

# IHP news 825 : A Pandemic Easter deal “as mutually agreed”

( 18 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,

We're close to Easter, even if most current trends in the world aren't exactly in line with an “Easter spirit” - whether it's the **new [age of ‘unpeace’](#)** (Mark Leonard), the **[‘rise of end times fascism’](#)** (Naomi Klein et al) or if you want **[‘neofascism’](#)** (G Achcar), **[the new Washington Dissensus](#)** (A Sumner & S Klingebiel), and the like. Slightly more Easter-style was **Monbiot's [analysis of human nature](#)** in the Guardian, in which he argued that *‘Economic inequality breeds resentment and a desire to get even’*. By way of example, a headline from this week, **[“‘Silicon Six’ accused of avoiding almost \\$278bn in US corporation taxes over 10 years”](#)** which we have come across far too often in recent decades. Let's never forget who (and what) **[paved the way](#)** for the current radical-right momentum. Including in some corners of ‘Global Health’.

On a more upbeat note, though, **Harvard** showed the way forward this week - even if elite institutions face an **[uphill battle](#)** in chunks of US public opinion and elsewhere, as long as inequality isn't tackled head on. But the main Easter surprise came from Geneva, as I bet you've noticed: **a pandemic agreement was finally reached** after 3 years of arduous negotiations. Although obviously an **[imperfect compromise](#)**, in today's rather shaky world it's a **clear win for WHO and for multilateralism**, no less. Tedros celebrated among others with one of his trademark ‘one word’ tweets: **[“Green”](#)**. Last week in London, **[governments at the International Maritime Organization \(IMO\)](#)** also showed multilateralism (*well, with the US invariably missing in action now*) is not entirely dead yet. (*we personally wouldn't go as far as Tedros, though, who claimed ‘multilateralism is alive and well’* 😊)

Meanwhile, it appears **WHO's reorganisation will be [modelled around five “P's”](#)** *“embodying the agency's internal functions and external mission. They include: **perform, power, promote, provide and protect.**”* While reorganizing, perhaps they can also consider a number of nasty C's to tackle in the coming years. In the new organogram, WHO departments could thus focus on: **Catastrophic & [Cataclysm](#) Capitalism** (*I'd personally already settle for Capitalism* 😊); **Callous, Corrupted Crooks in Charge** & their **CEO Cronies** (*should be a heavily resourced department*); **Cruel Corporate Crypto-technofascists**, **Conspiracy-loving influencers & fake Catholics** (*yes, had to stretch that one a bit* 😊); **Conflict**; the **Climate (& planetary boundaries) emergency**; **[billionaire-backed Consultancies](#)**, and let's not forget **Crazy AI ‘breakthroughs’!** We could call it the “18 C's agenda”. (*ps: I certainly know a few I would “ earmark” with plenty of funding!*)

This newsletter issue also covers a number of other events, like the **Global Health week in Abu Dhabi** (*curious whether the UAE's [murky role](#) in [Sudan](#) also came up there – probably, ‘as mutually agreed’, [it didn't](#) ...*), the **run-up to the IMF/World Bank Spring meetings** (next week), and as usual, plenty of **reports, papers and other global health policy news**.

Enjoy your reading.

Kristof Decoster

## Featured Articles

### Mapping & Tackling the Drivers of Vaccine Hesitancy in West Africa: A Health Policy Research Agenda

**Éméraude GANKPE, Florence ADOKO, Daria SACRAMENTO, Fortuné GANKPE** (all RICOVHes members)

Immunization [directly impacts health SDG 3 and contributes to 14 out of the 17 SDGs](#). Although immunization is essential for reducing mortality, particularly among children under five, and substantial progress has been made in recent decades, SDG3 immunization-related indicators continue to [lag behind](#) in sub-Saharan Africa. There are a number of reasons for this - and the current [GAVI Replenishment troubles](#) won't help. Yet, clearly fake news and conspiracy theories also play an important (and increasing?) role, especially after the Covid pandemic. Many countries find it challenging to achieve optimal immunization coverage nowadays. Despite proven effectiveness, plenty of people remain hesitant about vaccination. Vaccine hesitancy is not just a challenge in developed countries like the United States or Europe. It also affects West Africa with a significant public health impact as [Mutombo argued in a 2022 Lancet Global Health Comment](#).

Recently, our research institution [Laboratoire d'Etude et de Recherche-Action en Santé](#) (LERAS) based in Benin has obtained a grant from the West African Health Organization (WAHO) to study the factors that drive vaccine hesitancy in 4 countries in West Africa (Nigeria, Ghana, Benin, and Côte d'Ivoire). The RICOVHes (*Hésitation à la Vaccination systématique et au vaccin COVID-19 et des facteurs liés aux systèmes de santé qui influencent les efforts de vaccination en Afrique de l'Ouest*) project aims to better understand why some populations are reluctant to get vaccinated and to develop tailored strategies to improve vaccine coverage.

In this blog, we shed some light on the research ahead, also with the aim to raise the issue on the health policy research agenda.

#### **Establishing a collaboration and partnership between LERAS and WAHO**

But first a few more words on LERAS.

[LERAS](#) is a non-governmental organization of which the objective is to guide evidence-based public health policy. As part of the programs developed by LERAS in various areas of intervention, LERAS is interested in a continuum of activities covering the definition, implementation and evaluation of population health interventions. We make an effort to collaborate with international health institutions, advocating together to increase people's and policymakers' awareness. Against this backdrop, we are very proud to collaborate with WAHO on a specific project that focusses on vaccine hesitancy in West Africa. We hope that other institutions will come on board and support us in mobilizing resources for health policy evaluation in West Africa.

## RICOVHES

Our study uses a mixed-methods research design, combining quantitative and qualitative approaches across the four countries involved. We will collect data from the country level immunization program and analyze the key factors that influence vaccine acceptance or refusal for everyone (adult vaccination, adults' acceptance or refusal for their children's vaccination). Covid-19 is not 'epidemic' currently, however its continued impact on vaccine hesitancy remains high, and so we plan to assess its impact on vaccine hesitancy in the four countries in West Africa. Given [the investigation of a human case of Lassa fever in Ivory Coast](#) some years ago, additionally, we would also like to investigate the behaviors and practices related to the next Lassa fever vaccine that will be proposed in West Africa.

The findings from RICOVHes will help refine new strategies for implementing immunization programs. Our objective is not only to increase vaccine coverage but also to equip healthcare professionals with the necessary tools to address public concerns and misinformation. Through these initiatives, we hope to offer effective evidence-based solutions that governments can implement to enhance their immunization programs and strengthen public trust in vaccines in West Africa.

### A new era for immunization in West Africa

Vaccine hesitancy is not just a public health issue, there are also vital links with governance, social stability, and economic development. By leveraging the insights from RICOVHes, policymakers will be able to refine their vaccination policies, enhance communication, and ensure optimal vaccine coverage. By integrating these recommendations into national health policies, West African countries can build a resilient, inclusive and effective healthcare system, better prepared to handle future pandemics and health crises.

RICOVHes embodies a new era for immunization in West Africa: by combining scientific research, community engagement, and innovation, RICOVHes aims to break down the barriers of vaccine hesitancy. More than just a research project, it represents a transformative opportunity to raise public health awareness in West Africa.

