

IHP news 819 : How do we go from being ruthlessly exposed to a “polytunity” ?

(7 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,

This week’s issue we’ll zoom in first of all on the **Africa Health Agenda International (AHAIC) 2025 conference in Kigali**. With new(/renewed) watchwords like the need for [self-reliance /self-sufficiency](#), themes such as **‘The Centre must hold’**, and many speakers arguing the urgency of a **paradigm shift** (eg: AMREF CEO Githinji - *“If we have limited resources, we must focus first on what creates health, not healthcare”*), [the conference emphasised the importance of African-led solutions to safeguard lives, livelihoods, and sovereignty](#). (Some representatives of the ‘old’ Global Health architecture also showed up in Kigali, for example **Seth Berkley**, who tweeted: *“I am pleased to be returning to Rwanda to attend and speak at @Amref_Worldwide African Health Agenda International Conference #AHAIC2025. It is an important time to discuss the Agenda given the dramatic shifts in the global health landscape.”* Wonder whether Seth also engaged in some introspection by the way on these ‘dramatic shifts’.)

From a European point of view, the similarities with our **sudden new ‘defence situation’** on the continent (*now that the Donald & co have gone rogue re NATO & Ukraine*) are obvious. While arguably we’re somewhat better positioned than many low-income African countries to “take charge” and “ownership”, given the size of our GDP, over here we also feel we (*desperately?*) need some sort of **‘transition period’**. But most likely, just like in [Global Health](#), “Trump 2.0” is not going to hand us one.

Thirdly, some of the more powerful actors in the (old?) Global Health Architecture also feel rather “exposed” these days, with **PPP “donor & philanthropic foundation-driven” organisations** with billion-dollar Replenishments [certainly among them](#). As mentioned a zillion times before, Seth, Sands, Summers & co should’ve starting advocating for global tax justice at least a decade ago, in the aftermath of the financial crisis, to help fund GPGs - however, they left the heavy-lifting in this respect largely to Gabriel Zucman & ‘killer stat’ Oxfam reports (*and I’m trying to be as diplomatic as Zelensky here*). Now, in far more difficult and polarizing circumstances, I hope it’s not too late to change gear. The fact that Trump 2.0 has basically said **‘bye bye’ to the SDG agenda** (*probably together with a “God bless America!”*) this week, doesn’t help. But at least the G20, among others, has started thinking about some more progressive proposals (since Brazil’s G20 hosting).

PS: on a related note, it was good to hear the old Covid times-mantra **‘Build Back Better’** in a webinar from the Collective on Tuesday, [Now what? Reflecting on US withdrawal from Global Health and global health equity](#). That should be our overall aim, indeed. Even if the times feel ultra-dire. (*ps: in the discussion of a few weeks ago, of being either an ‘impatient optimist’ or ‘patient pessimist’, it turns out I’m probably a ‘hopeful pessimist’ – well, at least if I got enough sleep and didn’t waste too much time on X (🤔)*)

But let's go back to the weekly global health policy agenda. In this IHP issue, **International Women's Day** (among others via today's Feat article) and **World Obesity Day** (with a few new high profile Lancet articles) also get a fair amount of attention.

And we end with a **quote for the complexity theorists among you** 😊. We tend to agree with Annalena Baerbock, still Germany's foreign minister for a brief while, who said recently that "a **new era of wickedness**" has begun. Unfortunately, even now, lenses continue to be biased – whereby (too many) leaders in the West notice and call out some instances of 'wickedness' but ignore others (or at least use **markedly different rhetoric**). I doubt it's any different for most Global South leaders by the way. As long as that doesn't change, I'm afraid the "**Polytunity**" Yuen Yuen Ang **sees in this era of 'polycrisis'** ("*...to usher in new paradigms that invert the way we think about the development process, the sources of solutions, and the role of the state....*") is going to feel more like a "**poly-mess**" for most of us. (*there goes my 'hopeful pessimism'...* 😊)

Enjoy your reading.

Kristof Decoster

Featured Article

Unlocking Leadership: Advancing Women's Roles in Global Change

Shubha Nagesh, Advocacy Advisor- Global Health, Women in Global Health

Chioma Okafor MPH PMP / Global Health Practitioner

On March 8, 2025, people worldwide will celebrate International Women's Day (IWD), a global event that honors women's achievements and raises awareness of the ongoing fight for gender equality. This year's theme, #AccelerateAction, underscores the urgent need to break down barriers hindering women and girls from reaching their full potential. Now more than ever, it's time to act decisively and turn gender equality from a distant hope into a lived reality.

The Urgency of Now

At the current pace, **gender equality will not be achieved until 2158**. This delay represents ongoing barriers for women, with missed opportunities for economic growth and societal progress. The theme #AccelerateAction reflects the pressing need to close this gap and address these inequities. Political shifts, particularly in the U.S., have impacted gender-sensitive program funding, with some policies hindering progress in critical areas like sexual health and women's empowerment. However, strong momentum remains among global organizations and civil society to advocate gender-responsive policies. The time to act is now—because 'equality delayed is opportunity denied.'

Gender inequality is not just a social issue; it is an economic, political, and environmental crisis. Women and girls, especially from marginalized communities, continue to face systemic barriers. In the U.S., women earn only **82 cents** for every dollar men earn, and globally, one in three women

experience [gender-based violence](#). These inequities limit both individual potential and broader societal progress. The call to #AccelerateAction demands swift efforts to dismantle these obstacles and foster environments where women can thrive. We need urgent, collaborative action for a more equitable world.

Backlash Against Gender Progress

International Women’s Day (IWD) has long symbolized the progress made and the ongoing struggle for gender equality. It celebrates women’s achievements while advocating for accelerated efforts to close the gender gap. However, recent global shifts, particularly the rise of populist and conservative movements have threatened this progress. Some political leaders have restricted gender-related language, framing it as resistance to “gender ideology.” This rhetoric undermines years of work toward inclusivity by erasing diverse identities and experiences.

Toxic masculinity has re-emerged as a harmful counter-narrative, championed by leaders who claim to protect women’s rights while endorsing policies that uphold patriarchal values and limit women’s autonomy. This resurgence normalizes aggression, dominance, and emotional suppression, silencing feminist discourse and obstructing efforts to dismantle patriarchal systems. Women, especially those from marginalized backgrounds, continue to bear the brunt of these regressive ideals.

A Day of Reflection and Resistance

IWD should thus not only serve as a day of celebration but also as a day of reflection and resistance against the distortions of gender equity. It’s crucial to reject the false notion that toxic masculinity can coexist with women’s empowerment. Endorsing these harmful ideals undermines women’s voices and rights, framing gender discussions as divisive rather than addressing the structural inequalities that perpetuate inequity for women. True empowerment lies in equality, dignity, and the freedom to shape our own destinies.

This International Women’s Day is not only about acknowledging the progress we’ve made but also about confronting the hurdles still in our way, especially those erected by individuals in positions of power. The work to achieve gender equality goes beyond celebrating women’s achievements; it requires dismantling the toxic systems that have long held us back. Women deserve to be genuinely celebrated for their contributions, not just ‘tolerated’ or ‘protected.’ We must create spaces where women can be their full selves without fear of judgment, marginalization, or silencing so society as a whole can benefit from their leadership and contributions.

Let’s amplify the voices of women who challenge these distorted narratives—the activists, scholars, community leaders, and everyday women who are pushing against the tide of toxic masculinity and redefining what it means to live in a world where women are not only allowed to thrive but are actively nurtured and supported to do so. These are the voices calling for true inclusion, respect, and equality, and it is their work that must be at the forefront of our efforts.

A Call to Action

International Women’s Day is more than a celebration, it’s a call to action. We must reaffirm our commitment to fighting for a world where women can lead without apology, break free from the shackles of harmful, outdated ideals, and live in a world where true gender equality is realized, not just hoped for. We can’t afford to wait. We can’t afford to be complacent. The fight for gender equality is ongoing, and it demands our collective resolve. Now is the time to #AccelerateAction and ensure that women everywhere have the opportunity to thrive.

Highlights of the week

International Women's Day (8 March)

UN News - One in four countries report backlash against women's rights in 2024

<https://news.un.org/en/story/2025/03/1160866>

“The basic rights of women and girls are facing unprecedented growing threats worldwide, from higher levels of discrimination to weaker legal protections -and less funding for programmes and institutions which support and protect women.” UN Women’s latest report Women’s Rights in Review 30 Years After Beijing, published ahead of the UN 50th International Women’s Day on 8 March, shows that in 2024, nearly a quarter of governments worldwide reported a backlash on women’s rights....”

There has been some progress also, though, since Beijing. But “... as the report makes clear, significant work remains to achieve the [2030 Agenda](#). The newly introduced [Beijing+30 Action Agenda](#) outlines priority areas to accelerate progress.....”

Guardian - ‘We had all this energy’: the landmark gathering of women that unnerved the Chinese government

<https://www.theguardian.com/global-development/2025/mar/03/we-had-all-this-energy-the-landmark-gathering-of-women-that-unnerved-the-chinese-government>

“In 1995, 30,000 women from all over the world gathered near Beijing for what became a seminal moment in the women’s rights movement. Some of those who were there reflect on what has been achieved since....”

« Next week in New York, the UN’s commission on the status of women (CSW) will mark the **30th anniversary of the Beijing declaration** ... UN secretary general António Guterres will open the meeting on Monday with a declaration on the global state of gender equality. The statement will be based on a [progress report, informed by updates from 159 governments](#) and acknowledges improvements.... ... **Such stocktakes on gender equality are made every five years, but this year the sense of urgency is greater, because, despite improvements in some areas, “cascading crises” including the climate disaster, economic shocks, rising conflict and declining democracy mean the vision of the Platform for Action – and the 2030 SDGs – remains a distant dream.** In this unstable environment, anti-women sentiment and action has thrived, turbocharged by authoritarian governments and social media....”

People’s Dispatch - Stop the Pushback: defending women’s rights in multilateral spaces

<https://peoplesdispatch.org/2025/02/25/stop-the-pushback-defending-womens-rights-in-multilateral-spaces/?ref=peoples-health-dispatch.ghost.io>

“The global **“Stop the Pushback”** campaign warns of rollbacks on **women’s rights in multilateral spaces.**”

PS: do stay tuned for a **new WHO update on maternal mortality** later today.

6th Africa Health Agenda International Conference (AHAIC) in Kigali (2-5 March)

This year’s conference is themed **‘Connected for Change: Addressing Socio-Ecological Dynamics of Health’**. Below some coverage.

HPW - ‘The Centre Must Hold’: Africa’s Health Leaders Rally for Bold Action

<https://healthpolicy-watch.news/the-centre-must-hold-africas-health-leaders-rally-for-bold-action/>

Coverage of a media briefing before the kick-off. “... **“Worried”** and **“The centre is shaking”**, were some of the reactions of African health leaders to the **termination of US aid** at a **media briefing on Sunday (2 March)** ahead of the **6th Africa Health Agenda International Conference (AHAIC)**.... But speakers **also stressed the need for resilience and swift action** at the briefing ahead of the conference, which is **hosted by Amref Health Africa in collaboration with Rwanda’s Ministry of Health, the World Health Organization (WHO) Africa Office for Africa, and the Africa Centres for Disease Control and Prevention (Africa CDC).**”

““The centre of our health system on the continent must hold,” stressed **Rwandan Minister of Health Dr Sabin Nsanzimana**. **“Even as financing declines, we must find ways to increase it – whether through domestic sources or partnerships with those who see health as an investment in humanity.” Nsanzimana believes Africa can find alternative funding sources** to fill many of the gaps left by the massive cuts to US Agency for International Development (USAID) funding.....”

“... Beyond the urgent discussions on funding, the AHAIC conference is also focusing on topics including climate-resilient health policies, the growing burden of both infectious and non-communicable diseases, artificial intelligence in healthcare, and strengthening local pharmaceutical manufacturing.....”

Devex – The urgent need to rethink Africa's health financing

<https://www.devex.com/news/the-urgent-need-to-rethink-africa-s-health-financing-109542>

“The African continent has been aggressively shoved into a health financing crisis that it wasn’t prepared for.”

“African health experts are gathering in Kigali this week for [Amref Health Africa’s](#) flagship biennial conference, where these global shifts in funding have overshadowed conversations. While there will be **efforts to fill funding gaps** — through the private sector, increased domestic financing, and philanthropy — **the reality is that the amount of money donor governments such as the U.S. have spent to improve the health care of the continent’s population would be a gargantuan sum to**

replace. Because of this, a **resounding message coming out of Kigali has been that African health systems need to use limited resources available more efficiently.**"

"“This should be a wake-up call for Africa,” said **Charles Okeahalam, a Nigerian economist and businessman, who serves as chairperson of the international board of directors for Amref.** “It will mean that we have to make some choices, and we will need to be dexterous, and we need to be adaptable,” he said. “There will be some pain, but with all of that, there will also be opportunities.” “

“Keeping health systems afloat amid this “seismic, geo-political shift” will require prioritizing preventing diseases over responding to them — which is more costly, said Dr. Githinji Gitahi, group chief executive officer of Amref. This includes focusing on the basics: access to clean water, sanitation, food, and immunization for everyone.....”

“... Dr. Chikwe Ihekweazu, the new acting regional director of the [World Health Organization’s](#) office for Africa, said his organization's first responsibility is to assess gaps in programming and funding created by the aid cuts . African countries have varying levels of dependence on U.S. foreign aid, he said, and it will be critical to first mitigate the most acute impacts of these program cuts....”

“... At the conference, health experts were asked if “the center” of African health systems “can hold” in the wake of this international donor pullout — a reference to William Butler Yeats’ poem that describes a scenario where things fall apart amid a loss of control. Gitahi responded that “the center is shaky” and that ensuring there’s access to the basics like immunization, clean water, sanitation, and food for populations must be “addressed for the center to hold.” “If we can redesign our health system to make these the core pillars — the center will hold. But it needs bold decisions by policymakers to fracture the current system and to shift back to primary health care,” Gitahi said....”

The Nation - Africa seeks healthcare self-sufficiency amid US aid cuts

https://nation.africa/kenya/health/africa-seeks-healthcare-self-sufficiency-amid-us-aid-cuts-4949472#google_vignette

“More than 20 African countries, including Kenya, have gathered in Kigali, Rwanda to develop strategies for healthcare independence following recent changes to US foreign assistance programmes. The week-long meeting, which started on Monday, comes at a critical juncture for African healthcare systems as they confront declining international aid, ongoing disease outbreaks, and climate-related health threats.”

“Dr Githinji Gitahi, Group CEO of Amref Health Africa, called for a fundamental shift in how health is funded across the continent. "Sub-Saharan Africa is facing an economic crisis, and the lack of fiscal space is a major issue. Investing in health must be tied to population development, ensuring that every girl and woman has the right to make informed reproductive health choices," he said....
.... Dr Gitahi emphasised redirecting investments toward Primary Health Care (PHC), warning that disproportionate funding for tertiary care leaves millions without access to essential services....”

“... Dr. Githinji Gitahi, Group CEO of Amref Health Africa, suggested that the focus during this period should be on protecting the communities that were beneficiaries of the funds now being cut. He emphasized the need to shift the mindset from relying on external resources to safeguarding

vulnerable populations. “If we shift our mindset to say, ‘how do we protect the vulnerable communities that were the recipients of this promise,’ that should be our first step,” he noted.....”

HPW - The \$40 Question: Can Africa Close the Health Financing Gap?

<https://healthpolicy-watch.news/the-40-question-can-africa-close-the-health-financing-gap/>

“ **On average, African Health Ministers only have \$40 per capita for health expenditure** in comparison to \$4,000 that ministers in many high-income countries have. **How the continent can provide the maximum level of healthcare with such limited resources is one of the key questions that delegates to the Sixth Africa Health Agenda International Conference (AHAIC) in Kigali are trying to answer.”**

“... **The first short-term solution** to manage the \$40 well is **by focusing on the basics and prioritizing prevention over treatment....** However, even with careful management and efficiency, stakeholders agree that **\$40 is simply not enough.** ... **This year, only one out of the 55 African countries allocated more than 5% of GDP to health while only two out of 55 countries have met the 15% Abuja Declaration commitment.....”**

“**Last month, Rwandan President Paul Kagame, the African Union’s (AU) Champion on Domestic Health Financing, hosted a High-Level Health Financing Conference in Addis Ababa** to discuss alternative domestic sources of health funding. One of the key outcomes was a **mandate for the Africa Centre for Disease Control and Prevention (Africa CDC) to develop a framework for domestic health financing.** Africa CDC’s Dr Claudia Shilumani confirmed that **efforts are already underway:** “We are working with the African Medicines Agency and other partners to create a framework that will outline tangible actions governments can take to increase health sector funding. This will be presented to heads of state in the coming months for a decision.”

