

IHP news 824 : On bombs, bugs (and a couple of other 'B's)

(11 April 2025)

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

Dear Colleagues,

Let me kick off with some nice news this week, for a change.

Last week ITM launched [season three](#) of its multi-award-winning podcast 'Transmission'. The [press release](#) gives you a good idea of what the new season has in store : ***“Across four captivating episodes, our researchers offer listeners a deep dive into the dynamics of vector-borne diseases and outbreaks, which are amplified by climate change. Whether they carry parasites or viruses, these tiny insect vectors have a tremendous impact on global health, from Belgium to the Peruvian Amazon, showing us that diseases – and health – know no borders. In season 3, listeners will follow our researchers and partners as they try to control and even eliminate the diseases that threaten the world, from the mysteries of sleeping sickness to the rising danger of dengue. The podcast takes listeners to cutting-edge insectaries and field labs in the most remote forests, as the journey spans from Burkina Faso to Nepal, and from the Democratic Republic of the Congo to the Peruvian Amazon. Listeners will get a glimpse of what it means to control diseases when their vector is already present on all continents, of a young man’s determination that led to the groundbreaking new malaria vaccine, and of what it takes to keep alive and feed 3000 tsetse flies in a small insectary at the ITM in Antwerp. We will learn why the last mile in disease elimination is always the most adventurous... and what bumps and turns await us on the long road to zero cases.”***

Warmly recommended!

Over then to some of the main global health policy news of the week. I’m afraid there the picture is a lot more gloomy. As you probably also noticed, it was a week in which the already raging ‘polycrisis’ got some “extra fuel” - as if it were still needed. Anyway (*and deep sigh*).

On [World Health Day](#) (7 April), WHO kicked off ***‘Healthy Beginnings, Hopeful Futures’***, a year-long **campaign on maternal and newborn health**. The backdrop? WHO and other UN Agencies warned that the current ***‘Aid cuts could have ‘pandemic-like effects’ on maternal deaths’***. More broadly, as [the introductory chapter of Global Health Watch 7](#) (launched by PHM on World Health Day) makes clear, ***“... Over 80 per cent of the world’s countries are ‘building back worse’, not better, with health and social spending in decline, taxes becoming regressive, and labor policy and income going in the wrong direction – with women bearing the brunt of the shocks associated with these dynamics.”*** We can only agree with PHM that we need to go ***‘from a Political Economy of Disease to a Political Economy for Wellbeing’***, soon.

(Resumed) [INB round 13 on the pandemic agreement](#) (7-11 April) clearly also gets quite some attention in this week's issue. Dr. Tedros, ever the 'Global Health Diplomat', set the scene nicely in his opening address on Monday, arguing that even in dire geopolitical times, "... [all countries need to find a balance in protecting their people from both bombs and bugs.](#)" Now that Tedros is also on [Bluesky](#) (at last!) that's obviously a nuanced message he can easily spread there too. On X, though, he might want to go for a message that feels a bit more natural on that Forum, for example "... we need to protect people from bombs, bugs & barbarian bigots". And if Tedros ever says 'hi' to the Donald on Truth Social, I'd suggest an accompanying tweet like "... We need to protect PANICANS from BOMBS, bugs and BARBARIAN BIGOTS!! And make BIG BUCKS in the process!" 😊).

Meanwhile, it appears that **Africa CDC's watchword** these days is "[to turn what may seem like a setback into an opportunity.](#)" That's probably the right spirit, even if the current situation is extremely challenging, as they acknowledged themselves in their [concept paper](#) on health financing from last week, spotting among others a '**convergence of declining aid and rising debt service**'.

And there's plenty of other news, as you'll notice in this newsletter issue, whether from **the [Third World Local Production Forum](#)** (in Abu Dhabi (7-9 April)), new **[WHO guidelines on meningitis](#)**, the journals (with among others [The 2025 report of the Lancet Countdown to 2030 for women's, children's, and adolescents' health](#) and a [Lancet Commission on gender and global health](#)), ...

Enjoy your reading.

Kristof Decoster

Featured Article

Digital Interprofessional Collaboration in Indonesia: Overdue Innovation or Institutional Neglect?

[Dr. Rizka Ayu Setyani \(SST, MPH\)](#) & [dr. Emirza Nur Wicaksono \(MKM, AIFO-K\)](#)

Indonesia is in the middle of a bold health system overhaul. The government has been pushing for [transformation](#) since 2021 through [six key pillars](#)—among others aiming for strengthening primary care, digitizing systems, and ensuring equitable access across the country. On paper, it's a big leap forward. With platforms like [Satu Sehat](#), digital records and services are increasingly being linked. Telemedicine, e-referrals, and mobile apps are gradually making their way into public health centers and private practices.

But on the ground, the story isn't always that smooth. Many frontline health workers—especially midwives and primary care doctors—are struggling to keep up. They're expected to go digital, often without proper training, reliable equipment, or clear guidelines. Programs like Integrasi Layanan Primer (ILP), the [integrated primary health care](#) model from the Ministry of Health sound great, but in practice the picture is less positive. Who leads what? How do digital referrals actually work? What happens if the system fails?

As digital transformation sweeps in, one question keeps coming up: who's really carrying the weight?

The promise of digital, the reality of the field

It's not all gloom, though. In some districts, [digital innovation](#) is actually making a difference. In places like Lombok and Garut, for example, the [SMART](#) program makes use of wearable devices to monitor pregnancy risks. In areas without specialists, midwives can consult online. E-referral systems help detect complications early and improve coordination.

Yet, many health workers feel [overwhelmed](#). Imagine spending the day attending to patients, only to come home and input data using your own phone, your own internet, sometimes well into the night. In remote parts, unstable electricity and a poor internet connection make digital work feel like a cruel joke. And so, for many, digital tools aren't easing the burden—they're adding to it. It's not that they're unwilling to adapt. The system just isn't meeting them where they are.

Vague laws, blurred roles

Right now, Indonesia's health laws haven't caught up with its digital ambitions. Neither the [Health Law \(17/2023\)](#) nor the [Midwifery Law \(4/2019\)](#) clearly addresses accountability in digital care. If an e-referral fails and a patient suffers, who's responsible? The midwife? The doctor? The platform?

This legal vacuum leaves frontline workers vulnerable. They're already juggling expanded roles, now with added digital responsibilities—and no legal safety net. Some are even told their digital work doesn't count toward official hours. All the effort, none of the recognition.

From digital burden to collective power

To make the [digital health transformation](#) work, we need to start with fairness and realism.

First, update the regulations. Clarify roles, ensure accountability, and protect health workers when systems fail. No one should have to work in uncertainty.

Second, embed digital literacy into professional training—not just how to use tools, but how to communicate digitally, collaborate across professions, and handle ethical challenges. Teams need to train together, not in silos. And yes, digital work is work. It deserves recognition and fair compensation.

Third, address infrastructure gaps. If the internet is unreliable, power cuts happen, or devices are outdated, then digital systems must be flexible. Offline options, phased rollouts, and designs that reflect local realities are essential.

Evaluating digital programs shouldn't stop at user counts. We need to ask: do midwives feel more supported? Can doctors coordinate better? Are patients receiving care faster? Listen to the frontline—that's where transformation either takes root or falls flat.

Yes, technology is important. But in the end, it's people—not just apps—who make systems work. It's people who drive [change](#). That's why we need a digital health system that's not just smart, but humane. When midwives and doctors are involved from the start, backed by clear regulations, ongoing training, and fair recognition, digital tools can become a shared strength—not an invisible burden.

Highlights of the week

World Health Day (7 April)

<https://www.who.int/campaigns/world-health-day/2025>

World Health Day: Focusing on women's physical and mental health around the world

<https://news.un.org/en/story/2025/04/1161936>

"Monday's **World Health Day** highlights a critical issue for global health: **the particular vulnerabilities faced by women and girls**. Close to 300,000 women continue to die during pregnancy or childbirth each year. More than two million babies die in their first month of life and around two million more are stillborn, says the **World Health Organization (WHO) which is kicking off a year-long campaign on maternal and newborn health**. The data adds up to one preventable death every seven seconds, according to the UN health agency....."

"The **Healthy beginnings, hopeful futures** campaign is **asking governments and health policy makers to ramp up efforts to end preventable maternal and newborn deaths**, and prioritize women's longer-term health and well-being....."

Guardian – Aid cuts could have 'pandemic-like effects' on maternal deaths, WHO warns

<https://www.theguardian.com/global-development/2025/apr/06/aid-cuts-pandemic-like-effects-maternal-deaths-childbirth-haemorrhage-pre-eclampsia-malaria-who-warns>

"More women risk dying in pregnancy and childbirth because of aid cuts by wealthy countries, which could have "pandemic-like effects", UN agencies have warned."

"Pregnant women in conflict zones are the most vulnerable, and face an "alarmingly high" risk that is already five times greater than elsewhere, according to a **new UN report on trends in maternal mortality**. Deaths due to complications in pregnancy and childbirth declined 40% globally between 2000 and 2023, but progress is "fragile" and has slowed since 2016, the authors said. An estimated 260,000 women died in 2023 from pregnancy-related causes. **There is a "threat of major backsliding" amid "increasing headwinds"**, the authors said. **US funding cuts this year have meant clinics closing and health workers losing their jobs, and disrupted the supply chains that deliver life-saving medicines to treat leading causes of maternal death such as haemorrhage, pre-eclampsia and malaria, World Health Organization experts warned.**"

"The report – itself part-funded by the US – revealed that **maternal deaths rose by 40,000 in 2021 due to the Covid pandemic, probably driven by complications from the virus itself and by the disruptions to healthcare.**"

“Dr Bruce Aylward, an assistant director general at the WHO, said that rise could offer insights into the possible impact of current aid cuts.....”

- Related: [WHO press release – Aid cuts threaten fragile progress in ending maternal deaths, UN agencies warn](#)

“...The new report provides global, regional and country-level estimates for maternal deaths. As well as showing where these deaths are happening and varying levels of progress around the world, this [is] also the first global report to capture the impact of the COVID-19 pandemic on maternal survival....”

Achieving gender justice for global health equity: the Lancet Commission on gender and global health

<https://www.thelancet.com/commissions/gender-and-health>

“Achieving gender justice in global health—which the *Lancet* Commission on Gender and Global Health defines as encompassing the realisation of universal rights in relation to health equity and gender equality, while also addressing the drivers of gender-based discrimination and exclusion—would yield positive benefits for all people by improving health outcomes, reducing health inequities, and ensuring more inclusive and equitable global health workplaces and workforce governance. But progress on global health gender justice is unsatisfactory. Confusions and contestations around gender and gender equality profoundly affect how gender gets inadequately addressed in global health policies, programmes, and practices. **This Commission aimed to identify ways in which health practitioners, policy makers, health researchers, and civil society could use more inclusive understandings of gender to improve policy and programme effectiveness and to achieve gender justice.**”

Proposing several actions grouped in 5 key areas.

Lancet GH (Comment) - Mothers deserve better: evidence-based strategies to address maternal mortality

Etienne V Langlois et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00149-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00149-4/fulltext)

« ... Since the year 2000, maternal mortality has decreased by 40%. Evidence-based solutions exist, and we have the tools necessary to reverse this crisis. What is needed now is unwavering political will to implement these proven solutions at scale.....”

Excerpt: “... **Support is needed to ensure the implementation of the World Health Assembly 77 resolution to accelerate progress towards SDGs 3.1 and 3.2.5** The resolution noted the **urgent need to strengthen human resources for health, including nurses, midwives, and community health workers.** For example, scale-up to universal coverage of midwife-delivered interventions could result in a 67% reduction in maternal deaths over a period of 15 years. **Essential maternal health services should also be costed and prioritised in national health strategies and primary health-care packages.** ...”

« ... To ensure adequate financing, it is essential to address the decline in international aid and improve alignment with the Lusaka Agenda, together with strong domestic resource mobilization.... ... Attention must also be paid to women and girls in humanitarian and fragile contexts. In 2023, 64% of all maternal deaths occurred in conflict-affected or fragile countries. **Global responses to emergencies and humanitarian crises must prioritise equity-enhancing efforts in regions with the highest maternal mortality, particularly sub-Saharan Africa and south Asia. Strategies to prevent maternal mortality and morbidity should be integrated into humanitarian response and pandemic prevention, preparedness, and response plans.** Given the impact of climate change, heat stress, and air pollution on pregnancy—including associations with gestational diabetes and pre-eclampsia—**maternal health should also be prioritised in climate adaptation plans to address these emerging threats.....”**

On World Health Day 2025 PHM launches the introductory chapter of the 7th edition of the *Global Health Watch: From a Political Economy of Disease to a Political Economy for Wellbeing*

<https://phmovement.org/world-health-day-2025-phm-launches-introductory-chapter-7th-edition-global-health-watch-political>

Recommended reading.