We hope that our work will break down barriers to vaccine hesitancy and contribute to a future where every child, every adult, and every community can fully benefit from life-saving immunization programs.

*Our thanks go to Arsène KPANGON (RICOVHes), Euripide AVOKPAHO (RICOVHes), Rodrigue KOHOUN, Aliyu MOUSTAPHA, Doris OTTIE-BOAKIE, Richard YAPI (all members of the steering committee of ECOWAS), Pr Issiaka SOMBIE (WAHO) for their commitment to this blog.*

## 'We are in a state of constant fear...': Why Compassion towards Frontline Health Workforce is Crucial for Strengthening Health Systems

Solomon Salve & John Porter;

*"A great deal has been written about the opportunities and challenges faced by [community health workers \(CHWs\)](#) in the context of LMICs, including India. However, the specific struggles of frontline TB workers (FTWs)—who are equally close to the community—are either overlooked or barely*

*addressed in these discussions. In this article, we'd like to discuss one of their main concerns, while also pointing to a way forward. It is imperative to recognize their contributions and ensure they receive the attention and support they deserve....."*

To read the full article, see IHP - [‘We are in a state of constant fear...’: Why Compassion towards Frontline Health Workforce is Crucial for Strengthening Health Systems](#)

## Frontline, Forgotten: The ASHA Workers’ Fight for Fairness

Dr Karan Babbar, Dr Shubha Nagesh & Vaishnavi Mangal;

In Kerala, a state renowned for its robust public healthcare system, a storm is brewing. At the heart of this unrest are the Accredited Social Health Activists (ASHA) workers—often overlooked yet essential healthcare providers who serve as the [first point of contact](#) for many. These dedicated workers raise awareness, deliver critical services such as disease screening and immunization, assist with maternal and child care, and navigate difficult terrains, all for minimal pay. Once voices of service, they are now united in a collective demand for fair wages, better working conditions, and rightful recognition. The ongoing protests in Kerala not only underscore the crucial role of these frontline workers but also reveal the systemic flaws they endure. Central to the unrest are issues of inadequate compensation and recognition, exacerbated by ongoing [funding disputes](#) between the state and central governments. ....

To read the full article, see IHP - [Frontline, Forgotten: The ASHA Workers’ Fight for Fairness](#)

## Highlights of the week

### Pandemic Agreement – Deal early Wednesday morning

We start with the **coverage and analysis of the deal** reached early Wednesday morning. Among others, via colleagues from **Health Policy Watch, Devex & Geneva Health Files**. Also some **early reactions** from various stakeholders.

**Final version of the text** (via KEI): [WHO Pandemic agreement text as of Wednesday, 16 April 2025 at 1:57 CEST](#)

In a **next section**, we then cover **the final days of the INB13 (resumed) negotiations**, since last Friday till the deal.

**WHO Member States conclude negotiations and make significant progress on draft pandemic agreement**

<https://www.who.int/news/item/16-04-2025-who-member-states-conclude-negotiations-and-make-significant-progress-on-draft-pandemic-agreement>

**WHO press statement** on Wednesday morning (16 April). **“Proposal to be submitted to World Health Assembly in May for consideration.”**

**“After more than three years of intensive negotiations, WHO Member States took a major step forward in efforts to make the world safer from pandemics, by forging a draft agreement for consideration at the upcoming World Health Assembly in May.** The proposal aims to strengthen global collaboration on prevention, preparedness and response to future pandemic threats.”

**“... Following 13 formal rounds of meetings, nine of which were extended, and many informal and intersessional negotiations on various aspects of the draft agreement, the INB today finalized a proposal for the WHO Pandemic Agreement. The outcome of the INB’s work will now be presented to the Seventy-eighth World Health Assembly for its consideration.”**

**“... Proposals within the text developed by the INB include** establishing a pathogen access and benefit sharing system; taking concrete measures on pandemic prevention, including through a One Health approach; building geographically diverse research and development capacities; facilitating the transfer of technology and related knowledge, skills and expertise for the production of pandemic-related health products; mobilizing a skilled, trained and multidisciplinary national and global health emergency workforce; setting up a coordinating financial mechanism; taking concrete measures to strengthen preparedness, readiness and health system functions and resilience; and establishing a global supply chain and logistics network.”

And on **upholding national sovereignty**: **“The proposal affirms the sovereignty of countries to address public health matters within their borders, and provides that nothing in the draft agreement shall be interpreted as providing WHO any authority to direct, order, alter or prescribe national laws or policies, or mandate States to take specific actions, such as ban or accept travellers, impose vaccination mandates or therapeutic or diagnostic measures or implement lockdowns.....”**

## **HPW – Countries Say YES to Pandemic Agreement**

<https://healthpolicy-watch.news/countries-say-yes-to-pandemic-agreement/>

HPW coverage & analysis; **“At around 3am Wednesday, after three years of often intense negotiations, World Health Organization (WHO) member states agreed on a draft Pandemic Agreement,** which sets out basic terms of engagement to prepare for, prevent and respond to pandemics.....”

**“.... At around 4am, WHO Director-General Dr Tedros Adhanom Ghebreyesus got his turn to address the INB,** saying that the agreement “reflects your resilience, unity and unwavering commitment to the health and well being of people everywhere”. “In the face of enormous challenges, you have come together, rising above borders and differences, united by a common goal, the protection of humanity,” said Tedros. “By reaching this milestone together, you have made history and shown how powerful collaboration can be,” added Tedros, who paid special tribute to “my African compatriots who saved the day with your flexibility” ....”

PS: **“.... Over time, much of the agreement has been watered down – but it has retained one of the important stipulations: that the WHO will get 20% of the real-time production of vaccines, therapeutics, and diagnostics (VTDs) for the pathogen causing the pandemic, with 10% as a**

**donation.** The WHO will then distribute these vaccines, medicines and tests to low- and middle-income countries according to need – partly righting the inequitable access to vaccines during COVID-19 when wealthy countries hoarded scarce vaccines. **All manufacturers who want to be part of a Pathogen Access and Benefit-Sharing (PABS) system will need to agree to this 20% allocation – although the details of the PABS system still need to be agreed on.”**

“.... The agreement **also sets out countries’ obligations to prevent disease outbreaks from becoming pandemics – including a “One Health” approach to prevent zoonotic diseases** – those that spread from animals to humans. **“By embedding One Health and prevention at source into the pandemic agreement,** member states are finally acknowledging what science has long confirmed: we cannot prevent future pandemics without improving how we treat animals and our environment in the present. This is **a paradigm shift in the scope of global health policy** and a victory for animals, for people, and for the planet,” says Nina Jamal, Head of Pandemics and Campaign Strategies at animal rights group Four Paws.....”

