoscene**"—"a period of global health decline driven by political indifference, economic retrenchment, and shifting geopolitical priorities"; GAVI [postponing its replenishment](#) by 3 months, .... The latter postponement inspired Priti Patnaik (Geneva Health Files) to the following [assessment](#): "*That a poster child of global health replenishments faces financing challenges, shows that the donor dependent model to deliver global health might have reached a point of no return.*"

Meanwhile, **WHO is also trying to 'adjust'** to the Brave New World. HPW did some neat analysis in a story that went viral, "[Number of WHO Senior Directors Nearly Doubled since 2017, Costs Approach \\$100 million](#)". In the same story, I also noted though that "**WHO has been leaning hard into its own 'gig economy' in the past years**" - you wonder how that rhymes with 'Health for All' (i.e. for their own staff on precarious contracts), even if financial constraints - to a large extent beyond the leadership's control - have pushed in this direction. (Perhaps WHO should 'lean out' a bit more 😊?)

We also come back on **Women's Day** (8 March) and cover the opening days of the [69th UN Commission on the Status of Women](#) – marking the 30<sup>th</sup> anniversary of the [Beijing Declaration and Platform for Action](#) and more important than ever in an era that sees a rollback of women's rights in far too many countries. By the way, we obviously agree with [the movement to elect a woman as UN secretary general](#). If not now, then when exactly? When our (mostly male) leaders will have bombed the planet back to the stone age (or all the way back till way before the dinosaurs)?

Which brings smoothly us to the '**planetary health**' front. We now have to get used to terms like "[global weirding](#)", **climate whiplash**, **climate 'flips'** and the like. Some activists, meanwhile, are [moving towards a 'new phase'](#) as well, probably with the Beastie Boys' "[Sabotage](#)" on their mind.

But we end this intro with some merry [Orwellian](#) news from Google where “... [The company’s global head of health equity, Heather Cole-Lewis, \[now\] has a new title: global head of health optimization.](#)”

She has her work cut out.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Is Global Health Security Worth 0.01% of Our Gross Domestic Product?

**Gorik Ooms** (Institute of Tropical Medicine (ITM); Ghent University); **Yibeltal Assefa** (University of Queensland - School of Public Health); **Ter Tiero Elias Dah** ( Université de Ouahigouya), **Kristof Decoster** (ITM); **Bouke C. de Jong** (ITM); **Bernadette Hensen** (ITM); **Ryuichi Komatsu** (University of Nagasaki) ; **Natama Hamtandi Magloire** (Institute de Recherche en Sciences de Santé (IRSS) - Clinical Research Unit of Nanoro) ; **Ellen M.H. Mitchell** (ITM); **Thijs Reyniers** ( University of Tübingen - ITM); **Anna Rosanas-Urgell** (ITM); **Maria-Belen Tarrafeta-Sayas** (ITM); **Halidou Tinto** (Institute de Recherche en Sciences de Santé (IRSS) - Clinical Research Unit of Nanoro) ; **Alan Whiteside**; **Raffaella Ravinetto** (ITM; University of the Western Cape - School of Public Health)

#### Abstract:

The global health responses to HIV, tuberculosis (TB), and malaria have long been supported by the United States (US) through significant financial commitments, particularly via initiatives like the President’s Emergency Plan for AIDS Relief (PEPFAR) and USAID. However, within days of Donald Trump’s second presidential term, the US abruptly ceased most of its contributions to global health programs, severely impacting efforts to control these diseases. This decision violates the right to health, undermining the global health security framework and the collective international responses. HIV, TB, and malaria are not isolated issues; their control is critical to global health security, as these diseases continue to cause millions of deaths worldwide. The cessation of US funding is projected to result in an additional 6 million deaths and 9 million new HIV infections by 2029 alone. TB and malaria also face heightened risks due to drug resistance, insufficient healthcare access, and climate change. The withdrawal of US support for these programs further exacerbates the crisis, particularly in resource-poor regions, where local governments lack the capacity to replace this lost funding. As the Global Fund to Fight AIDS, TB, and Malaria enters its replenishment cycle, securing the necessary funding becomes increasingly urgent to prevent devastating setbacks in global health progress. The article calls for immediate international action to protect and replenish the Global Fund, emphasizing the need for equitable financial contributions from all countries, including low- and middle-income nations. Furthermore, the governance of global health initiatives must be reformed to ensure fair decision-making power and sustained long-term funding for global health security. The

article argues that these actions are not only morally imperative but also strategically essential to maintain global health stability and prevent future health crises.

You find the full preprint [here](#):

## Highlights of the week

### International Women's Day (8 March); movement for a woman at the helm of the UN; & CSW69 (10-21 March, New York)

#### Many pregnancy-related complications going undetected and untreated – WHO

<https://www.who.int/news/item/08-03-2025-many-pregnancy-related-complications-going-undetected-and-untreated--who>

**“New research sheds light on major causes of maternal deaths.”**

**“Haemorrhage – severe heavy bleeding – and hypertensive disorders like preeclampsia are the leading causes of maternal deaths globally, according to [a new study](#) released today by the World Health Organization (WHO). These conditions were responsible for around 80 000 and 50 000 fatalities respectively in 2020 – the last year for which [published estimates](#) are available - highlighting that many women still lack access to lifesaving treatments and effective care during and after pregnancy and birth. **Published in the Lancet Global Health, the study is WHO’s first global update on the causes of maternal deaths since the United Nations’ SDGs were adopted in 2015.** In addition to outlining the major direct obstetric causes, **it shows that other health conditions, including both infectious and chronic diseases like HIV/AIDS, malaria, anaemias, and diabetes, underpin nearly a quarter (23%) of pregnancy and childbirth-related mortality.** These conditions, which often go undetected or untreated until major complications occur, exacerbate risk and complicate pregnancies for millions of women around the world....”**

**“.... The findings highlight the need to strengthen key aspects of maternity care, including antenatal services that detect risks early in pregnancy and prevent severe complications; lifesaving obstetrics that can manage critical birth-related emergencies like haemorrhage or embolism, and postnatal care. Most maternal deaths occur during or shortly after childbirth, making this a critical window to save lives. However, **around a third of women** – primarily in lower income countries - **still do not receive essential postnatal checks in the first days after birth.** At a population level, broader preventive interventions could help reduce the prevalence of underlying health conditions - like noncommunicable diseases and malnutrition - that increase women’s risks.....”**

- For the [study in the Lancet GH – Global and regional causes of maternal deaths 2009–20: a WHO systematic analysis](#) (by J A Cresswell et al)
- And a [related Lancet GH Comment – Urgent and decisive action needed in maternal morbidity and mortality to prevent stagnation in progress](#)

## Devex – Is the world ready for a woman at helm of the United Nations?

<https://www.devex.com/news/is-the-world-ready-for-a-woman-at-helm-of-the-united-nations-109608>

**“A survey of women’s roles in international organizations from the IMF to the U.N. shows mixed picture of progress and backsliding.”**

« The picture is largely mixed, according to a **new report, titled Women in Multilateralism 2025, by the GWL Voices**, with increasing numbers of women filling senior positions in international organizations, but world governments lagging woefully behind, and the pathway to one of the U.N.’s most visible diplomatic post — the U.N. secretary-general — unattainable.....”

## BMJ Feature - Inside the movement to elect a woman as UN secretary general

J Clark; <https://www.bmj.com/content/388/bmj.r414>

“In its 80 year history, the United Nations has been exclusively ruled by men. **A growing movement is calling for women’s leadership of the international body to help bring about reform and strengthen global health ... Global Women Leaders Voices (GWL Voices)**, a non-governmental organisation founded in 2019 by former UN senior staff and leadership candidates to advocate for gender equality in the international system and to “make sure this glass ceiling is broken.” ...”

**“GWL Voices (<https://www.gwlvoices.org/>) has mounted a campaign to elect a woman as UN secretary general** using diplomatic channels within countries to shore up nominations and votes for female candidates. So far, GWL Voices, with other campaigners, has mobilised 92 member states, in strong support of electing a woman as the next secretary general.....”

PS: “... **Health leadership experience will be an asset to any candidate for the top job, say campaigners.** Already two thirds of the UN budget is spent on health and its related areas of development and humanitarianism. **“The role of health will be much greater this time round,** predicts Samarasinghe. **“In how we imagine the future of multilateralism and—we’ll see health play a part in this race for secretary general.”**

## Devex – Scoop: US pokes globalism in eye in women's rights talks at UN

<https://www.devex.com/news/scoop-us-pokes-globalism-in-eye-in-women-s-rights-talks-at-un-109598>

**“In the first U.N. conference since election, the U.S. tries to check the U.N.'s bid to advance the role of women in peacemaking, potentially dampening prospects for a woman secretary-general.”**

**“... In closed-door negotiations on a political declaration for the Commission on the Status of Women, or CSW, the U.S. joined forces with Russia, Argentina, and other conservative states to strike language promoting efforts to achieve gender parity at the U.N. In particular, Washington has proposed weakening or ditching provisions that encourage states and U.N. entities to expand the role of women in peacekeeping and diplomacy and to select a woman for the top U.N. job.....”**

**““Candidates should not be selected based on sex but only if qualified,” said a U.S. official, urging delegates to water down language encouraging member states to nominate female candidates for the top U.N. job, according to notes of the confidential proceedings.....”**

## **HPW - Despite ‘Rising Misogyny’, UN Commission Adopts Declaration on Gender Equity**

<https://healthpolicy-watch.news/despite-rising-misogyny-un-commission-adopts-declaration-on-gender-equity/>

**“The poison of patriarchy is back and is back with a vengeance,” United Nations (UN) Secretary-General António Guterres told the opening of the annual session of the Commission on the Status of Women (CSW) at the UN in New York on Monday. The CSW takes place amid a major global backlash against women’s rights, from the Taliban banning Afghan women from public life to the Trump administration in the United States pushing back against “diversity, equity and inclusion” (DEI) which has resulted in cuts to research on women’s health. “**

**““Misogyny is on the rise, and so, violence and discrimination,” said Sima Bahous, who heads UN Women, noting that “domestic and ODA [official development assistance] allocations to gender equality remain woefully inadequate and, in some cases, are being cut altogether”. “**

**“The CSW’s political declaration was adopted by consensus on Monday. Despite earlier reports that the US and Russia had tried to purge a clause that encouraged member states from nominating women candidates for the UN Secretary-General position and President of the General Assembly, that clause survived. So did commitments to “gender equality and the empowerment of all women and girls”, and the “accelerated implementation” of the Beijing Declaration and Platform for Action, the first global roadmap for gender equality that was adopted 30 years ago.....”**

## **UN News - World’s largest conference on women calls for equality amid gender backlash**

<https://news.un.org/en/story/2025/03/1160951>

**“Gender equality is a critical goal at a time when the demand for rights faces a global backlash, top UN officials told thousands of diplomats, business and civil society delegates gathered at UN Headquarters in New York on Monday for the world’s largest annual conference focused on women’s issues.”**

**“The 69th session of the UN Commission on the Status of Women (CSW69), which runs from 10 to 21 March, is instrumental in promoting women’s rights, documenting the reality of their lives throughout the world and shaping global standards on gender equality and empowerment. .... This year’s session will review the outcomes of the 23rd special session of the General Assembly as well as the landmark Beijing Declaration and Platform for Action, adopted in 1995.”**

## **UN News - UN launches gender equality plan: ‘We’re at a turning point’**

<https://news.un.org/en/story/2025/03/1161051>

**“The UN launched a bold new action agenda** to boost rights and achieve gender equality at a high-level event on the sidelines of the ongoing Commission on the Status of Women (CSW) session at UN Headquarters in New York on Wednesday.”

**“... The Beijing+30 Action Agenda** aims to achieve the following for all women and girls: a digital revolution, freedom from poverty, zero violence, full and equal decision-making power, an equal say in peace and security matters as well as climate justice.....”

## Trump 2.0: Updates from this week

More or less chronologically.

### Devex – What Peter Marocco told lawmakers about USAID at a closed-door meeting

<https://www.devex.com/news/what-peter-marocco-told-lawmakers-about-usaid-at-a-closed-door-meeting-109584>

Clearly, one of the ‘Voldemort’ in all this. “The **acting deputy administrator of USAID** said the foreign aid review is ongoing, USAID is "corrupt," and the **administration is exploring whether foreign aid is unconstitutional.**”

### Devex - Remaining USAID programs now under State Dept., 5,200 programs canceled

<https://www.devex.com/news/remaining-usaid-programs-now-under-state-dept-5-200-programs-canceled-109607>

(10 March) **“U.S. Secretary of State Marco Rubio said 83% of the agency’s programs have been slashed and about 1,000 remain.”**

**“... The Trump administration intends to keep about 18% — or about 1,000 of what were USAID programs — “in consultation with Congress” but these will now be administered “more effectively” under his State Department, he wrote. He thanked billionaire Elon Musk’s Department of Government Efficiency, which has embarked on a whiplash effort to slash government spending, and the State Department’s staff for this “overdue and historic reform.”** Musk [responded on X](#): "Tough, but necessary. Good working with you. The important parts of USAID should always have been with Dept of State."...”

- Related: [HPW – USAID ‘Officially’ Gutted, but Administration Overstepped Constitutional Power, Judge Ruled](#)

**“Secretary of State Marco Rubio announced that 83% of US international aid programs were “canceled,” though hours later, a federal district judge ruled that the administration’s actions**

**were an overreach of the Executive branch's power.** At risk are thousands of humanitarian programs that organizations say keep children alive."

### **Devex – Chemonics received over 100 US govt terminations, 2 were rescinded**

<https://www.devex.com/news/chemonics-received-over-100-us-govt-terminations-2-were-rescinded-109590>

"Of the contracts terminations that were reversed, one focused on supply chains for malaria products and the other on education to counter extremism in Syria."

### **Science Insider - NIH will eliminate many peer review panels and lay off some scientists overseeing them**

<https://www.science.org/content/article/nih-will-eliminate-many-peer-review-panels-and-lay-some-scientists-overseeing-them>

"Move draws concerns, but NIH says it will save money and vows to get reviews back on track."

### **NYT - These Words Are Disappearing in the New Trump Administration**

By Karen Yourish et al; <https://www.nytimes.com/interactive/2025/03/07/us/trump-federal-agencies-websites-words-dei.html>

(7 March) "As President Trump seeks to purge the federal government of "woke" initiatives, agencies have flagged hundreds of words to limit or avoid, according to a compilation of government documents...." It's a stunning list.

### **Stat - For Google, health equity becomes 'health optimization' as Trump targets DEI**

<https://www.statnews.com/2025/03/10/google-health-equity-removed-from-website-trump-dei-attacks/>

PS: "Google recently revised websites and made other adjustments to downplay its commitment to health equity, the latest example of a prominent company repositioning its work following President Trump's attack on diversity, equity, and inclusion....."

"... The company's global head of health equity, Heather Cole-Lewis, has a new title: global head of health optimization."

### **NYT – C.D.C. Will Investigate Debunked Link Between Vaccines and Autism**

<https://www.nytimes.com/2025/03/07/health/vaccines-autism-cdc-rfk-jr.html>

“Dozens of studies have failed to find evidence of a link. The decision to re-examine the question comes as a measles outbreak, driven by low vaccination rates, widens in Texas.”

### Science - NIH to ax grants on vaccine hesitancy, mRNA vaccines

<https://www.science.org/content/article/nih-ax-grants-vaccine-hesitancy-mrna-vaccines>

“Move reflects vaccine skepticism of health secretary Robert F. Kennedy Jr.”

### NYT - Kennedy Links Measles Outbreak to Poor Diet and Health, Citing Fringe Theories

<https://www.nytimes.com/2025/03/10/health/measles-texas-kennedy-fox.html>

“In a recent interview, the health secretary also suggested that the measles vaccine had harmed children in West Texas, center of an outbreak.”

### Science - Pentagon abruptly ends all funding for social science research

<https://www.science.org/content/article/pentagon-abruptly-ends-all-funding-social-science-research>

“More than 90 studies on threats such as climate change, extremism, and disinformation are halted.”