ILO launches Social Health Protection Toolkit on World Health Day

<https://www.ilo.org/resource/news/ilo-launches-social-health-protection-toolkit-world-health-day>

“The toolkit provides expertise and practical tools to help Member States achieve universal health coverage and social protection for all.”

The 2025 report of the *Lancet* Countdown to 2030 for women's, children's, and adolescents' health: tracking progress on health and nutrition

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00151-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00151-5/fulltext)

“In line with previous progress reports by Countdown to 2030 for Women's, Children's, and Adolescents' Health, **this report analyses global and regional trends and inequalities in health determinants, survival, nutritional status, intervention coverage, and quality of care in reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition, as well as country health systems, policies, financing, and prioritisation.** The focus is on low-income and middle-income countries (LMICs) where 99% of maternal deaths and 98% of child and adolescent deaths (individuals aged 0–19 years) occur, with special attention to sub-Saharan Africa and South Asia. Recognising the urgency of reaching the Sustainable Development Goal (SDG) for health, SDG 3, and health-related targets by 2030, **the report assesses whether the momentum needed to reach these goals has been sustained, accelerated, stagnated, or regressed in comparison with the Millennium Development Goal (MDG) period (2000–15).** Although most health and health-related indicators continue to show progress, **there has been a notable slowdown in the rate of**

improvement after 2015, falling well short of the pace needed to achieve the 2030 SDG targets. This deceleration in pace **contrasts sharply with the aspired grand convergence in health,** characterised by drastic reductions in mortality and RMNCAH inequalities, which was expected to occur during the SDG period based on the assumption that the spectacular progress achieved during the MDG period would continue unabated. **Multiple threats, external and internal to the RMNCAH health community, must be addressed** to safeguard the gains in RMNCAH and nutrition and to accelerate progress. Furthermore, **a large gap between sub-Saharan Africa,** especially West and Central Africa, **and other parts of the world** persists for many indicators, necessitating further prioritisation of this region.”

- Related **Lancet Comment** - [Broken promises: the USA foreign aid freeze threatens women's, children's, and adolescents' health](#) (by M Martinez-Alvarez, T Boerma et al)

“Our analysis in the 2025 report of the *Lancet* Countdown to 2030 for women's, children's, and adolescents' health identifies multiple internal and external threats to progress and highlights the widening gap between sub-Saharan Africa and other regions. **Since our report was completed, the abrupt freeze on US foreign aid, combined with aid reductions from several European donors, constitutes an additional and severe threat to progress** in RMNCAH and the achievement of the SDG targets.”

They conclude: “... In the light of alarming recent announcements and actions, **the core messages of our report—a relentless focus on improving RMNCAH and nutrition in sub-Saharan Africa, stronger health systems, robust safeguards against crises with women, children, and adolescents at the centre, shared accountability for results, and revitalising of global RMNCAH and nutrition**—bear even greater relevance.”

Pandemic agreement negotiations (INB13 resumed): Final pre-analysis

WHO - [Thirteenth meeting of the Intergovernmental Negotiating Body \(INB\) for a WHO instrument on pandemic prevention, preparedness and response – resumed](#)

The last (scheduled) INB round before the World Health Assembly (in May) kicked off on Monday.

This section has some final (pre-)analyses as INB13 (resumed) was about to kick off. In a next section, we continue with coverage & analysis from the negotiations week.

Geneva Solutions -Last chance saloon for pandemic treaty talks

<https://genevasolutions.news/global-health/last-chance-saloon-for-pandemic-treaty-talks>

State of affairs as the resumed INB round 13 was kicking off, on Monday. With the views of **N Denticco, G L Burci, Viviana Muñoz Tellez ...** A few excerpts:

“There are abysmal dilemmas still enshrined in the text of the treaty that have not truly been sorted out,” Nicoletta Dentico, director of the Society for International Development’s global health and justice programme, tells Geneva Solutions. “The hottest topics have been left to the end, and if those knots have not been untangled in three years, how can we imagine doing so now when the world is cracking?,” she adds, referring to the dramatic changes to the global health landscape since the US announced its withdrawal from the WHO in January.”

“...While a failure to reach a consensus this time around is unlikely to kill treaty negotiations – the WHA will likely prolong talks even further – observers fear that it will knock the wind out of any remaining political momentum. “There is a lot of mistrust and there is also a lack of urgency at this point, because too much time has passed,” Gian Luca Burci, adjunct professor of international law at the Geneva Graduate Institute and academic adviser to the Global Health Centre, tells Geneva Solutions. He adds: **“Negotiations are no longer about emergency measures, on the lessons of Covid, but something more systemic, with major interests – particularly economic interests – at play.” ...”**

HPW - What’s New in the Latest Draft Pandemic Agreement?

G L Burci et al ; https://healthpolicy-watch.news/whats-new-in-the-latest-draft-pandemic-agreement/?feed_id=437&unique_id=67f3a34b2cb57

Recommended read (7 April) « *With limited time before the May 2025 World Health Assembly, where adoption is expected, the [Governing Pandemics Initiative](#) Team at the Global Health Centre of the Geneva Graduate Institute offers a **preliminary analysis of the [21 February draft](#).**”*

“The newly released policy brief **“[What’s new in the draft Pandemic Agreement?](#)”** shows how the draft agreement builds on lessons from COVID-19 by **proposing a systemic approach** to pandemic prevention, preparedness, and response (PPPR). The **text aims to complement the International Health Regulations (IHR) by addressing regulatory gaps and extending beyond their emergency focus.”**

“... the draft PA addresses **five main thematic areas** (Chapters II and III): Preventing pandemics (Articles 4 and 5) ; Societal and health system capacities (Articles 6, 7, 17, 18) ; Pandemic-related health products (Articles 9-14); International support (Articles 19 and 20); Governance, including the role of WHO (chapter III, Articles 21-37)....”

Devex - Opinion: Failing to finalize a pandemic agreement is not an option

A Finch, L Gostin & B Stocking; <https://www.devex.com/news/opinion-failing-to-finalize-a-pandemic-agreement-is-not-an-option-109826>

“The final round of negotiations on the pandemic agreement is currently underway. **Here are three key outstanding issues and suggested ways forward** to achieve a victory for global health.” **Re pandemic prevention, health technology transfer & Pathogen access and benefit sharing.**

INB 13 (Resumed) on the pandemic agreement (7-11 April): Coverage & analysis

Starting from Tedros' opening address on Monday. No idea whether the pandemic agreement will "land" on Friday... (stay tuned via Geneva Health Files, Devex or HPW colleagues).

WHO Director-General's opening remarks at the resumed Thirteenth meeting of the Intergovernmental Negotiating Body on a WHO Pandemic Agreement – 7 April 2025

[WHO](#);

Excerpt: **"... At the Munich Security Conference in February, I got talking to a foreign minister. We were discussing why so many countries were announcing such large investments in defense. The foreign minister said, "We have to prepare for the worst." I said, "Of course, I understand, but what about preparing for an attack from an invisible enemy?" He said, "What do you mean? What invisible enemy?" I said, "A virus. You have seen what the COVID-19 pandemic did. Officially 7 million people were killed, but we estimate the true toll to be 20 million. And on top of the human cost, the pandemic wiped more than US\$ 10 trillion from the global economy. "A pandemic can kill more people, and cause more social and economic disruption than a war. "Indeed, the First World War killed an estimated 15 to 22 million people, while the 1918 influenza pandemic killed an estimated 50 million people – more than double. "That's why we talk about health security – because health is a security issue."**

"I'm saying this because there are issues about the Pandemic Agreement – funding and budget issues – that involve money, but compared to what is being spent on defense, the amount involved in the Pandemic Agreement is nothing. So with the minister, and other defense ministers we were talking to, we agreed that all countries need to find a balance in protecting their people from both bombs and bugs."

HPW - In Final Days of Pandemic Talks, Countries Urged to Budget for 'Both Bombs and Bugs'

<https://healthpolicy-watch.news/pandemic-agreement-countries-need-to-balance-their-budgets-for-bugs-and-bombs/>

Coverage of the opening day of this resumed round.

"Countries keep increasing their military budgets yet seem unwilling to prepare for an "invisible enemy" – a pandemic-causing pathogen that can be more damaging than a war, World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyessus warned at the start of the final negotiations for a pandemic agreement on Monday."

PS: **" ... WHO member states have a mere five days to reach consensus on the pandemic agreement if they are to present it to the World Health Assembly (WHA) next month – yet three 'big ticket' items and a myriad of process questions are still on the table.** Articles on how to share information about dangerous pathogens – the Pathogen Access and Benefit-Sharing (PABS) system;

technology transfer (purely voluntary or not) and the pandemic preparedness responsibilities of member states (including 'One Health' measures) are still lacking agreement.....”

GHF – Space For Consensus Widens In Pandemic Treaty Negotiations; Disagreements on Tech Transfer, Benefits-Sharing, and Tariff Wars Threaten A Final Deal

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

Update from Tuesday. “ **Geopolitics, financial pressures and a desperate wish for a win for multilateralism, are pushing countries to conclude the negotiations towards a new Pandemic Agreement.** But whether they can, will become clear in a matter of days. **Already, trade wars and deepening economic crises, are muddying the considerations for compromise.**” “...While there is overall interest in reaching consensus, **few countries believe that everything would be finalized this week, additional time ahead of the Assembly will be required** diplomatic sources said.....”

“...There appears to be a distinct shift on issues around prevention obligations in the draft agreement. At the time of writing, greater consensus appeared to be building towards the text on prevention. **Trump’s trade wars are already creating a ripple effect in these negotiations, that will have implications on if and how countries would weigh in compromises deeper into the negotiations this week.** A few developed country diplomats worry about the impact on their manufacturing competitiveness in light of an all-out trade crisis lit by the Trump administration last week. “We cannot commit to anything in this agreement that will impact our industry,” a senior diplomat told us, **alluding to the contentious discussion on the transfer of technology on voluntary terms** as has been a non-compromising position for some countries.”

“... **For developing countries, the tariff wars are another signal for continuing betrayal of trust in bilateral relations, and breaking down on the rules-based international order.** This comes on the heels of a violent and abrupt withdrawal of foreign aid by the Trump administration in the last few months. **“You cut aid, you slap tariffs and you do not want to do technology transfer”, a civil society expert summed up capturing the cumulative effects on global health and development in recent weeks..”**

GHF – Countries Inch Closer on Pathogen Access Benefits Sharing, Devil in the Details [Pandemic Agreement Negotiations]

[Geneva Health Files](#);

Update from Wednesday.

“WHO member states are **getting closer on their positions on the obligations and rights under a proposed new Pathogen Access Benefits Sharing system** in the draft Pandemic Agreement. They have bridged a certain distance relative to previous rounds of negotiations, but the **details of how the components of PABS will come together, and how such a mechanism will fit into the bigger legal architecture** is much too open at this stage in the talks....” “... In this story we look at how some of the text in this provision have evolved, and the concerns surrounding the language on the sharing of benefits. We also discuss matters on tying the entry into force of the Pandemic

Agreement with the proposed annex on PABS that is envisaged to be developed under an Intergovernmental Working Group over a likely period of 12 months....”

GHF – Talks on Terms of Tech Transfer in Run into Unruly Trade Winds [Pandemic Treaty Negotiations]

[Geneva Health Files](#);

Update from Thursday. “... As **many as 80 developing countries are pushing back against explicitly stating voluntary approaches for technology transfer during pandemic emergencies**, in the draft WHO Pandemic Treaty currently under negotiation in Geneva – these include members of the Africa Group (47), and the Equity Group (30+). **In addition, a number of other developed countries, are not wedded to the word “voluntary” in Article 11 on tech transfer provisions in the treaty.** This implies that majority of the WHO member states are keen on protecting their already negotiated policy space to respond to health emergencies by securing the option of using non-voluntary approaches on technology transfer. **However, for a handful of countries the term “voluntary” is a preferred position, these include, Germany, Japan, Switzerland.** To understand why these countries are pivotal to the discussion on tech transfer, we look at the export numbers.... ”

“Though public health considerations are tightly dictated by commercial compulsions, there has always been an aspiration to rise in favour of public interest. **The room for manoeuvre in these current times has just gotten worse. The dynamics at WHO, is unfolding in the backdrop of fast-moving economic and political considerations blown up by trade wars** between the U.S. and China. **And this, changes the field in these negotiations, to an extent.....”**

Nina Schwalbe - The Pandemic Treaty - what comes next?

https://ninaschwalbe.substack.com/p/pandemic-treaty-what-comes-next?mc_cid=88fd31d797&mc_eid=bbc93ff37e

Very informative read. “In this piece, we **explain the next steps and timelines for moving the treaty towards entry into force, should the text be adopted by the World Health Assembly in May.**”

And some **links via Third World Network**:

- [Pandemic Instrument: A Narrow Approach to Technology Transfer](#) (by K M Gopakumar)

Re a problematic **footnote under Article 11**: “... The footnote effectively serves as a definition of technology transfer, and undermines the efforts during the post-war period by developing countries to establish technology transfer regimes based on fair and equitable terms. This footnote emanates from a narrow understanding of technology transfer and does not reflect the realities of ways and means of technology transfer as well as dissemination, especially in the pharmaceutical sector...”