**“Success of multilateralism: .... “The pandemic agreement is a beacon of unified multilateral cooperation at a critical time,** and we salute the member states for their tenacity and commitment in getting to this point.” said **Helen Clark, Co-Chair of The Independent Panel for Pandemic Preparedness and Response, the Pandemic Action Network, Panel for a Global Public Health Convention and Spark Street Advisors.”**

- For their full joint statement, see [A Commitment to Pandemic Action — Joint Statement](#)

“The pandemic agreement **gives countries the possibility of working together on research and development (R&D), supply chains, the health workforce, and Pathogen Access and Benefits Sharing (PABS).** It is also the first global health agreement grounded in One Health that **explicitly acknowledges the interconnectedness of human, animal, and environmental health.** These are historic achievements, and steps in the right direction to ensure the world is better prepared to respond to future threats. We celebrate this achievement and **stand ready to support WHO and Member States through next steps including adoption, ratification, and implementation.** The pandemic agreement is **a beacon of unified multilateral cooperation at a critical time,** and we salute the Member States for their tenacity and commitment in getting to this point.”

## **Devex - Countries reach historic pandemic treaty deal after prolonged stalemate**

<https://www.devex.com/news/countries-reach-historic-pandemic-treaty-deal-after-prolonged-stalemate-109870>

**Devex coverage.** “The proposal is **now headed to the World Health Assembly in May for adoption.**” Excerpts:

“In a compromise, **language ensuring technology transfers is done on “mutually agreed terms” with technology owners was maintained but the text also ensured countries can still take measures, such as compulsory licensing, when they deem necessary,** said Thiru Balasubramaniam, Geneva representative of the nonprofit Knowledge Ecology International. .... **Some member states said they would have preferred to see stronger language on technology transfer.....**

“The text has not reached the ambitions many had for it, civil society and independent experts who have closely followed the negotiations told Devex.....”

**“... NGO Health Action International found it disappointing that some provisions, such as a new fund to strengthen countries’ pandemic preparedness, prevention, and response capacities, which African countries initially proposed in earlier negotiations, did not make it into the final text. It said there was also no additional funding for “One Health” — which relates to the interconnectedness of human, animal, and environmental health — prevention and control activities, and the compensation guidelines for accessing pathogen data are not clear.”**

“The text also includes a target for each manufacturer to make available 20% of pandemic-related products, such as vaccines, to the World Health Organization instead of stipulating this as a guaranteed minimum for donation....”

**“... But there are some provisions that, if fully implemented, “could be massive game changers,” according to Rachael Crockett, senior policy advocacy manager for DNDi. That includes attaching conditions to publicly funded research and development grants and contracts to promote timely and equitable access to pandemic-related health products. “This has never been done in an international health agreement before, ever,” Crockett said.”**

PS: **“... Countries still need to work on the details of the pathogen access and benefit-sharing system, which will serve as an annex to the agreement. That work also needs to be approved by a future World Health Assembly.... There’s also no language on compliance specifically in the text. It will be important to monitor the extent member states meet their obligations under the treaty, Nina Schwalbe, CEO and Founder at Spark Street Advisors, told Devex....”**

## **Geneva Health Files – Countries Choose Consensus on Pandemic Agreement, G7 Fait Accompli on Caveated Terms of Tech Transfer Compromises Policy Space for Developing Countries**

P Patnaik & N Sirohi; [Geneva Health Files](#);

(16 April) Must-read critical & nuanced analysis. **“Far from perfect, this legal instrument tries to seek a balance between the interests of 193 member states of WHO (sans United States). Given the vast inequalities between countries, a balanced agreement however may not necessarily mean an equitable outcome.** This should not be surprising, since the developed world boasts of the resources, the expertise, the industry, the institutions, and the narratives. **Even so, the agreement that took three years to negotiate is emblematic of the leadership, the persistence, and the structural weaknesses of the developing world.** This vast legal text with three chapters comprising 37 articles is at 32 pages. If adopted, pending negotiations and consensus on the annex on Pathogen Access and Benefits Sharing, it is expected to be the foundation of a structured framework for Pandemic Preparedness, Prevention and Response....”

**“In this story we recount the deliberations on April 15th when the Intergovernmental Negotiating Body met for a final time to discuss the text and to reach consensus on the draft agreement in the small hours of April 16th.**

Quote re G7 last-ditch intervention: **“... Come Tuesday though, most countries were met with a surprising new mandate from developed countries led by the European Union (among others), diplomatic sources told us. In what is being seen as a masterful negotiating strategy, these countries insisted that the new language on “as mutually agreed” be added to every reference of technology transfer throughout the Agreement.** This took most delegations by surprise, because adding a new



footnote on already greened text would have legal implications on other provisions. **“It seems that the industry woke up and called the G7 countries over the weekend,” a developing country negotiator told us.**”

PS: **“... The WHO Pandemic Agreement is another lost opportunity for codifying tech transfer obligations for global health, experts are of the view....”**

- More coverage & analysis via: [Nature News – First global pandemic treaty agreed — without the US](#)

**“The World Health Organization accord promotes sharing scientific data in exchange for more equitable distribution of drugs and vaccines.”**

Including the view of L Gostin among others: **“.... The pandemic treaty will be weaker without buy-in from the United States, given its dominance as a producer of drugs, vaccines and diagnostics, says Gostin. “There is no sugar coating it. The absence of the US leaves a gaping hole,” he says. But Gostin also believes that the country’s “destructive” behaviour since Donald Trump became President was key to the treaty eventually being agreed. “This is the world reacting to Donald Trump, determined to show that multilateralism and global solidarity still are important, as well as the rule of law,” he says.”**

- Gostin made the same case in **Science Insider**: [Global pandemic treaty finalized, without U.S., in ‘a victory for multilateralism’](#)

**“ The [US] decision represents a profound loss to global health, says Lawrence Gostin, a law expert on the topic at Georgetown University—but it seems to have steeled other countries’ resolve to get the treaty done. “I have the distinct sense that its actually rallied the international community, particularly Europe,” Gostin says. “**

**“... The 30-page treaty—which covers everything from protecting health workers and strengthening capacities to regulate new drugs and vaccines to reducing risks of pathogens spilling over from animals to humans—is now ready to be adopted by the World Health Assembly, an annual meeting of WHO member states, next month. There is a major catch, however: Negotiations will continue for one more year on how countries will share both samples and genetic sequences of bacteria, viruses, and other potentially pandemic pathogens and the vaccines, drugs, and diagnostics created with that information.”**

PS:” ... As Sahukhan (lead negotiator for Fiji) puts it, **the PABS system is about how the cake is divided during a pandemic, whereas technology transfer is about “sharing the recipe so that cake can be made in more places in the world.”**

PS: **“In the final compromise, manufacturers committed to donating 10% of their production to distribute by WHO, with a target of offering another 10% at affordable prices. But the details still need to be worked out in an annex, and the entire treaty won’t be opened up for signing and ratification until the annex has been adopted by next year’s World Health Assembly.”**

PS: **“To speed up work on the PABS annex, a smaller group of experts, not the current large group of negotiators, should lay the groundwork, Matsoso says. “You need to bring scientists, bring**



experts in the room, let them work on the design, let them work on the nuts and bolts, and present that,” she says.”

**“The final treaty will enter force 1 month after 60 countries have ratified it.** How powerful it will turn out to be depends on how seriously countries take it, Schwalbe says. “This agreement definitely provides a recipe and all the ingredients for a world safer from pandemics,” she says. “Countries now need to make it happen.””