“The U.S. Department of Defense (DOD) is ending all of its funding for social science research, stopping 91 ongoing studies related to threats such as climate change, extremism, and disinformation. In a [press release](#) issued late on Friday, the department wrote that it would “focus on the most impactful technologies” and that research it funds “must address pressing needs to develop and field advanced military capabilities.” ....”

### Devex - Judge orders Trump to pay USAID partners, rejects 'unbounded' power

<https://www.devex.com/news/judge-orders-trump-to-pay-usaid-partners-rejects-unbounded-power-109614>

(11 March) “The order prohibits the government from “unlawfully impounding congressionally appropriated foreign aid funds.”

“A federal judge has ordered the Trump administration — once again — to pay [USAID](#) partners for billions of dollars in foreign aid work completed before Feb. 13. But this time, the judge’s mandate came with a warning: The president does not have “unbounded power” in the realm of foreign affairs. And because of that, the Trump administration must spend the money that’s already been appropriated by Congress.....”



## Devex – Congressional hearing kicks off DFC reauthorization efforts

<https://www.devex.com/news/congressional-hearing-kicks-off-dfc-reauthorization-efforts-109623>

“While key changes are needed, **DFC** [the US International Development Finance Corporation ] **appeared to have bipartisan support** at a House Foreign Affairs subcommittee hearing on Tuesday.”

## Guardian - USAid employees told to destroy classified documents, email shows

<https://www.theguardian.com/us-news/2025/mar/11/usaaid-staff-documents>

“Officials have begun **large-scale destruction of classified documents**, including using shredders and ‘burn bags’.”

## WSJ - Johns Hopkins Plans Staff Layoffs After \$800 Million Grant Cuts

<https://www.wsj.com/health/healthcare/johns-hopkins-federal-funding-foreign-aid-cut-ca841d31>

“**Local and international health research efforts are already winding down** as the university braces for even more potential cuts.”

“**The Trump administration has terminated \$800 million in grants to Johns Hopkins University**, spurring the nation’s [top spender on research and development](#) to plan layoffs and **cancel health projects, from breast-feeding support efforts in Baltimore to mosquito-net programs in Mozambique**. The cuts, which are in addition to threatened trims to [National Institutes of Health](#) grants, are **related to the university’s work with the U.S. Agency for International Development**. The school is preparing to shrink its Baltimore-based affiliated nonprofit, JHPIEGO, that since the 1970s [has worked closely with the USAID](#) and has already stopped work on a number of international health projects. ....”

## Devex – Trump's new 'loyalty test' for UN and aid groups

<https://www.devex.com/news/trump-s-new-loyalty-test-for-un-and-aid-groups-109635>

“**U.S. asks U.N. agencies and NGOs whether they collaborate with communists, totalitarians, or terrorists.**”

“**The Trump administration has issued what amounts to a loyalty test to private charities, nonprofits, and multiple United Nations’ agencies**, asking that they declare whether they have ever worked with “entities associated with communist, socialist, or totalitarian parties, or any parties that espouses anti-American beliefs.” **The request is included in a list of some 23 questions posed to recipients of United States funding as part of the State Department’s review of foreign aid**. The questionnaire — one of a number of almost identical question sets distributed to U.S. aid recipients — appears to serve as something of a **litmus test to ensure that awardees of U.S. assistance conform to the Trump administration’s “America First” foreign policy.**”

“The move **marks an extraordinary intrusion into the internal workings of the U.N. agencies**, which are required by the U.N. Charter to act independently of member states. ... “**It’s multilateral McCarthyism,**” one senior diplomat told Devex, referring to a period in the 1950s when the Federal

Bureau of Investigation embedded a team at U.N. headquarters as part of a U.S. campaign to identify communists in the organization.....”

- Related: [Geneva Solutions –Surreal US questionnaire stuns international Geneva](#)

“Geneva-based international organisations and NGOs were startled by an odd questionnaire sent out by the United States, revealing a troubling misunderstanding of how the multilateral system works.”

PS: “...While Geneva’s multilateral institutions are not directly under the US Department of Government Efficiency (DOGE) – led by billionaire Elon Musk – they appear to face similar ideological pressures. DOGE has been widely criticised for slashing jobs within the US administration without clear evaluation criteria, sometimes even rehiring employees who were laid off. .... A source familiar with the matter, who asked to remain anonymous, put it bluntly: “This interrogation isn’t about improving the efficiency of multilateral agencies – it’s about sabotaging the system.”...”

“Elon Musk has repeatedly urged Donald Trump to withdraw the US from the United Nations – a chilling prospect....”

### Devex – Inside USAID’s post-mortem program review

<https://www.devex.com/news/exclusive-inside-usaid-s-post-mortem-program-review-109643>

(14 March) “USAID staff are being told to review awards, including those that have already been canceled — and to make sure the number of awards they cancel match a tweet sent out by Secretary of State Marco Rubio earlier this week.”

And a few links:

- [Lancet Comment – Safeguarding patient and provider rights in an era of US anti-immigration policies](#)
- Stat - [White House pulls nomination of Dave Weldon as CDC director hours before hearing](#)

“Sources say concerns about **Weldon’s views on vaccines** forced the decision.”

## Trump 2.0: Analysis, advocacy, strategies, ...

But do check out also the section on **Global Health Governance & financing** (for many more takes).

### KFF - U.S. Foreign Aid Freeze & Dissolution of USAID: Timeline of Events

<https://www.kff.org/u-s-foreign-aid-freeze-dissolution-of-usaid-timeline-of-events/>

(as of 10 March) Resource.

## NYT - How Foreign Aid Cuts Are Setting the Stage for Disease Outbreaks

<https://www.nytimes.com/2025/03/07/health/usaaid-funding-disease-outbreaks.html>

**“Organizations funded by the United States helped keep dangerous pathogens in check around the world. Now many safeguards are gone, and Americans may pay the price.”**

PS: “ .... **U.S.A.I.D.’s intense focus on global health security is [barely a decade old](#), but it has mostly received bipartisan support.** The first Trump administration expanded the program to 50 countries. Much of the aid was intended to help them eventually tackle problems on their own. And to some extent, that was happening.....”

**“... In broad strokes, the C.D.C. provided expertise on diseases, U.S.A.I.D. funded logistics and the W.H.O. convened stakeholders, including ministries of health.....”**

## NYT - Tuberculosis Resurgent as Trump Funding Cut Disrupts Treatment Globally

<https://www.nytimes.com/2025/03/11/health/tuberculosis-kenya-us-cuts.html>

**“The United States was the major funder of tuberculosis programs. Now hundreds of thousands of sick patients can’t find tests or drugs, and risk spreading the disease.”**

## Devex - USAID funding cuts jeopardize breakthrough drugs and research

<https://www.devex.com/news/usaaid-funding-cuts-jeopardize-breakthrough-drugs-and-research-109615>

**“New breakthrough drugs and research could help to end major global epidemics such as malaria and HIV. But U.S. funding cuts threaten to derail progress.”** With a number of examples.

- See also [Devex – Cuts to USAID-funded research another blow to global HIV response](#) (by A Green)

**“Research programs that would help make the HIV response more effective and affordable have been slashed.** This will make it more difficult for officials as they look to guide the response forward despite U.S. aid cuts.”

## Nature (News) – How the NIH dominates the world’s health research — in charts

<https://www.nature.com/articles/d41586-025-00754-4>

**“Abrupt cuts by the Trump administration to the US National Institutes of Health threaten progress in medical research globally.”** With some **overview tables.**

**“The World RePORT project, which tracks global health-research spending, showed that, in 2022, the NIH spent 25 times more on grants than the next biggest funder — the London-based charity Wellcome — that reported data to the initiative (see ‘World leader’).....”**

“...For decades, the NIH has also been the world’s biggest investor in research to tackle global health priorities such as HIV, tuberculosis and malaria — which together kill more than 2.5 million people a year worldwide — as well as a host of neglected diseases (see ‘Tackling global diseases’)....” The **Gates Foundation** is number 2 here.

## **New Humanitarian - The data streams that underpin humanitarian response are about to collapse**

A Stoddard, P Spiegel et al; <https://www.thenewhumanitarian.org/opinion/2025/03/10/data-streams-underpin-humanitarian-response-are-about-collapse>

“Preserving core data systems must be a priority.”

“**Famine warning, needs assessment, health data:** humanitarian action will be groping in the dark if vital data sources are allowed to crumble. “

## **Devex – Already strapped for cash, WFP faces post-USAID future**

<https://www.devex.com/news/already-strapped-for-cash-wfp-faces-post-usaid-future-109342>

“As global hunger soars, **the World Food Programme is grappling with severe funding shortfalls**. With donor budgets shrinking and U.S. foreign aid in flux, **the agency faces tough choices about where — and whether — it can deliver food aid.** »

« ....The U.K., Germany, and several European Union states have announced major cuts, and **WFP now expects to receive just \$8 billion of the \$16.9 billion** it says it will need to assist 123 million people this year. The agency is **increasingly looking to the private sector and multilateral development banks**, but while private contributions have tripled since 2019, they still only make up 3.5% of WFP’s funding....”

## **Tropical Medicine & Health - Global partnerships in combating tropical diseases: assessing the impact of a U.S. withdrawal from the WHO**

Ikponmwosa Jude Ogieuhi et al ; <https://tropmedhealth.biomedcentral.com/articles/10.1186/s41182-025-00722-8>

“...This **review examines the role of countries and organizations in fighting tropical diseases, with a perspective on the potential consequences of the U.S. exit from the WHO**. We also discuss the importance of cross-border collaborations in fighting tropical diseases, healthcare systems strengthening efforts, and a call to strengthen efforts through other sources of funding and collaborations....”

## Replenishment updates

### Devex - Gavi delays \$9B replenishment event amid tough fundraising environment

<https://www.devex.com/news/gavi-delays-9b-replenishment-event-amid-tough-fundraising-environment-109597>

**“The summit will take place in June — it was originally planned for this month.”**

**“[Gavi, the Vaccine Alliance](#) has pushed back its high-level replenishment summit by three months. It’s now hosting the event on June 25, where it’s asking donors — including governments, private organizations, and individuals — for [at least \\$9 billion](#) to fund its work from 2026 through 2030. The event, which was previously scheduled for March 19 and 20, will be hosted in Brussels, coinciding with the European Council Meeting.”**

PS: **“The United States already made its commitment to Gavi’s replenishment under former President Joe Biden’s administration last June, [pledging at least \\$1.58 billion](#). Gavi received some \$300 million from the U.S. government last December but there’s some uncertainty about future U.S. payments to the partnership. Gavi would expect to receive more funding from the U.S. in the third quarter of this year, but the U.S. Congress hasn’t yet finalized the federal budget for 2025. This is where Gavi’s contribution will be determined. But **there are signs that the U.S. government sees the importance of Gavi’s work. Amid widespread cancellation of U.S. government global health programs, U.S. support for Gavi’s core programming [hasn’t been terminated](#).**”**

**“...The U.K., which is one of the biggest single donors to Gavi, hasn’t yet announced a commitment to Gavi’s replenishment. It’s given Gavi more than £2 billion over the last four years, but last month, [The Guardian reported](#) the U.K. is poised to make a “significant reduction” in funding it allocates to Gavi....”**

**“The decision to push back the replenishment event “was taken collectively to ensure that this Summit is keenly focused on Gavi’s core mission of protecting children and communities around the world and helping to protect our world from disease outbreaks,” the organization [wrote in a release Friday](#).”** “A spokesperson told Devex **the organization has secured over \$3 billion in early pledges** and that it sees “strong alignment among our donors and stakeholders on the importance of Gavi’s mission.” This **includes a donation from Indonesia, which pledged to Gavi for the first time, and on Friday, Canada pledged [675 million Canadian dollars](#).** ....”

**“Gavi’s replenishment summit is co-hosted by the European Union and [Gates Foundation](#). As Devex [previously reported](#), it’s unusual for a major replenishment to be co-hosted by a philanthropic organization....”**

- Related [GAVI statement on Global High-Level Summit in support of Gavi replenishment](#)
- See also some more analysis via [Geneva Health Files - Gavi Defers Pledging Summit To June 2025 As It Seeks US\\$ 9 Billion in Replenishment To Fund Strategy](#)

Quote: “A Geneva-based source familiar with the matter said that “As one of the co-hosts of the replenishment, **the European Union is currently preoccupied with geopolitics**” alluding to **global health priorities being pushed backstage.**”

As already mentioned in the intro, Patnaik concludes: “**That a poster child of global health replenishments faces financing challenges, shows that the donor dependent model to deliver global health might have reached a point of no return.**”

## Global Health Governance & Financing

Hefty section – for obvious reasons.

### Lancet Correspondence - A call for health R&D prioritisation and governance mechanisms in Africa

M P Fallah, Jean Kaseya et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00242-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00242-9/fulltext)

But we start with an **update from Africa CDC in the Lancet**. “.... The Africa Centres for Disease Control and Prevention (CDC) has been advocating for local production of medical countermeasures through well structured, well coordinated R&D governance and coordination systems. A well structured continental R&D is crucial for improving health outcomes, maximising resources, and strengthening collaboration among African countries and researchers. As such, **establishing a continental health R&D coordination and governance framework (table) is proposed, which will be led by Africa CDC within a network of African health research institutions and researchers. ....**”

### HPW - Number of WHO Senior Directors Nearly Doubled since 2017, Costs Approach \$100 million

<https://healthpolicy-watch.news/exclusive-number-of-who-senior-directors-nearly-doubled-since-2017-costs-approach-100-million/>

As already flagged in the intro, one of the reads of the week. ***“To save the World Health Organization (WHO), move staff to regional and country offices; cut posts at the top not only bottom; reduce gig workers rationally; and create a merit- and equity-based HR strategy for all levels of the organization, urge critics “***

Excerpts:

**“The number of WHO’s top-ranked directors (D2), the highest level of staff before the Director General’s senior leadership team, has nearly doubled since Director-General Dr Tedros Adhanom Ghebreyesus took office, with 75 people holding D2 positions in July 2024 in comparison to only 39 in July 2017. .... This is buried in a bi-annual WHO report on human resources that was presented at last month’s Executive Board. Health Policy Watch reviewed the past 10 years of reports, published twice a year, to look at HR trends just prior to July 2017 when the DG assumed office, and since. ....”**

**“... Last Thursday, WHO staff were told that the organization faces a \$175 million budget deficit in 2025, *Health Policy Watch* learned. It is unclear if that number includes the 2025 dues of \$130 million owed by the US. .... In an email sent by WHO division heads on Thursday, and seen by *Health Policy Watch*, WHO staff were informed that all personnel on temporary as well as fixed term contracts – which typically are renewed every two years – would only be extended “for a maximum of one year. Some contracts may be extended for six months only – if funding is not available and functions are planned to be deprioritized.” .... Meanwhile, earlier last week, an email was sent to all staff who would be 55 or older, as of June, early retirement with four months of salary if they opted to take the offer by 15 July. ....”**

**“... WHO sources told *Health Policy Watch* that a plan is also taking shape that would see a dramatic reduction in short-term consultants, whose numbers have ballooned since 2017.... Other moves being considered are said to include shifting of key functions to less expensive and more relevant country locations and pooling administrative functions for greater efficiencies – moves that are likely to be welcomed by member states. These also could finally fulfil a longstanding WHO goal to ensure that roughly three-quarters of staff are based in regional or country offices. “**

**“...Amidst the cost-cutting moves, the elephant in the room is whether scrutiny will be extended to the most politically sensitive positions in senior management such as the bloated number of D2 posts. ....”**

And: “.... for now, the trend is clear: **WHO has been leaning hard into the gig economy over the past few years ....”**

## **Bloomberg - WHO Offers Early Retirement to Cut Costs Ahead of US Exit**

[Bloomberg;](#)

From end of last week. **“The World Health Organization is asking some employees to consider early retirement as the United Nations agency seeks to cut costs following US President Donald Trump’s decision to withdraw. Staff who will be 55 years old or older by June received an email on Tuesday offering early retirement, with four months pay, according to a copy of the confidential email seen by Bloomberg News. The offer is voluntary and staffers who accept will leave the agency by July 15. It’s the latest move by the WHO to try and plug a significant funding gap caused by Trump’s decision to withdraw from the agency. ....”**

## **Reuters - WHO starts slimming down in response to US cuts, document shows**

<https://www.reuters.com/business/healthcare-pharmaceuticals/who-warns-difficult-decisions-unavoidable-it-slims-down-recruitment-2025-03-11/>

Update from Tuesday. **“The World Health Organization has begun fixing priorities and announced a one-year limit on staff contracts, an internal memo showed on Tuesday, as it aims to ensure its survival after the U.S. withdrew in January. The memo, dated March 10 and signed by WHO's Assistant Director-General Raul Thomas, laid out further [cost-cutting measures](#) - the latest in a series of such steps since U.S. President Donald Trump's [withdrawal announcement](#)....”**

**“... Senior WHO officials have begun "prioritization" work over the past three weeks to make the global health agency sustainable, the document says. "While operating in an extremely fluid**



environment, WHO's senior management are working to navigate these shifting tides by **undertaking a prioritization process**," the memo said."