- And: [WHO: INB Bureau proposes alternative text to replace the definition of technology transfer](#)

And with an update re this footnote: “**The Bureau of the WHO International Negotiating Body (INB) of the Pandemic Instrument proposed an alternative text to replace the proposed footnote that**

would have effectively been a definition of technology transfer. **The Bureau has provided five options. All except one propose the phrase “mutually agreed terms” reflected in the text.”**

More on PPPR & GHS

WHO brings countries together to test collective pandemic response

<https://www.who.int/news/item/04-04-2025-who-brings-countries-together-to-test-collective-pandemic-response>

From late last week. “Over the past two days, WHO convened more than 15 countries and over 20 regional health agencies, health emergency networks and other partners to test, for the first time, a new global coordination mechanism for health emergencies. The **two-day simulation, Exercise Polaris**, tested WHO’s **Global Health Emergency Corps (GHEC)**, a framework designed to strengthen countries’ emergency workforce, coordinate the deployment of surge teams and experts, and enhance collaboration between countries. The exercise simulated an outbreak of a fictional virus spreading across the world....”

Pandemic Action Network – Dangerous Cuts to U.S. Domestic and Global Health Security — Statement

<https://www.pandemicactionnetwork.org/news/dangerous-cuts-to-u-s-domestic-and-global-health-security-statement/>

(4 April) “... **The dramatic funding and personnel cuts at the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and USAID — including for landmark global health and emergency response capacities like PEPFAR and the Biomedical Advanced Research and Development Authority (BARDA) — in the guise of efficiency and cost savings are anything but.** They are eliminating the people, systems, and partnerships that form our frontline defense against infectious disease threats, rendering us more vulnerable to deadly disease outbreaks and elevating the cost of emergency response. **Dismantling critical architecture without careful thought and a deliberate strategy to protect vital expertise and capacities is not only short sighted, it is exceedingly dangerous. ...”**

Nature - An animal source of mpox emerges — and it’s a squirrel

<https://www.nature.com/articles/d41586-025-00990-8>

“Researchers solve the mystery of a disease outbreak through long-term surveillance of wildlife in Africa.”

“One of the great mysteries of the monkeypox virus [has been pinpointing its ‘reservoir’ hosts](#) — the animals that carry and spread the virus without becoming sick from it. Now, an international team of scientists suggests that it has an answer: **the fire-footed rope squirrel (*Funisciurus pyrropus*), a forest-dwelling rodent found in West and Central Africa....”**

KFF Health news - Trump's Immigration Tactics Obstruct Efforts To Avert Bird Flu Pandemic, Researchers Say

Amy Maxmen; <https://kffhealthnews.org/news/article/bird-flu-trump-immigration-raids-farmworkers-threats-california-michigan/>

“Aggressive deportation tactics have terrorized farmworkers at the center of the nation’s bird flu strategy, public health workers say.”

Trump 2.0: Updates from past week

Stat - CDC's top laboratory on sexually transmitted diseases is shut by Trump administration

<https://www.statnews.com/2025/04/05/cdc-sexually-transmitted-diseases-laboratory-closed-by-trump-administration/>

“‘We are blind,’ researcher says, noting the **lab is crucial to tracking drug-resistant gonorrhea and other diseases.**”

“At a time when the world is down to a single drug that can reliably cure gonorrhea, **the U.S. government has shuttered the country’s premier sexually transmitted diseases laboratory**, leaving experts aghast and fearful about what lies ahead. **The STD lab at the Centers for Disease Control and Prevention — a leading player in global efforts to monitor for drug resistance in the bacteria that cause these diseases — was among the targets of major staff slashing at the CDC this past week.** All 28 full-time employees of the lab were fired.”

PS: “...Until the Trump administration announced the United States was withdrawing from the World Health Organization, **the CDC lab was one of three international reference laboratories for STDs that worked with the WHO to conduct surveillance for infection rates and drug-resistance patterns** and to recommend the best ways to treat these infections. **The other two are in Australia and Sweden.....**”

NYT - All Federal Experts on H.I.V. Prevention in Children Overseas Were Dismissed

<https://www.nytimes.com/2025/04/08/health/cdc-hiv-mothers.html>

“**Mother-to-child H.I.V. transmission takes an enormous toll in low-income countries. The Trump administration has laid off the officials who worked to solve the problem.**”

“The Trump administration has dismissed the few remaining health officials who oversaw care for some of the world’s most vulnerable people: more than 500,000 children and more than 600,000 pregnant women with H.I.V. in low-income countries. **Expert teams that managed programs meant to prevent newborns from acquiring H.I.V. from their mothers and to provide treatment for infected children were eliminated last week in the chaotic reorganization of the Health and**

Human Services Department. While it was known that some staff members devoted to H.I.V. prevention in other countries had been lost, The New York Times has learned that all such experts have now been terminated or are awaiting reassignment at the Centers for Disease Control and Prevention, the State Department and the U.S. Agency for International Development. These maternal health programs are still funded by the President's Emergency Plan For AIDS Relief, or PEPFAR. But without personnel to manage the initiatives or to disburse the money, it's not clear how the work will continue...."

Devex – A 'death sentence for millions' as US cuts more aid

<https://www.devex.com/news/a-death-sentence-for-millions-as-us-cuts-more-aid-109822>

"Some 42 programs that were previously slated to survive the final round of USAID cuts were killed, primarily for humanitarian assistance or emergency food aid in Africa and the Middle East."

- See also **Devex Newswire** - [US guts another \\$1.3B in aid, including emergency food programs](#)

Devex - USAID foreign officers to be repatriated, local staff fired by Aug. 15th

<https://www.devex.com/news/usa-id-foreign-officers-to-be-repatriated-local-staff-fired-by-aug-15th-109824>

"The agency's foreign service officers have been ordered to return to the U.S. by Aug. 15th — at the latest. That's the same day all local hires in countries where USAID has worked will be terminated."

Trump 2.0 – Impact, analysis, coping/adaptive strategies,

In no particular order. Some other important reads you also find in the 'Global Health Governance & Financing' section, obviously.

Lancet Microbe (News) - The fate of tuberculosis programmes without USAID

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(25\)00073-4/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(25)00073-4/fulltext)

Update as of 9 April. Very good update where things stand now.

NPR - How will the deep cuts at the Centers for Disease Control affect global programs?

<https://www.npr.org/sections/goats-and-soda/2025/04/04/g-s1-57788/centers-for-disease-control-global-health-hiv-maternal-health>

Excerpt: “.... Neither HHS nor CDC released further information on the cuts, but six current CDC/Global Health Center employees gave details to NPR. They asked for anonymity because they are not authorized to speak to the press. **The Global Health Center has three divisions. Two of the divisions were unscathed: global immunization, which supports vaccine distributions for polio and other diseases, and global health protection, which is responsible for disease surveillance, gathering information and drawing on their network of labs. The third division, Global HIV and TB, however, had seven of its 15 branches eliminated, terminating all of their staff and leadership.** Three CDC employees who spoke to NPR said they were **especially shocked by the elimination of the Maternal and Child Health Branch.....**”

Devex – Marco Rubio: What part is he actually playing in USAID's dismantling?

<https://www.devex.com/news/marco-rubio-what-part-is-he-actually-playing-in-usaid-s-dismantling-109568>

“When Marco Rubio was appointed secretary of state, the aid sector rejoiced. Here, they said, was someone they could work with. Why hasn't it turned out that way?” Excerpts:

“Questions linger about how much influence Rubio really has in the Trump administration, and whether he will take on a stronger role in shaping what’s left of U.S. foreign assistance once the dust settles on USAID’s closure. During the agency’s dismantling, he delegated significant authority to Peter Marocco, who served as acting USAID deputy administrator — although Marocco has since stepped back into his primary role as director of the State Department’s Office of Foreign Assistance.....”

“.... Rubio has made comments which show that he was engaged with the process of shutting down USAID — and supportive of it. He [told USAID employees and others in Guatemala](#) of his deep frustration at the lack of responsiveness from USAID staffers, who he said were “almost inviting themselves to get in trouble.” He said the U.S. needed to create a different foreign aid infrastructure, cutting out programs that don’t serve the national interest. **“Foreign aid is the least popular thing government spends money on,” Rubio said. **“I spent a lot of time in my career defending it and explaining it, but it’s harder and harder to do across the board — it really is.”** At the same time, Rubio said he intends to protect U.S. aid spending.”**

PS: **“Recent figures suggest that Rubio may have followed these principles more closely than it originally appeared. While he said that only 18% of aid programs survived, he appears to have maintained several large programs in areas such as food, health, and humanitarian aid, meaning that spending has potentially been cut by less than previously thought — [by just 34%](#), according to one recent analysis.”**

“.... Some aid observers expect little from Rubio at this point. “I think it’s become very clear that this is not the sword he’s going to die on,” Bencosme said. He believes **the fight has moved elsewhere: “Congress and the courts are going to have to decide whether they’re actually going to provide checks and balances around the money that they actually appropriate.”**

UNAIDS weekly update - Impact of US funding cuts on the global AIDS response — Weekly update

https://www.unaids.org/en/resources/presscentre/featurestories/2025/april/20250408_funding-sitrep

Update as of 8 April. “Low- and middle-income countries across the world continue to adapt to suspensions and terminations of United States support to their national AIDS responses.....”

HIV and the Volatile New World Order: From Declining Pandemic to One Crisis among Many

Warren Parker & Alan Whiteside; <https://balsilliepapers.ca/bsia-paper/hiv-and-the-volatile-new-world-order-from-declining-pandemic-to-one-crisis-among-many/>

“... these changes were enacted without prior notice, consultation or international coordination, and unfolded in the context of a global HIV response unprepared for such a disruption. While the consequences are severe, this unprecedented circumstance offers a critical moment for reflection and reimagining the future of the HIV response.”

Excerpt from the conclusion: “... The rapidity and scale of current shifts in the foreign aid landscape constitute what polymath and influential academic Nassim Taleb describes as a Black Swan event. Such events involve a combination of seemingly unpredictable “unknown unknowns” with highly significant consequences worldwide. Previous occurrences include the 9/11 attacks of 2001, the financial crisis of 2007–2009, and the COVID-19 pandemic. They illustrate a lack of global resilience and have immediate and far-reaching consequences. Black Swan events give rise to retrospective analyses that suggest “we should have seen that coming.” However, in real terms, whatever breadcrumbs there may have been on the trail, the present catastrophe at the hands of President Trump, and the seismic shifts set to follow, are beyond all reasonable expectations.....”

Guardian - ‘Some of these diseases are in the Bible’: despair as cuts halt progress on age-old tropical illnesses

<https://www.theguardian.com/global-development/2025/apr/09/despair-as-cuts-halt-progress-on-neglected-tropical-diseases-usaid>

“They are debilitating afflictions that people don’t know about, don’t understand and struggle to pronounce. Now health workers fear they will surge in Africa as USAID-funded drug distribution programmes are cut.” Focus here on the impact on NTDs.

Global Health Governance & Financing

HPW – No Talks Between WHO and US Despite ‘Severe Disruption’ in Health Services Since Trump Slashed Aid

<https://healthpolicy-watch.news/no-talks-between-who-and-us-despite-severe-disruption-in-health-services-since-trump-slashed-aid/>

Coverage of a WHO press briefing on Thursday. **“Health services worldwide have been “severely disrupted” by the United States slashing aid, and the World Health Organisation (WHO) is radically reducing its operations following the US withdrawal from the global body – but there has been no formal engagement between the WHO and the White House.** WHO Director-General Dr Tedros Adhanom Ghebreyesus revealed this **at a press conference on Thursday**, reporting that **three-quarters of the over 100 countries had reported “severely disrupted” services**, a quarter had closed health facilities and a quarter were charging patients more for services.”

“The US owes the WHO \$260 million in membership fees for 2024-25. The Biden administration failed to pay fees last year and the US is liable for this year’s fees as it is obliged to give a year’s notice of its withdrawal from the body. **But there has been no formal engagement between the WHO and the White House since Trump issued an executive order on 20 January withdrawing from the WHO, said Tedros.”**

“... In response to the loss of US aid, countries are “revising budgets, cutting costs and strengthening fundraising and partnerships,” said Tedros, reporting on **efforts by South Africa, Nigeria and Kenya to increase their domestic allocations to health.** He advised countries to **prioritise their poorest citizens**, protecting them from being impoverished by additional health spending, **and to resist cutting public health spending, instead improving efficiency.** **“... “ Countries can also increase revenue by introducing or increasing taxes on products that harm health, including tobacco, alcohol and sugary drinks, he added.”**

PS: **“Aside from \$260 million hole left by the US withdrawal, other member states owe the WHO \$193 million in unpaid membership fees (called “assessed contributions”),** according to [a report](#) compiled for the World Health Assembly next month.”