“... **More attention is also being paid to public-private partnerships (PPPs) and innovative financing models** to ensure the long-term sustainability of health programs. The **pharmaceutical company Roche has committed to significantly increasing access to diagnostic testing across Africa,** aiming to conduct over 3.4 billion tests by 2031 and reach more than 500 million people with quality diagnostics..... “

“.... **vaccine manufacturers like Serum Institute of India (SII) are stepping up their efforts to ensure the continued supply of life-saving vaccines.** Speaking with *Health Policy Watch* on the sidelines of the conference, the company highlighted its **partnerships with African manufacturers** to promote local vaccine production.....”

- And some links:

[The New Times - How Rwanda is moving to address healthcare gaps left by USAID freeze](#)

Trump 2.0 & global health: updates of the last week

Some updates from the past week, again **more or less chronologically.**

In a next section, you'll again find more analysis, advocacy, strategizing etc. But do check out also the 'GHG & financing' and 'Decolonize Global Health' sections for the latter.

NYT - U.S.A.I.D. Memos Detail Human Costs of Cuts to Foreign Aid

<https://www.nytimes.com/2025/03/02/health/usaids-cuts-deaths-infections.html>

“The world is likely to see millions more malaria infections and 200,000 cases of paralytic polio each year, according to an agency whistle-blower.”

“The Trump administration’s decision to withdraw foreign aid and dismantle the U.S. Agency for International Development is likely to cause enormous human suffering, according to estimates by the agency itself. Among them: up to 18 million additional cases of malaria per year, and as many as 166,000 additional deaths; 200,000 children paralyzed with polio annually, and hundreds of millions of infections; one million children not treated for severe acute malnutrition, which is often fatal, each year; more than 28,000 new cases of such infectious diseases as Ebola and Marburg every year.”

“Those stark projections were laid out in a series of memos by Nicholas Enrich, acting assistant administrator for global health at U.S.A.I.D., which were obtained by The New York Times. Mr. Enrich was placed on administrative leave on Sunday....”

“... In an interview, Mr. Enrich said he released the memos on Sunday afternoon, after an email arrived placing him on leave, to set the record straight on the gutting of U.S.A.I.D. staff and the termination of thousands of lifesaving grants. By detailing the series of events behind the scenes, he hoped “it’ll be clear that we were never actually given the opportunity to implement lifesaving humanitarian assistance.”

“... “It is clear the Trump administration is well aware that it is violating court orders and not delivering lifesaving aid it claimed to be funding under a waiver,” said Matthew Kavanagh, director of the Georgetown University Center for Global Health Policy and Politics....”

“... According to Mr. Enrich’s memo, other devastating impacts could include uncontrolled outbreaks of mpox and bird flu, including as many 105 million cases in the United States alone, rising maternal and children’s mortality in 48 countries, and a 30 percent increase in drug-resistant tuberculosis. Disruption to TB programs overseas will result in more patients arriving in the United States, Mr. Enrich’s memo warned. Treating one patient with multidrug-resistant TB costs more than \$154,000 in the United States....”

- See also [Devex - USAID official dismissed after detailing ‘failure’ to give lifesaving aid](#)

Some excerpts:

“...Enrich describes how Trump’s political appointees refused to pay for work already completed; blocked and restricted access to USAID’s payment systems; continually changed the definitions of “lifesaving” humanitarian assistance; and terminated “the most critical implementing mechanisms necessary” for bringing that foreign aid back to life.”

“... Enrich wrote that he was told his team should be “draconian” when it came to what should be approved under the waivers. And despite his team alerting USAID’s front office that partners needed access to funding to implement lifesaving assistance, access to USAID financial systems remained

“completely turned off by DOGE,” he wrote, referring to the Department of Government Efficiency, which is run by billionaire Elon Musk.... **For weeks, the back-and-forth about what was allowed — and who would allow it — spiraled.** At first, there was no clear pathway to submit waiver requests. Then, the front office began compiling “tranches” of to-be-terminated awards. The global health bureau was told to review the lists, and then they were told to stop doing so. By Feb. 11, the global health bureau had been told to stop approving any awards for waivers altogether. And **by Feb. 14, new guidance barred the bureau from approving any lifesaving programs at all....”**

“... Though Enrich’s team had identified 72 activities across 31 awards that entail lifesaving humanitarian assistance, not one of those programs has been approved by USAID’s front office — and not one of those programs has received payment for the work. That disconnect widened once the Trump administration began terminating grants, contracts, and awards across the agency, including those that had already received the lifesaving assistance waivers....”

“... Enrich divides the impacts into three areas: first, the deterioration of health across the United States and throughout the world; second, economic and health care systems strain; and third, national security and biothreat risks. He also lists a multitude of other impacts of halted foreign aid, from up to a 32% increase in multidrug-resistant tuberculosis across the world, to more than 127,000 cases of mpox — including 34,000 cases in the U.S.

Pro Publica - The Trump Administration Said These Aid Programs Saved Lives. It Canceled Them Anyway

[Pro Publica;](#)

“The axing of some 10,000 programs has consigned untold numbers of children and refugees to death, officials say. **Documents and interviews reveal that the State Department appears to have made the cuts without the careful review it described in court.**”

Devex - Funding freeze on US foreign aid is 'over,' Trump administration claims

[Devex](#)

(4 March) **“That’s according to a court filing submitted on Monday, which urged the Supreme Court to excuse the government from immediately repaying some \$2 billion in foreign aid.”**

The Trump administration’s criminal framing: **“The funding freeze on U.S. foreign assistance is over, according to the Trump administration — and the “individualized review” of all awards is now complete.** That’s according to a court filing submitted on Monday, which urged the Supreme Court to excuse the government from immediately repaying some \$2 billion in foreign aid. **“[USAID’s implementing partners] assert that they ‘would face extraordinary and irreversible harm if the funding freeze continues,’”** wrote Sarah Harris, the acting solicitor general representing the Trump administration. **“But the ‘funding freeze’ is not continuing; it is over.”** The U.S. Agency for International Development and the Department of State have “developed and began implementing procedures” to process payment requests for already-completed work, Harris added, though she noted “the government cannot just press a button and disburse funds in response to any request that fits the district court’s description.””

Huffington Post - CDC Staff Prohibited From Co-Authoring Papers With World Health Organization Personnel

M Shuham; https://www.huffpost.com/entry/cdc-who-publication-memo_n_67c1eb34e4b0bf54864084cf

“Scientists at the Centers for Disease Control and Prevention have been prohibited from co-authoring publications with World Health Organization staff, dealing a blow to global research efforts and continuing the Trump administration’s aggressive attack on government-funded science.”

““CDC staff should not be co-authors on manuscripts/abstracts with WHO staff,” **an interim guidance document dated Thursday** and obtained by HuffPost says, adding that CDC staff should also not author publications related to work “funded by WHO.”....

NPR - Supreme Court upholds lower court order to force USAID to pay contractors

<https://www.npr.org/2025/03/05/nx-s1-5309498/scotus-usaid-news>

(5 March) “**The U.S. Supreme Court on Wednesday reined in some of the Trump administration's sweeping effort to eliminate foreign aid that has been authorized by Congress**. In an order, the justices left in place a lower court order that so far has only required the Trump administration to pay contractors for foreign aid work that has already been completed — **roughly \$2 billion.....**”

“...**That means that at least for now, the government will have to honor at least part of its financial obligations**. It is unclear whether the court will ultimately compel the government to spend all the money that Congress has appropriated....”

- See also the NYT - [Supreme Court Rejects Trump’s Bid to Freeze Foreign Aid](#)

“The Supreme Court on Wednesday rejected President Trump’s emergency request to freeze nearly \$2 billion in foreign aid as part of his efforts to slash government spending.....”

- And Devex - [Supreme Court hands USAID partners a win](#) “ The timeline for repaying funds owed for work completed prior to Feb. 13 remains unclear.”

Devex - Trump administration ordered to pay select USAID partners by Monday

[Devex](#)

(7 March) “**On March 10, groups that sued the Trump administration — including the AIDS Vaccine Advocacy Coalition, Chemonics, and DAI — should receive payment for work completed before Feb. 13**. The judge will then announce a timeline for releasing the remaining funds.”

Voa- At UN, Trump's domestic policies enter international arena

<https://www.voanews.com/a/at-un-trump-s-domestic-policies-enter-international-arena/7997792.html>

“ United States made clear Tuesday that it will no longer automatically support core United Nations platforms, including sustainable development and global goals that include eliminating poverty during a vote at the U.N. General Assembly. “Therefore, the United States rejects and denounces the Agenda 2030 for sustainable development and the sustainable development goals, and will no longer reaffirm them as a matter of course,” U.S. representative Edward Heartney told the assembly.....”

“The U.S. voted against a resolution titled “International Day of Peaceful Coexistence” that reaffirmed the 2030 Agenda for Sustainable Development, “acknowledging that this includes a commitment to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.”

Stat - CDC invites back about 180 fired employees, including some who help fight outbreaks

<https://www.statnews.com/2025/03/05/cdc-fired-employees-invited-back/>

“The employees were laid off about two weeks ago.”

NYT - Defunded Aid Programs Are Asked by Trump Administration to Prove Their Value, on a Scale of 1 to 5

<https://www.nytimes.com/2025/03/06/health/usaids-freeze-review.html>

“A week after terminating thousands of contracts, the administration has sent questionnaires to those programs asking how their work benefits the U.S. national interest.”

“Last week, the Trump administration terminated nearly all of the United States’ foreign aid contracts after telling a federal court that its review of aid programs had concluded, and it had shut down those found not to be in the national interest. But **over the last few days, many of those same programs have received a questionnaire asking them for the first time to detail what their projects do (or did) and how that work aligns with national interests.** The survey, obtained by The New York Times, is titled **“Foreign Assistance Review.”** Some agencies received it with instructions stating that data collected will “support the next stage of the administration’s foreign assistance review.” The deadlines given for returning the surveys range from March 7 to March 17.....”

PS: **“The new questionnaire had been sent to many organizations before the Supreme Court ruling....”**

“The new surveys ask grant recipients — including thousands of emergency food aid, malaria control and tuberculosis treatment projects — more than 25 questions on how their projects contribute to U.S. national interests. It also provides a checklist that includes some of the

Trump administration's top political goals, including stopping illegal immigration and defending "against gender ideology."..."

Stat Opinion - There is no imminent infectious disease crisis at the border

A A Adalja et al ; [Stat](#);

"Declaring one would be a purely political maneuver."

"The Trump administration is reportedly planning to reinstate a pandemic-era border policy known as Title 42, which would permit the swift expulsion of migrants at the border on the grounds that they might spread dangerous infectious disease. This policy prevents migrants from exercising their right to seek asylum. The reinstatement of Title 42 is not backed by any data. This policy would not stop the spread of infectious disease, and it would risk the Centers for Disease Control and Prevention becoming a partisan institution....."

And a few links:

- Guardian - [US suspends aid to South Africa after Trump order](#) (6 March)
- Devex - [Aid freeze, waiver, termination, reversal: Stop TB awaits clarity from US](#) (5 March) " We assume the reversal is "for the lifesaving work for which we had a waiver, but we don't know," Stop TB Partnership's Dr. Lucica Ditiu tells Devex."
- HPW - [RFK Affirms Measles Vaccine But Says Decision to Vaccinate is 'Personal'](#)
- Science Insider - [U.S. judge blocks NIH's plan to slash overhead cost payments](#)

"Injunction allows universities to keep receiving billions to recover costs of supporting federal research on campus".

- Nature - [NIH to terminate hundreds of active research grants](#)

" Studies that touch on LGBT+ health, gender identity and DEI in the biomedical workforce could be terminated, according to documents obtained by Nature."

- Washington Post - [State Department halts global monitoring of air pollution](#) See also the NYT (gift article) - [U.S. State Department Shuts Down Pollution Monitoring Abroad](#)

"The Trump administration has effectively shut down a global air quality monitoring program, ending more than a decade of public data-collection and reporting from 80 embassies and consulates worldwide."

Trump 2.0: Impact, advocacy, strategies, analysis,

Devex - UN chief: US cuts make the world less healthy, safe, and prosperous

<https://www.devex.com/news/un-chief-us-cuts-make-the-world-less-healthy-safe-and-prosperous-109538>

From last weekend. **“U.N. Secretary-General António Guterres warns that the U.S. foreign aid freeze imperils millions and undercuts the interests of Americans.”**

“In an extraordinary public rebuke, the U.N. leader said that the deadly impact of the cuts in foreign assistance is spreading mayhem around the globe, ending lifesaving aid for victims of war and natural disasters, hindering social development, and setting back efforts to fight terrorism and illicit drug trafficking. He appealed to the Trump administration to reverse course....”

PS: **“Guterres said he hopes the U.S. funding freeze “can be reversed based on more careful reviews.” He also called on other donor nations to reconsider their own plans for cuts in development and humanitarian assistance.** Several large donors, including Belgium, the Netherlands, France, and the United Kingdom, have approved large cuts in their foreign aid budgets. Meanwhile, Guterres said the **U.N. would seek to expand its pool of donors while striving to deliver lifesaving aid where it is most needed....”**

NEJM Perspective - Withdrawal of the United States from the WHO — How President Trump Is Weakening Public Health

G Yamey et al; <https://www.nejm.org/doi/full/10.1056/NEJMp2501790>

“We believe that severing the long-standing ties and scientific collaborations between the United States and the WHO and slashing future U.S. financial support to the WHO will have catastrophic effects on both domestic and global health.... “

With a **good overview of the risks, among others re the polio eradication fight & health emergencies.**

Science - ‘A bloodbath’: HIV field is reeling after billions in U.S. funding are axed

<https://www.science.org/content/article/bloodbath-hiv-field-reeling-after-billions-u-s-funding-axed>

“USAID’s promises to support lifesaving efforts are broken, putting millions in peril.”

Includes the **view of Peter Piot.** Who concludes: **“If it were not so abrupt, countries could explore alternative funding, but not in a few weeks,”** he says. **As to UNAIDS,** he adds, **“I don’t see how it can survive.”**

Guardian - US shutdown of HIV/Aids funding 'could lead to 500,000 deaths in South Africa'

<https://www.theguardian.com/global-development/2025/feb/28/usaaid-funding-health-development-hiv-aids-antiretroviral-mothers-lgbt-sex-workers-south-africa>

“... Prof Linda-Gail Bekker, director of the Desmond Tutu HIV Centre at the University of Cape Town, said: “It is not hyperbole to say that I predict a huge disaster.” Bekker has worked on modelling suggesting a complete loss of PEPFAR funding in South Africa would lead to **more than 500,000 extra HIV deaths** over a decade.....”

- See also a **Stat Opinion** – <https://www.statnews.com/2025/03/01/pepfar-usaid-funding-cuts-trump-hiv-aids/> (by A Neilan & L-G Bekker)

“We tried to quantify the impact of abrupt PEPFAR cuts. The results startled even us”.

“... The final results were published in *Annals of Internal Medicine* on Feb. 11, days after suspension of all foreign aid.... We report that eliminating PEPFAR would lead to **601,000 HIV-related deaths and 565,000 new HIV infections in South Africa alone over 10 years**. It would also increase population-level health care expenditure by **\$1.7 billion due to increased HIV prevalence and a less healthy population over the next decade in South Africa**. These are the projections for just one country, where PEPFAR supports **18% of the HIV budget**. Others have also now quickly tried to quantify the mind-boggling impact of stoppages in all 55 countries, including those like Zimbabwe where the HIV funding profile supported by PEPFAR is much larger.....”

“While the exact numbers of future adverse HIV outcomes are uncertain, our published model-based results represent a conservative, lower bound of just how much policy decisions put lives at risk. Even in South Africa, our outcomes project just the tip of the iceberg — we did not, for example, capture moms, children, and babies. We also did not capture the impacts on data systems, supply chains, personnel, decreased employment, the programs that don’t function without PEPFAR, or future resulting decreases in GDP growth. **Even with these limitations, our research shows that abruptly stopping PEPFAR is turning the clock back on decades of investment and progress toward ending the HIV epidemic.**”

WHO - Funding cuts to tuberculosis programmes endanger millions of lives

<https://www.who.int/news/item/05-03-2025-funding-cuts-to-tuberculosis-programmes-endanger-millions-of-lives>

(5 March) “... However, abrupt funding cuts now threaten to undo these hard-won gains, putting millions—especially the most vulnerable—at grave risk. Based on data reported by national TB programmes to WHO and reporting by the US government to the creditor reporting system of the Organisation for Economic Co-operation and Development (OECD), **the U.S. government has provided approximately US\$200–US\$250 million annually in bilateral funding for the TB response at country level**. This funding was approximately one quarter of the total amount of international donor funding for TB.....”