**PS: "... WHO spokesperson Margaret Harris told a press briefing that, even before U.S. funding cuts, the agency was undergoing a transformation to shift resources away from its Geneva headquarters and into recipient countries.....** "So what's really been happening is a big transfer of funding and staffing and commitment at country level away from HQ," she said. "It has been a slow process and for sure, the cold winds of economic rationalization are speeding that up."  
**WHO documents show the U.N. agency has over a quarter of its 9,473 staff based in its headquarters in Geneva, Switzerland** which is one of the most expensive cities in the world."

### **Devex - 'How did we get here?' — African health experts on ending aid dependence**

<https://www.devex.com/news/how-did-we-get-here-african-health-experts-on-ending-aid-dependence-109571>

**"Health experts gathered for the Africa Health Agenda International Conference** amid a seismic shift in the foreign aid sector."

Recommended read – pretty neat overview of the key messages (from a health financing perspective) at the AHAIC conference in Kigali from last week.

### **WHO (Alliance) - Facing the global health financing cliff**

<https://ahpsr.who.int/newsroom/news/item/11-03-2025-facing-the-global-health-financing-cliff>

(11 March) **"Last week, the Alliance, in collaboration with the WHO Health Financing and Economics Department, convened senior national policy-makers and development partners to tackle one of the most pressing challenges in global health today: sustaining health coverage in the face of health financing cliffs.** It was an important opportunity for countries to share what they are already doing to respond to recent withdrawal and pauses in aid for health through prioritizing resources, mobilizing funding and adapting policies to maintain health services. While some countries have been able to react quickly and free up substantial resources to plug immediate gaps, others are finding it more of a challenge – like when trying to raise taxes to support health needs. Other countries are seeing this current moment as an opportunity to strengthen public systems and re-absorb highly skilled public health professionals who were previously employed by development partners into their workforce. **Participants examined emerging trends in domestic and global financing and identified the data, analytics and policy support required** to help countries effectively navigate these dramatic shifts in overseas development assistance."

**"A major outcome of the discussions was the development of a forward-looking analytical and research agenda that could inform both immediate and long-term responses to health financing challenges.** This agenda will support country-level adaptations, inform structural reforms and contribute to shaping a more resilient global health financing system. **The Alliance and the WHO Health Financing and Economics Department** will now consider how to take this work forward, ensuring that research and evidence generated from this critical dialogue inform policy action and contribute to more resilient and adaptive health financing systems worldwide."



## Reuters - Countries, global health groups band together as US aid gaps threaten lives

<https://www.reuters.com/business/healthcare-pharmaceuticals/countries-global-health-groups-band-together-us-aid-gaps-threaten-lives-2025-03-11/>

**“Governments and global health groups are working to try to fill the most urgent gaps in the fight against diseases such as malaria and HIV, including sharing tests and treatments internationally, after the U.S. government froze foreign aid funding.”**

**“...“We are trying to say to countries: ‘Ok, you have more commodities, your neighbouring country does not have them, could you potentially give them some until we figure out a way of going ahead?’,”** said Michael Adekunle Charles, head of the **RBM Partnership to End Malaria**. **The World Health Organization and other groups have also said they are working with countries to fill [gaps in HIV testing](#) and treatment**, in a similar way to during the COVID pandemic when countries shared resources to prevent shortages.”

**“Some governments, such as [Kenya](#) and Malawi, have moved staff and are discussing emergency financing, but the funds are limited and staff are not necessarily trained in the disease areas they have been deployed to, experts said....”**

**“Florence Riako Anam, co-executive director of the **Global Network of People Living with HIV**, said many countries supported by donor funding had already been working on roadmaps to take more control of their HIV work domestically. But that does not solve the immediate issues. “The problem we are facing today is facing all neighbouring countries ... so I think that is a challenge....”**

**“... Countries should also prioritise the most lifesaving interventions, including treatment and bednets for prevention, said Joy Phumaphi, executive secretary of the African Leaders Malaria Alliance....” “We must all work together to fill the immediate gaps while planning for longer term financing solutions,” she said....”**

## Lancet GH (Comment) - A turning point for global health: challenge or opportunity?

**Eric Goosby & M Reid;** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00453-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00453-2/fulltext)

**Comment ahead of the upcoming PEPFAR reauthorization (if it materializes...).**

**“....We may be entering what could be termed the Enshittoscene—a period of global health decline driven by political indifference, economic retrenchment, and shifting geopolitical priorities. “**

**Making the case for a ‘new’ PEPFAR, ahead of (hopefully?) re-authorization (by 25 March).**

PS: on a personal note, I doubt Goosby & Reid really get the ‘new times’, certainly not from a Decolonizing Global Health perspective. Or maybe they’re just using the frame that they think might appeal the most to Republicans?

See for example this quote: “...*Global health is not charity; it is a high-return investment in US security, economic competitiveness, and geopolitical influence. Every dollar invested in global health can and should provide tangible benefits to the US economy. ....*”

- Related: [Aidsmap - Radical changes in US policy threaten two decades' progress in HIV](#)

“The global HIV response is suffering serious disruption due to cuts in US government funding, the closure of USAID and a lack of clarity about future financing, **Professor Chris Beyrer, Director of the Duke Global Health Institute at Duke University, North Carolina**, told the [Conference on Retroviruses and Opportunistic Infections \(CROI 2025\)](#) in San Francisco on Monday.”

“... An even larger crisis is looming. [For PEPFAR to continue](#), Congress needs to reauthorise it by 25 March [and the future level of funding is uncertain ...](#)”

“... **Professor Beyrer called for a restoration of PEPFAR funding for prevention, as well as support for key population services.** Support for the eighth round of Global Fund replenishment – a key funder of medicines and commodities – will be critical, along with protection of human rights.....”

- And via [AVAC](#):

“**Researchers are proposing strategic reforms to PEPFAR, which is up for reauthorization later this month.** The recommendations would trim PEPFAR program costs by 20% in five years, and transition financial responsibility to local governments in high-burden regions. They focus on ramping up long-acting PrEP as a key component of HIV prevention. As highlighted in the [opinion piece by Jirair Ratevosian](#), PEPFAR has evolved far beyond its original “emergency plan,” becoming indispensable to global HIV prevention and treatment....”

## BMJ Editorial –After USAID: what now for aid and Africa?

C Kyobutungi, S Abimbola et al; <https://www.bmj.com/content/388/bmj.r479>

“Seize this opportunity to reframe aid and centre local health needs.”

PS: “...Some Africans have cheered the decisions as the start of a path to self-sufficiency in healthcare funding and decision making. But **African governments' muted responses require further interrogation.** Apart from a statement from the African Union, which represents 55 states, expressing dismay at the US's withdrawal from the World Health Organization, **most African governments have remained silent on the Trump administration's recent decisions.....**”

Another quote: “**How the global public understands & talks about aid—as charity instead of reparation for colonial era & contemporary injustice—needs to change.**”

## Lancet GH - Africa's defining moment: the time to lead the HIV response is now

Mumbi Chola, M Sidibe et al ( on behalf of the [African-led HIV Control Working Group](#) )  
[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00102-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00102-0/fulltext)

A few excerpts: “... **Africa must shift from dependency to leadership for three key reasons.** (1) **Sustainability:** technical and financial dependency leave Africa vulnerable to donor fatigue and

economic volatility. Long-term solutions will require local ownership, leadership, and investment. (2) **Relevance:** Africa's HIV epidemic disproportionately affects young women, key populations, and marginalised groups. Therefore, locally driven and contextualised approaches are essential to addressing these realities. (3) **Health sovereignty:** over-reliance on imported medicines and diagnostics is a crucial vulnerability. Investing in local manufacturing and research is vital for resilience.”

**“This is Africa's defining moment.** Africa must lead its HIV response with boldness, accountability, and vision. Leadership must extend beyond governments to include communities, academia, civil society, and the private sector. **As the 2030 deadline to end AIDS approaches, Africa must reject the status quo and embrace a future of health sovereignty and resilience.** The HIV response must centre on those most affected, remove legal and policy barriers, scale-up prevention, address gender equality barriers, and invest in community-led solutions to save lives and transform health systems. **A vision centred around six crucial pillars that are critical for Africa's health independence are articulated in the [panel.....](#)”**

## HPW – Global Health is At a Crossroads: Let's be Bold and Aspirational

David Mc Coy et al; <https://healthpolicy-watch.news/global-health-is-at-a-crossroads-lets-be-bold-and-aspirational/>

(must-read) **“These are challenging times** for those working in global health where equity, universal human rights, peace and international cooperation are foundational building blocks. **How then should we respond?** Some will focus on damage-limitation and preserving as much as possible the complex of global health structures, initiatives and programmes that mushroomed in the so-called [golden age of global health](#) of the 2000s. But a **much braver, and more ambitious and comprehensive response is needed.....”**

Read what it entails.

## Euronews - ‘Utterly devastating’: Global health groups left reeling as European countries slash foreign aid

<https://www.euronews.com/health/2025/03/07/utterly-devastating-global-health-groups-left-reeling-as-european-countries-slash-foreign-aid>

**“Several European countries have announced cuts to their foreign aid budgets, with global health programmes in the crosshairs. Some of Europe’s biggest global health funders are slashing their aid budgets,** which health groups fear could spell catastrophe for countries reliant on foreign cash to combat malaria, HIV, tuberculosis, and [emerging threats](#). **Global health groups still don’t know exactly which programmes are on the chopping block. But they say the recent European cuts are painful given the US has taken an axe to its own foreign assistance in the six weeks since President Donald Trump took office.....”**

**“.... The cuts mean global health programmes – which received around 10 per cent of all foreign aid in 2023 – are competing for a shrinking pot of money as Europeans turn their attention to defence and other domestic priorities.... .... In 2022, the US was the biggest global health donor**

(€15.1 billion), followed by Germany (€4.2 billion), Japan (€3.1 billion), the UK (€2 billion), and France (€1.9 billion), according to a tracker run by [SEEK Development](#). ....”

**“The recent European cuts are not exactly the same as those from the US, which were swift and brutal, eliminating tens of billions of dollars for HIV treatment, polio vaccination efforts, health worker employment, and more in lower-income countries. European governments are giving more time to wind down their projects, and several have said they will not renege on existing contracts. Meanwhile cuts from countries like Germany and Sweden were already in motion.”**

**“Even so, the new cuts are causing concern among global health experts in Belgium, the UK, and the Netherlands, who [had hoped Europeans](#) would step up amid the US retreat – and have been left disappointed.”**

**“ “Something we've never seen, I think in the history of international cooperation, is such a massive cut, not from one donor, but from multiple,” Jean Van Wetter, head of the Belgian development agency Enabel, told Euronews Health. “You have a kind of snowball effect, which is very negative” .....”**

Also with a quote from Jesper Sundewall.

## **Devex - Money Matters: What if Germany replaces the US as the world’s top donor?**

<https://www.devex.com/news/money-matters-what-if-germany-replaces-the-us-as-the-world-s-top-donor-109105>

**“Since 1960, the United States has been the world’s largest aid donor, due to its huge population and massive economy. But now, with [so many of USAID’s programs canceled](#), it seems very likely that it will cede the top spot to Germany. Despite having only around a quarter of the population of the U.S., Germany is still Europe’s largest economy, and it’s traditionally spent far more generously. In 2023, it spent nearly \$38 billion on official development assistance, or ODA, compared to the U.S. on nearly \$65 billion. But Germany is making significant cuts, and [there are major political challenges there too](#).....”**

- Related: [CGD blog – Germany’s Future Coalition Faces a Tough Choice on Global Development as US and UK Pull Back](#) (by J Zattler et al)

**“With the US [pulling back](#) from development assistance, the UK [cutting](#) the aid budget to fund an increase in defense spending, and many traditional donors giving less and less to poorer countries, Germany must decide whether to follow suit—or stand firm in its commitment to global solidarity and to tackle global challenges. In this blog, we explore what party negotiators should consider to ensure international cooperation remains high on the next government’s agenda.”**

- But check out also this “down to earth” tweet from Katri Bertram:

**“I’m following quite an absurd feed on Germany and #ODA, where everyone in the country knows mergers and massive cuts are on the table (& likely) and those commenting from the outside ask how much Germany will increase to lead globally. Absolute disconnect in reporting.”**

## HHR – Enforceable Commitments to Global Health Needed to Fulfill Rights

M Molumba et al ; <https://www.hhrjournal.org/2025/03/05/enforceable-commitments-to-global-health-needed-to-fulfill-rights/>

“...The **recent shifts in global health policy**, particularly the United States’ sudden retreat from key funding commitments and the Dutch government’s decision to defund all projects related to women’s rights, reflect a deeper crisis in global health governance. These **developments underscore the urgent need to reposition accountability not just as a discretionary moral obligation but as a fundamental legal principle deeply entrenched within international law and global health governance frameworks. ....**”

“ ... the **African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria** calls for predictable and diversified health financing to reduce reliance on external donors. It advocates for clear financial sustainability plans, stronger domestic resource allocation, and enhanced accountability from development partners. However, donor disengagement continues to undermine this vision, highlighting the limitations of voluntary commitments and reinforcing the need for binding commitments that ensure long-term health security beyond political cycles.

“... **To operationalize this vision, global health financing must transition from discretionary aid to a legally binding framework that is monitored, enforced, and insulated from political volatility.** This requires: (1) Institutionalizing binding financial commitments within multilateral legal instruments to prevent unilateral donor withdrawal. (2) Embedding accountability mechanisms in treaty-based frameworks, including United Nations resolutions and financial compacts, to transform donor obligations from discretionary contributions into legal commitments. (3) Establishing independent compliance mechanisms to track adherence, impose legal consequences for noncompliance, and strengthen enforcement pathways. (4) Repositioning LMICs as co-governors of global health funding mechanisms to ensure that financial flows align with epidemiological priorities rather than externally imposed donor agendas.”

## Global Health 50/50 report – Rollback and Resistance

<https://globalhealth5050.org/rollback-and-resistance/>

“**Over a quarter of U.S.-based global health organisations removed or significantly altered references to DEI and/or gender equality commitments on their websites.** A major setback for #GenderEquality and workplace inclusion.”

“**Global Health 50/50’s 2025 report, Rollback and Resistance, provides recent data on how US-based global health organisations are responding, highlighting the risks, the resistance, and the urgent need for collective action to defend progress.** With 40% of global health board seats held by Americans, US priorities and funding decisions directly influence whose voices shape global health, which policies receive backing, and ultimately, whose health and rights are prioritised. As DEI rollbacks intensify, the question is no longer just about the US—it is about the future of gender equality and workplace inclusion across the entire global health sector. ...”