PS: **“In remarks made during the briefing, WHO Director-General Tedros Adhanom Ghebreyesus, PhD, said the cuts to global health funding have helped speed a transition away from aid dependency that the WHO has been encouraging for years.”**

- Related: WHO press release - [Countries are already experiencing significant health system disruptions – WHO](#) (10 April)

“The World Health Organization (WHO) issues warning on health service disruptions reported in 70% of its surveyed country offices as a result of sudden suspensions and reductions in official development assistance (ODA) for health. The findings, based on rapid WHO assessment of the fast-evolving situation, raise concern for potentially deeper and prolonged effects on health systems and services across the world, especially in vulnerable and fragile settings. This requires urgent action and international response.....”

“The new rapid stock take conducted in March–April 2025 with 108 WHO country offices, primarily in low- and lower-middle-income countries, shows that many countries are working to increase or reallocate funding from domestic and alternative external sources to address gaps. However, up to 24% of WHO Country Office responses suggest budget cuts are already translating into increased out-of-pocket payments.....”

Devex - Inside WHO's reforms: Progress, failures, and unfinished business

<https://www.devex.com/news/inside-who-s-reforms-progress-failures-and-unfinished-business-109812>

“WHO claims to have implemented its most ambitious reform under Director-General Tedros Adhanom Ghebreyesus. However, experts and current and former staff argue that critical changes are still needed.”

One of the must-reads of the week. With views of Peter Singer, Suerie Moon and others.

Debt Justice - US tariffs will intensify debt crisis in lower-income countries

<https://debtjustice.org.uk/blog/us-tariffs-will-intensify-debt-crisis-in-lower-income-countries>

“The US’s planned imposition of tariffs on imports from across the world has hit financial markets. The move, and any retaliation to it by major economies, is likely to exacerbate the debt crisis affecting many lower-income countries. Of the 20 lower-income countries with the highest external debt payments, all are being hit with tariffs of at least 10%, with some facing much more....”

Devex – Germany's coalition contract includes new cuts to aid budget

<https://www.devex.com/news/germany-s-coalition-contract-includes-new-cuts-to-aid-budget-109837>

“Germany’s incoming centrist coalition plans to reduce official development assistance, dropping the 0.7% GDP target amid budget constraints — despite pushback from development leaders and ongoing global challenges.”

“The extent of the cuts remains unclear, but the draft budget includes an 8% cut to the country’s primary aid agency, the [German Federal Ministry for Economic Cooperation and Development](#), or BMZ. In better news for the center-left party’s goals for aid, BMZ narrowly escaped a merger with the German Foreign Ministry.”

Lancet Infectious Diseases (Newsdesk) – Gavi under threat from US funding cuts

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00245-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00245-2/fulltext)

(10 April) “As a document leaked to the press indicates that Gavi will lose financial backing from the USA, we ask what this could mean for the future of the programme. Talha Burki reports.”

Global Health Financing Crisis: Dog-Eat-Dog or A Constructive Prioritization? [GUEST ESSAY]

Jon Lidén; [Geneva Health Files](#);

“....The signals from several European capitals are not that they will rush in to fill funding holes, but that they on the contrary will make tough choices about what part of the health architecture is no longer crucial and therefore should be fully defunded. Crises are the mother of invention, and a cool and critical look at the difference between the essential and the nice-to-have could actually improve global health assistance. However, **the danger is that each donor country and private foundation will make their own, individual assessments of what should be kept and what can be scrapped, with no guarantee that those decisions harmonize with each other, and with little input from the countries receiving assistance or civil society.** Add to that each major health organization’s frantic lobbying effort to secure its own funding and you have a **recipe for ad-hoc, messy, unfair and unstrategic funding decisions bordering on full-blown chaos....”**

“...Some inspiration can perhaps be drawn from the creation of the Global Fund...” (in 2001), which offered a number of innovations. “...This kind of no-taboo, no-idea-too-crazy discussion is what is needed now to see what can remain and what must be cut from the global health architecture. Wellcome, the Gates Foundations, Norway, and others with spare cash should start financing option papers and deep-dives into these challenges, but crucially, in ways that are inclusive, broad and do not drive individual agency agendas. **Once well prepared, a southern G20 country – such as Indonesia – could play host to such a “conclave”, inviting a relatively small group of people – but representing all relevant stakeholders from north and south, east and west – to come together in a flat, equal structure without blocs or some being more equal than others.** “

CGD (blog) – Escaping the Kindleberger Trap: What Role for China in Reshaping Global Health for a Low-Cooperation World?

L Hussain et al ; <https://www.cgdev.org/blog/escaping-kindleberger-trap-what-role-china-reshaping-global-health-low-cooperation-world>

The ‘....retreat from multilateralism and the provision of global goods will have broad and deep impacts. **Large, technologically sophisticated middle-income countries—principally China—will be vital to the new global health order. New partnerships are needed to manage complex risks in a low-cooperation world.** The alternative is what [Joseph Nye describes](#) as the “Kindleberger Trap”—the gulf that emerges when no great power is able to function as a global stabiliser.....”

Excerpt: “....The focus and modalities of China’s health cooperation are evolving rapidly, reflecting evolution in the country’s institutions and priorities and changing leadership thinking about China’s global role. But China is unlikely to fill major funding gaps left by the US withdrawal.... **However, China is increasingly important in the production of knowledge on health and development.** The country’s [rapid health reforms](#)—including building the world’s largest health insurance system and [progressing towards universal health coverage](#)—provide very recent [experience of health system strengthening in a middle-income country with huge regional disparities](#). It means the country has deep technical capacity on health challenges faced by both its high-income peers and many low-income countries. And that capacity is increasingly being mobilised internationally. **Similarly, China is now fundamental to global science, innovation, and value chains. Chinese pharmaceuticals and health consumables are essential to health systems the**

world over, and the country is a potential source of “appropriate” health technologies, including [diagnostics](#) and [vaccines suited to low-income contexts](#). Equally, it is emerging as a global leader in some areas of biopharmaceuticals, such as immuno-oncology, next generation biological therapies, [chimeric antigen receptor \(CAR\) T-cell therapies](#), and AI and virtual reality applied to cancer, all of which have relevance to developed and developing countries alike.....”

Devex Pro – Exclusive: How Europe is planning for life after USAID

<https://www.devex.com/news/exclusive-how-europe-is-planning-for-life-after-usaid-109804>

(gated) “**Spending cuts at home** are limiting the bloc's ability to respond.”

“Publicly, the European Commission says it “cannot fill the gap” as the United States leaves its role as the Western world’s top donor of foreign aid. But behind-the-scenes internal analysis from earlier this year, seen by Devex, shows Europe’s top civil servants discussing which U.S. funding cuts will most affect the European Union, assessing the possibility for the EU to fill at least some needs, and even sketching out how to go about it. In early February, the commission’s secretary-general, Ilze Juhansone, asked departments from the EU executive to identify **which actions affected by the U.S. funding retreat were vital for EU interests**. In response, the **director-general of the commission’s development department, Koen Doens, identified three key topics: health, migration, and fragility.....”**

Re Health: “Post the Trump administration’s freeze on aid and before slashing 83% of USAID’s programs, Doens spotlighted health as a former U.S. darling, covering everything from HIV/AIDS prevention to pandemic threats. **With U.S. funds drying up, he sees pathogens such as the H5N1 influenza and Ebola viruses as real threats to European health security**. Plus, he’s **pretty vocal about the loss of U.S. expertise from the U.S. Centers for Disease Control and Prevention and USAID**. But it’s not all doom and gloom — Doens noted the EU’s own muscle in this area, boasting rapid deployment labs that could easily outmatch the now-lagging U.S. support.....”

- See also [Devex check-up](#): “My colleague Vince Chadwick got access to a **memo from Koen Doens, the director-general of the commission’s development department, who laid out his chief concerns about the U.S. funding retreat**, including around global health. Top of the list was the **impact on programs that address disease outbreaks** with pandemic potential, followed closely by **efforts to strengthen country abilities to prevent, prepare, and respond to pandemics**. No surprise that Europe does not want to contend with an outbreak of Ebola or Marburg. Doens also expressed **concern about the future of the response to other infectious diseases such as HIV, tuberculosis, and malaria**. Doens suggested that if the commission steps in, there might even be opportunities to achieve **greater efficiency than the United States**. Time will tell.”

Science Insider - Trump has blown a massive hole in global health funding—and no one can fill it

<https://www.science.org/content/article/trump-has-blown-massive-hole-global-health-funding-and-no-one-can-fill-it>

“Other countries, foundations, international groups are unable to replace billions lost in U.S. cuts.”

A few excerpts:

“European countries won’t fill the breach. The three biggest donors after the U.S.—Germany, France, and the U.K.—have announced they will cut back on foreign aid, in part to make up for increased defense spending. **DonorTracker, a project that monitors trends in countries’ foreign assistance, projects countries other than the U.S. will contribute \$13.5 billion less in 2025 and 2026.** Joanne Sonenshine, an independent expert on corporate fundraising, says she expects the Nordic countries and Australia to step forward, but so far none has made concrete offers....”

“Many philanthropies are reeling, says Charles Keidan, an independent philanthropy expert based in the U.K. **Privately and publicly funded projects are often intertwined, he says, and the sudden withdrawal from U.S. aid has disrupted their efforts.** “This is the **biggest crisis I’ve seen in my lifetime, certainly within the philanthropy sector globally,**” Keidan says. “It’s an **existential crisis.**”

“... The Bill & Melinda Gates Foundation is spending more this year as well. On 15 January, the foundation announced a record budget of \$8.74 billion for this year, and it made a further \$750 million pledge to combat child malnutrition, hit hard by the retreat of USAID. That brings total spending this year to more than 12% of the foundation’s \$75.2 billion endowment. Still, “There is no foundation—or group of foundations—that can provide the funding, workforce capacity, expertise, or leadership that the United States has historically provided” in the fight against disease and hunger, Rob Nabors, the foundation’s North America director, said in a recent statement. (The foundation did not answer specific questions from Science.) **Some had hoped for more generous commitments from philanthropies—and for a more vocal response to the frontal assault on the type of work they support.** Bill Gates, for example, has reportedly discussed his concerns with U.S. government officials but has not publicly criticized the administration. “Too quiet, too slow,” is how Sonenshine describes the muted collective response. Keidan says **most foundations are trying to stay out of the Trump administration’s crosshairs while they figure out how to respond....”**

Devex - UNFPA chief to step down months before term ends

<https://www.devex.com/news/unfpa-chief-to-step-down-months-before-term-ends-109829>

“The United Nations’ chief sexual and reproductive rights agency launches transition amid budget uncertainty over its fate.”

“... Dr. Natalia Kanem, executive director of the [U.N. Population Fund](#), UNFPA, informed U.N. Secretary-General António Guterres and the agency’s executive board president of her plans to step down this summer. Her departure comes at a period of intense turmoil and uncertainty at the U.N., facing unprecedented cuts in U.S. funding.....”

OneSec- **“This Is Not Idealism—It’s Realism”**: Ilona Kickbusch on Global, One and Planetary Health

<https://onesec-magazine.org/public-health/this-is-not-idealism-its-realism-ilona-kickbusch-on-global-one-and-planetary-health/>

“Global Health, One Health, Planetary Health. These **concepts** are on everyone's lips—from humanitarian practitioners to international donors, from academic conferences to G7 communiqués. But how well do we truly understand them? **What do they mean in a time of shifting geopolitics, environmental crisis, and institutional uncertainty?** OneSec spoke with Prof. Dr. Ilona Kickbusch,

one of the most influential voices in global public health, **about the political power of language**, the responsibilities of the sector—and **why it’s time to rethink what we mean by “health.”**”

IPS -We Can Solve Global Challenges Through Global Public Investment

H Collacott; <https://www.ipsnews.net/2025/04/can-solve-global-challenges-global-public-investment/>

“... Countries in the Global South are at the forefront of advocating for global public investment. Colombia, for example, is championing reforms to make the international financial system more equitable and inclusive approach and has declared itself **“[very much aligned with the global public investment approach](#).”** **Chile**, likewise, has called on the world “to be creative and ambitious. Crucial will be a significant increase in public money, that cannot be managed as we managed it in the last century. Governance in the 21st century needs to be representative and effective. [Chile supports the development of global public investment.](#)””

“This call from the South is also winning support amongst forward-thinking countries in the North. “A new system geared toward solving truly common problems must be based on equitable relationships between countries,” says **Norway’s Norad agency**. “Global public investment is the closest thing to a [shared vision for the transformation of international development.](#)”

Experts, international organizations, and governments have been building plans for the global public investment approach for over a decade, and support and momentum have continued to grow. This year, global public investment is rising up in international negotiations even faster: South Africa’s leadership of the G20’s Development Working Group has named “global public goods and global public investment” as its number one priority, “aimed at the construction of a new architecture of international cooperation, based on three precepts: all contribute according to their means, all benefit according to their needs, [and all decide equitably](#)”. ...”