“The 2025 funding cuts will have a devastating impact on TB programmes, particularly in LMICs that rely heavily on international aid, given the U.S. has been the largest bilateral donor. These cuts put 18 of the highest burden countries at risk, as they depended on 89% of the expected U.S.

funding for TB care. The African region is hardest hit by the funding disruptions, followed by the South-East Asian and Western Pacific regions.....”

“... Mandated by Heads of State, WHO plays a crucial leadership role in guiding countries toward the End TB targets for 2027 and 2030. **Early reports to WHO from the 30 highest TB-burden countries confirm that funding withdrawals are already dismantling essential services, threatening the global fight against TB.”**

HPW - Huge Risk of Drug-Resistant Tuberculosis in Wake of Abrupt US Funding Cuts

<https://healthpolicy-watch.news/huge-risk-of-drug-resistant-tuberculosis-in-wake-of-abrupt-us-funding-cuts/>

“The huge and abrupt funding cuts by the United States to the tuberculosis sector will reverse and derail years of progress in the fight against the world’s deadliest infectious disease, **a survey of 180 affected organisations has revealed.** As many as a quarter of the 180 survey respondents from 31 countries have had to close in the past few weeks, and 25% have cut back on TB treatment for those already on medication – **massively upping the risk of a global explosion of drug-resistant TB.**”

““Countless people having TB, including its resistant forms, face the imminent threat of losing access to essential medications – further risking an increase in transmission and drug resistance development of mammoth proportions,” according to the **TB Community Coordination Hub**, which compiled the survey.”

Devex - Stop TB Partnership looks at downsizing after USAID cuts

<https://www.devex.com/news/stop-tb-partnership-looks-at-downsizing-after-usaid-cuts-109544>

“**Dr. Lucica Ditiu, executive director of the Stop TB Partnership, tells Devex that losing USAID funding will have an impact on the secretariat, those who are receiving grants from the partnership, as well as on the Global Drug Facility.**”

“**The Stop TB Partnership is a U.N.-hosted entity that serves as a leading voice in the fight to end tuberculosis, with partners from different parts of the world, including governments, civil society, and community-based organizations. It coordinates global advocacy in fighting TB, and funds the work of CSOs and groups innovating and providing access to services for people living with the disease. It also facilitates global access to TB diagnostics and drugs through its Global Drug Facility....”**

Reuters - U.S. actions may set polio eradication back, WHO says

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-actions-may-set-polio-eradication-back-who-says-2025-03-03/>

(4 March) “ **The eradication of polio as a global health threat may be delayed unless U.S. funding cuts – potentially totaling hundreds of millions of dollars over several years – are reversed, a senior World Health Organization official has warned.**”

“The WHO works with groups such as UNICEF and the Gates Foundation to [end polio](#). The [planned withdrawal](#) of the United States from WHO has impacted efforts, including stopping collaboration with the U.S. Centers for Disease Control and Prevention. **Last week, UNICEF’s polio grant was terminated as the State Department [cut 90% of USAID’s grants worldwide](#) to align aid with President Donald Trump’s ‘America First’ policy.... **In total, the partnership is missing \$133 million from the U.S. that was expected this year, said Hamid Jafari, director of the polio eradication programme for the WHO’s Eastern Mediterranean region.** The area includes two countries where a wild form of polio is spreading: Afghanistan and Pakistan.....”**

“... He said the partners were working out ways to cope with the funding shortage, which will largely impact personnel and surveillance, but hoped the U.S. would return to funding the fight against polio.....”

HPW - As US Terminates Funding, Nigeria Shifts Focus to Sustain HIV Progress

<https://healthpolicy-watch.news/as-us-terminates-funding-nigeria-shifts-focus-to-sustain-hiv-progress/>

“The Nigerian government is yet to comment on whether the country has been affected by the cuts. **But following the (US) Executive Orders, the country intensified focus on domestic efforts in its HIV response,** which is part of a long-term strategy to reduce the impact of the USAID freeze and subsequent changes in foreign donor aid policies.....”

NYT - Where Being Gay Is Punishable by Death, Aid Cuts Are ‘Heartbreaking’

<https://www.nytimes.com/2025/03/04/world/africa/usaid-africa-uganda-lgbtq.html?smid=nytcore-ios-share&referringSource=articleShare>

“Uganda’s L.G.B.T.Q. population was already struggling to cope with the fallout of a harsh anti-gay law when the disruption of U.S. aid put people at even greater risk.”

“L.G.B.T.Q. people in Uganda have in recent years endured an intensifying crackdown in this conservative East African nation. President Yoweri Museveni signed a law in 2023 that calls for life imprisonment for anyone who engages in same-sex relations in Uganda and up to a decade in prison for anyone who tries to. **Now, activists say, the U.S.A.I.D. cuts have put them at even greater risk, with shelters underfunded, hundreds of individuals unemployed and many more facing discrimination and violence. Vital medical supplies remain scarce, while members of L.G.B.T.Q. groups increasingly report feeling depressed or suicidal.....”**

“...An informal survey of 127 nonprofits dealing with L.G.B.T.Q. issues and other at-risk groups carried out by Uganda Key Populations Consortium, Mr. Lusimbo’s organization, showed that 97 percent of them had lost almost all their budgets as a result of the U.S.A.I.D. cuts.....”

BMJ opinion - We must fight even harder to protect women’s health in the era of Trump and the global right

S Harman; <https://www.bmj.com/content/388/bmj.r459>

“Much attention has been focused on the Trump administration’s rollback of women’s health and rights. But **their alternative model of global health multilateralism will be equally damaging**, writes **Sophie Harman**.”

“... The **aim of Trump and the global right, as stated in Project 2025, is to deconstruct existing global health governance and its commitment to women’s health and build a new multilateral order based on religion and conservative values around the family and gender roles**. A major risk is that global health institutions fail to see this, instead acquiescing to the demands of the global right. **Concerned with a potential domino effect, global health leaders may decide which health priorities they can ignore or water down in a bid to keep states within institutions such as WHO. This has happened before**, most notably the “Cairo compromise” in 1994 that ushered in the prioritisation of maternal health over comprehensive sexual and reproductive health. **Now is the time to double down on commitments to sexual and reproductive health to stop women dying from preventable causes such as unsafe abortion. We must not sell them out to a regressive political ideology**. Any compromise to the tools we have to protect women’s health will be damaging and is a politically naive move. **The global right is already establishing a new world order**. While Trump was signing executive orders, US Secretary of State Marco Rubio was recommitting to an **alternative model of global health multilateralism—the Geneva Consensus Declaration on Promoting Women’s Health and Strengthening the Family**. The Geneva consensus and the associated **Protego health: the optimal women’s health framework (WOHF)** is the women’s health wing of Project 2025. **The Geneva consensus and WOHF are core parts of the global right’s new multilateralism: one that is built on women’s health....”**

BMJ Feature - Trump 2.0 sends “a ripple of fear” through the reproductive health community fighting for safe abortions worldwide

<https://www.bmj.com/content/388/bmj.r305>

“**The second Trump presidency looks grim for safe abortion access in aid dependent nations. Sally Howard** looks at the global picture and the hopes of fighting back.”

Focusing among others on **Uganda as an antichoice “role model”**. “..... Joie Rugasira is a reproductive and gender health specialist based in Uganda, a nation she describes as **being “on the front line” of a global proxy war that has pitted anti-abortion organisations and actors against sexual and reproductive health organisations** that promote the right and access to safe abortion. **“Uganda is, sadly, becoming a role model for those who want to restrict reproductive rights across the global south,”** she tells The BMJ....”

Change Coalition – Info sheets re possible role World Bank funding

<https://pepfarwatch.org/wp-content/uploads/2025/02/CHANGE-INFO-SHEET-01-v2.pdf>

<https://pepfarwatch.org/wp-content/uploads/2025/02/CHANGE-INFO-SHEET-02.pdf>

Related tweet: **“World Bank funds could help address the gaps left by the US withdrawal from global HIV and TB programs**. Want to understand how? Check out these step-by-step briefers from the Change Coalition on emergency measures countries can take now. “

Bloomberg – The US Is Withdrawing From Global Health at a Dangerous Time

[Bloomberg](#);

“Trump’s overhaul of the CDC has scientists worried about flu, measles and even Ebola.”

“Before Trump’s inauguration, the US government’s public-health efforts were anchored by three major institutions. The CDC tracked and responded to acute health threats, particularly from infectious disease, at home and abroad. Its sister agency, the National Institutes of Health, provided as much as \$47 billion annually for biomedical research, funding studies at its own labs and US academic institutions. And the US Agency for International Development worked to strengthen health-care systems and deliver treatments around the world—including American-developed HIV therapies that have helped millions in sub-Saharan Africa.....”

“... What’s almost certain is that, over the next four years, the CDC will be smaller, less well resourced and more reticent about foreign partnerships. It’s also likely to lose some of its best employees, whether through layoffs or voluntary departures: Many could earn considerably more than their government salaries at university labs or pharmaceutical companies. **Whether such a downsized, demoralized agency is able to respond to emerging health threats—or, at worst, another pandemic—will be known only when it’s tested....”**

Science – ‘We have to become self-reliant’: African scientists respond to dramatic U.S. aid cuts

<https://www.science.org/content/article/we-have-become-self-reliant-african-scientists-respond-dramatic-u-s-aid-cuts>

“The “brutal” loss of billions of dollars shows Africa should no longer depend on foreign donors, researchers say.” With the views of S A Karim, C Happi, O Adeyi, F Mutapi & others.

“The current crisis has led some countries to take action. On 14 February, the Nigerian legislature approved an additional \$200 million to offset the shortfall from the U.S. health aid cuts, and the ministries of health of Botswana, Cameroon, and Kenya have pledged to mobilize domestic resources to finance HIV care for their citizens. South Africa already funds 83% of its HIV/AIDS program; Karim says it should take full responsibility. **But no country in the region can replace the funding immediately....”**

People’s Medicine Alliance statement – Renewing our vision in the face of global health crisis

<https://peoplesmedicines.org/resources/media-releases/pma-statement-renewing-our-vision-in-the-face-of-global-health-crisis/>

(4 March) With five points – for both HICs and LIC governments.

KFF - The Trump Administration's Dismantling of Global Health: What's Next

J Kates; <https://www.kff.org/quick-take/the-trump-administrations-dismantling-of-global-health-whats-next/>

(27 Feb). Short but recommended read.

Conclusion: “... **Ultimately, much of what happens will be decided by the courts and the administration's response to court rulings, as well as by Congress which, thus far, has not stepped in to address the administration's cancellation of funding it has appropriated and dismantling of a major agency it created.** Whether there will be an opportunity to discuss real reforms for global health and development remains to be seen. **And it will take time to see how the remaining, and likely much smaller U.S. global health and larger aid infrastructure, can best continue to make a difference, as well as whether other countries, including those in Africa, can fill some of the gap for the most urgent needs.** Still, it is unlikely that the full extent of the damage already done to vulnerable people around the world is easily repairable. “

KFF – The Trump Administration's Foreign Aid Freeze and Global Health: The Biggest Gaps Left on the Donor Landscape

J Kates et al ; [KFF](#)

(6 March) “A new [KFF analysis](#) shows that the U.S. accounts for approximately 30% of total bilateral funding for global health in low- and lower-middle-income countries, making it the single largest donor. Should the foreign aid freeze and effort to dismantle the U.S. Agency for International Development (USAID) continue, the gap left to fill would be significant, particularly for HIV, for which the U.S. provides almost two-thirds of bilateral assistance. **The analysis also looks at potential risks for countries, highlighting those where the U.S. accounts for most global health funding, as well as for HIV, tuberculosis, and malaria.....”**

KFF Health Tracking Poll February 2025: The Public's Views on Global Health and USAID

<https://www.kff.org/global-health-policy/poll-finding/kff-health-tracking-poll-february-2025-the-publics-views-on-global-health-and-usaid/>

“As the Trump administration works to dissolve the U.S. Agency for International Development (USAID), **a new KFF poll finds that two-thirds (67%) of the public believe these actions will increase illness and death in low-income countries, and a similar majority (62%) believe it will result in more humanitarian crises around the world.** At the same time, **nearly half of the public believe the dissolution of USAID will significantly reduce the U.S. budget deficit (47%) and allow funds to be redirected to domestic programs (47%).”** “Partisans are strongly divided on the impacts of cutting USAID, with Democrats more likely to anticipate negative health and humanitarian consequences globally and Republicans more likely to expect positive fiscal outcomes at home.”

PS: **“The Public is More Supportive of Global Health Spending than Foreign Aid Overall:** The poll also finds that half (50%) of the public believe the U.S. should play “the leading role” or “a major role” in efforts to improve health for people in developing countries. About a third (36%) say the U.S. should play a minor role in global health, while fewer (14%) say it should not play any role....”

“The public’s views on foreign aid may be shaped by misconceptions about its cost. Most U.S. adults overestimate the share of the federal budget that goes towards foreign aid, and attitudes towards spending shift once people know more information. Nearly nine in ten (86%) adults overestimate the share of the federal budget spent on foreign aid, saying on average that the U.S. spends about a quarter (26%) of its budget on foreign aid. And, after hearing that foreign aid accounts for about one percent of the federal budget, the share of the public who say that the U.S. spends too much on foreign aid drops more than twenty percentage points from six in ten (58%) to one-third (34%). This pattern is consistent across partisans.....”

Nature (News) - 'Omg, did Pubmed go dark?' Blackout stokes fears about database’s future

<https://www.nature.com/articles/d41586-025-00674-3>

“A brief outage has focused attention on scientists’ reliance on the US-government-funded website.”

Nature (World View)- ‘Silence is complicity’ — universities must fight the anti-DEI crackdown

R C Rodriguez; <https://www.nature.com/articles/d41586-025-00667-2?linkId=13268786>

“Higher-education establishments must not be bullied into abandoning their mission of diversity, equity and inclusion.”

UNAIDS - Impact of US funding freeze on the global AIDS response — Week of 3 March 2025 update

<https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250304-update-us-funding-freeze-fs>

Weekly update.

Guardian - Refugees in Kenya’s Kakuma camp clash with police after food supplies cut

<https://www.theguardian.com/global-development/2025/mar/05/refugees-clashes-police-kakuma-camp-kenya-protests-cuts-wfp-unhcr-food-aid-us-freeze>

“Teargas fired during protest at reduced rations **after US aid freeze wipes out half of World Food Programme budget.**”

- Related: **Guardian - [World Food Programme halves food rations for Rohingya in Bangladesh](#)**

Pandemic Agreement negotiations

A lull before the next (and final) round kicks off.

Nina Schwalbe – The Pandemic Accord Is on the Brink with Only 5 Formal Negotiating Days Left

https://ninaschwalbe.substack.com/p/update-on-the-pandemic-accord-with?r=34xhh8&mc_cid=5338838a7d&mc_eid=bbc93ff37e

Schwalbe's take after INB13. "... **Where does this leave the negotiations with just five formal negotiating days remaining? On the brink.** Getting the agreement over the line will take some give from Global South nations on prevention details and compromise from Global North manufacturing nations on benefit- and tech-sharing language. **The intersessional period between now and mid-April will be crucial to bridge remaining gaps.** Whether member states still want to forge any new multilateral agreements amidst rapidly shifting alliances remains to be seen. **We believe, at this point, that nearly any form of the current text is better than nothing...."**

Euractiv - EU 'hopeful' for pandemic deal this year

https://www.euractiv.com/section/health-consumers/news/eu-hopeful-for-pandemic-deal-this-year/?utm_source=bluesky&utm_medium=dlvr.it

For what it's worth.... **"With the US no longer at the negotiating table, the spotlight is on the EU more than ever to unblock the negotiations, said one MEP."**

"A landmark pandemic agreement could be reached by May this year, despite the US pulling out of the talks, **the EU delegation to the UN** has said. **On Monday, Americo B. Zampetti of the EU delegation to the UN assured MEPs that the WHO could finalize its pandemic deal within the remaining five days of negotiations.** "The initial two-year time frame to conclude the negotiations proved too short to reach an agreement," Zampetti said, but that he "very much trusts" it is possible by this year's World Health Assembly....."

- But see also a **tweet by @thirugeneva** (re a Politico Pro (gated) article):

"Pandemic deal in doubt, Polish presidency warns".

TWN - WHO: Developing Countries call for "real" pandemic prevention; rejects surveillance-centric approach

<https://www.twn.my/title2/health.info/2025/hi250301.htm>

"During the 13th meeting of the Intergovernmental Negotiating Body (INB13), developing countries especially the Africa Group called for "real" pandemic prevention measures and rejected a "surveillance-centric" approach towards prevention contained in the draft of Article 4 of the WHO Pandemic Agreement (pandemic instrument). Developing countries emphasised the importance of addressing social-economic and environmental determinants of health for pandemic

prevention, the need for promoting equitable access to tools and resources required for preventive action, as well as safeguards to ensure preventive actions do not interfere with people's lives or compromise national interests. They also called for better national policy space to prioritize areas of preventive action.....”