Global Health 50/50 ends this report “with a **series of suggested actions to protect progress made to date on governance and representation in the global health sector, and counter further disinformation and attacks on DEI and gender equality...**”

- Related: BMJ - [Removing diversity, equity, and inclusion infrastructure in medicine, public health, and science: the cost of overcorrection](#) (by A S Gottlieb et al)

"Given the growing outcry among experts that #DEI best practices are not illegal & the US government lacks legal teeth to prohibit #EDI efforts, why are so many leaders lining up to obey?"

**MMI Switzerland - An analysis by Ilona Kickbusch on current developments in the international health architecture: Global Health – “things have changed”**

<https://www.medicusmundi.ch/en/advocacy/publications/med-in-switzerland/globale-gesundheit-die-dinge-haben-sich-geaen>

“‘People are crazy and times are strange’ is a line from Bob Dylan’s song ‘Things Have Changed’ released in 2000. It applies fully to what the global health community is experiencing now. Clearly the golden age of global health is over. **The global health hegemon has become a global health risk. We saw it coming – but we did not really prepare.**”

**D Reidpath - Equity in Decline—Decline in Equity**

<https://www.linkedin.com/pulse/equity-declineddecline-daniel-reidpath-pgyde/?trackingId=BKD%2FDBvM9vcKmnO90Xpffw%3D%3D>

“..... **The dual forces of "Decline in Equity" and the "Equity in Decline"** are critical moral issues facing the world. Ignoring them is to turn our backs on human rights, and facilitate the destruction of the [international human rights framework](#).....”

**The Future of Aid and what nextgen Aid Jobs might look like**

**Duncan Green;** <https://blogs.lse.ac.uk/activism-influence-change/2025/03/10/the-future-of-aid-and-what-nextgen-aid-jobs-might-look-like/>

Duncan considers what is happening now a ‘tsunami’. Read why.

Excerpt: **“What happens next?** The world is still there, disasters and emergencies will still happen, people will get sick and new diseases will emerge and spread. **So some form of human solidarity is likely to rise from the ashes. What might it look like?”**

**“Contemporary humanitarianism has been formalized as a global project, with global (soft) law and global institutions like the UN. That is now looking very fragile.** Conversations with senior aid insiders began with the premise that ‘the UN is dead’. That may be just the product of dismay, but I fear they may be right. **Resources and political capital are likely to switch to regional, national and local institutions,** as the UN and other global bodies such as the World Bank or WTO either regionalize or go into decline.”

**“Silver linings?** Perhaps the long promised (but seldom delivered) localization of aid will emerge from the bottom, rather than be conceded from the top, but it will be much worse resourced than

the top-down version – more like community self-help than tidy little (or sometimes large) NGOs delivering services.....”

## FT - Letter: Development aid ought to focus on locally-led change

Neil McCulloch, Gareth Williams and Laure-Hélène, Piron Directors, **The Policy Practice, Oxford, UK**; <https://www.ft.com/content/01155920-f0d9-4b9c-861f-f76661bc4b7b?sharetype=blocked>

“**Minouche Shafik** is right in saying that Donald Trump’s attack on USAID is “misguided, short-sighted and will have devastating consequences for millions of poor people around the world” (Opinion, February 11). But she is **wrong to say that “reducing poverty at the country level may be most efficiently achieved through multilateral institutions”.**”

“.... It is about understanding how positive change happens in any particular country so as to encourage a settlement that delivers better lives for citizens. Shafik is right that the wanton destruction of USAID is a clarion call for new thinking. But **the solution is to flip development on its head, recognise that sustainable change comes from within countries, and to design aid to support locally-led change that is much more likely to last.**”

## McLead Group - Shifting Aid Money to Wall Street: The Financialization of Aid is Underway

<https://www.mcleodgroup.ca/2025/03/shifting-aid-money-to-wall-street-the-financialization-of-aid-is-underway/>

Guest blog by S L Erikson.

“**Aid can’t be run like a private equity or hedge fund. And yet, Benjamin Black, Donald Trump’s nominee to run the US International Development Finance Corporation (DFC), is eager to redirect USAID’s US\$44 billion budget away from public civil servants to Wall Street financiers.** .... Black, a former Goldman Sachs analyst, “wants to repurpose USAID funds,” reported Forbes, Bloomberg and the New York Times. As Black and venture capitalist Joe Lonsdale spelled out in How to DOGE US Foreign Aid, a Substack post, “If we’re going to spend money abroad, let’s do so with an investment-driven model.” .....”

## Geneva Health Files – An Advocate’s Dilemma: Defending Official Development Assistance or Reducing Aid Dependency?

By Katri Bertram; <https://genevahealthfiles.substack.com/p/an-advocates-dilemma-defending-official-development-assistance-budget-cuts-global-health>

“**Many global health advocates currently face a dilemma: Should we rally to defend ODA and the status quo – or advocate for reducing aid dependency to ‘build back better’?**”

“.... **Most advocates and campaigners refused to engage on *political issues* and became vocal only after specific cuts were made.** Instead of engaging in public debates (over the past years or perhaps even decades) on what needs to change and how we can mitigate against the risks of ODA dependency – not to mention reduce it, **most advocates are (funded to be) active and vocal only**



ahead of budget decisions (and replenishments). Reading the (public) room and mobilising civil society at large was dismissed as irrelevant, because a few top-level phone calls, side-meetings in Davos at WEF (or these days rather the Munich Security Conference) would do the job.”

“We need ODA and health advocacy that is authentic and linked not to an organisation in the Global North that we want to see funded, but rather expresses and shines a light on the needs and voices of civil society and strengthens the civic space – especially in the Global South. I continue to believe that .... At the same time, I believe ODA and humanitarian assistance are still needed and play an important role in specific circumstances (e.g. in a conflict zone or failed state, to provide access to a discriminated population group, or for multilateral cooperation to prevent pandemics). If a state fails in its responsibility to provide, then others should jump in, in my opinion....”

### The Banker - Can diaspora bonds bridge Africa's USAID funding gap?

[https://www.thebanker.com/content/cc06b0a0-b149-4b12-abc8-e746e738250f?accessToken=641e4b6f-2910-482f-9601-003de53ffd1f&utm\\_campaign=gift-article](https://www.thebanker.com/content/cc06b0a0-b149-4b12-abc8-e746e738250f?accessToken=641e4b6f-2910-482f-9601-003de53ffd1f&utm_campaign=gift-article)

“Kenya looks to expatriate communities amid worsening debt crisis.”

“Kenya’s Treasury in February said that **it was looking at diaspora bonds as a series of instruments to help tackle the country’s debt crisis**, with gross government debt increasing from 34 per cent of GDP in 2007 to 70 per cent in 2024 according to IMF data.....”

### IDOS (discussion paper ) - Trump’s assault on foreign aid: implications for international development cooperation

Haug, Sebastian , S Klingebiel et al;

<https://www.idos-research.de/en/discussion-paper/article/trumps-assault-on-foreign-aid-implications-for-international-development-cooperation/>

Looks very interesting. Among others listing 3 possible scenarios.

### Al Jazeera - Multilateralism can and must deliver

By Luiz Inácio Lula da Silva, Cyril Ramaphosa and Pedro Sánchez;

<https://www.aljazeera.com/opinions/2025/3/6/multilateralism-can-and-must-deliver>

“Amid creeping unilateralism, **the world must reinforce multilateral action to tackle global threats, such as climate change and inequality.**”

“**The year 2025 will be pivotal for multilateralism.** The challenges before us — **rising inequalities, climate change, and the financing gap for sustainable development** — are urgent and interconnected. Addressing them requires bold, coordinated action — not a retreat into isolation, unilateral actions, or disruption.....”



**“Three major global gatherings offer a unique opportunity to chart a path towards a more just, inclusive and sustainable world: the Fourth International Conference on Financing for Development (FfD4) in Seville (Spain), the 30th Conference of the Parties (COP30) to the United Nations Framework Convention on Climate Change (UNFCCC) in Belém (Brazil) and the G20 Summit in Johannesburg (South Africa). These meetings must not be business as usual: they must deliver real progress.....”**

## **Global Policy - A rocky start for the South African G20 Presidency**

B Ellmers; <https://www.globalpolicy.org/en/news/2025-03-05/rocky-start-south-african-g20-presidency>

**“From 26 to 28 February 2025, the first key events of the South African G20 presidency took place as Finance Ministers and Central Bank Governors held their inaugural meeting in Cape Town, the country’s coastal metropolis. The fifth edition of the Finance in Common Summit, the world’s major gathering of public development banks, took place at the same time, attracting around 2,000 delegates. South Africa is trying to pursue several important streams of financial architecture reforms during their Presidency, but the Finance Minister meeting failed to reach consensus on an outcome document. ....”**

**“... The Chair’s Summary, issued after the Finance Minister meetings, addresses many relevant topics. It created political impetus for governance reform at the World Bank (through the Shareholder Review) and the International Monetary Fund (IMF) – through quota alignment – called for a successful replenishment of the African Development Fund and pushed for further reforms of the debt architecture (building on the G20 Common Framework).”**

**“The urgency to take action on debt was underlined by the new “African Leaders Debt Relief Initiative” (ALDRI), promoted in Cape Town by eight former African Heads of State....”**

PS: “... Alongside the Public Development Banks (PDBs), the Global Solidarity Levies Task Force convened in Cape Town. Another French initiative, the Task Force aims to raise additional finance for climate and development through global taxes. It got a mention in the Finance in Common Communiqué. “

## **Global Policy - FfD4 first draft outcome document released**

B Ellmers; <https://www.globalpolicy.org/en/news/2025-03-12/ffd4-first-draft-outcome-document-released>

**“On 10 March 2025, the UN circulated the new version of the draft global financing framework that the international community is due to adopt at the Fourth International Conference on Financing for Development (FfD4) in Sevilla in early July. The new version reflects interventions by Member States and other stakeholders made at the third session of the Preparatory Committee (PrepCom3) at UN headquarters in February. It is the basis for the actual line-by-line text negotiations that are due to start at the end of March. “**

**“What are the major changes in the new text? ....”**

## UHC & PHC

### World Bank - Country-Led Priority Setting for Health (DCP4)

A Ala et al; [https://openknowledge.worldbank.org/entities/publication/beb9c42b-f9ff-4e82-befa-4bfe457624fb?cid=pub\\_fb\\_wbpublications\\_en\\_ext](https://openknowledge.worldbank.org/entities/publication/beb9c42b-f9ff-4e82-befa-4bfe457624fb?cid=pub_fb_wbpublications_en_ext)

The **4th Edition of Disease Control priorities** (DCP4) is out.

**“Building on the foundation of the three previous editions of Disease Control Priorities (DCP), published from 1993 through 2019, this new fourth edition, DCP4, uses a country-specific approach based on collaboration to summarize, produce, and help translate economic evidence into better priority setting and capacity strengthening for universal health coverage, public health functions, pandemic preparedness and response, and intersectoral and international action for health. Volume 1—Country-Led Priority Setting for Health—presents the overall lessons learned in defining and implementing essential health service packages (EHSPs). The volume is divided into three parts that highlight successes and failures and the way forward....”**

**DCP4 explores how selected low-&middle-income countries have used evidence for priority setting & designed #EssentialHealthService packages within the #UHC framework.**

### Hindustan Times - 250 mohalla clinics to shut with immediate effect: Delhi health minister

<https://www.hindustantimes.com/cities/delhi-news/250-mohalla-clinics-to-shut-with-immediate-effect-delhi-health-minister-101741283470835.html>

**“Mohalla Clinics were set up by the Aam Aadmi Party (AAP) government in October 2015, and as of August 23, 2023, 533 Mohalla Clinics were running in the city....”**

PS: Rob Yates wasn't pleased on Bluesky.

### Lancet (Comment) - The global burden of oral diseases: stronger data for stronger action

H Benzian et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00460-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00460-X/fulltext)

**“The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2021 on oral conditions represents a landmark moment for the community. For the first time, a comprehensive analysis of the global, regional, and national burden of oral diseases has been published in The Lancet. Previously confined to dental research journals, this broader platform underscores the increasing significance of oral diseases in global health. The findings tell the story of a largely unchanged oral disease burden over three decades, signalling a crisis in global health....”**

Authors conclude: **“Oral health must move beyond measurement to meaningful action.** Without data, action is unlikely; without action, data are meaningless. **The real challenge is not just tracking oral diseases but acting on that knowledge to create lasting change.”**

## Pandemic Agreement negotiations

With a final round (of 5 days) planned in April, as you might recall. WHO member states are now entering informal negotiations – **INB13 resumes from April 7-11.**

### Panel for a Global Public Health Convention - A Pandemic Agreement: On the Cusp of Making History

<https://www.gphcpanel.org/news/a-pandemic-agreement-on-the-cusp-of-making-history/>

Also signed by Helen Clark & Ellen Johnson Sirleaf (from the Independent Panel)

“... WHO Member States made considerable progress in February during the 13th meeting of the Intergovernmental Negotiating Body (INB). While familiar gaps remain on prevention and one health, technology transfer, and pathogen access and benefit sharing, Member States have made advances on these potentially transformative norms and mechanisms. **We now urge WHO Member States to make full use of the intersessional period to reach consensus on the outstanding issues before formal negotiations resume in April. ....**”

### Chatham House - A fair pandemic treaty is unlikely, but poorer countries have healthy options

<https://www.chathamhouse.org/publications/the-world-today/2025-03/fair-pandemic-treaty-unlikely-poorer-countries-have-healthy>

(gated) “Disagreements between high- and lower-income countries have left the pandemic preparedness treaty in intensive care. The prescription? Developing nations can look to each other for health equity, writes **Ebere Okereke.**”

“... **‘South–South’ collaboration represents the most viable path. The expanding Brics nations are important in this respect** because they have the resources, technology and expertise to strengthen regional manufacturing capacities and reduce the dependence of poorer countries on imports from the Global North.”

**“Brazil, for example, has a long tradition of producing vaccines in the public sector and is in discussions with the African Union (AU) about developing the continent’s manufacturing capability.** This cooperation must be expanded if the AU is to meet its target of increasing vaccine manufacturing in Africa from the current 1 per cent of local needs to 60 per cent by 2040. ... **In the absence of a fair pandemic treaty, deepening partnerships with like-minded nations could help lower-income countries pool resources and build up reserves. Promising steps have already been made.** In 2021 Caricom – an intergovernmental group of Caribbean countries – was invited to join the AU’s pooled procurement mechanism for Covid vaccines. Other partnerships, like the Brics

Vaccine Research and Development Centre, are helping increase regional manufacturing power, but need more investment and support.....”

## **Plos GPH – Understanding the expectations, positions and ambitions of LMICs during pandemic treaty negotiations, and the factors contributing to them**

G Cranston; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003851>

“....It remains to be seen whether the negotiations amount to a rebalancing of power and resources to substantially improve our capacity and capability to address global health threats. Further, while these issues have often been viewed through a dualistic lens between developing and developed countries, these negotiations also reflect the diversity of Global South Member States, some of which are strong voices in, and for, coalitions. **Drawing on content analysis techniques, this research describes how Global South countries articulate their expectations, positions and ambitions during treaty negotiations in the lead up to the World Health Assembly in 2024 and discusses exogenous and endogenous factors that contribute to these positions.** The analysis found that the **pursuit of equity is galvanising for Global South countries, as are their ambitions for the multilateral system not to drive further inequity through the asymmetry of power and influence exercised by developed states.** Well-coordinated collective positions from Global South countries in negotiations to date have resulted in traction on contested issues such as technology transfer, production capability, and access and benefits. Additionally, **some Global South countries have also used these negotiations to pursue national interests whilst maintaining collective positions in pursuit of equity and global solidarity.**”

## **More on PPPR**

**CEPI - The world should prepare now for a potential H5N1 flu pandemic, experts warn**

[CEPI](#);

**“The rapid spread and mutation of a deadly bird flu virus in the United States warrants urgent global action on pandemic preparedness to close dangerous gaps in the world’s ability to develop and deliver new protective vaccines, flu and disease outbreak specialists are warning.”**

**“In a [letter to the journal Science](#), CEPI’s Executive Director for Preparedness and Response Dr Nicole Lurie and six other experts said the bird flu virus – known as H5N1 and known to be very severe in some human cases—had in recent years crossed species from birds to mammals, including dairy cattle, and was now causing widespread exposure and sporadic human infections in the U.S. and beyond...”**

# Five years of Covid pandemic

## NYT (guest essay) - Covid's Deadliest Effect Took Five Years to Appear

S Mukherjee; [https://www.nytimes.com/2025/03/10/opinion/covid-public-health-privatization.html?unlocked\\_article\\_code=1.204.Kd-4.1JcPHR-WwL&smid=url-share](https://www.nytimes.com/2025/03/10/opinion/covid-public-health-privatization.html?unlocked_article_code=1.204.Kd-4.1JcPHR-WwL&smid=url-share)

Focus on the US, mostly -though some of it is also relevant for other settings. Excerpts:

**"... But Covid didn't just change billions of individual lives. It changed our country's basic approach to public health, in fundamental ways** that are becoming fully visible only now — and which the Trump administration looks likely to render irreversible...."