- And via [NYT – Countries Agree on Treaty Aimed at Preventing Global Health Crises](#)

**“... Negotiations were slow and difficult [and often derailed by national interests](#). High-income countries** were averse to firm language on sharing diagnostics, treatments and other technologies, and **developing countries** were reluctant to take on new obligations that did not come with additional resources.”

**“European nations with large pharmaceutical and biotechnology industries — along with the United States, when it was participating in the talks under the Biden administration — in particular resisted the language on sharing technology and intellectual property. To reach the final deal, Europe accepted concessions on that language, while African countries gave Europe more of what it wanted on agricultural and wildlife surveillance.”**

**“Brazil was crucial in brokering an 11th-hour agreement** between the Group of 7 nations, led by Germany, and blocs of developing countries that were often in opposition, especially over what they saw as equity issues. **China was a largely silent participant in the negotiations**, participants said, **aligned with the bloc demanding greater equity but not advancing major agenda items.** Under the terms of the accord, China would be compelled to be more forthcoming about an outbreak than it was about the coronavirus in the early days of the pandemic....”

### Ellen ‘t Hoen - The Pandemic Agreement is here

<https://medicineslawandpolicy.org/2025/04/the-pandemic-agreement-is-here/>

Her analysis on the Medicines, Law & Policy blog. Excerpts:

**“... with regard to Article 11, which addresses technology transfer, there is relief that no more damage was done in the final stage of the negotiations.** Until the final hours, some high-income countries continued to insist that such transfer should only ever be voluntary. And that is not what the final text says. **The footnote** clarifying “mutually agreed terms” under which technology transfer should occur reads: *For the purposes of this agreement, “as mutually agreed” means willingly undertaken and on mutually agreed terms, without prejudice to the rights and obligations of the Parties under other international agreements. This text recognises that if the willingness to “mutually agree” is not there, governments can take other measures to make technology transfer happen.”*

**“... Rights holders of intellectual property on pandemic medical products should now come forward and commit to working with mechanisms set up to facilitate voluntary technology transfer, such as the WHO Health Technology Access Pool and the Medicines Patent Pool, to be ready when the next disease outbreak hits.”**

## People's Medicines Alliance - WHO pandemic agreement "must only be the first step"

<https://peoplesmedicines.org/resources/media-releases/who-pandemic-agreement-must-only-be-the-first-step/>

(16 April) **“By reaching a deal today, WHO member states have shown that governments can collaborate to deal with health crises – even if the United States has shamefully withdrawn from negotiations, after blocking progress and watering down the agreement text. ... “Developing countries fought hard for an agreement that learnt the lessons of COVID-19 and HIV, with concrete obligations to ensure everyone has access to the medical products and technologies needed to prevent, prepare for, and respond to health crises. But, after heavy lobbying from the pharmaceutical industry, rich countries like the EU, Switzerland, and UK ensured the agreement falls short of that public health aim. “This agreement is a step towards a fairer and more just global health system – but it must only be the first step. We call on all nations to move forward with the agreement and to prioritise people’s health over commercial interests.” ...”**

- [MPP \(Medicines Patent Pool\) welcomes the conclusion of the WHO Pandemic Agreement Negotiations](#)
- **Third World Network** - [Pandemic Agreement must be followed by bold action for equity](#)
- UHC 2030 - [On the road to consensus - WHO member states finalise historic pandemic agreement with universal health coverage at its core](#) “ Final draft pandemic agreement recognizes UHC as a pillar of pandemic prevention, preparedness, and response.”

## INB13 resumed – Final days of negotiation

Since last Friday, more or less chronologically. But we admit, this section is more for the ‘die-hards’ among you 😊. (optional)

### HPW - Pandemic Agreement Talks Deadlock Over Technology Transfer – And Keep Going

[https://healthpolicy-watch.news/pandemic-agreement-talks-deadlock-over-technology-transfer-and-keep-going/?feed\\_id=442&unique\\_id=67fa380751bce](https://healthpolicy-watch.news/pandemic-agreement-talks-deadlock-over-technology-transfer-and-keep-going/?feed_id=442&unique_id=67fa380751bce)

(12 April) **“By sunrise on Saturday morning, the entire draft pandemic agreement had been agreed on – bar the vexing question of whether technology transfer related to the production of pandemic products should always be voluntary. Negotiators talked into the early hours of Saturday morning, trying to find a way around the deadlock, according to sources close to the process.”**

**“Formal talks at the 13th meeting of the Intergovernmental Negotiating Body (INB) will resume on Tuesday, according to the World Health Organization (WHO). “INB13 ends on Tuesday with several pieces to resolve. Several members states have to clarify various positions with the capitals,” a WHO spokesperson told *Health Policy Watch*. .... The negotiations were due to finish on Friday in time for a draft agreement to be prepared for the World Health Assembly (WHA) next month. The**

standoff involves **whether technology transfer for producing pandemic-related health products shall be both “voluntary” and on “mutually agreed terms”, according to a footnote in Article 11. ...”**

## **HPW - WHO's Pandemic Agreement is Finally Within Reach as Brazil Proposes Compromise**

<https://healthpolicy-watch.news/who-pandemic-agreement-is-finally-within-reach/>

(13 April) **“World Health Organization (WHO) member states are very close to agreeing on the entire pandemic agreement – and may even have been able to clinch a deal on Saturday had they not been exhausted after negotiating from Friday morning right through until 6am on Saturday morning, according to sources. Anne-Claire Amaprou, co-chair of the Intergovernmental Negotiating Body (INB), told AP that “we have an accord in principle” – and indeed they almost do. ...”**

Re “the” notorious footnote: **“... The INB Bureau proposed on Wednesday that the footnote should read: “For the purposes of this Agreement, transfer of technology refers to an agreed process where technology is transferred on mutually agreed terms. This understanding is without prejudice to and does not affect the measures that Parties may take in accordance with their domestic or national laws and regulations, and compliant with their international obligations”. Brazil has since proposed a compromise, which reads: “For the purposes of this agreement, ‘as mutually agreed’ means willingly undertaken and on mutually agreed terms, without prejudice to the rights and obligations of the Parties under other international agreements.” This compromise appears likely to have struck the right note with member states and it looks as if Tuesday will see text of the entire agreement “greened” to show total agreement – positive news for global pandemic prevention, preparedness and response after three long and tough negotiations....”**

## **GHF - Nearing a Deal: Countries Converge Closer to Consensus [Pandemic Treaty Negotiations]**

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

(14 April) – Coverage & analysis. **“ In today’s edition, we bring you a blow-by-blow account on how these deliberations unfolded in crunch time during the final hours over Friday (April 11th) and well into Saturday morning (April 12th) last week. “Few issues pending, countries positive about reaching full consensus. If adopted, the Pandemic Treaty will lay the foundations on minimum assured access to medical products during health emergencies.”**

**“... More than three years in the making, countries reached closer to consensus on most of the draft text at the end of a tumultuous week in the last round of negotiations bridging significant distance across provisions including on prevention, technology transfer, compensation and liability, unimpeded access, and the Pathogen Access Benefit Sharing mechanism. ...**

**“Text on technology transfer is yet to be fully agreed to, pending support from European Union and Canada, and other countries who have sought time to consult with capitals, sources told us. A section of stakeholders lamented the watered-down agreement, but there has been a near universal sense of relief that the negotiations are nearing completion. The Agreement when adopted and signed, will lay the foundations for a more structured and legal binding approach for**

Pandemic Preparedness Prevention and Response. That is some distance away pending future work on the PABS in the coming month...”