More on PPPR & Global Health Security

Geneva Health Files - The Information Crisis In Global Health

[Geneva Health Files](#);

Recommended read. “...In this story, we present **statements made by senior WHO officials, and other experts on the evolving situation on information flows and how they affect ongoing outbreaks of Influenza, Ebola, Marburg and Mpox.** We also review **the more long term impacts on the field** as a result of these actions in the U.S.....”

“In these early, but hugely consequential days of the new administration in the U.S., **there are emerging signs on what this choking of information flows mean for global health.....”** So with a focus on the **Global Health Security impact.**

Stat - HHS review of a vaccine contract sparks worries about preparedness for a potential bird flu pandemic

<https://www.statnews.com/2025/03/03/hhs-moderna-vaccine-contract-bird-flu-pandemic-preparedness-worries/>

“**Moderna agreement is seen as key to fast-track approval of an H5N1 shot.**”

“... news that the Trump administration is reconsidering a government-funded study of an experimental H5N1 vaccine is generating fears that it may be on the chopping block, and that could take the fast-track option off the table, at least for one of the manufacturers of messenger RNA vaccines — the fastest vaccines to make and the easiest to mass produce.”

“At a time of elevated concerns about the potential for an H5N1 pandemic, **the Department of Health and Human Services has confirmed that it is re-evaluating a nearly \$600 million contract issued to Cambridge, Mass.-based Moderna by the Biomedical Advanced Research and Development Authority, a division of HHS.** The contract, signed in the final days of the Biden administration, is designed to help Moderna develop and test the safety and efficacy of vaccines to protect against five subtypes of influenza that could prompt pandemics, including H5N1. **The review of the contract was first reported by Bloomberg News.”**

Lancet Infectious Diseases (Newsdesk) - Africa's path to health security without foreign aid

Paul Adepoju; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00158-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00158-6/fulltext)

“As foreign aid is scaled back by the USA and other countries, **Africa must find sustainable solutions to fill the gaps and ensure health security for African people.** Paul Adepoju reports.”

BMJ - Medical journals should use the term “public health and social measures”

A Majeed & K Abbasi; <https://www.bmj.com/content/388/bmj.r409>

“It’s time to move away from talking about “non-pharmaceutical interventions”.”

“... In line with World Health Organization **recommendations, it is time to replace non-pharmaceutical intervention with the more accurate and comprehensive descriptor, “public health and social measures.”**”

“**A key limitation of the term non-pharmaceutical intervention lies in its definition by negation.** It describes interventions by what they are not—pharmaceutical products such as drugs and vaccines—rather than by what they are..... **Another limitation of the use of the expression non-pharmaceutical interventions is that lack of clarity about the definition can hinder public understanding and acceptance of these measures, particularly during a public health crisis when clear communication is essential. By contrast, “public health and social measures” is more transparent and self-explanatory....**”

Health Emergencies: Mpox, Ebola,

Africa CDC’s Emergency Consultative Group Recommends Continuation of Mpox as a Public Health Emergency of Continental Security

<https://africacdc.org/news-item/africa-cdcs-emergency-consultative-group-recommends-continuation-of-mpox-as-a-public-health-emergency-of-continental-security/>

(28 Feb) “ **The Emergency Consultative Group (ECG) of the Africa Centres for Disease Control and Prevention (Africa CDC), chaired by Professor Salim Abdool Karim, has unanimously recommended the continuation of Mpox as a Public Health Emergency of Continental Security (PHECS).** This decision follows a comprehensive review of the ongoing outbreak, highlighting rising case numbers, continued spread to new countries, the emergence of a highly transmissible new variant, and persistent challenges in vaccine supply and distribution.....”

HPW – Mpox Testing Rate Plummetts to 17% in DRC

<https://healthpolicy-watch.news/mpox-testing-rate-plummetts-to-17-in-drc/>

(6 March) “**Only 17% of suspected mpox tests in the the Democratic Republic of Congo (DRC) had been tested in the past week – a drop of almost 10%,** Dr Ngashi Ngongo, the Africa Centres for Disease Control and Prevention (Africa CDC) lead on mpox, told a **media briefing on Thursday.**”

“... **In better news, some 300,000 people have been vaccinated against mpox over the past 10 days in the DRC capital of Kinshasa – over half the target.** The vaccination uptake has increased

significantly since health authorities changed its focus from contacts and key populations to anyone living in geographic hotspots, said Ngashi.....”

- For more on this Africa CDC briefing, see also **Cidrap News - [Mpox vaccination gains steam in Kinshasa, DR Congo](#)**

IPPS - Mpox remains a public health emergency: A status update

<https://ippsecretariat.org/news/mpox-remains-a-public-health-emergency-march-2025/>

“IPPS has published new analysis on the state of the mpox medical countermeasures, 200 days on from the initial PHEIC declaration.”

“There has been modest progress on the state of diagnostics, therapeutics and vaccines in response to mpox between our last update on day 100, and now, a hundred days later. According to [Pandemic Pact](#) data, two more vaccine trials have initiated enrolment. We have also seen an increase in vaccine doses delivered from approximately 370,000 to 697,780. However, **despite these advancements, clear gaps remain across all medical countermeasures.....”**

Reuters – UN appeals for funds to help contain Uganda Ebola outbreak

[Reuters:](#)

“ The United Nations has launched an emergency appeal to raise \$11.2 million to help fund Uganda's response to an Ebola outbreak that has killed two people, after the country's health budget was strained by U.S. cuts to foreign aid.”

“... A second Ebola patient, [a four-year-old child](#), died last week, the World Health Organization said, citing the country's health ministry. Uganda's 10 confirmed cases have been linked to Ebola's Sudan strain which does not have an approved vaccine. **In a statement sent out on Tuesday, the U.N. said the funds would cover the Ebola response from March to May in seven high-risk districts.”**

PS: “Uganda has traditionally relied heavily on the U.S. for its health sector funding.

During the last Ebola outbreak in 2022-2023, the United States provided \$34 million to fund case management, surveillance, diagnostics, laboratories, infection prevention and control among other activities, according to a U.S. Embassy report.....”

Cidrap News - Two fatal probable cases reported in Uganda's Ebola Sudan outbreak

<https://www.cidrap.umn.edu/ebola/two-fatal-probable-cases-reported-ugandas-ebola-sudan-outbreak>

Raising more concerns about **undetected transmission.**

NYT – As Ebola Spreads in Uganda, Trump Aid Freeze Hinders Effort to Contain It, U.S. Officials Fear

<https://www.nytimes.com/2025/03/06/health/ebola-uganda-usaid.html>

“Two more people are reported dead from the disease, and dozens are in isolation, **as the outbreak grows.**”

Science - Mysterious Congo outbreak likely linked to contaminated water, researchers say

<https://www.science.org/content/article/mysterious-congo-outbreak-likely-linked-contaminated-water-researchers-say>

From end of last week. “Deaths have raised fears that a dangerous new microbe has emerged.”

“... .. Instead, the **outbreak appears to be linked to “some kind of poisoning event,”** said infectious disease specialist **Mike Ryan**, who heads emergencies for the World Health Organization (WHO). In the hardest hit village, he noted, people who became ill shared the same water source.....”

- And via [Stat](#): “...Ryan said that in casting a wide net, investigators are believed to be **detecting cases caused by a variety of illnesses**. Ebola and Marburg, its cousin virus, have been ruled out, but **a high number of people tested for malaria have been positive**. “**This is a significant set of deaths and disease caused by multiple agents in a vulnerable population,**” Ryan said. Local authorities believe that some of the earliest cases and deaths may have been the result of a poisoning event, where a toxin was present in water. The investigation continues.”

Cidrap News - Probe in DR Congo unexplained illness cluster shifts toward chemical or meningitis causes

<https://www.cidrap.umn.edu/misc-emerging-topics/probe-dr-congo-unexplained-illness-cluster-shifts-toward-chemical-or>

From Tuesday. “An ongoing investigation into an **unexplained illness cluster** in the Democratic Republic of the Congo (DRC) Equateur province **suggests chemical poisoning or rapid-onset bacterial meningitis might be causing the sudden onset of deaths in a village, especially in young men**, the World Health Organization (WHO) said yesterday in an **outbreak notice.....**”

- See the **latest WHO update** (3 March) - <https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON557>

“...With the available information, WHO assesses the local public health risk as moderate, and the national and global public health risk as low.”

Updates on Global Fund & GAVI Replenishments

Mudavadi warns of declining health multilateralism and urges Ruto to act

<https://www.capitalfm.co.ke/news/2025/03/mudavadi-warns-of-declining-health-multilateralism-urges-ruto-to-act/?s=09>

(Kenyan) Prime Cabinet Secretary Musalia Mudavadi has raised the alarm over a looming global health funding crisis, revealing that the Global Fund has made an urgent appeal for support as international financial commitments dwindle.

“Mudavadi disclosed that Global Fund CEO Dr. Peter Sands had personally handed him a letter addressed to President William Ruto, seeking his intervention in mobilizing support for a global health funding replenishment drive. “They need your urgent help, Your Excellency, to lead a global appeal for health funding. **Not just for Kenya, not just for Africa, but for the millions around the world who are suffering and who will continue to suffer if action is not taken,**” Mudavadi said at the funeral, which was attended by President William Ruto....”

“The Global Fund, which focuses on combating HIV/AIDS, tuberculosis, and malaria, had previously secured \$18 billion for its operations but is now struggling to raise additional resources due to strained international funding.....”

Telegraph - Global health security is national security – and immunisation is our first line of defence

Sania Nishtar; [Telegraph](#)

“It has only been five years since Covid-19 brought the world to a standstill – is our collective memory really so short? “

“**Vaccines are our first line of defence when it comes to prevention, and the last word when the time comes to respond to an escalating outbreak or pandemic.** And in a world characterised by increasing uncertainty and shifting norms, one certainty that we can hold on to is that the next pandemic is a question of when, not if. ... **Ultimately, all but one of the public health emergencies of international concern that have been declared by WHO have been controlled using vaccines....”**

“**That is precisely why,** learning from the shortfalls in the world’s response to Covid-19, **Gavi’s First Response Fund was established.** And it works, as was evidenced by the rapid purchase and deployment of half a million vaccines for the Mpox response within just 30 days of Mpox having been declared a continental and international emergency.”

“**The Fund means we can now rapidly mobilise substantial funds for vaccine access as soon as the emergence of a new pandemic threat is detected** – a gap that led to uncertainty for manufacturers during the early days of the Covid-19 pandemic, and which ultimately contributed to delays in vaccine deployment in some countries. **This 500-million-dollar fund with a credit line of 2 billion dollars for surge financing now works alongside Gavi’s strategic vaccine stockpiles of vaccines against outbreak-prone diseases such as cholera, yellow fever, Ebola and Meningitis.** Together, they make the world safer. But these capacities must be maintained.....”

Devex - Gavi's core programming not impacted by US foreign aid freeze

<https://www.devex.com/news/gavi-s-core-programming-not-impacted-by-us-foreign-aid-freeze-109536>

“But the U.S. Congress hasn’t yet decided how much the government will contribute to the vaccine alliance this year.”

“Gavi — a public-private partnership that helps vaccinate more than half the world’s children against infectious diseases — received some \$300 million from the U.S. government last December. Last June, the Biden administration pledged at least \$1.58 billion over the next five years to the organization. Gavi is amid its investment campaign to secure \$9 billion from donors for its programming for 2026 to 2030.....”

“But there is some uncertainty about future U.S. payments to the partnership. It 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.....”

PS: “.... [according to KFF](#), a source for health policy research. The organization said **the U.S. is the third-largest contributor to Gavi and second-largest government contributor, providing 12% of funds overall.....”**

CGD – How Low Will the US Go on Foreign Assistance?

K Mathiasen et al; <https://www.cgdev.org/blog/how-low-us-foreign-assistance>

“Following the termination of thousands of USAID contracts and the overnight effort to shut down the agency itself, we have taken a closer look at the stakes for multilateral development banks (MDBs) and major vertical funds related to health, food, and climate that are recipients of US funding. In a [new note](#), we assess prospects for unmet pledges from the Biden and first Trump administrations and for pending replenishment negotiations in 2025.”

“... In this context, we used the following variables to drive our analysis:

- how much of the account is funded by the US and how much of that funding still requires congressional approval;
- the financial model of the account (e.g., how dependent it is on regular donor contributions)
- where the account is in the replenishment/funding cycle; and
- whether the administration has already set policy relevant to the account (e.g., climate, gender, DEI)

Based on these factors, we argue that:

- **Among the most vulnerable institutions** are the International Development Association (IDA), the African Development Fund (AfDF), the Asian Development Fund (AsDF), the World Food Program (WFP), the **Global Fund, and Gavi, the Vaccine Alliance.....”**

More on Global health Governance & Financing

Hefty section these days as you can imagine. And do check out also the 'Decolonize Global Health' section for related reads.

Reuters - World Bank to decentralize operations, shift regional VPs to overseas hubs

[Reuters](#)

(18 Feb) “ **The World Bank said on Tuesday it will restructure its global operations by shifting its regional management teams from Washington to hub offices around the world**, a move aimed at helping the bank respond better and more quickly to local needs. **"This latest step in our decentralization marks a significant milestone: for the first time, two-thirds of World Bank Group operations staff will be based in the regions they serve** - a testament to our ongoing efforts over the past few years," the bank said in an email to staff on Tuesday.”

“... Plans for the hubs are still being finalized, the bank said, factoring in flight options, proximity to clients and quality of life for staff. **Dubai, Singapore and Nairobi were likely options**, the sources said. ... **First moves could come as early as May**, with the changes to be fully implemented over the next two years, a source familiar with the plans said. **The Latin America and Caribbean team will remain in Washington**, the bank said.....”

- Related **tweet Duncan Green**: “It's starting: the fragmentation/regionalization of the global institutions as they exit a hostile US. Good thing? Bad thing? Don't think anyone knows at this point.”

Devex - UK development minister resigns over aid cuts

<https://www.devex.com/news/uk-development-minister-resigns-over-aid-cuts-109537>

“**U.K. development minister Anneliese Dodds has resigned over the decision to cut U.K. aid to 0.3% of gross national income**, saying slashing aid would remove food and health care from people in need.....”

- See also **the Guardian** - [International development minister warns it will be 'impossible' to retain funding in Gaza, Sudan and Ukraine](#)
- Related: Devex - [Who is Jenny Chapman, the new UK development minister?](#)

RFI - France launches commission to evaluate overseas aid, amid far-right criticism

<https://www.rfi.fr/en/france/20250302-france-launches-commission-to-evaluate-overseas-aid-amid-far-right-criticism>

“**France has set up a commission to assess the impact and transparency of its development aid, following allegations by the far right that taxpayers' money is being squandered overseas** – echoing similar claims by the United States administration, which has frozen its foreign aid programmes.”

PS: “The far right in France has also heavily criticised the French Development Agency (AFD), the government body which implements France's development policies – a public financial institution that funds projects linked to climate, peace, education, health, the majority overseas.....”

Semafor - China won't 'replace' USAID in Africa

<https://www.semafor.com/article/03/03/2025/china-wont-replace-usaid-in-africa>

“The Trump administration’s decision to freeze billions of dollars in foreign assistance **creates an opportunity for China to strengthen its presence in Africa, but Beijing will not step in to replace the decades-old aid programs now coming to an end, say China-Africa analysts.**”

“Semafor spoke to nearly a dozen China-Africa analysts in recent days who said that China was set to position itself as a reliable partner in the face of the uncertainty unleashed by the US shuttering programs such as those run by the US Agency for International Development (USAID). But even then, few of the analysts thought there would be notable change in China’s overall approach in Africa in the short to medium term.” Some excerpts and quotes:

“The idea that the dismantling of USAID opens the door wider for China in Africa is a misdirection,” said **Hannah Ryder, CEO of Development Reimagined, a development consultancy.** “They don’t give aid in that way, so they can’t “replace” USAID.” **Eric Olander, editor of China Global South Project,** agreed: “It absolutely is an opportunity for China but not in the obvious ways.” He said it is more likely that China steps up with headline-grabbing moves as it did with the provision of vaccines in some African countries early during the COVID-19 pandemic..... **While China has spent tens of billions of dollars through trade and infrastructure project loans in Africa over the last decade, it spends significantly less on aid. Around half of its \$3 billion aid budget is deployed on the continent. Olander said any moves by China would not be on a comparable scale to the US’ traditional efforts. Last month China and South Korea sent \$4 million to the Africa Centres for Disease Control to help plug some of the immediate health funding gaps left by the US aid freeze. But that number was set against cuts of \$115 million by the US from its previous pledge of \$500 million. “We shouldn’t expect to see the Chinese try to match USAID because they don’t have the infrastructure to do that and it’s not in their diplomatic DNA to run large aid programs.” Their emphasis has always been on dealmaking, transactional partnerships, and “win-win” agreements...**

- See also Devex - [The US aid freeze has left a funding gap. What if China steps in?](#) (gated) “ In the wake of USAID’s funding freeze, many suspect China may step up and increase its oversea development assistance. **What might this mean for human rights and global governance?**”

“... Experts tell Devex that **China could take on a significant portion of the mantle the U.S. has largely dropped — but worry that its increased involvement could jeopardize efforts to improve human rights and democracy.** “It's not theoretical. We know it's happening,” said **Melissa Conley Tyler, executive director of the Asia-Pacific Development, Diplomacy & Defence Dialogue.** Within days of the U.S. State Department’s announcement of a 90-day funding freeze and assessment of all programs, she was told of instances in the Pacific where China had offered to replace lost USAID funding. The Cambodian government also quickly turned to China for a grant to continue its work in demining its land. Development assistance is seen as a form of soft power and a way to build relationships with other countries, said Conley Tyler — and somebody has to step in “if we don't want a complete collapse of the sector.””