"... It came as a surprise for me, then, when I heard **Dr. Céline Gounder**, an infectious disease doctor and a member of President Joe Biden's Covid-19 Advisory Board, and listened to her pronounce that **public health was nearly dead**. It was October 2024, and we were seated in a chilly tent at the National Academy of Medicine meeting in Washington. **Dr. Gounder was referring to what she calls the "unglamorous public infrastructure" — the interlocking institutions that function constantly and invisibly, and don't depend on private enterprise or personal decisions**. Yes, we conquered Covid, but "if we are inclined to think of our victory against Covid as a public health success," she warned me, "we should really reconsider." "

**"What seemed to succeed, instead, was a deployment of private enterprise (backed by state subsidies):** the invention of vaccines by pharmaceutical companies; their delivery in significant measure through private hospitals and clinics; the ascendancy of private decision-making by individuals, schools and businesses; and the surveillance of the pandemic by private institutions."

**"Covid was a privatized pandemic. It is this technocratic, privatized model that is its lasting legacy and that will define our approach to the next pandemic.** It solves some problems, but on balance it's a recipe for disaster. **There are some public goods that should never be privatized....."**

## NYT - History Isn't Entirely Repeating Itself in Covid's Aftermath

<https://www.nytimes.com/2025/03/11/health/covid-pandemic-history.html>

**"Five years after the novel coronavirus emerged, historians see echoes of other great illnesses, and legacies that are unlike any of them."**

Among others comparing with flu ('18-'19) & polio.

## Nature Africa - Five years on: how COVID was the catalyst for Africa's genomic revolution

<https://www.nature.com/articles/d44148-025-00067-8>

**"Tulio de Oliveira**, the genomicist who led the continent's robust response to COVID-19."

## Nature News - Four ways COVID changed virology: lessons from the most sequenced virus of all time

<https://www.nature.com/articles/d41586-025-00730-y?linkId=13399705>

“After 150,000 articles and 17 million genome sequences, what has science taught us about SARS-Cov-2?”

## Mpox, Ebola, Marburg... & other health emergencies

### Cidrap News – Tanzania reports first mpox cases as African officials look for more vaccine doses

<https://www.cidrap.umn.edu/mpox/tanzania-reports-first-mpox-cases-african-officials-look-more-vaccine-doses>

“Tanzania recently reported its first two mpox cases, raising the number of affected countries to 23, officials from the Africa Centres for Disease Control and Prevention (Africa CDC) said today at a weekly outbreak briefing. .... Meanwhile, in one of the region’s main hot spots, suspected mpox cases rose in the Democratic Republic of the Congo (DRC) last week, though the portion of confirmed cases declined. Kaseya said this reflects testing challenges, partly due to ongoing conflict in the hardest hit regions and US funding cuts that have impacted the transport of samples to labs for testing. In Uganda—one of the other hot spots—confirmed cases rose last week, but the country is in a much better situation with testing, with the rate at 100%....”

“... Five countries are vaccinating against mpox, and so far 606,314 people have been vaccinated. Of those, 543,955 have received the first of the recommended two doses. .... Ngashi Ngongo, MD, PhD, MPH, who leads Africa CDC's mpox incident management team, said Africa CDC initially requested 10 million doses, and that donor countries have so far committed to provide 60% of the total. He said the group estimates that 6.4 million people still need to be vaccinated. Africa CDC, the World Food Program, and UNICEF are acquiring cold chain equipment worth more than \$5.4 million to help with storage and last-mile deliveries of mpox vaccine targeting Uganda, the DRC, and Rwanda. Officials said mobilizing more vaccine and operational funds is urgent, given that shortages may negatively affect current momentum and high acceptance rate.....”

- See also HPW - .... [Africa Faces a Rising Tide of Health Crises](#)

“....across Africa, an alarming surge of health crises continue to unfold – including expanding mpox infections in Uganda, a cholera outbreak in Angola and a first-ever cholera case in neighbouring Namibia.”

With some more coverage of the Africa CDC media briefing.

“.... outbreaks of mpox, Ebola, cholera, and COVID-19 are placing immense pressure on healthcare systems across Africa, revealing systemic weaknesses and vulnerabilities, Kaseya emphasized.”

“...Kaseya also revealed that funding shortages present a severe obstacle. Dramatic cuts to international aid, notably from traditional donors such as the United States and the United Kingdom,

have only exacerbated the situation. **These reductions, he said, significantly affect Africa's capacity to manage public health crises effectively, creating urgent shortfalls in vital resources** needed for outbreak response and containment efforts."

"... Amid these pressing challenges, Kaseya articulated Africa CDC's commitment to fostering innovative and sustainable financing solutions. At the forthcoming World Bank and IMF spring meetings, African health and finance officials will participate in discussions with multilateral development agencies about how they can enhance national resilience and promote self-reliance in managing public health threats. Emphasizing the importance of national ownership, sustainable funding mechanisms, and strengthening local manufacturing capabilities, **Kaseya advocated for sustained international engagement and solidarity.** "Health security in Africa is global health security," Kaseya reiterated."

### **AP - Congo faces setback in mpox response after Rwanda-backed rebels advance in the east**

<https://apnews.com/article/congo-goma-m23-mpox-disease-outbreak-97ce140be2d7069aa0428a25011bba99>

"Hospitals across eastern [Congo](#) that were once at the forefront of the country's response to the mpox outbreak are facing a setback in detecting the disease and offering treatment following the [advance of Rwanda-backed rebels](#) in the region. ... The mpox global health emergency is worsening as the fighting between the M23 rebel group and Congolese troops escalates in eastern Congo, which has been [the epicenter of the health crisis](#). "

".... The Associated Press visited one of the mpox hot spots, which is now under control of M23 rebels backed by neighboring Rwanda. Health workers and remaining patients described a growing disaster...."

### **Africa CDC - Newly Launched African Epidemic Fund to Strengthen Health Security**

<https://africacdc.org/news-item/newly-launched-african-epidemic-fund-to-strengthen-health-security/>

As already flagged before.

Excerpt: "... efforts to combat mpox are entering a critical phase, with expectations that the new fund will provide much-needed resources to contain the outbreak. Dr. Ngashi Ngongo, Head of the Mpox Incident Support Team at Africa CDC, described this as the "intensification phase" and outlined the next steps in the response. "In the next three months, we will focus on getting the outbreak under control, while the final three months of this plan will shift towards early recovery and resilience-building," he said...."

### **BMJ GH – Can solidarity in global health curb the next outbreak? A commentary on mpox**

N Tegama, Caesar A Atuire et al; <https://gh.bmj.com/content/10/3/e018116>

“Solidarity rhetoric is a constant feature in global health; however, **solidarity is an ill-defined concept** that is differently understood and practiced across contexts. **We bring some conceptual clarity by introducing deep and responsive solidarity.** We trouble responsive solidarity in relation to the current mpox outbreak and show why deep solidarity would be more instrumental in helping us curb outbreaks. **Developing better conceptualisations of solidarity is imperative for global health.**”

## UN News - WHO injects fresh support into DR Congo vaccination drive

<https://news.un.org/en/story/2025/03/1161021>

“The UN World Health Organization (WHO) has stepped up efforts to improve vaccination coverage in the Democratic Republic of the Congo (DRC) by providing vital logistical support, including boats and motorcycles to reach remote communities along the Congo River.....”

## Reuters - WHO welcomes end of Marburg virus outbreak in Tanzania

[Reuters](#);

“ The World Health Organisation (WHO) welcomed a declaration by Tanzania on the end of the deadly Marburg virus outbreak, saying on Thursday that close collaboration had been key to the response. "Close collaboration with national authorities and support by WHO and partners as well as the dedication of frontline teams were pivotal in rapidly scaling up the response to protect the population and halt the spread of the virus," said the WHO African Region on social media platform X.”

See also Cidrap News - [Tanzania declares end to Marburg virus outbreak](#)

And a link:

- WHO - [Strengthening local engagements and collaborations for more effective health emergency management: WHO localization strategy](#)

## NCDs

### Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being : report of the Secretary-General

<https://digitallibrary.un.org/record/4076846?ln=en&v=pdf>

For some key messages, see the NCD Alliance analysis by Alison Cox: [A red alert for NCDs: The UNSG's urgent call to action](#)

“A new report from UN Secretary General confirms that the world is massively off track in the prevention and control of noncommunicable diseases, the leading cause of death and disability worldwide, and calls for urgent action on financing and other key policy interventions.”



**“This report is the key document informing the upcoming fourth High-Level Meeting of the UN General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being (HLM4), to be held on 25 September in New York. It was prepared by the WHO Director-General and makes concrete recommendations for Member States during the negotiations on the 2025 Political Declaration for the HLM....”.**

Check out some key messages.

Including: **“NCD financing and ‘the triple-win’:** The recent upheaval in global health financing following the US administration decisions on foreign aid and WHO membership **provides a new context for consideration of the outcomes of the WHO/World Bank International dialogue on sustainable financing for NCDs and mental health in 2024. These shifts in the global health financing landscape have emphasised the importance of domestic resource mobilisation for health, and we welcome this focus in the report, along with the emphasis of the “triple-win” of fiscal policies, financial protection policies, and alignment of economic and commercial policies with human and planetary health.”**

#### HPW - Big Pharma Issues Global ‘Call to Action’ to Address NCD Crisis

<https://healthpolicy-watch.news/big-pharma-issues-global-call-to-action-to-address-ncds-crisis/>

**“Almost five million lives could be saved annually if low- and middle-income countries (LMICs) invested 1% more of GDP in public healthcare spending – and used at least 40% of this to prevent and treat non-communicable diseases (NCDs). This is according to [Airfinity research](#) commissioned by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), which issued a [“Call to Action”](#) on NCDs on Tuesday.”**

**“The research is based on “implementing [existing cost-effective interventions](#) such as cardiovascular disease management, diabetes screening, and respiratory care”, according to the IFPMA. ... “The data supports growing consensus that more funding is needed to bend the curve on NCDs,” the pharmaceutical body said, “urging collective action across the globe” ahead of the United Nations High-Level Meeting on NCDs in September.”**

PS: “....The IFPMA is working with partners in [Access Accelerated](#) to assist governments to identify a “suite of sustainable financing mechanisms” for NCDs including “health taxes, private or community-based health insurance programs, debt-for-health swaps, health savings accounts, performance-based financing (social impact bonds), blended financing, and mobile health financing solutions”. Redirecting existing fossil fuels subsidies and increasing taxes on tobacco, alcohol, and unhealthy foods are options for LMICs to raise finances to address NCDs, the IFPMA report notes....”

- See the [Airfinity study](#) - [Value of investment on NCDs: Impact on health outcomes in low- and middle-income countries](#)

#### Lancet Diabetes & Endocrinology - Kidney disease at the forefront of the global health agenda

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00070-1/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00070-1/fulltext)

**“World Kidney Day**, observed this year on March 13, is a crucial reminder of the vital role kidneys play in health. The **2025 campaign theme, Are Your Kidneys OK? Detect Early, Protect Kidney Health**, highlights the importance of recognition of risk factors, early detection, and access to early intervention to help reduce the prevalence and impact of kidney disease worldwide....”

## **BMJ - Projections for prevalence of Parkinson’s disease and its driving factors in 195 countries and territories to 2050: modelling study of Global Burden of Disease Study 2021**

<https://www.bmj.com/content/388/bmj-2024-080952>

“The **modelling study of Su and colleagues** .... projects a **substantial increase in Parkinson’s disease cases globally by 2050**, reaching 25 million individuals, a doubling from 2021....”

- Linked BMJ Editorial: [Projecting Parkinson’s disease burden](#)

## **Commercial Determinants of Health**

### **BMJ – Powerful actors who undermine physical activity policy must be challenged**

K Milton, K Buse et al ; <https://www.bmj.com/content/388/bmj.r487>

“As a fifth of adults in the UK have diabetes or pre-diabetes, **the politics of physical activity policy must be tackled**, argue Karen Milton and colleagues.”

“... There is therefore an **urgent need to better understand the policy making process and power dynamics within various public arenas that affect policy responses to physical inactivity**, diabetes, and non-communicable diseases. .... **To gain greater political traction on physical activity we must look at the actions and messaging of groups with competing interests.** ... For example, the **transport sector’s response to climate change** has focused mitigation policy on scaling up electric vehicles. This serves the interests of the automotive and allied industries while undermining the opportunity to reorientate transport systems towards non-motorised travel. Active modes of travel, including walking and cycling, are better for people and the planet. **To realise the health and wider benefits of physical activity, advocacy efforts must focus on integrating policy that promotes physical activity with wider global and national priorities, such as mitigating climate change, reducing air pollution, improving mental health, and tackling health inequalities.** This shift in the framing would **position physical activity as an unrealised solution to a range of health, social, environmental, and economic challenges.**”

“... **The global community of physical activity scientists, advocates, and policy influencers must expose, debunk, and confront those who are shaping current narratives that devalue or obstruct physical activity related policy.** We need to strengthen our advocacy focus on the political system and processes with global, regional, and national mobilisation that challenges powerful organisations who perpetuate inaction on physical inactivity.....”