- Related new report: [The birth of global public investment](#) (by Jonathan Glennie, Global Cooperation Institute)

“This report presents global public investment (GPI) as a new paradigm for international public finance – one that reimagines how the world invests in shared progress. Rooted in the principles of collective responsibility and inclusive governance, GPI offers a future-oriented approach to funding global public goods and sustainable development. The report articulates the context in which we find ourselves, explains the conceptual foundations and practical implications of a GPI approach, and outlines a phased strategy for its advancement. This involves **shifting global narratives towards mutual interest and seizing strategic opportunities to embed the values of mutuality into the architecture of international cooperation.”**

Africa CDC - Accountability Framework to Drive the Lusaka Agenda

<https://africacdc.org/news-item/accountability-framework-to-drive-the-lusaka-agenda/>

(7 April) (see also a previous IHP newsletter) **“The Africa Centres for Disease Control and Prevention and the African Union Commission have developed an accountability framework for the implementation of the Lusaka Agenda and established a secretariat at Africa CDC to coordinate its implementation, a senior official announced during the Countdown to the G20 Summit in South Africa....”**

“... Early in March, Africa CDC and African Union leadership engaged with Ministers of Health to identify the gaps and find solutions to ensure that the health of Africa continues to be protected. The ministers agreed on the following roadmap, which will reinforce the implementation of the Lusaka Agenda through increased domestic resource mobilization and innovative financing. “We will conduct a strategic assessment of the health financing gaps with a review of national health financing plans across the continent and propose a menu of health financing solutions to inform collective engagement efforts, including as a framework for engagement at the upcoming World Bank Spring Meetings in April 2025,” said Dr. Tajudeen. He also said **a Ministerial Task Force will be established to work with Africa CDC on the health financing initiative – a group of 10 Ministers will represent the continent at the World Bank Spring Meetings, and a monthly progress conversation meeting of African Union Health Ministers will be held to take stock of how we are progressing.”**

“Some African countries are already moving ahead with the implementation of the Lusaka Agenda based on their country context. These include Central African Republic, DRC, Nigeria, Tanzania, Ethiopia, Ghana, Malawi, Mozambique, Senegal, and South Sudan. “

Tim Schwab - Gates Foundation loses diplomatic immunity in Kenya

<https://timschwab.substack.com/p/gates-foundation-loses-diplomatic>

“In a major victory for democracy, Bill Gates's oligarchic assertion of power is overturned.”

“... It’s a major reversal—and huge victory—that has far-reaching consequences. Many observers worried that if Gates’s diplomatic immunity went unchallenged in Kenya, other African nations would feel compelled to follow Kenya’s lead—offering legal immunity in order to secure funding from the billionaire philanthropist.....”

More on HIV & PEPFAR

The Lancet: Nearly 500,000 children could die from AIDS-related causes by 2030 without stable PEPFAR programmes, expert policy analysis estimates

Lancet Health Policy - [Protecting Africa's children from extreme risk: a runway of sustainability for PEPFAR programmes](#) (by L Cluver et al)

Cfr the press release of this new **Health Policy Analysis**:

“...Experts assessed the potential impacts on HIV/AIDS treatment and prevention efforts in sub-Saharan Africa if the US President’s Emergency Plan for AIDS Relief (PEPFAR) is suspended or only receives limited, short-term funding, estimating that 1 million additional children could become infected with HIV and nearly 500,000 children could die from AIDS by 2030. The authors also estimate that as many as 2.8 million children could become orphaned in the next five years if PEPFAR programmes are reduced or eliminated.”

“The analysis included an overview of PEPFAR programme benefits, including its success in increasing two-way trade between the USA and countries in Africa, improving diplomatic relations, and strengthening health systems and other programmes to support child health and prevent sexual violence against girls. The authors call for a strategic, five-year transition plan for PEPFAR

programmes to avoid preventable new paediatric HIV infections, deaths, and HIV-related orphanhood and to preserve the USA's position as a leader in global health diplomacy. “

“An accompanying Correspondence letter from 11 senior health officials in Africa details commitments from national governments to transition to long-term, sustainable country ownership of HIV programmes in partnership with the USA.”

- Lancet Letter - [Accelerating domestic investments to end AIDS in Africa](#) (by M Sidibé et al)

“... By working closely with our governments, private sector, and faith-based partners over the next 5 years, there is the opportunity to accelerate the transition of the vast majority of the responsibility for financing the full integration of HIV services into our respective countries and institutions. Achieving this aim would be possible through a planned runway of transition from 2025 to 2030, in partnership with the USA.”

Devex - PEPFAR at crossroads: Lawmakers debate future of global HIV program

<https://www.devex.com/news/pepfar-at-crossroads-lawmakers-debate-future-of-global-hiv-program-109825>

“If PEPFAR was never designed to last forever, how does the program need to change now?”

““Are we going to fund this forever?” asked Rep. Mario Diaz-Balart, a Republican from Florida, at an appropriations committee hearing about [PEPFAR](#), the U.S. government's global HIV/AIDS program. That was the looming question, along with how PEPFAR could be effectively wound down and programs transferred to individual country governments, the private sector, or other donors, at the National Security, Department of State, and Related Programs Subcommittee meeting on Tuesday. As lawmakers consider what to fund for fiscal year 2026, they need to understand where things stand with PEPFAR, address problems with the program and [a violation of a law](#) that prohibits funding for abortions during the Biden administration, and think about its future, said Diaz-Balart, who chairs the subcommittee....”

And re an important intervention from Mark Dybul: “... PEPFAR and the [Global Fund to Fight AIDS, TB, and Malaria](#) cannot and should not be forever, said Mark Dybul, who previously led both organizations and is now a professor at [Georgetown University](#), at the hearing. Working together, they should continue to transition funding for these programs from external to domestic resources — a process PEPFAR has helped to facilitate by building capacity and foundations, he explained. In 2023, 59% of all HIV-related spending came from domestic resources, he said. “Now is the time to execute a comprehensive plan with clear annual, transparent benchmarks, including starting this year, reductions and redirections on funding,” Dybul said, adding that the U.S. should enter a “compact” with each country outlining in detail how a transition will occur. How long such transitions will take depends on the country and its circumstances. Some may complete the process quickly, while dozens would need a few years, and others may take even longer, he said.”

“... But Connor also warned that creating, planning, and executing a new strategy could prove difficult as Trump administration policies are diminishing the technical capacity at PEPFAR. “It's a matter of time, planning, and benchmarks,” Dybul said, but cautioned that an abrupt and chaotic shutdown of PEPFAR programs will lead to the loss of all the benefits that have been gained....”

- PS: Link to the **statement from Mark Dybul** [at a US Congress subcommittee meeting](#)

TB

Lancet Comment – Tuberculosis: a threat to health security in the European region and the collective actions needed

Hans Kluge ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00677-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00677-4/fulltext)

“The 2025 European tuberculosis surveillance report underscores the gravity of the situation in the WHO European region.¹ Across 53 member states in Europe and Central Asia, more than 225 000 people had tuberculosis in 2023, with 16 000 deaths from the disease. Nearly 65 000 cases—or nearly 30%—are thought to be drug-resistant tuberculosis. Meanwhile, nine out of 53 WHO member states in the region rank among the world's top 30 high-burden drug-resistant tuberculosis countries. Related to tuberculosis, antimicrobial resistance (AMR) is a major concern globally, claiming thousands of lives and placing immense pressure on health systems. The inclusion in 2024 of drug-resistant *Mycobacterium tuberculosis* on the global list of critical pathogens highlights the importance of addressing AMR in the response to tuberculosis. *M tuberculosis* is one of the ten deadliest pathogen-drug combinations in deaths attributable to AMR. Given its growing public health impact, drug-resistant tuberculosis must be recognised as a global health security issue. Drug-resistant tuberculosis will be explicitly addressed later this year in the WHO Regional Office for Europe's (WHO/Europe) upcoming European Programme of Work for 2026–30.....”

“Another related concern is the burden of HIV and tuberculosis co-infection in the WHO European region.....”

... The fight against tuberculosis is also hindered by several other factors..... “

PS: **“Compounding this situation is the ongoing aid funding crisis. The stop order and suspension of funding from the US Agency for International Development, one of the biggest donors to the global tuberculosis response, has directly impacted the many community organisations that are so crucial in case-finding and supporting migrant communities and other vulnerable populations both in the region and globally.” “ it is vital to double down on four critical actions..... “**

And: ... The way forward is by taking a subregional approach, grouping countries with shared borders, cultures, and migration patterns, to help end tuberculosis once and for all. That is why WHO/Europe launched the TB-Free Central Asia Initiative on April 7, 2025, in partnership with our five Central Asian member states and in close collaboration with the Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The initiative aims to address shared challenges, such as disease burden and tuberculosis in the context of migration, and to harness opportunities such as rapid diagnostics, shorter regimens, and stronger service delivery via primary health care.....”

Meningitis guidelines WHO

WHO launches first-ever guidelines on meningitis diagnosis, treatment and care

<https://www.who.int/news/item/10-04-2025-who-launches-first-ever-guidelines-on-meningitis-diagnosis--treatment-and-care>

“The World Health Organization (WHO) has today published its first-ever global guidelines for meningitis diagnosis, treatment and care, aiming to speed up detection, ensure timely treatment, and improve long-term care for those affected. ...”

“Despite effective treatments and vaccines against some forms of meningitis, the disease remains a significant global health threat. Bacterial meningitis is the most dangerous form and can become fatal within 24 hours. Many pathogens can cause meningitis with an estimated 2.5 million cases reported globally in 2019. This includes 1.6 million cases of bacterial meningitis which resulted in approximately 240 000 deaths. Around 20% of people who contract bacterial meningitis develop long-term complications, including disabilities that impact quality of life. The disease also carries heavy financial and social costs for individuals, families, and communities.....”

PS: **“The guidelines contribute to the broader Defeating Meningitis by 2030 Global Roadmap, adopted by WHO Member States in 2020, which aims to: eliminate bacterial meningitis epidemics, reduce cases of vaccine-preventable bacterial meningitis by 50% and deaths by 70%, and reduce disability and improve quality of life after meningitis.”**

- Coverage via [UN News – Preventable ‘meningitis belt’ deaths targeted in health agency action plan](#)

“Millions of deaths could be avoided from meningitis if countries are able to adopt new guidelines designed to diagnose and treat the disease more effectively, the UN World Health Organization (WHO) said on Thursday. “

“... Low and middle-income nations are worst-affected. **The so-called “meningitis belt” in sub-Saharan Africa sees most cases and outbreaks.** It stretches from Senegal and The Gambia in the west of the continent all the way to Ethiopia in the east. “

Cholera

UN News – Cholera surges worldwide

<https://news.un.org/en/story/2025/04/1161906>

“A global surge in cholera is threatening vulnerable people from Angola to Myanmar, fuelled by conflict, natural disasters and climate change, the World Health Organization (WHO) said on Friday. The UN health agency registered almost 810,000 cases and 5,900 deaths from the preventable disease in 2024; that’s about 50 per cent higher than the previous year, according to Dr Philippe Barboza, who leads WHO’s cholera team.....” “He said the latest reported cases are

almost certainly underestimates and that **the disease continues to affect countries that were previously cholera-free....**”

“**Recent cuts to international aid funding are also hindering the response**, Dr Barboza said, giving the example of how in the previous two years, a donation of \$6 million would have allowed WHO to fully control any outbreak occurring in either Malawi or Zambia. “But this amount of money is not available. So, this is a very major concern...**outbreaks are getting worse and worse, deadlier and deadlier, but the funds are getting smaller and smaller.**”

“WHO data indicates that **for the first time in 10 years, Namibia reported infections this year**, while Kenya, Malawi, Zambia and Zimbabwe are also experiencing a resurgence.” “.... **Conflict, mass displacement, natural disasters and climate change have intensified outbreaks, particularly in rural and flood-affected areas**, with poor infrastructure and limited access to healthcare.”