**“... On the final day, countries moved swiftly to come to consensus on the PABS system agreeing on the percentages for a minimum assured access to medical products during health emergencies – one of the last matters in the PABS provision to be resolved. It was a turning point, and is being seen as a path-breaking initiative for PPR. .... As expected, the terms of technology transfer, was perhaps the most complex and contested negotiation in this vast wheels-within-wheels exercise.”**

PS: **“The negotiations were not without pressure tactics from the highest political levels, including by heads of delegations of some countries, Geneva Health Files** was told. Numerous sources spoke about intimidation of negotiators of developing countries pressuring them to compromise on weaker obligations in PABS on the question of percentages, for example. Whether this is lowered the ambition on the treaty is hard to say.....”

### **HPW - Pandemic Agreements Talks Still Stuck on ‘Technology Transfer’**

<https://healthpolicy-watch.news/at-11th-hour-of-pandemic-agreement-talks-european-union-makes-new-demands/>

(15 April) **“ In the final hours of the pandemic agreement negotiations, the proposal by the European Union and some of its member states to qualify every mention of “technology transfer” in the agreement with the phrase “mutually agreed” is slowing progress on the talks, according to Health Policy Watch sources.....”**

- See also TWN - [WHO: EU’s push to dilute technology transfer provisions delays conclusion of pandemic instrument negotiations](#) (K M Gopakumar) – “The European Union’s push to dilute the technology transfer provisions has delayed the conclusion of negotiations of the pandemic instrument at the World Health Organization.....”

And a link:

- KEI – [WHO Pandemic agreement text as of Saturday, 12 April 2025 at 09:05](#)

## **Abu Dhabi Global Health Week (15-17 April)**

<https://www.adghw.com/>

**Abu Dhabi Global Health Week** is a major government initiative from **Department of Health – Abu Dhabi (DoH)** serving as a platform for innovation and collaboration under the theme **‘Towards Longevity: Redefining Health and Well-being.’**

**“The event’s key topics centre around four thematic pillars, including Health Longevity & Personalised Precision Medicine: Personalising the Future of Medicine; Health System Resilience & Sustainability: Crafting Future-Ready Frameworks; Digital Health & AI: Revolutionising Care Through Technology; and Investment in Health & Life Sciences: Driving Global Innovation Forward.”**

## Longevity and precision medicine driving the agenda at Abu Dhabi Global Health Week

[Yahoo:](#)

“During the upcoming **Abu Dhabi Global Health Week (ADGHW)**, a **global initiative aimed at advancing longevity science and precision medicine will be released**, expected to set a new standard for international collaboration, innovation, and investment in next-gen medical technologies. The initiative is designed to drive the widespread adoption of personalised healthcare approaches and promote research into extending healthy lifespans. This **call to action** comes at a pivotal moment, as global life expectancy has more than doubled to 71 years, yet the gap between healthspan and lifespan has widened to 9.6 years, meaning many people spend nearly a decade of their lives in poor health as a result of chronic diseases.....”

## Part of Abu Dhabi Global Health Week, inaugural Al Shifaa Summit for Integrative Medicine to take place in the emirate

<https://www.mediaoffice.abudhabi/en/health/part-of-abu-dhabi-global-health-week-inaugural-al-shifaa-summit-for-integrative-medicine-to-take-place-in-the-emirate/>

“The **inaugural Al Shifaa Summit for Integrative Medicine**, a global platform dedicated to advancing Integrative Medicine (IM) and raising awareness of Traditional, Complementary and Integrative Medicine (TCIM) through evidence-based practices, policy-driven dialogue, and international collaboration, will officially take place from 15-17 April 2025 at ADNEC Centre Abu Dhabi.....”

## Trump 2.0: updates from the past week

More or less chronologically.

## Washington Post - Trump plan would slash State Dept. funding by nearly half, memo says

[Washington Post](#).

“An **internal document** reviewed by The Post **targets spending on humanitarian assistance, global health and international organizations such as the United Nations and NATO.**”

“The **Trump administration proposed cutting the budget of the State Department and what remains of the U.S. Agency for International Development by almost half, according to an internal memo** circulated last week, with funds for humanitarian assistance, global health and international organizations facing dramatic reductions..... The memo, which was reviewed by The Washington Post, says that **cuts contained in an early proposal from the White House Office of Management and Budget for the next fiscal year would leave a total budget of \$28.4 billion for all activities carried out by the State Department and USAID**, a separate agency that the Trump administration has sought to dismantle. **That represents a decline of \$27 billion, or 48 percent, from funding levels approved by Congress for 2025.**”

PS: “... There would be particularly steep cuts to support for international organizations, with just under 90 percent of this funding eliminated in the proposal. Funding for the United Nations, NATO and 20 other organizations **would be ended**, the memo states....”

PS: “**The Trump administration’s budget proposal does retain funding for some programs popular within Congress**, including \$5.1 billion in foreign military financing grants for allies such as Israel and Egypt and **\$2.9 billion for the global health program known as PEPFAR**, or the U.S. President’s Emergency Plan for AIDS Relief, the memo says.”

- Related **tweet Jen Kates (KFF)**: “**Global health funding would be cut by 55%**. This cut is twice as steep as the first budget request from Trump in 2017. Back then, Congress rejected his proposed cuts....”
- See also **Devex** - [Trump administration plans to cut State Department funding by half](#)

**“The plan would slash foreign assistance alone by \$21.5 billion — a decrease of 56% from this year.”**

**“... global health would decrease by \$5.4 billion — leaving just \$4.6 billion for former-USAID programming. That includes \$2.9 billion for the President’s Emergency Plan for AIDS Relief, or PEPFAR; \$800 million for the Global Fund to Fight AIDS, Tuberculosis and Malaria; \$200 million for global health security; and \$687 million for other interventions such as tuberculosis and malaria. “No funding is included for other global health programs, including family planning and reproductive health, nutrition, vulnerable children, the Global Health Worker Initiative, Neglected Tropical Diseases, GAVI [the Vaccine Alliance], Maternal Child Health, or the Health Reserve Fund,” the memo states.....”**

### **Devex - Trump official behind USAID's dismantling exits the State Department**

<https://www.devex.com/news/trump-official-behind-usaid-s-dismantling-exits-the-state-department-109861>

**“Peter Marocco** helped gut the U.S. Agency for International Development. Now, his work seems to be done.”

### **Devex - DOGE staffer take over at the State Department's office of foreign aid**

<https://www.devex.com/news/doge-staffer-take-over-at-the-state-department-s-office-of-foreign-aid-109867>

**“Jeremy Lewin** takes the role from **Peter Marocco**, who was seemingly ousted over the weekend.”

### **HPW - US to Stop Reporting Majority of Climate Emissions**

<https://healthpolicy-watch.news/us-to-stop-reporting-majority-of-climate-emissions/>

From last week. **“The federal agency responsible for protecting the environment in the United States will stop requiring most polluters to report their emissions** of carbon dioxide, methane and

other greenhouse gases that cause climate change. The **upcoming policy shift by the Environmental Protection Agency (EPA)**, **first reported by ProPublica** on Thursday, will effectively render the second-largest greenhouse gas emitter in the world, and largest historical emitter, blind to the pollution caused by its factories, fossil fuel industry and chemical plants.....”