“... **Physical activity for all is a human right...**”

# Planetary Health

## Guardian - Trump's USAid cuts will have huge impact on global climate finance, data shows

<https://www.theguardian.com/environment/2025/mar/10/trumps-usaid-cuts-will-have-huge-impact-on-global-climate-finance-data-shows>

**"Campaigners say funding halt is a 'staggering blow' to vulnerable nations and to efforts to keep heating below 1.5C."**

**"... The US was responsible last year for about \$8 in every \$100 that flowed from the rich world to developing countries, to help them cut greenhouse gas emissions and cope with the impacts of extreme weather, according to data from the analyst organisation Carbon Brief."**

**"About \$11bn was spent last year, and a similar amount would have been spent by the US on climate finance this year under a continuation of Joe Biden's plans, the analysis found...."**

- See Carbon Brief - [Analysis: Nearly a tenth of global climate finance threatened by Trump aid cuts](#)

**"Nearly a tenth of global climate finance could be under threat as US president Donald Trump's aid cuts risk wiping out huge swathes of spending overseas, according to Carbon Brief analysis."**

## Devex - Scoop: Brazil hammers out details of forest fund ahead of COP30

<https://www.devex.com/news/scoop-brazil-hammers-out-details-of-forest-fund-ahead-of-cop30-109593>

**"The fund will reward countries for protecting forests — but big questions remain on eligibility and funding distribution. A closed-door meeting this week could clarify key details."**

**"In the lead-up to the 30th [United Nations](#) Climate Change Conference, or COP30, in Belém, Brazil, in November, the Brazilian government is preparing to launch a new fund that will measure which nations have done a good job at preserving their forests and reward them based on that data. The fund called the Tropical Forest Forever Facility, or TFFF, was originally announced at COP28 in Dubai in 2023. However, a new document acquired by Devex outlines how the fund will work and who will participate in discussions about its structure...."**

## Climate Change News - Brazil's COP30 president: Climate summits must move from words to real action

<https://www.climatechangenews.com/2025/03/10/brazils-cop30-president-climate-summits-must-move-from-words-to-real-action/>

**"In a letter outlining his vision for Brazil's climate summit, Corrêa Do Lago calls for a "new era" with collective work on implementation."**

**“Global climate diplomacy must shift focus from highly “politicised” negotiations to advancing real collective action on the ground to remain credible, Brazil’s COP30 presidency has warned. In a long letter setting out his vision, André Aranha Corrêa Do Lago, president-designate for this year’s UN climate summit in the Amazon city of Belém, called for a “new era” in which “words and texts” agreed by countries bring about economic and social transformation.”**

**“The seasoned diplomat set out his belief that it is necessary to find solutions beyond the multilateral climate regime and “create levers” in other institutions like the International Monetary Fund and the World Bank, while working more closely with regional governments, civil society and the private sector.....”**

- Related: [IISD - Brazil Shares Priorities for COP 30](#)

**“Among Brazil’s key priorities for the Conference, COP 30 President-designate André Aranha Corrêa do Lago highlighted the defense of multilateralism and respect for science.... .... Among other initiatives, the incoming COP 30 Presidency will form a ‘Circle of Presidencies’ and a ‘Circle of Indigenous Leadership’ and undertake a ‘Global Ethical Stocktake’.”**

**Guardian - Only seven countries worldwide meet WHO dirty air guidelines, study shows**

<https://www.theguardian.com/environment/2025/mar/11/only-seven-countries-worldwide-meet-who-dirty-air-guidelines-study-shows>

**“Annual survey by IQAir based on toxic PM2.5 particles reveals some progress in pollution levels in India and China.”**

- See also [HPW – Northern India Dominates Global Air Pollution Rankings](#)

**“Air pollution is a predominantly Global South problem, according to the 2024 World Air Quality report. India dominates the ranking with Delhi as the most polluted capital but Africa’s pollution remains under-reported. Pollution monitoring also fell victim to President Trump drastic cuts.”**

**Guardian - ‘A new phase’: why climate activists are turning to sabotage instead of protest**

[Guardian;](#)

**“Tougher laws said to be inspiring clandestine attacks on the ‘property and machinery’ of the fossil fuel economy.”**

**“... Five years ago, climate activists from [Extinction Rebellion](#) (XR) and the school strikes movement believed getting huge numbers of people on the streets could persuade the powerful to change course on the climate crisis. Then protesters from groups such as Insulate Britain and Just Stop Oil (JSO) put their bodies and freedom on the line to disrupt business as usual, in an effort to concentrate minds. Now, with climate breakdown worsening and fossil fuel emissions showing no signs of peaking, let alone abating, some say it is time to escalate the campaign of disruption, by carrying out clandestine acts of sabotage against the corporations they see as responsible for the destruction of the climate.....”**

## The major cities that are becoming too hot for humans to live in

<https://uk.news.yahoo.com/planet-inhabitable-hot-weather-climate-change-163207037.html>

**“Large areas of Earth’s surface could soon be so hot that people will die within hours in the open air, several recent studies have warned.”**

“ With record-breaking temperatures being recorded seemingly every month, **experts are now warning large areas of the Earth could become completely inhospitable to humans due to the scorching heat.** Some experts warn that **some areas of the Middle East could soon be at risk, with some regions of China, Brazil and the United States potentially at risk further into the future.** The resulting upheaval could lead to increased mass migration and even spark wars over water and food supplies, experts have warned.....”

## Guardian - ‘Global weirding’: climate whiplash hitting world’s biggest cities, study reveals

<https://www.theguardian.com/environment/2025/mar/12/global-weirding-climate-whiplash-hitting-worlds-biggest-cities-study-reveals>

**“... Climate whiplash is already hitting major cities around the world, bringing deadly swings between extreme wet and dry weather as the climate crisis intensifies, a report has revealed.”**

**“... Dozens more cities, including Lucknow, Madrid and Riyadh have suffered a climate “flip” in the last 20 years, switching from dry to wet extremes, or vice versa. The report analysed the 100 most populous cities, plus 12 selected ones, and found that 95% of them showed a distinct trend towards wetter or drier weather. .... “Our study shows that climate change is dramatically different around the world,”** said Prof Katerina Michaelides, at the University of Bristol, UK. Her co-author, Prof Michael Singer at Cardiff University, described the **pattern** as **“global weirding”**.”

**“... The [new analysis by Michaelides and Singer](#) .... examined the changes in wet and dry extremes over the past four decades in 112 major cities. It found that **17 cities across the globe have been hit by climate whiplash, suffering more frequent extremes of both wet and dry conditions.** ... The analysis also found that **24 cities have seen dramatic climate flips this century....”****

PS: **“... The overall results of the new study are consistent with the most recent report from the Intergovernmental Panel on Climate Change, which found there were both regions with increases in heavy rains and others with increases in drought, as well as some regions with increases in both,** said Prof Sonia Seneviratne, at ETH Zurich in Switzerland, coordinating lead author of the IPCC chapter on [weather and climate extreme events](#).....”

## Conflict & Health

### Guardian - Drone attacks killing hundreds of civilians across Africa, says report

<https://www.theguardian.com/global-development/2025/mar/10/drone-attacks-killing-hundreds-of-civilians-across-africa-says-report>

**“Calls grow to control military use of unmanned aerial vehicles which, despite claims of precise targeting, are claiming civilian lives.”**

**“... Almost 1,000 civilians have been killed and hundreds more injured in military drone attacks across [Africa](#) as the proliferation of unmanned aerial vehicles continues unchecked on the continent, according to a report.”**

**“At least 50 separate deadly strikes by armed forces in Africa have been confirmed during the three years up to November 2024, with analysts describing a “striking pattern of civilian harm” with little or no accountability. Although the rapid growth of armed drones deployed by Ukraine and Russia receives significant scrutiny, scant focus is being paid to the escalating use in Africa of a new breed of imported cheaper drones, such as Turkey’s [Bayraktar TB2](#), said Cora Morris of campaign group [Drone Wars UK](#), which on Monday published a report on the growth of armed drones in Africa, called Death on Delivery.....”**

**“... So far, the use of armed drones has been confirmed in at least six conflicts in Africa: Sudan, Somalia, Nigeria, Mali, [Burkina Faso](#) and Ethiopia, where most attacks were seen.”**

**OHCHR (report) - “More than a human can bear”: Israel’s systematic use of sexual, reproductive and other forms of gender-based violence since October 2023**

<https://www.ohchr.org/en/press-releases/2025/03/more-human-can-bear-israels-systematic-use-sexual-reproductive-and-other?sub-site=HRC>

**“Israel has increasingly employed sexual, reproductive and other forms of gender-based violence against Palestinians as part of a broader effort to undermine their right to self-determination and carried out genocidal acts through the systematic destruction of sexual and reproductive healthcare facilities, according to a new [report](#) issued today by the UN Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel. ....”**

## **Access to medicines, vaccines & other health technologies**

**Africa CDC - Funding Options for Health Products Manufacturing in Africa Tabled**

<https://africacdc.org/news-item/funding-options-for-health-products-manufacturing-in-africa-tabled/>

Coming back on **the meeting in Cairo, early February.**

**“Development finance institutions (DFIs) are stepping up to accelerate Africa’s pharmaceutical and vaccine manufacturing ambitions, marking a new phase in the continent’s push for self-sufficiency in health products.”**

**“Funding proposals were presented during the 2nd Vaccine and Health Products Manufacturing Forum, held in Cairo from February 4-6, 2025. At this gathering Africa CDC, Gavi, the Vaccine Alliance, and the Regionalized Vaccine Manufacturing Collaborative (RVMC), convened stakeholders,**

with Egypt's Unified Procurement Authority (UPA) as the host.... **Leading DFIs, including the African Export–Import Bank (Afreximbank,) the African Development Bank, the European Investment Bank (EIB), the World Bank, the International Finance Corporation (IFC), and the French Development Agency, explored investment strategies to accelerate local pharmaceutical production and expand Africa's role in global health security.** They also highlighted their institutions' current and upcoming investments to support these efforts.....”

**“Afreximbank outlined its progress in implementation a pledged US\$2 billion facility to support healthcare and health product manufacturing. Meanwhile, institutions like IFC and the EIB introduced new financing initiatives they are developing with partners.”**

...” .... **New financing mechanisms and policy shifts are behind the increased momentum.** In June 2024, Gavi launched the African Vaccine Manufacturing Accelerator (AVMA), securing US\$1.2 billion in pledges to expand vaccine production in Africa. At the same time, Afreximbank pledged a US\$2 billion facility under the Africa Health Security Investment Plan. The newly established African Pooled Procurement Mechanism is set to enhance demand certainty and market sustainability....”

**“... New partnerships announced at the forum** highlighted Africa's expanding capacity to manufacture vaccines, diagnostics and therapeutics. Afrigen and Biogeneric Pharma advanced mRNA technology transfer, while Evapharma, Quantoom and Unizima strengthened collaboration in mRNA vaccine development and production-marking critical steps toward boosting local manufacturing and reducing reliance on imports.....”

## **Devex - Will infants finally have access to a highly effective HIV drug?**

<https://www.devex.com/news/will-infants-finally-have-access-to-a-highly-effective-hiv-drug-109602>

**“Dolutegravir** is one of the most effective and safest HIV medicines and is used by millions of adults and adolescents living with HIV in over 100 countries. But there's no specific drug formulation for newborns. ... **A new study** [with among others Stellenbosch university involved ] **has found the right dosage to administer a highly effective HIV treatment to newborns who are at risk of getting HIV.”**

**“.... Based on the study results presented this week at the 2025 Conference on Retroviruses and Opportunistic Infections in San Francisco, USA, Adrie Bekker (Stellenbosch) said they are recommending that dolutegravir be added as one of the HIV drug options for newborns.** But it will be up to WHO and other guideline committees to determine whether to recommend its use for HIV prevention or treatment.....”

PS: “While the study helps support the use of dolutegravir in newborns, she hopes that the newer long-acting antiretrovirals, such as cabotegravir and lenacapavir, would also eventually be used in children and newborns.....”

PS: **“She is concerned however that the [recent U.S. aid funding freezes on HIV programs](#) and research may affect care for all populations, especially newborns.....”** “We are very fortunate that [Unitaid](#) supported us to be able to do this study. But one is definitely worried that in future, it's going to become more difficult to do these types of studies if the funding cuts are not reversed,” she said.”



## Telegraph - ‘Miracle’ Aids drug ‘may give protection for a year’

<https://www.telegraph.co.uk/global-health/science-and-disease/miracle-hiv-aids-drug-may-give-protection-for-a-year/>

**“Breakthrough injection is even more effective at blocking the HIV virus than previously thought, peer-reviewed study reveals.”**

**“A new drug hailed as a leap forward against the HIV/Aids epidemic **may be able to protect people for twice as long as first thought**, new research suggests. **Lenacapavir** was named the 2024 scientific breakthrough of the year after trials showed a subcutaneous injection every six months provided total protection against catching the HIV virus. **Research published in the Lancet medical journal has now found the drug is safe and persists in the body for more than a year if injected deep into a patient’s muscle.** .... authors said their findings suggested a one-yearly injection would be just as effective as the six-monthly jab.....”**

- For the Lancet study: [Pharmacokinetics and safety of once-yearly lenacapavir: a phase 1, open-label study](#)
- Related Lancet Comment: [The potential for annual long-acting HIV pre-exposure prophylaxis](#)

And see also **Stat coverage** – [Gilead data suggest once-yearly shot of PrEP drug blocks HIV infection.](#)

## Speaking of Medicine - The need for global access to medicines for Parkinson’s disease

By guest contributor T Fothergill-Misbah; <https://speakingofmedicine.plos.org/2025/03/11/the-need-for-global-access-to-medicines-for-parkinsons-disease/>

**“ ... In conclusion, enabling access to medicines for Parkinson’s disease globally is essential.** Change can happen, as it has for other chronic, non-communicable diseases, and should build on the momentum of IGAP (i.e. ‘[Intersectoral Global Action Plan on epilepsy and other neurological disorders](#)’ 2022-2031 (IGAP) ); if not now, when? Governments must pay attention to the impact of a disease with growing burden, caused not only by ageing but by environmental exposures, such as pesticides. Manufacturers and regulatory authorities need to acknowledge the significant burden posted by Parkinson’s and take action to register medicines globally. New and innovative ways of raising awareness – including through documentary film – also offer opportunities to raise the profile of Parkinson’s and to share lived realities that support data, evidence and policy.....”

## More on SRHR

### HPW – Who Decides? The Contraceptive Conundrum Facing Adolescent Girls in Africa

<https://healthpolicy-watch.news/who-decides-the-contraceptive-conundrum-facing-adolescent-girls-in-africa/>



Some more news from the **AHAIC conference** from last week in Kigali.

**“Access to contraception must be lowered to allow teenage girls to make informed decisions about their bodies, relationships, and futures, say key African health stakeholders** – including sexual and reproductive health workers and advocates. But are policymakers ready to adopt this change – particularly as the debate over sexual and reproductive health rights becomes ever more fraught and polarized....”

**“At the just-concluded [Africa Health Agenda International Conference \(AHAIC\)](#), experts highlighted a troubling contradiction:** while contraceptives are widely available across the continent, teenage girls under 18 often cannot access them without parental consent—consent that is not commonly sought, and when it is, frequently denied....”

## Launch of the Joint UN Initiative for the Prevention of Wasting (JUNIPr) (11 March)

[https://www.who.int/news-room/events/detail/2025/03/11/default-calendar/announcing-the-joint-un-initiative-for-the-prevention-of-wasting-\(junipr\)](https://www.who.int/news-room/events/detail/2025/03/11/default-calendar/announcing-the-joint-un-initiative-for-the-prevention-of-wasting-(junipr))

**“The Joint UN Initiative for the Prevention of Wasting (JUNIPr),** funded by the Foreign, Commonwealth and Development Office (FCDO), is a collaborative effort between WHO, UNICEF, WFP and the International Food Policy Research Institute (IFPRI) **to accelerate the prevention of child wasting.”**

- For more, see [JUNIPr Initiative: Combating Child Wasting Globally](#)

**“ JUNIPr is a collaborative effort involving government representatives from Bangladesh, Ethiopia, and Mali, alongside UN agencies and the International Food Policy Research Institute (IFPRI)....”**

## Miscellaneous

### Brookings (Commentary) – How well is Africa doing across the Sustainable Development Goals?

H Kharas et al ; <https://www.brookings.edu/articles/how-well-is-africa-doing-across-the-sustainable-development-goals/>

**“ In a recent report on country-by-country SDG progress, we and our colleague Odera Onyechi review what has happened to two dozen quantifiable benchmarks. We conduct a range of empirical assessments to distill trends, including a simple before-and-after test on the indicators, showing the human consequences of changes as of 2023 relative to 2015.....”**

Among the findings :

« **The figure also compares Africa’s progress with that of the rest of the world.** For each indicator, shaded bars show estimates of changes since 2015 for countries outside of Africa (again for those with available data). **The pattern is clear. Compared to the rest of the world, Africa is being left behind on almost all assessed indicators.** This is despite the continent having registered important gains since 2015 on issues like under-5 child mortality, access to electricity, and access to the internet. But **in several areas—poverty reduction, access to sanitation, malaria incidence, obesity, secondary schooling completion, noncommunicable disease (NCD) mortality, and access to family planning—the number of Africans facing challenges is growing,** as indicated by a red bar, **while other regions are making progress, albeit slowly.** »

« **Africa’s global leadership is most prominent on two issues where it is clearly outperforming the rest of the world—expanding ART coverage for people with HIV/AIDS and reducing HIV incidences.** In both cases, **action and funding have been prioritized by national and global institutions,** with countries like Sierra Leone and the Democratic Republic of the Congo showing some of the world’s greatest accelerations in ART progress since 2015. **Africa is also outpacing the world in reducing tuberculosis infections.....”**

### **Guardian - Biased laws and poverty driving huge rise in female prisoners – report**

<https://www.theguardian.com/global-development/2025/mar/12/biased-laws-poverty-debt-abortion-female-prisoners-penal-reform-report>

**“First such study finds laws on abortion, debt and dress help increase rate of women being jailed twice as fast as for men....”**

**“Poverty, abuse and discriminatory laws are driving a huge rise in the number of women in prison globally, according to a new report.** With the rise of the far right and an international backlash against women’s rights, the research said there was a risk that laws would increasingly be used to target women, forcing more behind bars.....”