“China's aid comes without the human rights strings attached, potentially tipping scales toward more authoritarian vibes where it lands, Devex contributing reporter Rebecca Root writes. Experts such as **Yanzhong Huang, senior fellow for global health at the [Council on Foreign Relations](#)** and an expert on China’s role in global health policy, are sounding alarms too. The **U.S. pulling out could seriously shake up the geopolitical game** — and not in a good way. Democracy and human rights are already on [shaky ground in many places](#), and with China stepping in, he says, there could be some backsliding....”

(PS: after Genocide Joe’s “involvement” with Gaza, I’d personally not dare to bring up ‘human rights’ again as a US aid focus.)

Devex - With WHO in crisis, prioritization can’t wait, warns German official

<https://www.devex.com/news/with-who-in-crisis-prioritization-can-t-wait-warns-german-official-109522>

“Facing a significant funding loss with the exit of its biggest contributor, the [World Health Organization](#) and its member states will have to decide in the coming months what functions of the agency they should prioritize. **“It’s needed now more than ever,” Björn Kümmel, head of global health at the German Federal Ministry of Health, said in an [interview](#)** with Dr. Søren Brostrøm, the WHO director of transformation. **“I think that we have not done a great job over the last decades to clarify what is the core of WHO’s mandate, from my point of view, and also ... what is the comparative advantage of WHO? What are the functions that only WHO can perform, and nobody else?”** he said....”

“Member states [asked WHO](#) to consult them on the prioritization process, to be taken up at the 78th World Health Assembly in May. But it’s going to be a “tricky exercise,” said the German official. Member states have different priorities and every year they table several new resolutions that pile up on WHO’s work, yet many of those resolutions don’t get sufficient funding to be implemented. **“... Kümmel suggested the prioritization exercise should be done sooner. “I’m not sure whether we can wait until May, to be honest, because I think the financial crisis is harder....”**

PS: **“Kümmel said donor earmarking has created “small kingdoms” within WHO**, where staff are focused on fundraising for their own departments, but won’t work with other units, seeing them as competition for funding from the same donors. This, he said, **has created siloes within the institution....”**

Global Governance - Sustainably Financing the World Health Organization: A Narrative Literature Review

Andrew Harmer; https://brill.com/view/journals/gg/31/1/article-p53_3.xml

One of the reads of the week. “The Covid 19 pandemic catalysed interest from the international community to sustainably fund the World Health Organization (WHO). Though given fresh impetus, the WHO’s financing dialogue has a history that has attracted minimal scholarly attention. To address this knowledge gap, **a narrative literature review of the WHO’s financing for the period 2009–2024 was conducted.** One hundred and thirteen documents were reviewed from which **eight core themes** were identified: **flexibility, predictability, duration, focus, vulnerability, alignment, contingency and realism.** The review recounts how successive Director Generals of the WHO have

attempted to reform how the organization is funded. It **finds that sustainably financing the WHO is more complex and reliant on inter-dependent variables than current definitions would suggest. Ongoing efforts to align donor and secretariat financing priorities have the potential to increase rather than reduce vulnerability.** Furthermore, **realist assumptions present a barrier to sustainably financing the WHO that we need.**”

A few excerpts to provide you with a flavour:

“**Broadly speaking, the academic literature on the WHO’s financing reflects three distinct narratives which may be categorized as functional, additional, and progressive.** The functional narrative dates to at least the 1990s and promotes the argument that international collective action in health can be achieved if international organizations concentrate on their core functions. ... Counter to the functional narrative, some scholars have advocated for additional money for the WHO.... A third narrative situates arguments for additional financing for WHO within a broader set of innovative—progressive—requirements. This narrative draws on insights from what has been termed ‘global public investment’ (GPI)....”

“....In making his ‘case for change’, Tedros explained that ‘**resource mobilization is increasingly understood to require a strategic partnership between Member States, non-State actors and the WHO Secretariat**’. Visual confirmation of that partnership was provided at the WHA in 2024 when the CEO of the **Welcome Trust John-Arne Rottingen introduced and Chaired a Strategic Roundtable event at WHO on the organisation’s Investment Round.**””

“**A bolder approach to replenishment that began with the question ‘what does the world need’, with a detailed account from the WHO Secretariat of what the Organization could do with \$10bn, \$15bn or \$20bn per period, could be a powerful incentive for funders....”**

Global Public Health – Blended finance to the rescue? Subsidies, vaccine bonds and matching funds in global health

Felix Stein et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2468338?src=>

Another **must-read**. “To close persistent global health financing gaps, policymakers have in recent years promoted the idea of ‘blended finance’, i.e. the strategic use of public funds to attract additional private sector investment. To better understand this trend, **this paper studies three major blended finance instruments, namely vaccine bonds, advanced market commitments, and matching funds.** In doing so, **this paper makes two important contributions. On a practical level,** it shows that these three blended finance instruments tend to be expensive and of questionable effectiveness. Their high costs favour large corporate actors, private investors and middlemen, while their benefits for potential beneficiaries in low- and middle-income countries and for public donors remain unclear. **On a theoretical level,** the paper asks why these instruments remain popular in policy circles despite their shortcomings. It finds that **blended finance mechanisms proliferate thanks to their seemingly innovative nature, a constant emphasis on urgency or crisis, and the promise of combining market-based self-interest with positive social impact.** The paper ends on a call for much greater critical scrutiny concerning blended financing mechanisms.”

Reuters - Despite WHO exit plan, US still in Americas health agency

<https://www.reuters.com/business/healthcare-pharmaceuticals/despite-who-exit-plan-us-still-americas-health-agency-2025-02-27/>

“The United States has not moved to quit the Americas branch of the World Health Organization, the Pan American Health Organization (PAHO), despite its wider pullback from global health....”

Devex - The 2026 Aid Transparency Index is canceled. Here’s what it means

<https://www.devex.com/news/opinion-the-2026-aid-transparency-index-is-canceled-here-s-what-it-means-109554>

“The cancellation of the 2026 Aid Transparency Index will test the true commitment of aid agencies to transparency.”

“This is not a trivial loss. The Aid Transparency Index has been the single most powerful mechanism driving improvements in the quantity and quality of aid data that is published to the International Aid Transparency Initiative, or IATI, Standard. Since 2012, every two years, it has independently assessed and ranked the transparency of the world’s 50 largest aid agencies — organizations responsible for 92% of all spending published in IATI, amounting to \$237 billion in 2023 alone....

“... So, why are we suspending the Aid Transparency Index now? The reason is simple: Funding. The index costs approximately \$300,000 per year to run. Historically, philanthropies and then IATI itself provided support, with smaller contributions from the European Commission, the U.K.’s defunct [Department for International Development](#) — and its successor, the [Foreign, Commonwealth & Development Office](#). But today, fewer philanthropies are focused on development effectiveness, and global public goods like the index are proving hard to sustain....”

- See also [Devex – Aid Transparency Index canceled for 2026](#)

“The index, published every two years since 2012, was unable to secure funding for another edition.” “The next Aid Transparency Index will be canceled due to lack of funds, according to an announcement by [Publish What You Fund](#), the United Kingdom-based agency that produces the index.”

Devex Invested: Amid aid cuts, a new development finance system starts taking shape

<https://www.devex.com/news/devex-invested-amid-aid-cuts-a-new-development-finance-system-starts-taking-shape-109546>

Some analysis of the **Finance in Common Summit in Cape Town** from last week. **“What we learned at the Finance in Common Summit, and a new call to solve Africa’s debt crisis.”** Well worth scanning.

“Development finance as it has existed for decades — with a focus on official development assistance — is dead, many tell me... “... The question at FiCS was what will emerge to replace it, and what role the world’s public development banks will play in that new reality. There are some 536 public development banks across 155 countries, which represent about 10% of total annual global investment, according to FiCS. The goal of FiCS has been to organize those institutions, share

knowledge, and work together to achieve climate and development objectives. **At this summit, it was also clear that there was greater demand for collaboration and coordination with the larger ecosystem of public finance institutions, including multilateral development banks.** That meant higher-level participation by MDBs at this summit”

- Related: **Final Communiqué** <https://financeincommon.org/fics-2025-final-communicue>

And related Comment Agnès Soucat (on LinkedIn): **“The alliance of 530+ Public Development banks mobilizing US\$ 2.3 trillion of public investment per annum** is strengthening its SDGs investment agenda. This is 10% of total investment globally. **Our aim is to mobilize at least US\$230 billion per year for investments in resilient and adaptive health systems.”**

Project Syndicate – Making a Better Case for Foreign Aid

N Gulrajani (Principal Research Fellow at ODI, where she leads the **Donors in a Post-Aid World** program, and an associate at Trinity College, University of Toronto.); <https://www.project-syndicate.org/commentary/foreign-aid-rationale-must-change-after-trump-attack-usaid-by-nilima-gulrajani-2025-03>

“US President Donald Trump’s freeze on foreign-aid payments and his efforts to dismantle the US Agency for International Development have sparked chaos in many low-income countries. **International policymakers must use this moment to reimagine official development assistance for a multipolar era.”**

“... The upcoming United Nations Conference on Financing for Development, set for mid-2025 in Seville, Spain, will likely reiterate the long-held but rarely met target for high-income countries to spend 0.7% of their gross national income on ODA. **What is really needed, however, is an independent commission on the future of the international aid system that can forge a new political consensus on the rationales for foreign aid, while also articulating a vision for the post-aid world many are now demanding.** Without an effort to recalibrate and reset foreign aid, the system will face death by a thousand cuts....”

“... **A Pearson Commission 2.0** could outline several new rationales for international transfers, present alternative financial and policy frameworks, and explore new global institutional arrangements to minimize aid dependency and reduce fragmentation, while still providing for the most vulnerable and helping future generations prosper....”

K Bertram - Bullshit bingo alert: Pause

<https://katribertram.wordpress.com/2025/03/03/bullshit-bingo-alert-pause/>

“Don’t fall for the “We are pausing...” press releases. This is bullshit bingo. Pausing means: Terminating. Ending. Firing. Disinvesting.”

Excerpt: “... **“The “building bridges” advocacy and campaigning that may have worked these past decades** (although since 2015 with stagnating success) **will not work in 2025 and beyond.** If you read “pause”, this in 2025 means “dead”. If you react with “but it’s in national security interest”, you’re reacting post-decision, in lay terms: after game over. “Let’s wait and see.” “Let’s request a meeting when things have settled.” “Let’s lay low.” It still feels like most of my community and sector is playing “hear no evil, see no evil, if we’re silent maybe we won’t be cut.” **It’s time to wake up. Speak up BEFORE cuts happen. And it’s time to act up, together, and not hide away.** Otherwise

you're just playing the bullshit bingo game of pause too. They call "pause", you reply with "let's wait and pause." "

Decolonize Global Health

Speaking of Medicine - Curing the Discontents of Global Health

Olusoji Adeyi <https://speakingofmedicine.plos.org/2025/03/04/curing-the-discontents-of-global-health/>

"...Developing a viable global construct requires **the courage to address uncomfortable tensions, principal among which are those outlined below...**"

Adeyi lists: **Platitudes versus rigorous overhaul of WHO; Rejecting versus venerating the "Lusaka Agenda"; Subsidiarity versus hypercentralization of epidemic/ pandemic preparedness and response; Ineffectual coddling versus honesty on debt service payments by LMICs.**

Al Jazeera - Why some in the Global South are not mourning the demise of USAID

P Gathara; <https://www.aljazeera.com/opinions/2025/3/3/why-some-in-the-global-south-are-not-mourning-the-demise-of-usaid>

"The aid industry has always propped up imperial domination. **Its implosion may be an opportunity to shape a new order.**"

A few excerpts:

"..... as the aid sector finds itself on the brink, some of those it claims to help would not be entirely saddened to see its back. Heba Aly, a former CEO of The New Humanitarian news agency, noted that **at a recent meeting, "some activists from the Global South proved less worried about aid cuts than the donors were in the hope this would force their own leaders to take responsibility & stop depending on aid".**"

".... The hollowing-out of Western aid will undoubtedly be tragic and painful. Some of the world's most vulnerable people will suffer, and many will die. We must not lose sight of this in arguments about the righteousness or wickedness of aid in general. The fact is, we should address the world as it is, not as we wish it to be, and do all we can to ameliorate the impact. **That said, this is also an opportunity to begin to build a world without aid. "If this is the beginning of the end of aid," Aly wrote, "we should focus on structural transformation."** That is the reform of global trade and financial systems that have seen the poorest pay for the lifestyles of the rich. That does not mean it would be a Hobbesian world without solidarity. **Rather, it would be one where charity is not allowed to be a cover for global injustice. "**

"And the end of aid should also see the end of "development", a pernicious ideology that assumes the "developed world", whose prosperity is built on the ruination of other societies and of the planet, is an example worth emulating. We need to work for an order that truly embodies a humanistic soul."

Lancet GH (Comment) - A call for an Africa-centric health research ethics framework: a way forward for shaping global health research

Mosoka Papa Fallah, Jean Kaseya et al ;

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00097-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00097-X/fulltext)

“... the Africa Centres for Disease Control and Prevention (Africa CDC), in consultation with heads of national ethics committees of African Union member states, proposed developing a continent-wide Africa-centric research ethics framework that is based on a contextual understanding of the African settings, values, virtues, cultures, and socioeconomic profiles. An Africa-centric framework for ethical research practices that ensure optimal protection of participants in complex and diverse cultural and socioeconomic settings of Africa is urgently required. This framework must delve into the context-specific realities, nuances, and challenges experienced by African countries and participating communities during research in the past and redress these through applying African values and virtues, as well as acceptable ways of conducting research in Africa. In addition to the existing international research ethics principles, the Africa-centric research ethics framework will consider key attributes such as solidarity (altruism, reciprocity, and collective responsibility), friendliness (interdependence, interconnection, and respect), and social justice (equitable allocation, moral responsibility, holism, hospitality, and acceptability). ... In addition to the national-level research ethics committees, this framework also accelerates the establishment of a Continental Health Research Ethics Committee (CH-REC), under the administrative leadership and support of Africa CDC.”

Global Tax Justice

Project Syndicate - America's Oligarchs Are Trump's Achilles' Heel

Gabriel Zucman; <https://www.project-syndicate.org/commentary/oligarch-tax-for-multinational-firms-to-maintain-market-access-by-gabriel-zucman-2025-02>

“America's biggest vulnerability in a new trade war is its highly internationalized oligarchy of ultra-wealthy individuals whose fortunes depend on a global consumer base. The best thing that countries targeted by punitive tariffs can do is condition market access for foreign multinationals and billionaires on fair taxation.”

Excerpt: **“Mexico, Canada, and Europe have leverage. America's Achilles' heel is its highly internationalized oligarchy: a small group of ultra-wealthy individuals whose fortunes depend on access to global markets. This vulnerability gives foreign governments influence.”**

“The most effective countermeasure is simple: tariffs for oligarchs. Countries should tie market access for foreign multinationals and billionaires to fair taxation. As soon as Trump follows through with tariffs on Canada and Mexico, those countries should retaliate by taxing US oligarchs. In other words, if Tesla wants to sell cars in Canada and Mexico, Elon Musk – Tesla's primary shareholder – should be required to pay taxes in those jurisdictions. Of course, this strategy is explicitly extraterritorial, since it applies tax obligations on foreign actors in exchange for access to local markets. But rather than fearing extraterritoriality, countries should embrace it as a tool for enforcing minimum standards, curbing inequality, preventing tax evasion, and promoting sustainability.”