### Science Insider – Trump proposes massive NIH budget cut and reorganization

<https://www.science.org/content/article/trump-proposes-massive-nih-budget-cut-and-reorganization>

“Will Republican-led Congress support a 44% decrease for world’s largest medical research funder?”

### Devex - ‘What’s in’ and ‘what’s out’ in USAID’s global health programming

<https://www.devex.com/news/what-s-in-and-what-s-out-in-usaid-s-global-health-programming-109871>

(17 April) **“USAID leadership sent out guidance to country missions abroad which highlighted 24 “central awards to support global health programming”** that will continue under the agency’s “narrower focus.””

**“The prioritized activities fall within four baskets:** direct health service delivery; procurement of essential health commodities and supply chain management; emergency response to infectious disease outbreaks; and data analytics, monitoring, and evaluation to ensure accountability for results, cost effectiveness, and efficiency. Some of the programs fall solely in one basket, while others overlap. **What’s now “deprioritized,”** according to the PowerPoint, are awards with a focus on “broad and stand alone behavior change, health systems strengthening, knowledge management, broad research, and technical assistance (not directly tied to lifesaving service delivery activities).” “

“Beyond companies and NGOs, **the spreadsheet also lists active awards for public international organizations, including the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#); [CEPI](#); the [World Bank](#)’s Pandemic Fund — as well as Ebola programming from [UNICEF](#) and the [International Organization for Migration](#).....”**

### Devex – Trump administration extends foreign aid review for another 30 days

<https://www.devex.com/news/trump-administration-extends-foreign-aid-review-for-another-30-days-109889>

(18 April) “It’s unclear whether Lewin’s extended review will result in additional cuts or just the opposite.”



## Trump 2.0: Impact, analysis, advocacy, coping/adaptive strategies, ...

Nature (News) - 25 million deaths: what could happen if the US ends global health funding

<https://www.nature.com/articles/d41586-025-01191-z>

**“Models estimate the ginormous potential impact of foreign-aid cuts.”**

**“The United States spent roughly US\$12 billion on global health in 2024. Without that yearly spending, roughly 25 million people could die in the next 15 years, according to models that have estimated the impact of such cuts on programmes for tuberculosis, HIV, family planning and maternal and child health.....”**

**“Researchers have been trying to study the potential impact of the funding cuts. John Stover, an infectious-diseases modeller at Avenir Health, a global-health organization in Glastonbury, Connecticut, and his colleagues used mathematical models to estimate health outcomes, should all US funding for global health be cut and not replaced, compared with outcomes if funding provided in 2024 were to continue through to 2040. The results were posted on the preprint server SSRN earlier this month and have not been peer-reviewed....”**

NPR - Could polio be poised for a comeback?

<https://www.npr.org/sections/goats-and-soda/2025/04/16/g-s1-57805/polio-vaccine-usaid-afghanistan-pakistan>

**“The world is so close to wiping out polio. But in 2025, there are signs that the virus is not quite ready to go the way of smallpox — the only disease eradicated by humans. Two countries are seeing an increase in cases caused by the wild polio virus, which can cause paralysis and even death, particularly in infants and young children. And the cuts in USAID contracts that support polio vaccination raise concern that other countries will see a resurgence as well....”**

KFF – Analysis of USAID’s Active and Terminated Awards List: How Many Are Global Health?

[KFF](#)

**As of 17 April.** “This analysis provides an assessment of the number of active and terminated global health project awards .....” It seems **HIV-related programs are disproportionately impacted.**

Lancet Comment - Why and how academic medicine must champion diversity, equity, inclusion, and accessibility

Arghavan Salles et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00575-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00575-6/fulltext)

**“... If we in academic medicine give in to the campaigns against diversity, equity, inclusion, and accessibility, the consequences will include** resegregation and fewer opportunities for marginalised groups, including veterans, rural communities, the impoverished, first-generation learners, and other disenfranchised groups....”

“While facing efforts to reverse what little progress has been made towards equity in recent years, **what should those of us who work in health care and remain committed to creating a more just world do?** The [panel](#) outlines some actions for individuals, medical schools and hospitals, and professional societies, understanding that, in the words of Audre Lorde, silence will not protect us.....”

### **NYT – The Many Ways Kennedy Is Already Undermining Vaccines**

<https://www.nytimes.com/2025/04/13/health/kennedy-vaccines-confidence-access.html>

“The health secretary has **chipped away at the idea that immunizing children against measles and other diseases is a public health good.**”

“... Some scientists said they saw **a pattern**: an effort to erode support for routine vaccination, and for the scientists who have long held it up as a public health goal.....”

### **Preprint - Estimating the potential malaria morbidity and mortality avertable by the President’s Malaria Initiative in 2025: a geospatial modelling analysis**

T L Symons et al ; <https://www.medrxiv.org/content/10.1101/2025.02.28.25323072v1>

« With the status of PMI funding and operations currently uncertain, **this study aimed to quantify the impact that a fully-functioning PMI would have on malaria cases and deaths in Africa during 2025....** ... PMI investment in supporting procurement and distribution of malaria control commodities would translate directly into millions of malaria cases averted and a hundred thousand lives saved across its focus geographies in Africa across 2025. »

### **Devex - Gates alters scholarship rules after complaint of racial discrimination**

<https://www.devex.com/news/gates-alters-scholarship-rules-after-complaint-of-racial-discrimination-109858>

“The Gates Foundation quietly expanded its scholarship eligibility after a conservative group accused it of discriminating against white students.”

“The [Gates Foundation](#) has changed the eligibility criteria of its signature scholarship program after a right-wing activist group argued to the United States’ Internal Revenue Service, or IRS, that it was violating its tax-exempt status by discriminating against white people.

PS: “Experts say that the AAER complaint underlines a fundamental question that charities are pondering as the Trump administration tries to impose its “America First” vision on a range of organizations: “Do you stay underground to live another day? Or do you fight because this is the

**last stand?”** said Philip Hackney, an expert in nonprofit tax exemption law and law professor at the [University of Pittsburgh](#). **“This shows how fearful [charitable organizations] are right now** and how they have to decide what is the best way for them to proceed,” said Ellen Aprill, a leading scholar of nonprofit tax law. **“If the Gates Foundation is going to change, that’s not going to decrease fear.” ....”**

## Global Health Governance & Financing

### HPW - WHO Poised to Halve Divisions and Directors at Geneva Headquarters in Response to Budget Emergency

<https://healthpolicy-watch.news/who-poised-to-halve-number-of-divisions-and-directors-at-geneva-headquarters-in-response-to-budget-emergency/>

**“The number of WHO programme divisions would be reduced from 10 to just five and the number of directors in headquarters would shrink from nearly 80 to around 30 in an emergency reorganisation plan reviewed by the agency’s executive management group at a closed-door retreat on Saturday. “**

**“The plan, which is due to be presented to member states in the coming week, also proposes to move some departments housed in Geneva to WHO’s Regional Offices, where costs are far less, or HQ outposts away from Geneva even if the operations remain associated with headquarters. “**

**“Examples** include a possible move of WHO’s entire polio operation to the Eastern Mediterranean Regional Office in Cairo; the region is responsible for Afghanistan and Pakistan which are the only countries where transmissions of wild poliovirus still continues. Similarly, there are discussions about moving WHO’s Department of Traditional Medicine to India, a leader in the field, and so on. Other core functions or departments might be moved out of Geneva to satellite offices elsewhere in Europe, so that they can remain in proximity to headquarters, without the associated costs. Along with its regional office in Bonn, WHO already has offices or research centres in Lyon, Germany, Italy, and Denmark. Other venues could also be considered, sources told Health Policy Watch. ....”