Coverage of the report by [Penal Reform International](#) and [Women Beyond Walls](#).

### **Stat – Scientists’ suit against top academic publishers lays bare deep frustration over unpaid peer review**

<https://www.statnews.com/2025/03/10/peer-review-antitrust-lawsuit-academic-scientific-journals-sued-by-scientists/>

**“In a stark sign of scientists’ escalating frustration with how academic journals operate, researchers are taking on six publishing behemoths in court, arguing that the system is exploitative and overly expensive, and that it relies on illegal and anticompetitive practices.”**

**“Four researchers have sued six of the world’s biggest publishers: Elsevier, John Wiley & Sons, Sage Publications, Springer Nature, Taylor & Francis, and Wolters Kluwer.** The scientists allege that these publishers violated federal antitrust law by colluding not to pay researchers for peer reviewing manuscripts, preventing them from submitting papers to more than one journal at a time, and blocking authors from publicly discussing or sharing work once they’ve submitted it to a journal.”

““The scheme has been remarkably profitable for the publisher defendants, while doing tremendous damage to science and the public interest,” the plaintiffs claim in the suit filed in the U.S. District Court for the Eastern District of New York.”

## Global health governance & Governance of Health

Reuters (Commentary) - How the World Bank can defend itself from Trump

<https://www.reuters.com/breakingviews/how-world-bank-can-defend-itself-trump-2025-03-12/>

“...quitting the World Bank would hand the initiative to U.S. enemies while offering precious little upside, and potentially boost immigration over time. That’s a compelling message for Banga to take to the White House.”

Dynamig - Cutting aid, fuelling irregular migration? The possible unintended effects of global aid cuts

<https://dynamig.org/publications/cutting-aid-fuelling-irregular-migration-possible-unintended-effects-global-aid-cuts>

“Aid has been increasingly used to control migration, although its effectiveness remains debated. Pointing to new evidence suggesting aid used to improve living conditions can indeed reduce migration aspirations, ECDPM’s Anna Knoll and Tobias Heidland from the Kiel Institute for the World Economy warn that global aid cuts might backfire.”

Globalization & Health – Navigating global health diplomacy: challenges and opportunities in building a community of practice

Paul Rosenbaum, A Nordström et al ;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01100-z>

« .... In this study, **we seek to better understand GHD (Global Health Diplomacy) from a practitioners’ view** by exploring perceptions of knowledge acquisition, capacity building, and network development amongst those who coordinate and orchestrate global policy solutions. ... .... **Findings indicate a nascent global community bound by shared identity and motivations, but also hurdles regarding the transfer of tacit knowledge, network integration, and the improvement of institutional leadership.** These findings highlight the boundaries by which knowledge and capacity are difficult for health diplomats to acquire or transfer, which help explain limitations to achieving better outcomes for global health....”

ECDPM (Commentary) - US vs. EU development approach: One is dead, what’s next for the other?

G P Puig; <https://ecdpm.org/work/us-vs-eu-development-approach-one-dead-whats-next-other>

**“Looking into the different approaches to development cooperation, Gemma Pinyol Puig explains the divide between the US and the EU. With geopolitical dynamics evolving, she argues Global South governments may assert even greater control over what happens in their countries, while the EU will need to adapt its cooperation approach accordingly. “**

**“... To forward its role as a reliable global development actor in a rapidly changing environment, the EU should capitalise on its strengths in in-country coordination and long-term engagement. This requires leveraging its existing and newer frameworks – such as the Global Gateway strategy, flagship programmes and the Team Europe approach – to build broader alliances beyond EU member states that respond to developing countries’ interests, including beyond the national government.”**

### **Tricontinental - The Global North Has Nine Times More Voting Power at the IMF Than the Global South: The Tenth Newsletter (2025)**

<https://thetricontinental.org/newsletterissue/global-north-imf-inequality/>

“In the deeply undemocratic IMF, where a country’s voting power is tied not to its population size but to the size of its economy, the US effectively holds a veto over any major changes and moulds policies according to its whims.”

**“As far as the International Monetary Fund (IMF) is concerned, each person in the Global North is worth nine people in the Global South. We get that calculation from IMF [data](#) on voting power in the organisation relative to the population of the Global North and Global South states. Each country, based on its ‘relative economic position’, as the IMF [suggests](#), is given voting rights to elect delegates to the IMF’s [executive board](#), which makes all of the organisation’s important decisions. A brief glance at the board shows that the Global North is vastly overrepresented in this crucial multilateral institution for indebted countries.....”**

### **Stat - The long history of the U.S. trying to control and dismantle the WHO**

T M Brown ; <https://www.statnews.com/2025/03/07/us-who-world-health-organization-withdrawal-history-ussr-smallpox/>

Very neat historical overview – recommended read. “Withdrawing from the World Health Organization is just the most recent example.”

### **Project Syndicate - Will the United Nations Survive Trump 2.0?**

Jayati Ghosh; <https://www.project-syndicate.org/commentary/will-the-un-survive-trump-second-term-by-jayati-ghosh-2025-03>

**“Recent actions by the United States may foreshadow its withdrawal from the world’s foremost multilateral institution. Paradoxically, however, the breakdown of the multilateral order the US helped establish nearly eight decades ago could serve as a catalyst for greater international cooperation.”**

**“... actions by the US – along with its recent [opposition](#) to a resolution condemning Russia’s invasion of Ukraine – show that the Trump administration is not merely unhappy with certain international institutions. Rather, it is fundamentally opposed to any multilateral framework that even suggests equality among countries. ”**

**“... Should the US leave the UN, the financial consequences could be immediate and severe. Even if it stays, the Trump administration has made no secret of its intention to slash contributions. As the UN’s largest financial backer, the US [contributed a record \\$18.1 billion](#) in 2022, accounting for roughly 20% of the organization’s total funding. .... Notably, more than **70% of US contributions went to just four UN entities: 40% to the World Food Programme, 12% to the High Commissioner for Refugees, 10% to UNICEF, and another 10% to the Department of Peace Operations.** And since much of this funding was [channeled through USAID](#) – an agency Trump has shut down – **it may have already vanished. This represents yet another blow to the already underfunded UN system.”****

**“... As a result, many critical – and even life-saving – UN programs are now at risk. But the paradigm shift in US foreign policy does not necessarily signal the impending decline – if not outright collapse – of multilateralism and the UN system... Paradoxically, however, Trump’s actions could also serve as a catalyst for greater international cooperation, impelling other countries to work together more closely. The reason is simple: no matter how vehemently the White House denies it, humanity’s most pressing challenges are global in nature. They will not go away simply because Trump refuses to acknowledge them. After all, climate change, environmental degradation, extreme inequality, emerging health threats, the rise of disruptive new technologies, and the erosion of stable employment all transcend national borders...”**

**“... Global solidarity is thus not just a moral imperative but an existential one. Encouragingly, many political leaders seem to understand this and [remain committed to multilateralism](#) despite the influence of what John Maynard Keynes once [called](#) “madmen in authority.” International negotiations on taxation, climate action, and development financing are moving forward, even without US participation. In fact, the absence of the US – which has all too often acted as a spoiler, even under previous administrations – could pave the way for more ambitious and effective global agreements.....”**

### **Brookings- Can China fill the void in foreign aid?**

Yun Sun; <https://www.brookings.edu/articles/can-china-fill-the-void-in-foreign-aid/>

**“A careful examination of the nature, size, type, and motivation of China’s aid reveals the improbability of China replacing the U.S. Agency for International Development (USAID) in the foreign assistance space.....”**

**“... China’s tradition of bilaterally negotiating aid also means that the demand for more Chinese foreign assistance from less developed countries will be **decided on a case-by-case basis**....”**

**“... For global nontraditional security threats such as food security, climate change, health, and disease control, China is more likely to resort to acting through multilateral organizations. This is in line with China’s historical behavior. The world really has not seen China unilaterally taking the lead on any global challenges. This doesn’t mean China will not increase its contribution to multilateral organizations to address these issues, but such increases can neither be assumed nor guaranteed. Most likely, China will operate under the umbrella of a U.N.-led effort rather than assume**

responsibility for addressing any of these challenges on its own or as leader of a consortium of countries.”

**“Even with its limited assistance levels, China will nevertheless seek to exploit the opportunity of American withdrawal to portray the United States as the irresponsible great power, even if U.S. foreign assistance levels after the cut continue to exceed Chinese foreign aid. With the dramatic nature of how the U.S. foreign aid reform is unfolding, the Chinese message will be loud and particularly resonating in the Global South.....”**

### **Lancet Letter – Canada and the EU united for global health, but challenges remain**

D C Baumgart et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00191-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00191-6/fulltext)

**“Canada has joined the world's largest research and innovation programme (Horizon Europe), with its strong life science and technology focus and the launch of a policy dialogue to advance health priorities. Canada and the EU have taken steps towards transnational collaboration, which is paramount to successfully take on global challenges, such as cancer, antimicrobial resistance, health security, rare diseases, and non-communicable diseases. However, the proposed dialogue does not directly reference the crucial importance of health data access and exchange.** This absence is surprising given Canada's long-standing commitment to digital health and the pivotal role they have had in artificial intelligence (AI) being the first country with a national AI strategy (the pan-Canadian AI strategy) and home to a global research organisation focused on AI, innovation theory, social determinants of health, and more (Canadian Institute for Advanced Research)....”

## **UHC & PHC**

### **IJHPM - Who Is Most Likely to Experience Corruption When Seeking Health Care in Nigerian Healthcare Facilities?**

I C Agu et al; [https://www.ijhpm.com/article\\_4713.html](https://www.ijhpm.com/article_4713.html)

Authors conclude: “... **Health sector corruption, in its various forms, is frequently reported in both northern and southern Nigeria. However, user experience of corruption varies according to socio-demographic characteristics, and this is often insufficiently acknowledged.** To combat corrupt practices in both health sectors, anti-corruption initiatives must be tailored to particular groups and settings, addressing specific disadvantages at individual and community levels.”

### **HTA in India: an incredible journey...and it is only the beginning!**

<https://www.linkedin.com/pulse/hta-india-incredible-journeyand-only-beginning-kalipso-chalkidou-k9ace/?trackingId=9EpY9bfEi1HYRNFJ7VNw5Q%3D%3D>

By **K Chalkidou** (on LinkedIn). Re India's [HTA journey](#) over the past 15 years.

Concluding: “....**Amidst one of the worst health financing emergencies in decades, a new era of South South partnerships is dawning**: country-led reforms to improve efficiencies and make the little money available go as far as possible in terms of generating health for all, *en route* to country self-reliance. India has an important role to play in this journey. Here is to HTAIn(dia)ternational.”

### **BMJ GH (blog) - Union Budget (2025-26) and comprehensive primary healthcare system: Another lost opportunity?**

S Mishra et al; <https://blogs.bmj.com/bmjgh/2025/03/08/union-budget-2025-26-and-comprehensive-primary-healthcare-system-another-lost-opportunity/>

“The **Union Budget 2025-26**, driven by a vision for developed India by 2047, has evoked mixed response across sections. ....”

Mishra et al conclude: “... Since the [Alma Ata declaration of 1978](#), there have been repeated calls for a systems approach to healthcare, with primary healthcare at its core, instead of an expert-driven, disease-centered approach. **The continued focus of consecutive budgets on quick fixes, rather than on building a strong and resilient public healthcare system, indicates that five decades and a pandemic later, we have made little progress toward fulfilling this vision.**”

### **WB/WHO (report) - Budget Execution in Health : from Bottlenecks to Solutions**

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099030625172546489/p50672616e264c0231bff21019e16bf8d22>

This report builds on a joint WHO-World Bank initiative on budget execution challenges (described in more detail in Appendix 1). ...

### **BMJ GH - Gender bias in health financing methods: metrics and data**

K Chalkidou et al; <https://gh.bmj.com/content/10/3/e016746>

« **Gender inequality is responsible for a major cancer divide**, not only in terms of prevention or treatment but also when it comes to the **economic factors that determine exposure to risk or access to care and care outcomes.**”

“**Current and predominant economic methods and data may mask gender bias**, impeding public policy and practice from addressing persistent gender injustices. **Policymakers and planners as well as researchers must question the economic evidence and data they are presented with or the methods they, as researchers, tend to apply to generate such evidence to start with if evidence-informed policymaking is to change the anti-female bias when it comes to cancer case and cancer outcomes.**”

### **Lancet World Report – Indonesia promises free health checks for all**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00499-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00499-4/fulltext)

“President Subianto's ambitious plan of health checks for all is one of Indonesia's biggest ever health initiatives, but not everyone is convinced it will have the desired effect. Chris McCall reports.”

## Pandemic preparedness & response/ Global Health Security

### Globalization& Health - Corruption risks in COVID-19 vaccine deployment: lessons learned for future pandemic preparedness

Gul Saeed et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01096-6>

“... A review of the literature identified several corruption risks in the international COVID-19 vaccine procurement and distribution process such as a lack of transparency in the vaccine procurement process; a lack of transparency in the operation of the COVAX Facility; a risk of bribery; and a risk of vaccine theft or the introduction of substandard and falsified vaccines at the point of distribution. Key informants further articulated concerns about a lack of transparency in vaccine pricing and contracts and the exclusion of civil society organizations from the vaccine deployment process. **Reported anti-corruption, transparency, and accountability (ACTA) mechanisms implemented across the many levels of the vaccine procurement and distribution deployment** included institutional oversight processes, blockchain-based supply-chain solutions, and civil society engagements....”

Authors conclude: “... Our study on the COVID-19 vaccine deployment process highlights the pressing need for more robust ACTA mechanisms to reduce corruption risks and ensure fair and equitable access to lifesaving vaccines for populations.....”

## Planetary health

### Devex - Green Climate Fund expands its reach with first regional offices

<https://www.devex.com/news/green-climate-fund-expands-its-reach-with-first-regional-offices-109562>

“The **Green Climate Fund has approved its first regional offices**, marking a major shift in how it operates as it seeks to bring climate finance closer to the countries it serves.....”

### Nature (Comment) - Why it makes sense for wealthier nations to help others decarbonize

P Bolton et al ; <https://www.nature.com/articles/d41586-025-00779-9>

“Failure to agree on global grants to help low- and middle-income countries to achieve net-zero emissions cannot be the end of the story. An urgent solution is needed.”



## Guardian - US energy secretary: US will support African energy needs, not climate

<https://www.devex.com/news/us-energy-secretary-us-will-support-african-energy-needs-not-climate-109599>

From last week. “Christopher Wright, the U.S. energy secretary, said the U.S. would support African nations in developing any type of energy they choose and set aside “paternalistic” practices and climate change demands.....”

“The United States will not dictate policies to African countries, but instead support their efforts to develop more energy capacity, using any technology they choose — be it oil, gas, geothermal, solar, or coal, U.S. Energy Secretary Chris Wright said Friday.....”

## AP - Study shows rain-soaking atmospheric rivers are getting bigger, wetter and more frequent

<https://apnews.com/article/atmospheric-river-downpours-california-climate-change-9e8f5608b7bed13a89ce00c7ee354dc1>

“As extreme weather events have hit the world hard in recent years, **one meteorology term — atmospheric rivers — has made the leap from scientific circles to common language**, particularly in places that have been hit by them.... .... The heavy rain and wind events most known for [dousing California](#) and other parts of the West have **been getting bigger, wetter and more frequent in the past 45 years as the world warms, according to a comprehensive study of atmospheric rivers in the current issue of the Journal of Climate**. Atmospheric rivers are long and relatively narrow bands of water vapor. They take water from oceans and flow through the sky dumping rain in prodigious amounts. ....”