“Unlike traditional tariffs, an oligarch tax targets those who benefit the most from globalization: billionaires and the corporations they control. It shifts the economic conflict from a battle between countries – which fuels nationalist tensions and economic retaliation – to one between consumers and oligarchs.... **Moreover, this approach could trigger a virtuous cycle.** Countries with major consumer markets could collect taxes that multinationals have dodged elsewhere, gradually eroding the appeal of tax competition. It would become pointless for firms or individuals to move to low-tax countries, because the savings would be offset by higher taxes owed in countries with large consumer markets. **The race to the bottom would soon be replaced by a race to the top.”**

Tax Justice Network - The international tax consequences of President Trump: Tax sovereignty or subjugation?

<https://taxjustice.net/reports/the-international-tax-consequences-of-president-trump/>

(27 Feb) “The choice between subjugation to the US, or the pursuit of cooperation at the UN, could not be clearer.”

The report concludes: **“It may turn out to be a blessing that this second, and wilder Trump administration has coincided with the best opportunity for a century to rewrite international tax rules and their global governance.** Policymakers across the OECD have the chance now to stand for multilateral cooperation and simultaneously to defend their own tax sovereignty and revenues – those of their own people. Joining the collective negotiation of an effective and inclusive means of international tax cooperation is the smartest move politically, and the strongest move economically in the tax and trade wars that the Trump administration seems intent on starting. ... **The choice between subjugation to the US, or the pursuit of cooperation at the UN, could not be clearer”**

- Related **Guardian editorial** - [The Guardian view on a tax war: the world must unite against American obstruction](#)

UHC & PHC

NEJM (Perspective) – The Rise of Private Equity in Health Care — Not a Uniquely American Phenomenon

Y Singh et al; <https://www.nejm.org/doi/full/10.1056/NEJMp2412002>

“Global private equity investments in health care reached \$446 billion between 2018 and 2022, fueled in part by demographic trends, such as aging populations and increased life expectancy.... **Americans might assume that the rapid increase in private equity investments in health care is primarily a U.S. issue,** given the organization of the U.S. health care system and its reliance on private funding, **but other high-income countries have also seen the growth of such investments.....”** (with some examples from the UK, Germany, Sweden, ...)

“... Private equity’s expansion in health care reflects the increasing recognition of the sector as a lucrative investment area globally. There is a **pressing need for research into the growing corporatization of health care,** including an international examination of the emergence of

private equity investments in specific health care sectors, similarities and differences in the strategies used by firms operating in and outside the United States, and the effectiveness of various regulatory responses to the rise of private equity, among other issues....”

Polio

Science (Policy Forum) –Global withdrawal of Sabin oral poliovirus type 2 vaccine in 2016

N A Molodecky et al ; <https://www.science.org/doi/10.1126/science.adu6580>

“Evaluation guides strategy for the polio eradication endgame”.

World Obesity Day (March 4)

Lancet – Global, regional, and national prevalence of child and adolescent overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00397-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00397-6/fulltext)

One of **two new Lancet papers**. The other one: [Global, regional, and national prevalence of adult overweight and obesity, 1990–2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00397-6/fulltext)

- Via the **press release**: **The Lancet: More than half of adults and a third of children and adolescents predicted to have overweight or obesity by 2050**

“**Most comprehensive global analysis to date** estimates that **overweight and obesity rates in adults (aged 25 or older) and children and adolescents (aged 5-24 years) more than doubled over the past three decades (1990-2021)**, affecting 2.11 billion adults and 493 million young people worldwide in 2021.....”

“Weight gain varies widely across the globe with **more than half of the world’s adults with overweight or obesity in 2021 living in just eight countries**—China (402 million), India (180 million), the USA (172 million), Brazil (88 million), Russia (71 million), Mexico (58 million), Indonesia (52 million), and Egypt (41 million).”

“**Without urgent policy reform and action, around 60% of adults (3.8 billion) and a third (31%) of all children and adolescents (746 million) are forecast to be living with either overweight or obesity by 2050.** Globally, the **predicted surge in child and adolescent obesity is expected to outpace the increase in overweight**, with substantial increases expected immediately (2022-2030). **Children and young adolescents, especially males, are expected to fare worse**—with levels of obesity (16.5%) overtaking overweight (12.9%) in males aged 5-14 years by 2050....” **“By 2050, one in three**

young people with obesity (130 million) are forecast to be living in just two regions—north Africa and the Middle East and Latin America and the Caribbean—with deleterious health, economic, and societal consequences.”

“Additionally, nearly a quarter of the world’s adult population with obesity in 2050 are predicted to be aged 65 or older, intensifying the strain on already overburdened health-care systems and wreaking havoc on health services in low-resource countries.....”

“The authors say the findings underscore the imperative for immediate action to prevent an unprecedented global epidemic of overweight and obesity.”

- Coverage via the Guardian – [More than half of adults worldwide will be overweight or obese by 2050 – report](#)

“... [Writing in a linked Lancet comment](#), Thorkild Sørensen of the University of Copenhagen, who was not involved with the research, said the scale of the obesity crisis was now so significant that there would have to be public health interventions worldwide.....”

PS: “ [A second study also published on Monday](#), by the World Obesity Federation, warned in particular of the impact of obesity in poorer countries. “By far the greatest number of premature deaths attributable to high BMI are in lower- and upper-middle-income countries – indicating poor levels of treatment available,” its authors wrote.....” See the **World Obesity Atlas 2025**.

- See also the Guardian on the latter study - [Nearly half of women in Africa will be obese or overweight by 2030 – study](#)
- And via [HPW – Juggernaut of Overweight and Obesity is ‘Monumental Societal Failure’](#)

PS: “The authors stress that five-year action plans (2025-2030) are urgently required to curb the rise in obesity and help inform new goals and targets post-2030, when the Sustainable Development Goals end. “Preventing obesity must be at the forefront of policies in low- and middle-income countries,” said Kerr. “Policy action in these regions must balance the challenges of overnutrition with undernutrition and stunting, with interventions ranging from support for nutritional diets and regulating ultra-processed foods to promoting maternal and child health programmes that encourage pregnant women to follow a healthy diet and breastfeed. Kerr warned that many countries “only have a short window of opportunity to stop much greater numbers shifting from overweight to obesity”.....”

- Lancet Public Health Editorial – [Time to tackle obesogenic environments](#)

“... To address obesity, the focus needs change from the individual to the systems causing obesogenic environments, the theme for this year's World Obesity Day. Governments need to implement laws, regulations, and policies, such as taxes on unhealthy food, banning adverts for unhealthy food, specifically at times or locations where children might view them, restricting shop placements of unhealthy foods in areas where customers are likely to make impulsive purchases, and enforcing calorie labels on menus and front of pack labelling. Schools and communities must encourage and promote healthy lifestyles, such as providing free or affordable healthy school lunches and safe spaces and infrastructure for physical activity. The food system, whether that be

manufacturers, supermarkets, or restaurants and takeaways, must take responsibility for the quality, marketing, and price of the food they produce and sell, create and promote healthier choices, and take initiative. Media and advertising actors should prioritise the interests of consumers over profit, considering the long-term damage their messages could create, especially for children....”

PS: **“The economic impacts of the obesity epidemic are also important. If nothing is done, the global costs of overweight and obesity are predicted to reach US\$3 trillion per year by 2030.”**

Devex - Obesity is on the rise in Africa. Here’s what UNICEF is doing about it

<https://www.devex.com/news/obesity-is-on-the-rise-in-africa-here-s-what-unicef-is-doing-about-it-109549>

“Obesity in Africa is rising rapidly, driven by ultra-processed foods and industry influence over public health policies. **On World Obesity Day, we examine what’s being done — and the challenges that remain.**”

Mental Health & Wellbeing

Guardian – Mental health crisis ‘means youth is no longer one of happiest times of life’

<https://www.theguardian.com/society/2025/mar/03/youth-mental-health-crisis-happiness-un-uk-us-australia>

“UN-commissioned study in UK, US, Ireland, Australia, Canada and New Zealand finds satisfaction rises with age.”

“In a [new paper](#) commissioned by the UN, the leading academics [Jean Twenge](#) and [David Blanchflower](#) warn that a **burgeoning youth mental health crisis in six English-speaking countries worldwide is upending the traditional pattern of happiness across our lifetimes.** Whereas happiness was once considered to follow a U-shape – with a relatively carefree youth, a tougher middle age and a more comfortable later life – the experts in wellbeing say our satisfaction now rises steadily with age instead.....”

**Plos GPH – “...pretty much all white, and most of them are psychiatrists and men”:
Mixed-methods analysis of influence and challenges in global mental health**

F Shiraz et al ; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003923>

“Mental health is increasingly recognised as a global health priority, with ‘global mental health’ gaining relevance as a field. **We thus aimed to identify the most influential actors in global mental health and key challenges in the design and implementation of policies and interventions within this relatively nascent field,** to provide suggestions on how mental health could be promoted and diversified at the global level to improve mental health outcomes....”

“... We found concentrated influence among a few actors, with network analysis highlighting psychiatry followed by psychology as most influential specialties, and academia as the most influential sector; limited global collaboration and political engagement; and the need for greater professional, socio-cultural, geographical, and gender diversity.....”

Access to medicines, vaccines & other health technologies

The Global Fund will roll out the twice-yearly anti-HIV jab — with or without Pefpar

[Bhekisa](#)

(4 March) “ The Global Fund for HIV, TB and Malaria says it will fund the roll-out of the twice-yearly anti-HIV jab, lenacapavir, for poorer countries, including South Africa, with or without the help of the US government’s Aids fund, Pefpar.”

Reuters - German court rules Pfizer, BioNTech violated Moderna's COVID-19 vaccine patent

<https://www.reuters.com/business/healthcare-pharmaceuticals/german-court-rules-pfizer-biontech-violated-modernas-covid-19-vaccine-patent-2025-03-05/>

“A German court on Wednesday ruled that Pfizer and its partner BioNTech violated a COVID-19 vaccine patent held by Moderna. In a statement, the court in the city of Duesseldorf said that Pfizer and BioNTech would have to provide information on earnings derived from the use of the patent and that they owe Moderna appropriate compensation, though the ruling can still be appealed to a higher court. The court added that Pfizer and BioNTech had argued they were authorised by a press release from Moderna to use the technology behind the patent until the World Health Organization declared in May 2023 that COVID-19 was no longer a global health emergency....”

Devex – New partnerships aim to fix Africa's broken medical supply chains

<https://www.devex.com/news/new-partnerships-aim-to-fix-africa-s-broken-medical-supply-chains-109452>

“Africa faces a critical medical supply crisis fueled by fragmented procurement systems, high costs, and counterfeit drugs. However, new alliances are innovating solutions to bridge these gaps.”

“Africa is grappling with a severe medical supply crisis, with fragmented procurement systems and high costs leading to stock shortages and the spread of counterfeit drugs. However, **a new wave of alliances — including nonprofits, social enterprises, and logistics firms — is emerging to bridge these gaps.....”**

Africa CDC - Moving forward the vaccine supply chain in Africa

<https://africacdc.org/news-item/moving-forward-the-vaccine-supply-chain-in-africa/>

“... in February 2024, Africa CDC and CEPI co-hosted [the first African Vaccine Manufacturing Supply Chain Forum in Nairobi, Kenya](#). The three-day meeting was dedicated to assessing African input material supply chain challenges, using this information provided by experts to build upon and strengthen Africa’s existing vaccine manufacturing.”

“Recently published [CEPI-funded research](#) conducted by The MindCo interviewed multiple existing African vaccine manufacturers and suppliers of input materials to determine what mid-to-long-term solutions could be implemented to support vaccine manufacturing in Africa. **The work is intended to inform the Platform for Harmonized African Health Products Manufacturing**, set up by Africa CDC to reach its 60% goal.”

- Related: full report: [How to pave the road to African equity; insightful material supply chain market research](#)

TGH - Mapping the Global Drug Supply Chain and Its Weaknesses

T Yadav ; <https://www.thinkglobalhealth.org/article/mapping-global-drug-supply-chain-and-its-weaknesses>

“Generic drug shortages fuel an analysis of pharmaceutical manufacturing and a call for greater data transparency.”

“..... Between 2013 and 2015, with funding from Unitaid, a team of researchers and I began mapping the supply chain for HIV/AIDS, malaria, and TB medicines from the finished product to the APIs (active pharmaceutical ingredients), and in some cases even the KSMs (key starting materials).”

The Milbank quarterly - The Political Economy of the World Health Organization Model Lists of Essential Medicines

K Jenei ; <https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.70001?af=R>

“The World Health Organization (WHO) Model Lists of Essential Medicines (EML) aims to select clinically beneficial and cost-effective medicines that ought to be prioritized by health systems based on the priority needs of their populations. However, the rapid evolution within the pharmaceutical sector toward complex, high-priced medicines has challenged WHO decision making in recent years, as evidenced by earlier literature demonstrating inconsistencies in the application of decision criteria and recommendations. Proposed solutions to these challenges focus on technical aspects of the program, such as refining the quality of evidence in applications, improving the connection with guidelines, and using evidence assessment frameworks. Yet, **earlier literature has not examined the political challenges that the WHO**—as a global health organization—has encountered during the past 20 years. **This article examines these challenges by reviewing documents and interviewing stakeholders involved with the WHO EML decision making.....”**

Devex - Opinion: Trump aid shock underscores need for more made-in-Africa medicine

J K Iyer; <https://www.devex.com/news/opinion-trump-aid-shock-underscores-need-for-more-made-in-africa-medicine-109525>

“Building local medicine manufacturing on the continent is key to resilience and health security.”

Stat - To fight U.S. tariffs, Canada should suspend U.S. patents on medicines, one expert argues

<https://www.statnews.com/pharmalot/2025/03/04/canada-patents-trump-tariffs-medicines-pharma/>

“We want to put pressure on pharma because they could lose what they gained’ in trade deals.”

“... Now that the Trump administration has imposed 25% tariffs on goods from Canada, the Canadian government is levying tariffs in return. But other measures are also being examined and one notion the Canadian government should consider is suspending patent rights held by U.S. companies, including pharmaceutical companies, according to **Richard Gold, a professor of law and medicine at McGill University who specializes in intellectual property issues**. As he sees it, the pharmaceutical industry would have a lot to lose should the Canadian government take such a step and, therefore, would feel compelled to lobby the White House to roll back the tariffs...”

Conflict & Health

Lancet Letter – Transforming the humanitarian system, not destroying it

P Spiegel, K Blanchet et al (on behalf of the [CHH-Lancet Commission on Health, Conflict, and Forced Displacement](#)); [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00344-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00344-7/fulltext)

“... The **Johns Hopkins Center for Humanitarian Health–Lancet Commission on Health, Conflict, and Forced Displacement** envisions a strategic transformation of the humanitarian system that increases efficiencies and shifts power, resources, and decision making closer to affected populations. This Commission is one example of how there is wide acknowledgment of the need for reform and efforts underway to put evidence-based proposals on the table...”

Economist - It’s time to treat sexual violence in war as torture, writes a UN rapporteur

<https://www.economist.com/by-invitation/2025/03/03/its-time-to-treat-sexual-violence-in-war-as-torture-writes-a-un-rapporteur>

“**Alice Edwards** argues that such crimes are increasingly part of military strategy.”

Lancet Letter - Rethinking Gaza's health system reconstruction

E Nasari et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00323-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00323-X/fulltext)

« The ceasefire in Gaza presents an opportunity to rebuild and redesign its health system to include long-term sustainability and autonomy. ... Temporary emergency aid cannot compensate for the structural weaknesses that have long defined Gaza's health sector. **The focus must be on creating a system that is more resilient, equitable, and independent of external factors....**”

“International actors must recognise that their role should extend beyond financial aid; they must also advocate for the political conditions that allow for health sovereignty in Gaza.

Without lifting restrictions on medical imports, ensuring safe passage for medical personnel, and establishing pathways for local governance over health policy, any reconstruction effort will remain precarious. **Health is not just a technical issue, it is deeply political....**”

Planetary Health

Climate Home News - Countries fail again to decide timing of key IPCC climate science reports

<https://www.climatechangenews.com/2025/03/03/countries-fail-again-to-decide-on-timing-of-key-ipcc-climate-science-reports/>

“China, Saudi Arabia and India pushed back against a proposal to align the IPCC flagship reports with the timeline of the global stocktake of climate action.”

- See also Carbon Brief - [IPCC report timeline still undecided after ‘most difficult’ meeting in China](#)

“Last week’s Intergovernmental Panel on Climate Change (IPCC) meeting in Hangzhou, China, marked the third time that governments have failed to agree on a timeline for the organisation’s seventh assessment cycle (AR7)....”