“But it’s not all doom and gloom. **In September, production of cholera vaccines reached record levels, with the highest number of doses since 2013.....**”

Vaccines

Lancet Comment - Accelerating vaccine development in Africa: lessons from HIV research

N Ndembi et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00564-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00564-1/fulltext)

“... Many infectious diseases can be controlled through access to vaccines, yet **Africa remains dependent on vaccine research and development (R&D), supply, and agendas driven by institutions and priorities outside Africa**. Lessons learnt and capabilities developed through the past three decades of global HIV vaccine research and broadly neutralising monoclonal antibody (bnAb) research involving researchers and research sites in Africa can be leveraged for the development of vaccines for other infectious diseases common to the continent.....”

Read what Ndembi et al have in mind to accelerate vaccine development in Africa.

Reuters - Nigeria receives over 1 million meningitis vaccines from Gavi

[Reuters](#);

“**Nigeria has received more than 1 million meningitis vaccine doses from Gavi-funded global stockpile to combat an outbreak of the deadly disease in Africa's most populous nation, Gavi said [last week] on Friday**. More than 70 people have died from the outbreak across several Nigerian states, with over 800 cases recorded, Gavi said.....”

Nature Medicine (Editorial) – Combating vaccine revisionism

<https://www.nature.com/articles/s41591-025-03682-y>

“The **scientific community must take a strong and active stand against vaccine revisionism** — the false narrative that there is insufficient evidence to support the safety and efficacy of vaccines.”

Lancet Comment - Measles: the urgent need for global immunisation and preparedness

Krutika Kuppallia, et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00675-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00675-0/fulltext)

« **Measles resurgence is a global threat. In 2023, 57 countries reported large measles outbreaks—a 58% rise from 2022—nearly half in Africa. Strengthening the response to measles outbreaks is essential, as the risk of resurgence in countries around the world highlights the global scale of the crisis and the pressing need for coordinated international action to enhance immunisation efforts.** Rising cases worldwide underline the urgency of strengthening vaccination programmes and health-care preparedness to prevent further health and economic impacts. »

« **Addressing measles outbreaks globally presents additional challenges, including competing health priorities, financial constraints, logistical hurdles, and vaccine acceptance.** According to WHO, measles vaccination efforts between 2000 and 2023 prevented 60 000 deaths, but progress has stalled. **Organisations such as Gavi, the Vaccine Alliance and WHO's Measles and Rubella Initiative support immunisation programmes, yet sustained funding and political commitment are crucial.** In 2023, only 83% of children worldwide received their first dose of the measles vaccine, down from 86% in 2019.¹³ Additionally, an estimated 22 million infants missed this critical first MMR dose in 2023 alone, increasing the risk of outbreaks worldwide..... **Expanding laboratory capacity and maintaining MMR vaccine and post-exposure prophylaxis stockpiles are crucial for rapid outbreak response, especially in resource-limited settings** where concurrent infectious diseases outbreaks, such as mpox or varicella, can mimic measles. This may complicate and delay diagnosis thereby delaying interventions. **Strengthening surveillance and diagnostics is vital for early detection and containment,** underscoring WHO's emphasis on integrated surveillance platforms for real-time tracking of pathogens and coordinated response efforts.....”

« **The global rise in measles cases highlights the urgency of international cooperation in disease prevention.** Robust surveillance and vaccination programmes are key to controlling outbreaks....”

Access to medicines & other health technologies

HPW - Patients, European and Indian Drug Companies Will Suffer Most from Trump Tariffs on Pharmaceuticals

<https://healthpolicy-watch.news/patients-european-and-indian-drug-companies-will-suffer-most-from-trump-tariffs-on-pharmaceuticals/>

“Patients face costlier medicine and European and Indian drug companies face billion-dollar losses if US President Donald Trump’s [threat issued late Tuesday](#) of “a major tariff on pharmaceuticals” produced outside his country is realised.”

“Trump’s threat was made a few hours after major European pharmaceutical companies met with European Commission (EC) President Ursula von den Leyen, urging her to negotiate with the US or they would face supply chain issues, [according to Euro News](#). At that stage, the medicines produced by the European Federation of Pharmaceutical Industries and Associations (EFPIA) members were exempt from tariffs. Nonetheless, they issued a “stark warning to President von der Leyen that unless Europe delivers rapid, radical policy change then pharmaceutical research, development and manufacturing is increasingly likely to be directed towards the US,” the EFPIA noted in a [statement](#) on Tuesday. Eighteen EFPIA member companies identified “as much as 85% of capital expenditure investments (approximately €50.6 billion) and as much as 50% of R&D expenditure (approximately €52.6 billion) potentially at risk” in an industry survey. “This is out of a current combined total of €164.8 billion in investments planned for the period 2025-2029 in the EU-27 territory. Over the next three months, companies that responded estimate that a total of €16.5 billion ie. 10% of the total investment plans is at risk,” the federation noted.”

PS: **““In addition to the uncertainty created by the threat of tariffs, there is little incentive to invest in the EU and significant drivers to relocate to the US,” the federation noted, warning that the US “now leads Europe on every investor metric from availability of capital, intellectual property, speed of approval to rewards for innovation. They called on von der Leyen to develop a competitive EU market that “rewards innovation”, stronger intellectual property provisions, and “policy coherence across environmental and chemical legislation to secure a resilient manufacturing and supply chain of medicines in Europe”. “Europe needs to make a serious commitment to invest in a world-class pharmaceutical ecosystem, or at best, risk being reduced to a consumer of other region’s innovation.” ...”**

PS: **“90% of API for US medicines are manufactured outside that country – by 2021, mostly in India (48%), followed by Europe (22%) and China (13%). Indian companies face potentially huge cost increases from tariffs on pharmaceutical products as the US is their biggest market – worth \$8.7 billion in 2024, [according to](#) the Pharmaceuticals Export Promotion Council of India. Some 45% of US generics are made in India and tariffs would cause price hikes that would affect both patients and companies outside the US.”**

Stat - Gilead is urged to rework licensing deals for groundbreaking HIV prevention drug

<https://www.statnews.com/pharmalot/2025/04/10/gilead-hiv-aids-lenacapavir-generics-licensing-medicines-pharma-access-patents/>

“Academics say access to lenacapavir must be widened.”

“A group of academics is arguing that countries seeking access to a groundbreaking HIV prevention drug from Gilead Sciences should issue compulsory licenses if the company fails to modify an existing licensing program with half a dozen generic makers. In an [essay in Clinical Infectious Diseases](#), they complained Gilead pursued voluntary licenses that are too restrictive, which will delay or deny access to its drug. Called lenacapavir, the medicine caused a stir because study data

showed a single set of injections every six months could provide virtually complete protection against infection, a form of prevention known as pre-exposure prophylaxis, or PrEP.”

Initiative for Medicines, Access and Knowledge (I-MAK) (Brief) - How Financialization Drives Pharmaceutical Patent Abuse and Health Inequities for GLP-1 Therapies

<https://www.i-mak.org/glp-1/>

“This brief examines the financialized business model of Novo Nordisk and Eli Lilly for the leading GLP-1 products Ozempic, Rybelsus, and Wegovy (semaglutide) and Mounjaro and Zepbound (tirzepatide). It shows how these companies are using the patent system as a key tool to maximize revenues, profitability, and shareholder returns. Through the creation of patent thickets, which includes filing and being granted follow-on patents for minor modifications, these companies have already extended their patent protection far beyond the term of the original patents for these products. By extending their patent protection through these follow-on patents, subject to the outcome of litigation and the terms of any settlements, they potentially stand to extend their market monopoly and increase revenues. **This brief highlights how the financialized business model perpetuates health inequities that will disproportionately impact Black Americans and other marginalized populations who face higher rates of obesity and diabetes yet remain underrepresented in access to GLP-1 therapies. It also makes several recommendations for systemic reforms to the patent system** to counter the influence of financialization that incentivizes patent abuse, as well as healthcare policies to address these inequities and promote affordable access to these life-changing treatments.”

The Milbank Quarterly – The Political Economy of the World Health Organization Model Lists of Essential Medicines

<https://www.milbank.org/quarterly/articles/the-political-economy-of-the-world-health-organization-model-lists-of-essential-medicines/>

“The World Health Organization (WHO) Model Lists of Essential Medicines (EML) aims to help countries select medicines based on the priority needs of their populations. However, rapid evolution within the pharmaceutical sector toward complex, high-priced medicines has challenged WHO decision making, leading to inconsistent decisions. **The purpose of this paper is to investigate how political factors impact the WHO EML.**”

Conclusion: “**The current debate about the role of the WHO EML centers on the question whether the Model Lists ought to include complex, high-priced medicines.** However, this research demonstrates that challenges may have roots deeper than amending decision criteria. At the core of this issue is **the role of the list.** Defining a strategic vision for the WHO EML, refining decision criteria, and increasing institutional support would align interests, good processes, and, ultimately, contribute to positive societal health outcomes.”

Mental Health

Lancet Comment – Advancing health-care equity for autistic people: mental health as a key priority

Daniel L Wechsler et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00667-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00667-1/fulltext)

“Autistic people make up a substantial proportion of society, with global prevalence estimated at around 1%. This amounts to approximately 80 million people worldwide, with the majority living in low-income and middle-income countries (LMICs). The risk of poor mental health is substantially elevated in autistic people, with mental health problems typically emerging early in life. Estimates of lifetime prevalence in autistic adults are around 40% for both anxiety and depressive disorders. The prevalence of other psychiatric disorders is also substantially raised, and autistic people are three times more likely to die by suicide.”

“Despite being at increased risk of mental health difficulties, autistic people have poor access to appropriate and evidenced-based care. These health-care disparities likely contribute to heightened rates of mental ill health and poor quality of life. In this Comment, we draw on a range of expertise among the authors—including causal models of mental health in autistic populations, delivery of clinical care for autistic people (including those in LMICs), supporting autistic people with minoritised identities, and lived experience of barriers to receiving appropriate mental health care as an autistic person—and suggest actions required to redress health-care inequities that prevent autistic people from receiving the mental health supports they need.....”

Human Resources for Health

PEAH - WHO and Immigrant Health Workers: A Social Justice Perspective

R Saner; <https://www.peah.it/2024/12/14094/>

“Many countries recruit foreign-born and foreign-trained health workers who are given opportunities to immigrate to another country where they find new employment and often also additional training opportunities. However, the emigration of health workers imposes significant costs on poor countries, which lose trained professionals already in short supply. This causes deficiencies in the supply of competent health workers, often further deepening poverty due to a serious lack of medical care providers, thereby negatively affecting social justice. **The most recent policy paper jointly authored by WHO and OECD deserves critical attention since it makes in-depth proposals for liberalizing migration agreements of health workers between countries without adequate consultation nor participation of civil society. Hence, **the purpose of this article is to discuss the complex issue of cross-border health worker recruitment and migration from a perspective of social justice and sustainable development** and to propose solutions to this multi-faceted problem.”**

Excerpt: “... Ensuring application and respect for social justice should be the fundamental conditions of any international health worker contracts. A Global Health Workforce Solidarity

Treaty would provide a **structured, equitable solution to the challenges of health worker migration**. It would balance the rights of individuals to migrate with the global need for sustainable health systems, ensuring that health workforce mobility benefits all parties while protecting vulnerable systems and populations.”

Planetary Health (& Planetary Health Financing)

Guardian- Poor countries say rich world betraying them over climate pledges on shipping

<https://www.theguardian.com/environment/2025/apr/07/poor-countries-say-rich-world-betraying-them-over-climate-pledges-on-shipping>

Analysis on Monday, as the (IMO) meeting in London was kicking off. **“Proposal that ships pay levy on emissions to fund climate action in poor countries opposed by powerful economies.”**

“... Nations from 175 countries have gathered in London this week at the International Maritime Organisation (IMO) to hammer out the final details of a deal, more than a decade in the making, that could finally deliver a plan to **decarbonise shipping over the next 25 years**. If the most ambitious proposals are realised, the agreement would also require all ships to pay a small charge based on the greenhouse gases they emit, with the proceeds going to fund climate action in poor countries. This levy is seen as a crucial source of funding for poor countries, which are seeing increasing economic devastation from extreme weather. But powerful economies, including China, Brazil and Saudi Arabia, oppose the levy, while others, including the EU, may agree to drastically water it down.”

Devex – The growing relevance of BRICS to climate finance

[Devex:](#)

“Brazil’s government wants BRICS to lead a just climate transition. Can this succeed, despite disagreement within the coalition?”