## Guardian – Microplastics hinder plant photosynthesis, study finds, threatening millions with starvation

<https://www.theguardian.com/environment/2025/mar/10/microplastics-hinder-plant-photosynthesis-study-finds-threatening-millions-with-starvation>

“Researchers say problem **could increase number of people at risk of starvation by 400m in next two decades.**”

## The Bulletin - Introduction: (Almost) everything you wanted to know about tipping points, but were too afraid to ask

<https://thebulletin.org/premium/2025-03/introduction-almost-everything-you-wanted-to-know-about-tipping-points-but-were-too-afraid-to-ask/#post-heading>

Full issue on tipping points.

## Mpox

### **Lancet Infectious Diseases - Public health priorities for mpox clade Ib in pregnant, breastfeeding, and paediatric populations in DR Congo**

S Krasemann et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00152-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00152-5/fulltext)

“.... In November, 2024, we visited the mpox treatment centres in the Miti-Murhesa Health Zone, currently the most affected area in South Kivu and DR Congo, with 3574 confirmed cases reported in epidemiological week 42. Here, we describe the observed challenges associated with managing mpox in pregnant women, breastfeeding mothers, infants, and children younger than five years. Our preliminary field observations indicate that most pregnant women became infected through household contacts or as caretakers for children with mpox in a treatment centre.....”

Read what the authors suggest.

## Infectious diseases & NTDs

### **GAVI - Why increasing rates of tuberculosis in the UK and US should concern everyone**

<https://www.gavi.org/vaccineswork/why-increasing-rates-tuberculosis-uk-and-us-should-concern-everyone>

“England is at risk of losing its ‘low TB incidence’ status.”

### **Lancet Comment - Rethinking the benefits of digital adherence technologies for tuberculosis treatment**

[https://www.thelancet.com/journals/lanct/article/PIIS0140-6736\(25\)00199-0/fulltext](https://www.thelancet.com/journals/lanct/article/PIIS0140-6736(25)00199-0/fulltext) (by F M Marx et al)

Comment linked to a **new Lancet study** – [Effect of digital adherence technologies on treatment outcomes in people with drug-susceptible tuberculosis: four pragmatic, cluster-randomised trials](#)

### **Lancet Comment - Another step towards defeating meningitis**

Caroline Trottera et al; [https://www.thelancet.com/journals/lanct/article/PIIS0140-6736\(25\)00196-5/fulltext](https://www.thelancet.com/journals/lanct/article/PIIS0140-6736(25)00196-5/fulltext)

Comment linked to a **new Lancet study** – [Safety and immunogenicity of a pentavalent meningococcal conjugate vaccine targeting serogroups A, C, W, Y, and X when co-administered with](#)

[routine childhood vaccines at ages 9 months and 15 months in Mali: a single-centre, double-blind, randomised, controlled, phase 3, non-inferiority trial](#)

**“... When compared with a licensed, quadrivalent meningococcal conjugate vaccine, and given alongside other routine vaccines, a single dose of NmCV-5 was safe and elicited a non-inferior immune response in infants aged 9 months and young children aged 15 months.”**

Some background, via the Comment:

**“... Since the introduction of the MenA conjugate vaccine in the African meningitis belt through mass vaccination campaigns and its inclusion in the Essential Program on Immunization (EPI), cases of serogroup A meningococcal meningitis have disappeared. This success has provided hope of eliminating serogroup A meningococcal disease and certainly epidemics in the African meningitis belt. The novel MenACWYX conjugate vaccine (NmCV-5), which contains four additional polysaccharides, is now expected to do the same for the remaining epidemic-causing serogroups in the region....”**

**“... This study is another important milestone for the Defeating Meningitis by 2030 global road map. The Article is also a triumph for both collaboration in global health, with authors based in four continents (and funders from three), and African science, as another pivotal vaccine trial addressing an important African public health problem has been conducted by the Centre pour le Développement des Vaccins–Mali. The novelty of this vaccine is that it is the first to include serogroup X and that it is affordable, with an estimated price of approximately US\$3 per dose. The novelty of this study is that the safety and immunogenicity were shown in infants, with previous studies targeting individuals older than 2 years. The vaccine's affordability is probably the most important factor in ensuring its use at a public health scale. Gavi, the Vaccine Alliance, has begun accepting applications for support for multivalent meningococcal conjugate vaccines (MMCVs), with the first countries with high disease burdens expected to introduce NmCV-5 in preventive campaigns in 2025 with EPI introduction following swiftly....”**

## AMR

**Telegraph - Team behind immunity breakthrough plan to unleash ‘natural antibacterials’ on AMR superbugs**

<https://www.telegraph.co.uk/global-health/climate-and-people/team-behind-immunity-breakthrough-plan-superbug-therapy/>

**“Discovery in Israel raises hopes that major obstacle to developing new treatments for drug-resistant infections has been overcome.”**

**“The team that uncovered an untapped source of natural antibiotics hidden in our cells have set their sights on tackling some of the world’s deadliest superbugs. Researchers in Israel conducted a series of experiments focusing on the proteasome – a tiny, barrel-shaped structure found inside every cell. They found that as well as recycling the body’s proteins, it can reassemble them into natural antibiotics (proteasome-generated defence peptides) when given the right prompt....”**

**“The findings, published in the journal Nature, could help end the hidden pandemic of antimicrobial resistance (AMR) by providing “alternatives to conventional antibiotics in combating antibiotic-resistant infections,” the researchers said. Professor Yifat Merbl, from the Weizmann Institute of Science and a co-author of the paper, said the focus was now on how to turn their discovery into a new class of treatments for drug-resistant infections.....”**

PS: **“Professor Daniel Davis, the head of life sciences at Imperial College London, said it was too early to say whether the discovery in Israel would turn out to be a panacea for AMR....”**

### **Annals of Global Health - Antimicrobial Resistance and Migration: Interrelation Between Two Hot Topics in Global Health**

Sergio Cotugno et al; <https://annalsofglobalhealth.org/articles/10.5334/aogh.4628>

Findings of this review: **“.... Migrants, particularly from low- and middle-income countries, represent a unique group at increased risk of AMR due to factors such as overcrowded living conditions, limited access to healthcare, uncontrolled use of antibiotics, and high prevalence of AMR in origin countries.** Studies reveal higher rates of AMR colonization and infection among migrants compared with native populations, with specific pathogens such as MRSA and multidrug-resistant gram-negative bacteria posing significant risks. Migratory conditions, socioeconomic vulnerability, and healthcare barriers contribute to this heightened risk....”

Conclusion: **“To address the intersection of migration and AMR, interventions must focus on improving living conditions, enhancing healthcare access, promoting appropriate antibiotic use, and strengthening microbiological surveillance.** Multisectoral collaboration is essential to mitigate the spread of AMR and safeguard both migrant and global public health.”

### **BMJ GH – ‘When global health meets global goals’: assessing the alignment between antimicrobial resistance and sustainable development policies in 10 African and Asian countries**

L N Thanh et al;

<https://gh.bmj.com/content/10/3/e017837>

Authors conducted a comparative analysis of the international global action plan (GAP) and national action plan (NAP) on AMR and SDGs across 10 countries in Africa and Asia.

### **Cidrap News - Study finds higher prevalence of MRSA strains in low-income countries**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-finds-higher-prevalence-mrsa-strains-low-income-countries>

**“A systematic review and meta-analysis finds that colonizing strains of *Staphylococcus aureus* have a higher prevalence of resistance and virulence factors in low- and middle-income countries (LMICs) than in high-income countries (HICs), researchers reported yesterday in the *Journal of Infection*.”**

*“S aureus* is known to colonize the nose and throat and can lead to a range of infections, some of which can be life-threatening, especially when the infection is caused by methicillin-resistant *S aureus* (MRSA).....

## NCDs

### International Journal for Equity in Health - Health seeking by people living with non-communicable diseases in a pluralistic health system: the role of informal healthcare providers

Abu Conteh, S Theobald et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02428-z>

With focus on Sierra Leone.

- And a link: **BMJ GH** - [Strengthening global partnerships for sustainable sickle cell disease care: insights from SickleInAfrica at the 77th United Nations General Assembly and the US-Africa Leaders' Summit](#)

## Social & commercial determinants of health

### (Book) Chapter 18: Decolonizing social determinants of health? South American perspectives and future challenges

Cristian Montenegro and Felipe

Szabzon [https://www.elgaronline.com/edcollchap/book/9781035302093/book-part-9781035302093-26.xml?tab\\_body=abstract-copy1](https://www.elgaronline.com/edcollchap/book/9781035302093/book-part-9781035302093-26.xml?tab_body=abstract-copy1)

**“This chapter aims to situate the discussion on the social determinants of health (SDoH) in South America, considering the cases of Brazil and Chile and paying attention to autochthonous conceptualizations and responses to the interphase between health and society. With a specific focus on Brazil and Chile, the authors want to challenge the fixed conceptualization of the “social” that underlies the SDoH, advocating instead for an approach that encompasses historical, cultural and political dynamics and variations. ....”**

## Neonatal and child health

### Lancet Comment - Antenatal multiple micronutrient supplements: time for alignment to support country action

Kathryn G Deweya et al on behalf of several other members of the **WHO Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child, and Adolescent Health and Nutrition**<sup>†</sup>; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00411-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00411-8/fulltext)

“... Since 2020, new evidence, country experiences, and assessments of cost-effectiveness have changed the **landscape regarding MMS ( multiple micronutrient supplements ) supplementation for pregnant women**. This **Comment highlights this new information and offers suggestions from several members of the WHO Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, and Adolescent Health and Nutrition** on the need for alignment among UN agencies and assistance to countries in conducting rigorous implementation research, with an emphasis on equity considerations for such interventions....”

## Access to medicines & health technology

### Politico - EU health ministers call for defense cash for critical medicines

<https://www.politico.eu/article/eu-health-minister-defense-cash-critical-medicine-spending-asia-germany-letter/>

“EU health ministers want to fund drug shortages plans with cash from Europe’s new defense strategy, they outline in [an open letter](#) published Sunday. The letter, drawn up by Belgium and signed by 11 health ministers including from Germany, Spain and Portugal, says **EU defense funding should be used to finance the Critical Medicines Act**, which the European Commission will present on Tuesday.....”

- And from later in the week, Politico - [Belgium wanted a drug shortages bill. It’s not happy with the EU’s plan.](#)
- Euractiv - [EXCLUSIVE: The Critical Medicines Act that aims to bring control of pharma back to Europe](#)

### Guardian – How lateral flow tests are becoming a diagnostic gamechanger

<https://www.theguardian.com/science/2025/mar/09/how-lateral-flow-tests-are-becoming-a-diagnostic-gamechanger>

“Familiar from the Covid era, the tests are becoming incredibly versatile, with potential uses including detecting killers such as strokes and sepsis....”

### FT - Generic drugmaker races to launch versions of blockbuster obesity drugs

[Generic drugmaker races to launch versions of blockbuster obesity drugs – The Irish Times](#)

“Pharma group Hikma looks to take advantage as Novo Nordisk’s Wegovy and Ozempic start to go off patent next year.”

“Drugmaker Hikma is in talks with partners across the world to prepare to sell a generic version of **Ozempic and Wegovy**, as patents on Novo Nordisk’s blockbuster diabetes and weight loss drugs start expiring as soon as next year. **The FTSE 100 group is racing to produce a generic form of**

**semaglutide, the active ingredient in the drugs.** Patents on the branded versions are due to expire in Canada, China, India and Brazil in 2026, and in other markets between 2028 and 2032....”

“... Hikma was founded in Jordan and is the second largest drugmaker in the Middle East and North Africa by sales, after French pharmaceutical company Sanofi.....”

**Guardian - Ireland could lose pharma tax to US after Trump accusations, experts warn**

<https://www.theguardian.com/business/2025/mar/13/ireland-could-lose-pharma-tax-to-us-after-trump-accusations-experts-warn>

“Predictions that US firms could retain manufacturing plants in Ireland but **move profits back to America.**”

## Human resources for health

**Guardian - How not to be deported: India’s nurses seeking work abroad learn how to migrate safely**

<https://www.theguardian.com/global-development/2025/mar/12/how-not-to-be-deported-indias-nurses-seeking-work-abroad-learn-how-to-migrate-safely>

“Kerala is providing lessons on how not to be scammed by employment agencies as US and UK step up immigration raids.”

**Human Resources for Health - Profile of Chief Medical Officers and performance of health zones in crisis contexts: a cross-sectional study in three provinces of the Eastern Democratic Republic of Congo**

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-025-00982-9>

By Rosine Bigirinama et al.

**The George Institute For Global Health And ACCESS Health International Partner Up**

<https://www.bwhealthcareworld.com/article/the-george-institute-for-global-health-and-access-health-international-partner-up-550583>

Re “... a strategic partnership between The George Institute for Global Health and ACCESS Health International. The two organisations are coming together through The Resilience Collaborative and the Global Learning Community for Health Systems Resilience (GLC4HSR) to advance health worker resilience at both systemic and individual levels.”

## Miscellaneous

Nature Africa (Comment) - A positive picture of Africans' trust in scientists

<https://www.nature.com/articles/d44148-025-00058-9>

**"....Three African countries were in the top five countries where scientists are most trusted: Egypt, Nigeria, and Kenya. ...."**

## Papers & reports

International Journal for Equity in Health -Addressing health equity during design and implementation of health system reform initiatives: a scoping review and framework

Tristan Bouckley et al; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02436-z>

**".... This review synthesises diverse literature about how health equity has been considered across levels of the health system during reform design and implementation, providing to our knowledge, the first comprehensive multi-level approach to this issue...."**

Critical Public Health - Doing (and undoing) privilege: evaluating how public policy drives health inequities

A Schram et al;

<https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2474078?src=#abstract>

**"In an era marked by persistent health inequities, this commentary moves beyond the conventional focus on disadvantage and individual-level interventions to present novel conceptual and analytical thinking that illuminates the role of structurally entrenched advantage. We present a multi-level conceptualisation of privilege through which the structural drivers of health inequities can be examined and the reciprocal relationship between privilege and public policy explored, shedding light on how these forces shape and reinforce one another. Building on that foundation, we propose an innovative research agenda that scrutinises the ideas, mechanisms, and outcomes of resource accumulation and distribution in public policy...."**

Lancet - A multifaceted intervention to improve diagnosis and early management of hospitalised patients with suspected acute brain infections in Brazil, India, and Malawi: an international multicentre intervention study

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00263-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00263-6/fulltext)

by B Singh et al.



## Tweets (via X & Bluesky)

M Sidibé

**“The Defining Moment** At #AfHEA2025, we face a stark reality: 615M Africans lack essential health services. 40M are pushed into extreme poverty by medical costs. **This is not just a public health crisis—it is a political and economic emergency. If we don’t act now, we risk losing decades of progress. Health must be a sovereign priority.”**

Landry Tsague

“I am happy to share that I am **starting a new position as the inaugural Director of the Center for Primary Health Care at @AfricaCDC** ! Looking forward to greater collaboration in redesigning, under the leadership of our Member States, a Resilient and Domestically-funded health system that is fit for today's public health priorities, accelerates progress towards UHC and is ready for current and future Epidemics and Pandemics. #PriorityHealthSystems #LusakaAgenda #NewPublicHealthOrder.”

Trevor Johnston

**“The whole “anti - woke” thing smells like a medieval inquisition.** Profoundly anti science- whether social sciences, environmental science, medical science ( vaccines) , even economics. The only science really lauded these days is that applied to advanced war fighting capabilities. Sustainable Development Goals - the only cogent framework for shared progress for humanity- abandoned. Very depressing. “Anti- woke” : code for regression to misogyny and fascism. Very disturbing that NZ 1st and ACT following MAGA into this kind of bottom trawling.”

Devi Sridhar

**“Popular science** used to be scientists translating their work so everyone could understand it. **Now it's popular people ('influencers') giving their opinion on medical & scientific topics even if it has no grounding in facts.** Legitimacy comes from **# of followers, not expertise.”**