- And a link: Climate Change News - [Nigeria bids to host COP32 climate summit in Lagos](#)

“The government wants to bring the UN climate summit to Africa’s most populous city in 2027 but will face competition.”

Some Collections, papers & reports of the week

BMJ Collection – Tackling the triple burden of adolescent girls’ malnutrition

<https://www.bmj.com/collections/nourishing-south-asia>

“One third of the world’s 600 million adolescent girls (10–19 years of age)—about 172 million—live in South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka), forming the largest cohort of adolescent girls globally. A considerable number of these girls are affected by one or more forms of malnutrition, including undernutrition, micronutrient deficiencies, and overweight or obesity. These nutritional challenges have far reaching consequences for their health, development, and future wellbeing. **Progress in addressing this triple burden of malnutrition in South Asia is crucial** for driving global improvements in adolescent girls’ nutrition, which benefits everyone. Persistent gender inequalities, systemic barriers, and gaps in policy and regulation continue to disproportionately impact girls’ health and nutrition in South Asia. Limited attention to food environments and industry influence further compounds these challenges. Addressing them requires gender responsive strategies and stronger policy action.”

“This BMJ Collection, in collaboration with Unicef Regional Office for South Asia and Deakin University in Australia, offers new analyses and actions to tackle the challenges to adolescent girls’ nutrition in South Asia. **Six papers** explore systemic inequities, commercial influences, legal frameworks, and policy challenges, providing solutions for policy makers, researchers, and practitioners to drive meaningful change.”

Lancet Public Health (Viewpoint) - Artificial intelligence in public health: promises, challenges, and an agenda for policy makers and public health institutions

Dimitra Panteli, M McKee et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00036-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00036-2/fulltext)

« Artificial intelligence (AI) can rapidly analyse large and complex datasets, extract tailored recommendations, support decision making, and improve the efficiency of many tasks that involve the processing of data, text, or images. As such, **AI has the potential to revolutionise public health practice and research, but accompanying challenges need to be addressed**. AI can be used to support public health surveillance, epidemiological research, communication, the allocation of resources, and other forms of decision making. It can also improve productivity in daily public health work. Core challenges to its widespread adoption span equity, accountability, data privacy, the need for robust digital infrastructures, and workforce skills. **Policy makers must acknowledge** that robust regulatory frameworks covering the lifecycle of relevant technologies are needed, alongside sustained investment in infrastructure and workforce development. **Public health institutions can play a key part in advancing the meaningful use of AI in public health by ensuring their staff are up to date regarding existing regulatory provisions and ethical principles for the development and use of AI technologies, thinking about how to prioritise equity in AI design and implementation, investing in systems that can securely process the large volumes of data needed for AI applications and in data governance and cybersecurity, promoting the ethical use of AI through clear guidelines that align with human rights and the public good, and considering AI's environmental impact.** »

UN News - ‘Rapid expansion’ of synthetic drugs reshaping illicit markets, UN anti-narcotics body warns

<https://news.un.org/en/story/2025/03/1160741>

“Synthetic drugs are rapidly transforming the global drug trade, fuelling an escalating public health crisis, according to the UN administered International Narcotics Control Board (INCB).”

“In its **2024 Annual Report**, released on Tuesday, the INCB explains that unlike plant-based drugs, these substances can be made anywhere, without the need for large-scale cultivation, making them easier and cheaper for traffickers to produce and distribute. **The rise of powerful opioids like fentanyl and nitazenes – potent enough to cause overdoses in tiny doses – has worsened the crisis, driving record-high deaths.....”**

Miscellaneous

Telegraph - Girls miss out on life saving surgery under Taliban ‘gender apartheid’

<https://uk.news.yahoo.com/girls-miss-life-saving-surgery-060000798.html>

« **Afghan girls are going without vital surgical procedures because of discriminatory restrictions put in place by the Taliban, new medical data and first-hand accounts from the country suggest. Instead they are being forced to rely on faith healers and traditional medicine – even in cases of serious and life-threatening injury and illness.....”**

« Despite a fifty-fifty gender split among children, over 80 per cent of all surgical procedures carried out at a charity-run paediatric unit in Kabul were performed on boys, according to a survey of its first 1,000 operations. ... The **research, published in the Journal of the American College of Surgeons**, focused on the Ataturk Hospital, a government-run facility where a paediatric operating room was built in 2023 by Kids Operating Room (Kids OR), a UK-based charity.....”

WHO announces new collaborating centre on AI for health governance

<https://www.who.int/news/item/06-03-2025-who-announces-new-collaborating-centre-on-ai-for-health-governance>

(6 March) “The World Health Organization (WHO) today designated the **Digital Ethics Centre at Delft University of Technology in the Netherlands** as a WHO Collaborating Centre on artificial intelligence (AI) for health governance.”

Global health governance & Governance of Health

People’s Dispatch - Destroying Cuba’s international medical missions: Marco Rubio’s new goal

<https://peoplesdispatch.org/2025/02/27/destroying-cubas-international-medical-missions-marco-rubios-new-goal/?ref=peoples-health-dispatch.ghost.io>

“The US Secretary of State promised sanctions to all those who collaborate with the program that has provided high quality healthcare to millions of impoverished people around the world.”

Foreign Policy - Trump Is Trying to Remake the United Nations

By Richard Gowan, the U.N. director at the International Crisis Group.

https://foreignpolicy.com/2025/03/03/trump-united-nations-multilateralism-diplomacy/?tpcc=recirc_latest062921

“Washington has signaled that it wants the international body to focus on preserving peace, but it could be looking to rubber-stamp its bilateral priorities.”

“... It is not clear whether the Trump administration sees the U.N. as anything more than somewhere to rubber stamp its bilateral diplomacy with Moscow.....”

Project Syndicate - Maintaining Progress in a Post-American World

O Blanchard & J Pisani-Ferry; <https://www.project-syndicate.org/commentary/coalitions-of-the-willing-to-replace-american-leadership-under-trump-by-olivier-blanchard-and-jean-pisani-ferry-2025-03>

“Most governments recognize the importance of pandemic prevention, orderly trade, effective corporate taxation, and the fight against climate change. The question is whether they can find common ground on each of these issues, and pursue a shared agenda without the United States.”

“...We believe they can, especially if the European Union, which itself is governed by rules and shared commitments, takes the lead in organizing a collective response. To that end, EU countries should start reaching out to each other and non-EU countries to form “coalitions of the willing” across four key domains: global public health, climate change, international trade, and corporate taxation.....”

International Affairs - Attention politics and China's role transformation in global health partnerships

Mengli Ding et al; <https://academic.oup.com/ia/advance-article-abstract/doi/10.1093/ia/iiae328/7993867?redirectedFrom=fulltext>

“China's role in global health governance has evolved during the COVID-19 pandemic, sparking academic discussion. Most literature focuses on the structural factors shaping China's participation in global health governance at the international level, with fewer studies addressing China's domestic ideational factors. This article aims to integrate these two levels of analysis by examining how China's domestic political system has shaped the transformation of its role in global health governance using the concept of ‘politics of attention’. Through a case-study of global health partnerships (GHPs), the article argues that China's role transformation in such partnerships is attributable to a policy outcome driven by shifts in Beijing's attention in response to external shocks, facilitated through resource mobilization and allocation. Moreover, the article explores the limitations of China's participation in GHPs during the pandemic as a non-western power; these limitations arose primarily from competition between different channels for Chinese global health participation; the various internal and external obstacles faced by Chinese corporations; and criticisms surrounding the efficacy of Chinese-produced vaccines and medical products.”

Global Policy - The Discordant 'Debt Trap' and 'Secrecy' Narratives on the Belt and Road Initiative

Pompeo Della Posta; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70001>

« **This article discusses two main orders of criticisms of the Belt and Road Initiative (BRI), the 'debt trap' narrative and the 'secrecy' narrative.** The first refers to the alleged aim of Chinese lenders to trap recipient countries in their debt to seize the financed assets. According to the second, instead, Chinese lenders would keep contracts with debtor countries secret with the ultimate goal of obtaining a privileged position in the repayment of their credits. **Although very controversial, as evidenced by the fact that they are contested by many academic authors, both narratives continue to circulate simultaneously and often unchallenged in the Western media. Moreover, they are discordant and incompatible with each other....**»

Politico - Toxic bullying claims blow up Brussels' biggest health NGO

<https://www.politico.eu/article/epha-eu-public-health-alliance-ngo-brussels-toxic-work-environment-claims-nepotism-harassment-discrimination/>

“The European Public Health Alliance (EPHA) is engulfed in crisis after a wave of resignations.”

“ ... EPHA is the biggest NGO in Brussels representing groups that speak for patients with cancer, mental illness and infectious diseases, as well as doctors, pharmacists and nurses. It represents close to 70 member organizations in talks on EU policymaking at the highest level, from discussions about how to handle drug shortages, to mental health plans and pharmaceutical regulations. The chaos at such a well-respected NGO has shocked the European health care sector. It puts at risk the united front in public health advocacy in Brussels, at a time when Europe has turned its attention away from the pandemic and health policy, making the fight to be heard harder for health groups....”

“The negative impact on EPHA’s credibility is palpable, whether at meetings in Brussels, Copenhagen or Geneva,” said one person working in European health policy with deep knowledge of EPHA. Like many POLITICO spoke with for this article, the person was granted anonymity to speak candidly about sensitive matters.... “It is severely damaging the wider reputation of public health civil society too. Only urgent leadership change at EPHA can address this now,” the person claimed....”

Global health financing

Duke (policy brief) - Envisioning the Future for a Celebrated Global AIDS Program

<https://globalhealth.duke.edu/news/envisioning-future-celebrated-global-aids-program>

(24 Feb) “As Congress deliberates the future of PEPFAR, the President’s Emergency Plan for AIDS Relief, a group of Duke University public and global health researchers has drafted a plan to refresh the 22-year-old government program’s strategy and operations to better fit a new era in the global fight against AIDS and HIV.”

“The report, **“Reform and Renewal: Five Recommendations for PEPFAR,”** offers a roadmap for Congress to sustain PEPFAR’s remarkable legacy while realigning it for a changing global landscape in HIV prevention and treatment, says **Chris Beyrer**, M.D., director of the Duke Global Health Institute and one of the report’s authors. **The report** -- written by Duke Global Health Institute researchers Beyrer, Dorothy Dow, M.D.; Osondu Ogbuoji, MBBS, ScD, Jirair Ratevosian, DrPH; and Gavin Yamey, M.D., and Lance Okeke, M.D., of the Duke Center for AIDS Research – **outlines reforms that would reduce program costs by 20 percent within five years and create clearer paths to transition program management to local leadership.** It also calls for increasing HIV prevention and treatment activities in Latin America, Eastern Europe, and Central and Southeast Asia, where HIV infection rates remain high and in some cases are rising.....”

PS: As mentioned by some on X, you might wonder whether this policy brief doesn’t come too late.

Devex – Outside of USAID, how much did other US agencies spend on development?

<https://www.devex.com/news/outside-of-usaid-how-much-did-other-us-agencies-spend-on-development-109504>

“Excluding USAID, 11 other U.S. government agencies spent \$5.8 billion to support development and humanitarian agenda across the globe.”

New Humanitarian - Humanitarian aid’s extreme donor dependency problem in five charts

M Pearson (ODI Global); <https://www.thenewhumanitarian.org/analysis/2025/03/04/humanitarian-aid-extreme-donor-dependency-global-charts>

Focus here on humanitarian aid, but perhaps also with relevant lessons for Global Health financing.

“Resilience means diverse funding, not just more funding.”

PS: re **The link between diversification, resilience, and more money:** “.... The numbers show that response plans with a wider donor base tend to be better funded. Humanitarians have always known their dependence was a weakness, but diversifying the funding base has never been the top priority.....” “ Instead, humanitarian talking points tend to have focused on a handful of priorities: funding gaps, better quality funding, and locally driven aid among them. **Now, big agencies and actors that operate at a systems level need to consider funding dependence as the existential threat that it is, and integrate this deep into their planning.....”**

“In the future, the humanitarian system may be revamped, reshaped, or remade into something entirely different. Its strategy must go beyond simply finding more funding, or more quality funding, or more localised funding. It also needs to find more diversified funding. Resilience is always an afterthought until a crisis hits. **Now the humanitarian system itself is in crisis. Funding diversification is no longer a luxury, but a matter of survival.”**

Pandemic preparedness & response/ Global Health Security

WHO Bulletin - The role of mortality surveillance in pandemic preparedness and response

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11865855/>

By Chalapati Rao , Don de Savigny et al.

Nature Communications Biology - Viral genomic features predict *Orthopoxvirus* reservoir hosts

<https://www.nature.com/articles/s42003-025-07746-0>

Related **tweet by co-author Colin J. Carlson**: “....Can mpox become endemic worldwide? Where did borealpox come from? Where could the next smallpox jump from animals into populations with dwindling susceptibility? We use AI/ML and viral genomics to make some educated guesses.”

BMJ Public Health - Global patterns in access and benefit-sharing: a comprehensive review of national policies

<https://bmjpublichealth.bmj.com/content/3/1/e001800>

by G Ljungqvist, R Katz et al.

UHC & PHC

People’s Dispatch – Health workers, patients, and activists unite against Milei’s healthcare cuts

<https://peoplesdispatch.org/2025/02/28/health-workers-patients-and-activists-unite-against-mileis-healthcare-cuts/?ref=peoples-health-dispatch.ghost.io>

“On **Thursday 27 Feb**, more than 100 health groups in Argentina organized a country-wide mobilization against President Javier Milei’s policies, which have triggered drug shortages and staff crises.”

Lancet World Report - Germany's Merz faces an unfinished health agenda

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00443-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00443-X/fulltext)

“Germany's likely new Chancellor inherits a series of plans for health reform and must deal with an ageing population and underinvestment in infrastructure. Ferry Biedermann reports.”

Planetary health

Lancet Comment - Climate realignment: the US shift and global implications

Y Tony Yang; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00320-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00320-4/fulltext)

“The USA is at a pivotal moment in climate policy with far-reaching global implications. The Trump administration's rollback of clean energy initiatives, withdrawal from international agreements, and prioritisation of fossil fuels have sent ripples across the globe. However, economic forces, legal constraints, and international commitments ensure that climate progress remains resilient....”

“...The climate movement must shift its strategy, emphasising the economic, security, and employment benefits of clean energy. State-level resistance, legal challenges, and market-driven momentum will counteract federal reversals. Businesses must reinforce climate commitments and align with global sustainability trends.....”

Guardian – Earth’s strongest ocean current could slow down by 20% by 2050 in a high emissions future

<https://www.theguardian.com/environment/2025/mar/03/antarctic-circumpolar-current-slow-down-ice-melting-climate>

“Melting Antarctic ice is releasing cold, fresh water into the ocean, which is projected to cause the slowdown.”

“The results, published in Environmental Research Letters, revealed a clear link between meltwater from Antarctic ice shelves and circumpolar current slowdown, and comes **less than a week after another paper anticipated a weakening in vital Atlantic Ocean currents.** What they found suggested a **“substantial reconfiguration of Southern Ocean dynamics”, with “far-reaching impacts on global climate patterns, oceanic heat distribution, and marine ecosystems”.....”**

Devex - Circus minimus: What happened at COP16 2.0 in Rome

<https://www.devex.com/news/circus-minimus-what-happened-at-cop16-2-0-in-rome-109535>

“Despite focused negotiations and a last-minute deal, COP16.2 in Rome left many key financial questions unresolved, pushing one of the biggest decisions on biodiversity funding to 2028. Read more in this special edition of the Newswire.”

- See also [Carbon Brief – COP16: Key outcomes agreed at the resumed UN biodiversity conference in Rome](#)

“Countries have agreed at the resumed COP16 talks in Rome to a strategy for “mobilising” at least \$200bn per year by 2030 to help developing countries conserve biodiversity. Nations also agreed for the first time to a “permanent arrangement” for providing biodiversity finance to developing nations, “future-proofing” the flow of funds past 2030.....”

- See also [HPW - COP16 Deal Commits Nations to Raise \\$200 Billion Annually for Biodiversity; But Funding A Big Lift](#)

Financing details were pushed to 2028.

- And [Climate change news – UN biodiversity talks agree finance roadmap, postponing decision on a new fund](#)
- Devex - [Industry groups say Cali Fund for biodiversity 'not the right approach'](#)

“The newly launched Cali Fund aims to make companies pay for the biodiversity they use, but with voluntary contributions and little industry support, its future remains uncertain.”