**“But even these dramatic steps, informed observers say, will not be enough to generate the savings required to cover an expected \$600 million budget deficit for 2025, along with a projected \$1.9 billion gap for the upcoming budget biennium of 2026-2027 triggered by the United States’ withdrawal from the organisation in January. And given that the lion’s share of the WHO deficit is in its Geneva headquarters, it’s expected that staff there will likely have to be reduced by some 40% or more, from more than 2,600 people today to around 1,400-1,500 employees – some of whom may also be re-assigned to satellite offices. “**

**“... The latest iterations of the [WHO “straw draft” organigram](#), seen by *Health Policy Watch* on Friday, included two highly similar options presented to Saturday’s meeting of WHO’s executive leadership. The leadership will fine-tune a final option prior to the presentation of the plan to member states, in a meeting set for Tuesday. Both options model WHO’s new organisation around five “P’s” said to embody the agency’s internal functions and external mission. They include: perform, power, promote, provide and protect.”**

## HPW – World Health Organization Reorganization Plan Developed with Boston-based Consultancy

<https://healthpolicy-watch.news/world-health-organization-reorganization-plan-developed-with-boston-based-consultancy/>

**“The US-based [Boston Consulting Group](#) has been working with WHO’s senior leadership, under contract, to develop the major reorganization and cost-saving plan, now pending final presentation to staff and member states next week, *Health Policy Watch* has learned. Members of the Staff Association Committee confirmed to WHO staff members on Thursday, that [BCG](#) has been involved in the strategic planning for dramatic cutbacks in the agency’s workforce. ... “**

**“The consultancy’s costs are being covered by a dedicated grant from the Bill and Melinda Gates Foundation, Staff Association leaders said, quoting WHO Human Resources officials, at the Open House. “These are **voluntary and earmarked funding from Bill and Melinda Gates to HRT [WHO Human Resources and Talent Management] for restructuring,**” asserted WHO Staff Association President Catherine Kirorei Corsini. “And this because it’s voluntary and earmarked, it cannot be used for anything else. And what they are doing now is **a request of member states.** ....”**

**“Even so, some WHO staff have expressed dismay with the fact that large consultancy grants are being awarded to expensive private firms at a time of budget crisis....”**

PS: “.... There were, however, **reports that WHO Director General Dr Tedros Adhanom Ghebreyesus had this week presented his own plan to senior management – with significant variations in the existing drafts now circulating.**”

**“... Already senior leadership is offering some of the directors facing cuts a relatively high-paying parachute – jobs as the WHO repr’sentative in a country office....”**

PS: **“Since 2017 the number of WHO consultants has exploded, from an estimated 3200 full-time equivalent positions to approximately 7600 in July 2024 – approaching the number of regular WHO staff. “**

## Lancet (Comment)- Gender and global health: going, going, but not gone

Sarah Hawkes, J Clark, K Buse et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00617-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00617-8/fulltext)

(6 April) Comment by the Commissioners of the Lancet Commission on Gender and Global Health.

## Geneva Solutions - Vaccine alliance chief still hoping for US support despite aid cuts signals

<https://genevasolutions.news/global-health/global-vaccine-alliance-chief-still-hoping-for-us-support-despite-aid-cuts-signals>

**“Sania Nishtar, head of Gavi, is still holding out hope that the US will resume support as the organisation that helps vaccinate millions of people in poor nations worldwide gears up for a replenishment round in June amid an arid season for funding.”**

**“...Nishtar said the public-private initiative hadn’t received a termination notice yet. She travelled to Washington last week to address a committee in the US Congress that is currently preparing next year’s budget, including for foreign aid, where she asked lawmakers to renew a US commitment for \$300 million for 2026. .... Nishtar was told that the review was still ongoing and an answer will be provided after its conclusion, but she remained optimistic. ...”**

**“... Beyond the US, a broader trend from western donors seeking to shrink their foreign assistance to bolster military efforts also casts a shadow over Gavi’s future. The organisation is gearing up for a replenishment round on 25 June in Brussels, where it hopes to raise at least \$9 billion to immunize 500 million children over the next five years. Anticipating a “successful” replenishment round, Nishtar cited some positive signs, including early pledges from Canada, France and Spain....”**

## **Nature –Africa CDC must become financially independent**

Nelson A Evaborhene et al ; <https://www.nature.com/articles/d41586-025-01201-0>

**Africa CDC’s future «.... depends on achieving financial independence, through greater regional ownership and investment. Although the African Union and member states contribute to Africa CDC’s budget, much of the organization’s funding comes from external donors, including the US CDC, the China CDC, the European Union and the Gates Foundation. .... First, African governments must allocate a larger share of their national budgets to health security. Second, innovative financing mechanisms should be explored, including public–private partnerships and levies on industries that benefit from health security, such as telecommunications and travel. Third, consistent political and financial support should be given to the recently approved Africa Epidemic Fund. Africa CDC must become self-sustaining to meet the continent’s health challenges. »**

## **HPW – Now is Not the Time for Germany to Relinquish its Leadership of Global Health**

Gitinji Gitahi & R Achenbach ; <https://healthpolicy-watch.news/now-is-not-the-time-for-germany-to-relinquish-its-leadership-of-global-health/>

**“Germany’s contribution to global health has been transformative – and as its new coalition government takes shape, now is not the time for it to weaken this commitment.”**

PS: **“ In 2023 alone, Germany’s total disbursement for development assistance for health was \$5.29 billion.”**

PS: **“While Germany’s leadership in global health is evident, the reality of Africa’s health financing gap is staggering. The continent faces a \$66 billion annual health funding shortfall, which has been exacerbated by the recent USAID funding terminations and stop work orders. Even with the Abuja Declaration, which calls for African countries to allocate 15% of their budgets to health, it is still insufficient. Sub-Saharan Africa’s combined GDP stands at about \$2 trillion, with an average tax revenue of 15% of GDP, amounting to roughly \$45 billion for healthcare spending for a population**

of **1.2 billion people**. This works out to **about \$40 per capita** – which pales in comparison to the \$4,000 spent per capita in Europe....”