“This week, **Brazil's Minister of Environment and Climate Change Marina Silva said the BRICS group**, which began in 2006 as a club of Brazil, Russia, India, China, and later South Africa, **has the potential to lead a just climate transition**. ... The countries of BRICS have vastly different political systems, economic models, and geopolitical strategic interests. But **sources tell Devex that BRICS is an especially unlikely alliance for climate action due to its members' conflicting economic priorities — China and India rely heavily on coal, Russia is a major fossil fuel exporter, and Brazil and South Africa face challenges balancing environmental goals with economic growth**. But this year, Brazil’s BRICS presidency coincides with its presidency of the United Nations Framework Conference on Climate Change, or COP30, which some think puts BRICS in a position to lead the world on climate.... “

“... Experts think that this could be the year that the otherwise quiet group rises to prominence in global policy, development, and climate change. “BRICS has been rising in relevance for the last decade,” said Subhi Barakat, head of global climate governance at the International Institute for

Environment and Development, or IIED. “But we’re also seeing this escalating competitiveness and assertiveness of the global south in a more coordinated, organized way.””

“... Experts are confident that BRICS is playing a bigger role in this year’s development and climate landscape, but they don’t know how long that will last. “One thing we’re trying to evaluate is whether this is just a phenomenon under Brazilian leadership. Or is it more systematic and for the long term?” said Li. “My personal assessment for now is that it’s too early to make a judgment call. At this point in time, I would say this is largely driven by Brazil.” “

Independent - Why USAID is such a critical piece of the global climate aid puzzle – and what happens next as it is cut

<https://www.independent.co.uk/climate-change/usaids-trump-climate-aid-africa-doge-musk-b2729392.html>

“As development projects battle over which is the most ‘life-saving’ in order to secure the dregs of US aid funding, climate action is likely to be deemed lowest priority.”

Science Insider- India is a global warming ‘hole,’ and scientists aren’t sure why

<https://www.science.org/content/article/india-global-warming-hole-scientists-arent-sure>

“Despite its extreme heat waves, the country’s decadeslong warming trend amounts to half the global average.”

Guardian – Revealed: Big tech’s new datacentres will take water from the world’s driest areas

<https://www.theguardian.com/environment/2025/apr/09/big-tech-datacentres-water>

“Amazon, Google and Microsoft are building datacentres in water-scarce parts of five continents.”

CGD (blog) - Rich Countries Are Exporting Thousands of Tons of Toxic Paint Pigment to Poor Countries

R Todd et al; <https://www.cgdev.org/blog/rich-countries-are-exporting-thousands-tons-toxic-paint-poor-countries>

“.... In a new [CGD paper](#) published today, we present new data showing that rich countries including Canada, the United States, the United Kingdom, and Spain, continue to export lead chromate to poor countries. Confirmed exports are in the hundreds of tons, but the partial nature of our data means that we estimate the true figure to be in the thousands. **This is despite these countries placing bans or strong restrictions on the use of lead chromate in their own territories.** The countries they export to frequently have weak regulations and low capacity to monitor its use, and lead chromate has been found in highly hazardous applications in these countries, such as in domestic paints or children’s toys.”

Carbonbrief - Survey: 'Very few' Africans place responsibility for climate action on 'rich nations'

<https://www.carbonbrief.org/survey-very-few-africans-place-responsibility-for-climate-action-on-rich-nations/>

“A new survey reveals that “very few” Africans place responsibility for climate action on “rich countries” – despite the [long history of carbon emissions](#) from the most developed nations. “

“The study, published in [Communications Earth & Environment](#), presents the results of a survey of more than 50,000 people across 39 African countries conducted over 2021-23. The authors find that just half of survey respondents have heard of climate change. Of these, 45% say they believe their own government is primarily responsible for reducing the impacts of climate change and 30% say “everyday Africans” bear the greatest responsibility. Just 13% of survey respondents put the onus for tackling climate change on “historical emitters”. **African citizens with high levels of education, lower levels of poverty and greater access to the internet and social media are more likely to say that “rich” countries have the primary responsibility for climate action, the study finds. “**

Conflict & Health

WHO - World must act with urgency to save Palestinians in Gaza

<https://www.who.int/news/item/07-04-2025-world-must-act-with-urgency-to-save-palestinians-in-gaza>

Statement by heads of OCHA, UNICEF, UNOPS, UNRWA, WFP and WHO.

“For over a month, no commercial or humanitarian supplies have entered Gaza. More than 2.1 million people are trapped, bombed and starved again, while, at crossing points, food, medicine, fuel and shelter supplies are piling up, and vital equipment is stuck.”

- Related: [HPW – UN Agency Chiefs Warn of ‘Utter Disregard for Human Life’ as Gaza Blockade Enters Second Month](#)

UN chief says Gaza transformed into 'killing field'

<https://www.france24.com/en/live-news/20250408-un-chief-says-gaza-transformed-into-killing-field>

“United Nations Secretary-General Antonio Guterres said Tuesday that Gaza had become "a killing field" because Israel has continued to block aid, an accusation an Israeli official quickly denied, saying there was "no shortage" of aid.” “

Miscellaneous

Devex – Gates Foundation to fund AI scaling hubs in Africa

<https://www.devex.com/news/gates-foundation-to-fund-ai-scaling-hubs-in-africa-109805>

“The Gates Foundation is investing \$7.5 million in a new AI Scaling Hub in Rwanda to boost innovation in health, agriculture, and education — part of a broader effort to scale AI across Africa.”

“The [Gates Foundation](#) has signed a three-year, \$7.5 million partnership to scale artificial intelligence innovations in Rwanda, on the sidelines of the Global AI Summit on Africa. The summit, convened by the Centre for the Fourth Industrial Revolution and the Rwandan Ministry of ICT & Innovation in collaboration with the [World Economic Forum](#), was held last week in Kigali. The hub is designed to be a platform to scale AI solutions — starting with three sectors: health care, agriculture, and education.... The Gates Foundation, according to Mundel, plans to sign three other partnerships across the continent in the next few months to establish hubs in Nigeria, Kenya, and Senegal with the aim of breaking down barriers “to scale and help move promising AI innovation to impact.”

PS: “At the conclusion of the summit, **almost all the countries on the continent signed a declaration on artificial intelligence**, which aims to leverage AI for innovation; position Africa as a global leader in AI adoption; and foster sustainable and responsible use, design, and development of AI. Among other commitments to improve AI infrastructure, institutional cooperation, marketing, and data cooperation, **the declaration also commits that the continent will invest in AI. “A \$60 billion Africa AI Fund will be established, leveraging public, private, and philanthropic capital, to create a safe, inclusive, and competitive African AI economy through foundational and catalytic investment,”** the declaration stated.....”

Nature (Comment) – Science’s big problem is a loss of influence, not a loss of trust

Heidi Larsson et al; https://www.nature.com/articles/d41586-025-01068-1?utm_source=x&utm_medium=social&utm_campaign=nature&linkId=13876079

“Evidence shows that science and scientists remain highly trusted. But genuine scientific voices are not shouting loud enough over the noise to hold sway.”

Guardian - Loathe thy neighbor: Elon Musk and the Christian right are waging war on empathy

<https://www.theguardian.com/us-news/ng-interactive/2025/apr/08/empathy-sin-christian-right-musk-trump>

Very disturbing must-read. *“Trump’s actions are irreconcilable with Christian compassion. But an unholy alliance seeks to cast empathy as a parasitic plague.”*

Global health governance & Governance of Health

Nature Editorial – Why it’s time the United Nations is led by a woman

<https://www.nature.com/articles/d41586-025-01008-z>

“With efforts towards gender equality stalling, voting in a first female head of the UN would provide powerful representation for half the world’s population — and be good for all of it.”

Devex Newswire: Is the UN's Trump charm offensive just pointless pandering?

<https://www.devex.com/news/devex-newswire-is-the-un-s-trump-charm-offensive-just-pointless-pandering-109801>

“The U.N. migration agency's efforts to win over the Trump administration and show its relevance seem to yield minimal results.”

“... For many U.N. observers, the migration agency is the U.N.’s canary in the coal mine, a harbinger of how the draconian U.S. aid cuts will reverberate across the U.N. system in the coming weeks and months, Colum writes “There are basically two schools of thought at the UN about how to handle Trump,” says Richard Gowan of the [International Crisis Group](#). “One is that you can buy off the new administration with a bunch of reforms designed to cut costs and satisfy U.S. interests. The other is that the U.S. will simply pocket these reforms, and continue to bash the UN system regardless. The real underlying question is whether the U.S. wants to change the system or wreck the system and nobody knows the answer.”

UHC & PHC

The Conversation - Critically ill patients in African hospitals aren’t getting the care they need: new survey

Tim Baker et al; <https://theconversation.com/critically-ill-patients-in-african-hospitals-arent-getting-the-care-they-need-new-survey-253355>

Linked to a [Lancet study](#) from early March.

“... we, a collaboration of clinical researchers across Africa, conducted the African Critical Illness Outcomes Study, providing the first large-scale look at the state of critical illness care across the continent. The study builds on a network of clinicians, researchers and policy makers that has been growing for over a decade now, working out how to identify and treat patients who are critically ill. The findings, published in [The Lancet](#), are striking. **One in eight hospital inpatients in Africa is critically ill, over two-thirds of the critically ill are in general wards, and one in five dies within a week. Most of these patients do not receive the essential emergency and critical care such as oxygen and fluids that could save their lives.....”**

IJHPM – Barriers and Facilitators to International Universal Health Coverage Reforms: A Realist Review

L Farsaci, S van Belle et al; https://www.ijhpm.com/article_4726.html

“...This article contributes new knowledge to these discourses by identifying key contexts and mechanisms that facilitate the successful implementation of UHC reforms, as well as barriers that can impede progress.....”

Policy Circle - Ayushman Bharat: A grand promise undone by poor execution

<https://www.policycircle.org/society/ayushman-bharat-scheme-pmjay/>

“There is no denying the elegance of the idea. [Ayushman Bharat](#), the Union government’s flagship healthcare scheme, was conceived with the noblest of intentions — to ensure that no Indian family is pushed into poverty by the cost of hospitalisation. Rs 5 lakh of annual coverage per family for over 55 crore people sounds like the kind of benevolent intervention any welfare state ought to aspire to. But, as is the case with many grandiose schemes born in New Delhi, the devil — as always — lies in the execution. **More than five years after its launch, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) suffers from a malaise that cannot be addressed by more announcements or token expansions. The real story**, drawn from parliamentary submissions, state-level protests, and the persistent withdrawal of private healthcare providers, **paints a picture of a scheme that is buckling under its own weight.....”**

The Lancet Regional Health – Americas (Comment) - Why disaggregated data on health expenditures has been elusive, but will not remain so

Ramiro Guerrero & Krishna Rao;

<https://www.sciencedirect.com/science/article/pii/S2667193X25000833>

Quote: “...the **digital transformation in healthcare** offers a golden opportunity for lowering the cost of **linking expenditure and health data at a more granular level** and facilitating the generation of information that is greatly needed and has been lacking.”

The Milbank Quarterly - Comprehensiveness in Primary Care: A Scoping Review

<https://www.milbank.org/quarterly/articles/comprehensiveness-in-primary-care-a-scoping-review/>

By Agnes Grudniewicz et al.

Plos GPH - Universal access to surgical care—A global public health priority

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004326>

By Salome Maswime et al.

Pandemic preparedness & response/ Global Health Security

Science Insider - 50-year-old bioweapons treaty is dangerously flawed, researchers say

<https://www.science.org/content/article/50-year-old-bioweapons-treaty-dangerously-flawed-researchers-say>

“Without enforcement mechanisms, the **Biological Weapons Convention** risks leaving the world “completely unprepared”.”

And a link:

- Forbes - [CDC Study Finds Deforestation Is A Leading Indicator Of Ebola Outbreaks](#)

Planetary health

Guardian – We passed the 1.5C climate threshold. We must now explore extreme options

D King (head of the Climate Crisis Advisory Group);

<https://www.theguardian.com/commentisfree/2025/apr/07/climate-solutions-extreme-options>

“We do not have the luxury of rejecting solutions before we have thoroughly investigated their risks, trade-offs and feasibility.”

HPW - ‘Talk to the Desert’: The Hidden Health Toll of Natural Air Pollution

https://healthpolicy-watch.news/talk-to-the-desert-the-hidden-health-toll-of-natural-air-pollution/?feed_id=436&unique_id=67f0033f1e32d

“In cities across the Middle East, North Africa and Central Asia, sand and desert dust storms regularly buffet buildings, cars and neighbourhoods. These natural phenomena generate millions of tons of particulate matter annually that can travel thousands of miles, with well-documented health consequences for millions.”

“Yet dust from desert sandstorms is only part of the picture, according to experts convened at the second World Health Organization Air Pollution and Health conference in Cartagena, Colombia, last week. Rapid urbanisation in regions like the Middle East is adding new pollutants to the mix — sulfur dioxide, black carbon and nitrogen dioxide from factories, vehicles and shipping — all with well-established links to health conditions. This toxic blend makes the region an emerging pollution hotspot, affecting millions in Cairo, Tripoli, and Abu Dhabi daily....”