“... “The decision to create the Cali Fund at COP16 does not get the balance right between the intended benefits of such a mechanism and the significant costs to society and science that it has the potential to create,” **David Reddy, director-general of the [International Federation of Pharmaceutical Manufacturers and Associations, or IFPMA](#)**, told Devex. “More concretely, industry does not believe that the Cali Fund, as currently structured, is the right approach or will improve biodiversity.” **Further details on just what industry groups find wrong with the Cali Fund are hard to come by. The Cali Fund asks participating companies to contribute 1% of their profits or 0.1% of their revenue. The fund will be managed by U.N. agencies and then disseminated to countries with high levels of biodiversity.** The agencies have not yet provided details on how this would work, but they have said that at least 50% will go to Indigenous communities.”

“Reddy said that the genetic data from nature, known as digital sequence information, or DSI, is essential for new medicines and vaccines and that a new system “should not introduce further conditions on how scientists access such data and add to a complex web of regulation, taxation and other obligations.” **Though IFPMA represents the pharmaceutical industry, Reddy also said that these limitations should not be placed on academia or biotech.** Instead, “new technologies that use DSI can contribute to conservation and sustainable use of biodiversity and should be encouraged.”

Guardian - Half of world’s CO2 emissions come from 36 fossil fuel firms, study shows

<https://www.theguardian.com/environment/2025/mar/05/half-of-worlds-co2-emissions-come-from-36-fossil-fuel-firms-study-shows>

Re **the Carbon Majors report**. “Researchers say data strengthens case for holding firms to account for their contribution to climate crisis.”

“The report found that the 36 major fossil fuel companies, including Saudi Aramco, [Coal India](#), ExxonMobil, Shell and numerous Chinese companies, produced coal, oil and gas responsible for more than 20bn tonnes of CO₂ emissions in 2023. The 36 companies responsible for half of global emissions in 2023 includes state-owned companies such as China Energy, the National Iranian [Oil Company](#), Russia’s Gazprom and the UAE’s Adnoc. Shareholder-owned companies in that group include Petrobras, headquartered in Brazil, and Eni, from Italy.”

“The 36 companies are dominated by state-owned enterprises, of which there are 25. Ten of these are in China, the world’s biggest polluting country....”

Mpox

PAMJ supplements - The Surge of Mpox in African Countries - A Global Call to Action

<https://www.panafrican-med-journal.com/content/series/50/1/>

“Peer-reviewed literature on mpox in Africa, particularly articles published in African journals, remains scarce. **To bridge this knowledge gap, the WHO Health Emergencies Programmes (WHE), in collaboration with leading African experts on mpox, proudly presents this special issue with the goal to enrich the understanding of mpox in endemic countries of Africa.** The special issue welcomes submissions related to all aspects of mpox in Africa, including epidemiology, research, clinical practice, outbreak investigation and response, and other relevant mpox data and activities in Africa...”

Infectious diseases & NTDs

Lancet Comment - Mapping the malaria burden in the context of a global pandemic: progress, hiccups, and challenges

Marcus V G Lacerdaa et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00418-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00418-0/fulltext)

Comment linked to a [new Lancet study – Mapping the global prevalence, incidence, and mortality of Plasmodium falciparum and Plasmodium vivax malaria, 2000–22: a spatial and temporal modelling study](#) (by D J Weiss et al)

“...**Global high-resolution maps of malaria prevalence, incidence, and mortality** are crucial for tracking spatially heterogeneous progress against the disease and to inform strategic malaria control efforts. **We present the latest such maps, the first since 2019, which cover the years 2000–22.** The maps are accompanied by administrative-level summaries and include estimated COVID-19 pandemic-related impacts on malaria burden....”

Devex - Bridging NTD innovation and access gaps in global health

<https://www.devex.com/news/bridging-ntd-innovation-and-access-gaps-in-global-health-109485>

“Wellcome CEO John-Arne Røttingen tells Devex why investing in neglected tropical diseases is a smart investment in the broader context of today’s shifting global health landscape.”

““Neglected tropical diseases have a double gap,” said John-Arne Røttingen, CEO of Wellcome and former ambassador for global health with Norway's Ministry of Foreign Affairs. Speaking to Devex

President and Editor-in-Chief Raj Kumar **at the World Economic Forum in Davos**, Røttingen discussed gaps and opportunities in funding neglected tropical diseases, or NTDs, as part of broader health efforts. **“There is still a substantial innovation gap — we do not have the necessary technologies and the most modern technologies for treatment and prevention. Then there is an access gap — we are not fully using the tools that we have in the toolbox.” ...”**

Lancet World Report - Brazil hopes for new vaccine to combat dengue

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00445-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00445-3/fulltext)

“The **government is investing in a new single-dose vaccine** as São Paulo state declares a state of emergency. Lise Alves reports.”

AMR

Nature Medicine - The unseen climate health risks of antimicrobial resistance in urban informal settlements

Karin Leder et al; <https://www.nature.com/articles/s41591-025-03548-3>

“As global temperatures increase and conditions become even more conducive to persistence and mobilization of pathogens, UISs risk becoming global hotspot reservoirs of new multidrug-resistant pathogens... .. Unfortunately, UISs are conspicuously underrepresented in the AMR literature and are not generally included in national surveillance programs, which tend to focus on clinical settings and agriculture....”

“.... The circumstances in UISs warrant urgent attention both in terms of surveillance and deeper study of pathogen persistence, AMR and pathogenesis to unblind public health leaders to the potential risks to global health of this important and widespread population and investigate mechanisms of AMR accumulation, mobilization, mutation and transmission, as well as broader ecological dysbiosis under real-world conditions with a host of compounding risk factors....”

Lancet Infectious Diseases - Antimicrobials in serious illness and end-of-life care: lifting the veil of silence

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00832-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00832-6/fulltext)

By W E Rosa et al.

Guardian - UK scientists develop DNA sequencing system to fight superbugs

<https://www.theguardian.com/society/2025/mar/06/uk-scientists-develop-dna-sequencing-system-to-fight-superbugs>

“Sequencing will help doctors identify bacteria that cause infections and offer effective treatments faster and more accurately”.

NCDs

IJHPM – A Holistic Response to Musculoskeletal Health: Implications for Global Health Policy; Comment on “From Local Action to Global Policy: A Comparative Policy Content Analysis of National Policies to Address Musculoskeletal Health to Inform Global Policy Development”

https://www.ijhpm.com/article_4710.html

By Dorothy Lall.

Social & commercial determinants of health

Lancet Public Health - The responsibility of health: shifting the focus from individuals to systems

Sandy Tubeufa et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00013-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00013-1/fulltext)

« So-called **organisational or systemic health literacy** was introduced to complement the focus on individual behavioural change with societal systems that enhance health and healthy choices. Organisational health literacy implementation should therefore be adapted to the local contexts to account for the existing social gradient in health.....”

« **We need to shift the focus from creating health-literate individuals to developing health-literate systems**, including health-literate businesses acknowledging “that investment in the health of employees is not only a ‘nice to have’ attribute or philanthropic activity but it is a ‘need to have’ investment”. **Transitioning to health-literate systems requires bold policy changes that foster shared accountability across sectors.** In addition to educating individuals, **systems must actively address harmful commercial determinants of health**—eg, industries that pollute, exploit labour, market unhealthy products— which can limit meaningful behavioural change....”

International Journal of Social Determinants of Health and Health Services (Editorial) - Reflecting on Current Challenges, Goals and Directions in SDOH

Joan Benach and Carles Muntaner;

<https://journals.sagepub.com/doi/full/10.1177/27551938251319501>

“On May 19th, 2023, the Universitat Pompeu Fabra (UPF) hosted the 2023 Presentation of the International Journal of Social Determinants of Health and Health Services (IJSDOHS). The event brought together experts in the social determinants of health (SDOH) from across the world to

explore and discuss the major questions and future pathways for research, policy and action regarding the SDOH and health services..... ..”

IJHPM - Investigating Indicators to Assess and Support Alcohol Taxation Policy: Results From the International Alcohol Control (IAC) Study

https://www.ijhpm.com/article_4708.html

By S Casswell et al.

Global Policy - Global Labour Governance by Numbers: A Comparison of the ILO and OECD

Vicente Silva et al ; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70002>

« **The emergence of governance by numbers (GBN) has seen the increasing use of metrics to influence government and corporate behaviour, but its uptake varies significantly across international organisations.** This study examines the **adoption of GBN in global labour governance at the International Labour Organisation (ILO) and the Organisation for Economic Co-operation and Development (OECD).** Using a comparative institutional approach, we highlight the ILO's resistance to developing indicators of decent work and economic performance, despite support from the labour movement. Conversely, the OECD has fully embraced GBN through labour market performance measurements, which makes some of its normative proposals less visible due to their qualitative nature. **We conclude that the adoption of GBN is not inevitable and depends on the organisational cultures and structures of international organisations.....”**

WHO - Mapping the commercial determinants of health in countries of the WHO South-East Asia Region: conceptualizations, impacts and actions

<https://iris.who.int/handle/10665/380673>

First regional mapping of the commercial determinants of health in the WHO South-East Asian Region.

Mental health & psycho-social wellbeing

TGH - Autism and Identity: Navigating Disability Versus Difference

D Santomauro; <https://www.thinkglobalhealth.org/article/autism-and-identity-navigating-disability-versus-difference>

“A personal account describes the challenges many people on the autism spectrum face and the need for better support.”

Sexual & Reproductive health rights

Geneva Health Files - Digital Marketing Under The Scanner at WHO: The Case of Breast-Milk Substitutes

P Patnaik; [Geneva Health Files](#)

“Today’s edition focuses on a resolution being discussed at the World Health Organization that seeks to address digital marketing, and its impact on information and consumption of breast-milk substitutes.....”

Access to medicines & health technology

TWN - Health: In significant move, Thailand rejects patent on vital Hepatitis C drug

<https://www.twn.my/title2/health.info/2025/hi250209.htm>

“ In what is being hailed as a major victory for civil society organizations (CSOs) campaigning for expanded access to lifesaving medicines, Thailand’s Department of Intellectual Property has rejected a patent application on a drug combination essential for the treatment of chronic Hepatitis C, following a pre-grant opposition. This major win comes after years of campaigning by the AIDS Access Foundation (AAF) and the Thai Network of People Living with HIV/AIDS (TNP+).”

Reuters - South African watchdog probes Novo Nordisk and Sanofi over insulin

[Reuters](#);

“South Africa's competition watchdog is investigating drugmakers Novo Nordisk and Sanofi over possible anti-competitive practices in the human insulin pen market, the authority said on Tuesday...”

FT - prepare to sue EU over tax to pay for waste water clean-up

<https://www.ft.com/content/8589fa20-3bf5-4704-b47b-489f1f1eeb30>

“Pharma and cosmetics industries want other sectors to contribute ‘fair share’ towards cost of removing pollutants.”

Decolonize Global Health

BMJ GH - Proof-of-principle of a technology transfer of a dried blood virus neutralisation assay to a Gavi-eligible country

<https://gh.bmj.com/content/10/3/e016916>

by E Obodai et al.

Lancet Letter - Decolonise publishing to reduce inequalities in critical care

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00131-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00131-X/fulltext)

By J I F Salluh et al.

Conflict/War & Health

Lancet Letter - Rebuilding trust and equity in Syria's health system: a governance-driven transition

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00406-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00406-4/fulltext)

By M Alkhalil et al.

Miscellaneous

World Bank launches its new Human Capital Data portal

<https://humancapital.worldbank.org/en/home>

Resource.

IISD - Beyond GDP: Integrating New Approaches in Global Frameworks

<https://sdg.iisd.org/news/beyond-gdp-integrating-new-approaches-in-global-frameworks/>

“... We also note a call to integrate beyond GDP approaches and new development measurements into global agreements and processes, such as the upcoming Fourth International Conference on Financing for Development and HLPF 2025, as well as to feature such approaches as key issues for discussion during South Africa’s G20 presidency.....”

FP2P - The world looks set to miss its 2025 targets on nutrition: how should the Paris summit respond?

<https://frompoverty.oxfam.org.uk/nutrition-paris-summit/>

“Each Olympic/Paralympic games is now followed by a major global nutrition summit in the host city. **Sunit Bagree of Results UK** sets out what campaigners will be looking for this time, including **billions in extra funding, giving grants not loans and supporting the most cost-effective interventions.**”

“Every four years the Olympic/Paralympic host country also now hosts what has become a key moment for global nutrition, **the Nutrition for Growth (N4G) summit**, which gathers governments, the private sector and other international stakeholders to deliver “ambitious financial and political commitments” on ending global hunger and malnutrition. **This year’s summit, hosted by 2024 Olympics/Paralympics host nation France on 27-28 March, comes at a crucial moment as we reach the end of the UN Decade of Action on Nutrition.** The problem **N4G Paris** must confront is that the world **looks like it is going to miss** the World Health Assembly global nutrition targets for 2025: that’s why it’s critical that the N4G deliver something better for the world’s malnourished as we work towards the **Sustainable Development Goal** of zero hunger (including ending malnutrition) by 2030. **In this blog, I’ll outline the key financial and political pledges we need to see at the summit.....** “

- Related: [CGD blog – Rethinking Nutrition Financing for Greater Impact and Sustainability](#) (by R Eldridge et al)

“....In a new **CGD policy paper**, we analyze challenges and opportunities for nutrition-specific financing, drawing on relevant insights from the broader global health landscape. Below, we summarize three key dynamics of the nutrition-specific financing landscape and offer four policy recommendations to enhance impact and sustainability.....”

HHR – Let all children eat

T Pogge; <https://www.hhrjournal.org/2025/03/02/let-all-children-eat/>

« **A globally universal school meals program** is a realistic, unambiguous, highly visible first step that can unite a broad range of morally motivated actors. Wherever healthy food is lacking, each child should have a full, healthy meal, locally sourced, on every school day. Strongly backed by human rights and the Sustainable Development Goals (SDG) maxim “leave no one behind,” this is a widely recognized imperative, given humanity’s enormously enhanced technological, economic, and administrative capacities. **The proposed program would advance a central ambition of the Global Alliance Against Hunger and Poverty, which the G20 launched in 2024 on the initiative of Brazil’s President Lula da Silva.** School meals are one of its six “2030 Sprint” priorities... At an estimated average cost of US\$64 per child per year, **the annual cost of the proposed program might in time reach as high as US\$40 billion.... If subsidies averaged 50%, the high-income countries would have to contribute US\$20 billion per year—or less, if China also agreed to contribute. Their average burden would then be around 0.025% of gross national income, or US\$12 per person per year on average, with variations reflecting differences in national per capita incomes.** Who could possibly resent such a small contribution when it achieves so much for so many children around the world?

FT - Special Report: The Future of Digital Healthcare

<https://www.ft.com/reports/future-digital-healthcare>

“ How clinicians worldwide are delivering ‘virtual’ hospital services to remote patients. Plus: data-sharing devices speed recovery; and AI’s role in managing US health claims becomes a legal minefield...”

Papers & reports

WHO Bulletin – March Issue

[https://www.ncbi.nlm.nih.gov/pmc/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+103%5BVolume%5D\)+AND+3%5BIssue%5D](https://www.ncbi.nlm.nih.gov/pmc/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+103%5BVolume%5D)+AND+3%5BIssue%5D)

“In the **editorial section**, Matthew F Daley and Jason M Glanz (178) outline the implications of research published in this issue on hepatitis B vaccination for preterm infants. **Jintana Jankhotkaew et al. (179) call for papers for an upcoming theme issue on health system responses to demographic changes.**” See **WHO Bulletin Editorial – [Health system responses to population declines: call for papers](#)**

“ ... Gary Humphreys (182–183) reports on the use of friendship benches as part of the national mental health response in Zimbabwe. Salim ‘Slim’ and Quarraisha Abdool Karim talk to Gary Humphreys (184–186) about their research on preventing HIV infection and transmission.”

Tweets (via X & Bluesky)

Tulio de Oliveira

“As the U.S. cancel all PEPFAR programs in SA, I believe that this is a mistake that will cost much more to the U.S. than the 1% external aid that help to control epidemics Before they hit America.”

L Gostin

“**Another deep wound from WHO withdrawal is smallpox research.** The US & Russia are the only known virus repositories. WHO controls variola virus research. Will USG pledge to abide by WHO rules & governance, including WHO inspection & oversight? **The WHA must consider smallpox safety.**”

Barbara Fienig

“**Groundbreaking: UN Comm. on Econ, Soc & Cul. Rights states explicitly that taxation is a matter of #SocialJustice.** States must eliminate unfair tax privileges, avoid regressive taxes hitting the poorest the hardest, and go for progressive tax:
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/2025/1&Lang=en Hurray for #RTH & other #HumanRights !”

Johan Rockström

“The ocean is in a way the final victim of multiple planetary crises - nutrient pollution, excess heat, rising CO₂. This has to be turned around. The ocean will ultimately determine whether we secure a livable future for humanity.”