Carbonbrief - Analysis: Nearly 60 countries have ‘dramatically’ cut plans to build coal plants since 2015

<https://www.carbonbrief.org/analysis-nearly-60-countries-have-dramatically-cut-plans-to-build-coal-plants-since-2015/>

“Nearly 60 countries have drastically scaled back their plans for building coal-fired power plants since the Paris Agreement in 2015, according to **figures released by Global Energy Monitor (GEM).**”

Carbonbrief - Power-sector CO2 hits ‘all-time high’ in 2024 despite record growth for clean energy

<https://www.carbonbrief.org/power-sector-co2-hits-all-time-high-in-2024-despite-record-growth-for-clean-energy/>

“Global power-sector emissions hit an “all-time high” in 2024, despite solar and wind power continuing to grow at record speed, according to **analysis from thinktank Ember.** “

Covid

Lancet Infectious Diseases - Rethinking the evidence on COVID-19 in Africa

Prof Philip Bejon, E Barasa et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00071-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00071-4/fulltext)

Review. « The COVID-19 pandemic was predicted to cause substantial mortality in Africa. However, some countries in Africa had a striking absence of overwhelmed hospitals and low reported mortality. The marked contrast with the overwhelmed hospitals and high mortality seen in Europe and other high-income settings was regarded as puzzling and a paradox. **In this Review, we reflect on possible explanations for the paradox with particular reference to observations made on the ground in Kenya.** The evidence is inconsistent with reduced viral transmission or poor surveillance as primary explanations for the discrepancy. Population age structure is an important but incomplete explanation of the epidemiology. Due to the high prevalence of asymptomatic infection, low mortality, and evidence of reduced inflammatory responses, we hypothesise that some populations in Africa might have reduced susceptibility to symptomatic COVID-19. The reduced inflammatory responses might result from immunoregulation or cross-reactive, pre-pandemic cellular immunity, although the evidence is not definitive. Local data are essential to develop public health policies that align with the reality on the ground rather than external perceptions. »

Protagonist Science - Exclusive: The inside story behind the search for the origins of COVID-19

P Markolin; <https://www.protagonist-science.com/p/exclusive-the-inside-story-behind>

“A big screen documentary movie, an announcement, and an exclusive excerpt from “**Lab Leak Fever**”, the definitive book unraveling the pandemic origin controversy.”

Infectious diseases & NTDs

BMJ GH - Intersectional forces of urban inequality and the global HIV pandemic: a retrospective analysis

D R Thomson, M Kavanagh et al; <https://gh.bmj.com/content/10/4/e014750>

Among the findings: ““We found that **HIV prevalence is higher among the urban slum populations compared with urban non-slum counterparts**, which ultimately results in national estimates of HIV masking nuances in HIV inequalities between the two populations; We found that **large secondary cities (1–5 million population) often have equal or greater HIV incidence and prevalence compared with major cities.....”**

Lancet Respiratory Medicine (Editorial) - Pneumonia: a neglected global threat

[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(25\)00087-6/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(25)00087-6/fulltext)

“**Despite the advances in science and medicine, pneumonia remains a major cause of mortality worldwide.** In 2021, [lower respiratory tract infections](#), including pneumonia, caused 2·18 million deaths globally, mainly in children younger than 5 years and adults over 70 years, and in those who are susceptible.”

“.... **pneumonia remains a neglected disease, which has long been underfunded relative to its burden and compared with other respiratory or infectious diseases.** A stronger commitment to support basic, translational, and clinical research in elucidating such mechanisms will be crucial to pave the way for the development of personalised therapies.... **After more than two centuries since its discovery, pneumonia remains a global health threat, with an upward trajectory. We urgently need a multisectoral effort to reverse this trend and tackle the disease with the support of primary care, public health experts, researchers, and clinicians.** “

Telegraph - Fungal infections are ‘taking over the world’. Can they be stopped?

[Telegraph](#);

“As a landmark WHO report warns of a lack of treatments and diagnosis, we investigate a threat that now kills twice as many people as TB.”

NCDs

Plos One - Impact of health systems interventions in primary health settings on type 2 diabetes care and health outcomes among adults in West Africa: A systematic review

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0319478>

By Eugene Paa Kofi Bondzie, I Agyepong et al.

Sexual & Reproductive health rights

Lancet (Comment) – Strengthening health systems and accountability: Senegal's path to success in reproductive, maternal, newborn, and child health

I Sy et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00616-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00616-6/fulltext)

Broad ranging comment on the current RMNCAH situation in Senegal.

Excerpt: “...**Senegal is actively exploring diversified and sustainable financing strategies beyond traditional donor aid.** This approach will include innovative domestic resource mobilisation, public–private partnerships, and performance-based financing to optimise resource allocation for RMNCAH. Additionally, the country is strengthening South–South partnerships, fostering collaboration with other African nations to enhance regional health financing mechanisms, knowledge exchange, and joint procurement strategies that reduce dependency on ODA. Initiatives, such as [the Campaign on Accelerated Reduction of Maternal Mortality in Africa](#) (CARMMA) supervised by the African Union and the Africa Centres for Disease Control and Prevention and the [West African Health Organization collaborative frameworks](#), are key avenues through which Senegal is reinforcing its financial and technical self-sufficiency in RMNCAH.”

Lancet GH - Pharmacological innovations in postpartum haemorrhage management: a crucial step to reducing maternal mortality in resource-limited settings

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00112-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00112-3/fulltext)

By Candelaria Serrano Redonnet et al.

Plos GPH –Pregnancy loss and its predictors among ever-pregnant women in Sub-Saharan Africa: Multilevel mixed effect negative binomial regression

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004316>

By Abel Endawkie et al.

Access to medicines & health technology

People's Dispatch - EU underfunds medicines while allocating billions to arms

J Wintgens; <https://peoplesdispatch.org/2025/04/03/eu-underfunds-medicines-while-allocating-billions-to-arms/?ref=peoples-health-dispatch.ghost.io>

“The EU is mobilizing up to €850 billion for so-called defense and armament, missing out on building true security through investment into health.”

Wintgens concludes: **“... Public pharma represents a true defense strategy, fostering equitable access as well as good international relations. A drug that can be produced anywhere – and a patent that does not exist – cannot be used as leverage in a trade war. Additionally, a critical part of life, people’s health, would be protected from ‘fear to lose,’ a notable driver of war. In other words: allocating money to public pharma means allocating funds to a world vision where health is not seen as a potential weapon.”**

Human resources for health

WHO Afro - Africa faces critical shortage of oral health workers amid rising disease burden

<https://www.afro.who.int/news/africa-faces-critical-shortage-oral-health-workers-amid-rising-disease-burden>

“Africa faces a chronic shortage of oral health workers due to underinvestment, leaving millions of people without adequate care and vulnerable to preventable oral diseases, according to a World Health Organization (WHO) [workforce fact sheet on oral health](#) released today. “

“The WHO fact sheet states that the region has been experiencing the highest increased number of cases of oral diseases like dental caries, gum diseases, and tooth loss over the last three decades across all WHO regions. In 2021, around 42% of the population in the African region suffered from untreated oral diseases. This is compounded by a chronic shortage of health workers to address diseases burden. For example, between 2014 and 2019, the number of dentists and the number of oral health workers, including dentists, dental assistants/therapists and dental prosthetists per 10 000 population in the Region was one tenth and one sixth of the global ratio, respectively.....”

Global Health Action - Financial motivation models for community health workers in low- and middle-income countries: a scoping review

O M Samb et al;

<https://www.tandfonline.com/doi/epdf/10.1080/16549716.2025.2480412?needAccess=true>

Findings: **“... Four financial motivation models for community health workers were identified in 24 low- and middle-income countries across three continents: fixed compensation, performance-based**

compensation, compensation based on income-generating activities (IGAs), and combined compensation.....”

Decolonize Global Health

Critical Public Health (Editorial) - Realigning the global health ecosystem: an opportunity from a crisis

Joe Thomas et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2486510#d1e297>

Including: “... In the short run, other G-7 and G-20 nations and other groups, such as BRICS, must support WHO and key programs. They could host the US-based WHO collaborating centres, which may soon become dysfunctional due to the new US foreign policy. In the long run, low and middle-income countries must be more self-reliant and build their capacity for drug and vaccine manufacturing, research, human resource development, and health investments. This crisis might be what pushes them to do so. “

Miscellaneous

Devex - OSF's new strategy bets on longer-term, more flexible funding

<https://www.devex.com/news/osf-s-new-strategy-bets-on-longer-term-more-flexible-funding-109708>

(gated) “Open Society Foundations is shifting toward faster, longer-term, and more flexible grantmaking while backing initiatives that rethink development models, including an \$80M program focused on Africa’s critical minerals.”

Papers & reports

Health Systems & Reform (Editorial) - Introduction to the Special Issue on Global Health History and Japan

M Reich; <https://www.tandfonline.com/doi/full/10.1080/23288604.2025.2484858>

“... The papers in this special issue ... introduce... other perspectives to the telling of global health history in English. **Two of the three papers focus on Japan’s participation in the fields of international health and global health, which extends back over many years** ... This special issue represents an **initial effort to document Japan’s contributions to global health.** It was organized to **mark the 60th Anniversary of The Nippon Foundation in 2022.** The three papers provide selective reports on the recent history of global health and Japan. “

- Including also a paper by Jesse Bump – [Global Health and Its Limitations: An Historical Perspective](#)

With a brief history of global health by Jesse Bump. He **identifies four “major themes”** that have combined to create the contemporary global health field of practice.

WHO Bulletin – April issue

[https://www.ncbi.nlm.nih.gov/pmc/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+103%5BVolume%5D\)+AND+4%5BIssue%5D](https://www.ncbi.nlm.nih.gov/pmc/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+103%5BVolume%5D)+AND+4%5BIssue%5D)

- With among others, an **Editorial** - [Climate, conflict and displacement in the Sahel](#). “Ejemai Eboreime et al. draw attention to the intersecting public health issues of climate, conflict and displacement in the Sahel.”
- And another **Editorial** - [Monitoring of health inequalities to improve health equity](#) (by N Bergen, D Nambiar et al)

On some of the work of the **Health Inequality Monitoring team** at WHO. Including **forthcoming initiatives**: “... Forthcoming WHO initiatives will help to better target and amplify capacity-strengthening for health inequality monitoring. The **Health inequality monitoring atlas** will catalogue the status of the resources, capacities and policies required for sustainable health inequality monitoring across Member States, which will help to inform the planning of targeted and coordinated support across global health partners. The **WHO Health Inequality Monitoring Network** will contribute to strengthening Member States’ capacity for the effective utilization of health inequality monitoring best practices, tools and resources, and facilitate knowledge exchange.”

HP&P – Power dynamics and intersectoral collaboration for health in low and middle income countries: A realist review

P Aivalli et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf022/8106622?searchresult=1>

« **Intersectoral collaboration (ISC)** is a critical strategy in global health for addressing complex challenges requiring multi-sectoral engagement. While studies examined ISC in Low- and Middle-Income Countries (LMICs), gaps remain in understanding how power dynamics between stakeholders influence the effectiveness of ISC in these settings. **This realist synthesis examines how, why, for whom, under what context and to what extent power dynamics shape ISC in LMIC health programmes and policies, offering insights crucial for improving health policy implementation.....”**

BMC Medicine - Putting health facilities on the map: a renewed call to create geolocated, comprehensive, updated, openly licensed dataset of health facilities in sub-Saharan African countries

Peter M. Macharia, L Benova et al ; <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-025-04023-z>

“In this paper, we advocate for a harmonized SSA-wide HFDB (health facility database) . To achieve this, we elaborate on the steps required and challenges to overcome. We provide an overview of the minimum attributes of a HFDB and discuss past and current efforts to collate HFDBs at the country and regional (SSA) levels....”

BMJ GH – Is ‘gender equality in health’ the right goal? Exploring issues of definition and measurement

Angela Y Chang et al ; <https://gh.bmj.com/content/10/4/e017900>

“Achieving ‘gender equality in health’ has been advocated by many as a key goal in health globally; however, we observe this goal has been defined differently by different users. **In this paper, we explore the question of how progress towards gender equality in health has been defined and measured, and how the selection of indicators and targets can influence perceptions of who in a population is suffering disadvantage.** We summarise the common population health measures—such as life expectancy and risk exposure—and illustrate how each of these measures may lead to different conclusions about gender equality in health. **We call for more specificity when defining and measuring gender inequality in health, and propose expanding the focus from ‘gender inequalities’ (comparison between genders) to also addressing ‘within-gender inequities’ (a focus that incorporates addressing inequities within different gender identity groups).**”

Tweets (via X & Bluesky)

GAVI

« **Gavi is now the largest provider of mpox vaccinations globally**, playing a critical role in containing outbreaks across Africa. In the past three months alone, we have already delivered over 427,000 doses-- a remarkable 10x ramp up from 2024 in just a few months time. »