## HRW – New Data Exposes Global Healthcare Funding Inequalities

<https://www.hrw.org/news/2025/04/10/new-data-exposes-global-healthcare-funding-inequalities>

“New data from the World Health Organization reveals that **many governments’ public funding of health care falls short of what is needed to meet their human rights obligations.**”

“**The vast majority of people live in countries where low public funding undermines their access to health care. Sometimes this is due to major constraints like war and debt, but often governments just don’t prioritize it.** Governments should ensure that everyone can achieve their right to health by **reducing reliance on regressive sources of financing. Wealthier governments should support appropriate tax reforms and provide debt restructuring or relief** when necessary. “

“... **Human Rights Watch analyzed the most recent WHO Global Health Expenditure Database, which includes healthcare spending data from 2022 for more than 190 countries around the world.** These data show that public funding for health care faltered as the Covid-19 pandemic waned and global inflation surged. .... **Most governments are not spending enough to ensure that healthcare systems can deliver on the right to health.** In 2022, 141 governments **spent less than 5 percent of their gross domestic product (GDP) on health care through public means**, a widely accepted international spending benchmark for assessing healthcare spending. **About 84 percent of the world’s population, or 6.6 billion people, lived in a country where public healthcare funding missed this benchmark that year.**”

“Richer countries generally rely more heavily on public sources of funds to finance health care than poorer countries. But the level of public financial support governments provide varies widely among both rich and poor countries, indicating that this is at least in part the result of policy choices. ...”

PS: “Financial resources are limited and unevenly distributed, but WHO data shows that many governments could do better. **If 17 low-tax governments had raised tax revenues in 2022 to 15 percent of GDP—a “tipping point” threshold identified by the World Bank** that is well below the global average of 23 percent of GDP—they could have raised more than enough money to spend at least 5 percent of GDP on health care. ....”

PS: “... **Among all countries, the global average of public healthcare spending in 2022 was only 3.8 percent of GDP.** While above the pre-pandemic average of 3.5 percent of GDP in 2019, this continued a trend of year-over-year decline since the mid-pandemic peak of 4 percent in 2020. ...”

## The Conversation - Africa’s healthcare funding crisis: 3 strategies to manage deadly diseases

F Mutapi; <https://theconversation.com/africas-healthcare-funding-crisis-3-strategies-to-manage-deadly-diseases-253644>

“To navigate financial constraints, African nations must rethink and redesign their healthcare systems. **Three key areas where cost-effective, preventive strategies can work are: improving**

**water, sanitation, and hygiene; expanding vaccination programmes; and making non-communicable disease prevention part of community health services....”**

**“... By shifting focus from treatment to prevention, African nations can make healthcare accessible, equitable and financially sustainable despite the decline in foreign aid.”**

**“The era of aid or free money is gone. Africa must overhaul its approach toward achieving fast-paced development.”**

<https://www.afdb.org/en/news-and-events/press-releases/era-aid-or-free-money-gone-africa-must-overhaul-its-approach-toward-achieving-fast-paced-development-82827>

**“African Development Bank President** outlines visionary path for Africa's economic self-reliance.”

**“In the face of dwindling global funding, tariffs, and geopolitical tensions, African Development Bank Group President Akinwumi Adesina said on Friday that Africa must wean itself from aid dependency and urgently chart its future through self-reliance, strategic partnerships, and leveraging its vast natural resources. He spoke on Friday in Abuja at the 14th Convocation Ceremony of the National Open University of Nigeria (NOUN), where he delivered a thought-provoking lecture. The address "Advancing Africa's Positioning within Global Development and Geopolitical Dynamics" outlined a bold vision for Africa's future in a rapidly changing global landscape.”**

**“... The African Development Bank is leading the development of a new framework to re-estimate Africa's GDP based on the proper valuation of its vast natural capital. This will lower Africa's debt to re-estimated GDP and expand its ability to borrow more resources to finance its development. The Bank believes properly valuing Africa's green wealth will improve the risk profiles and credit ratings of countries across the continent.”**

**PS: “He said of recent global tariff tensions: “47 out of 54 African countries have been placed under higher US tariffs. The immediate direct effects of the tariffs on African countries will be a significant reduction in exports and foreign exchange availability. This will send other shock waves through African economies.” He continued: “Local currencies will weaken on the back of reduced foreign exchange earnings. Inflation will increase as costs of imported goods rise and currencies devalue against the US dollar. The cost of servicing debt as a share of government revenue will rise, as expected revenues decline.”**

**“... Some key initiatives led by the African Development Bank under Adesina's leadership include the establishment of the Africa Financing Stability Mechanism to help African countries refinance debt service payments; the development of Security-Indexed Investment Bonds to rebuild areas devastated by conflict; the creation of the African Credit Risk Agency to fairly assess Africa's investment risks; the implementation of the \$25 billion African Adaptation Acceleration Program to support the continent's resilience to climate change; and the development of a framework to revalue Africa's GDP based on its natural capital wealth.....”**

- Related: [Africa must treat health security as national defense –Adesina](#)



**“Dr Akinwumi Adesina, has urged African governments, to prioritise health security, with the same urgency as national defence.”** Adesina, who said this in a statement issued on Sunday in Abuja, **also called for a more equitable global financial system, that supported the continent’s development needs.”**

“He emphasised the need to scale up both public and private investments in medical research, infrastructure and pharmaceutical innovation across Africa. **“Africa must treat health security as a matter of national defence.** “Our universities need world-class medical science facilities, to lead cutting-edge innovations in medicine and pharmaceuticals,” he said. **According to him, building a strong health and pharmaceutical industry, anchored in research and development, is the only way Africa can protect itself from future health shocks.”**

PS: **“On global financing, Adesina criticised the skewed distribution of emergency financial tools like the International Monetary Fund’s (IMF) Special Drawing Rights (SDRs).** He noted that Africa was shortchanged during the Coronavirus (COVID-19) pandemic response. “Out of the \$650 billion in SDRs issued globally, Africa received only \$33 billion, just 4.5 per cent. “This is, in spite of being the continent most in need and with the least resources, to manage the economic fallout,” he said. He added that **to address this imbalance, the AfDB, in collaboration with the African Union, led the push for the rechanneling of unused SDRs from wealthy countries to Africa, leveraging the bank’s AAA credit rating.** Adesina revealed that a **new framework developed jointly by the AfDB and the Inter-American Development Bank was approved by the IMF board, allowing SDRs to be rechanneled through multilateral development banks.** “This is a **game-changer**, as each dollar of SDR re-channeled, can be leverage four to eight times. “That means a **\$50 billion reallocation could unlock up to \$200 billion in new development financing, at no cost to taxpayers,**” he said. ““ The AfDB president described the framework as the most impactful way to support Africa’s development at a time of declining global aid.”

## **Independent - ‘Savage’ UK cuts will deprive 55m people of aid around the world**

<https://www.independent.co.uk/news/uk/politics/uk-aid-cuts-starmer-asylum-seeker-b2721951.html>

**“Exclusive: The cuts will result in a reduction of key programmes for education, family planning, water and food aid. “**

**“Analysis by Save the Children, shared exclusively with this publication, lays bare the true impact of [repeated cuts to the budget](#), the latest of which will see spending fall to just 0.3 per cent of gross national income (GNI) – the lowest level in 25 years....”**

Among others: “55 million people will be deprived of aid. Women and girls will suffer the most. 12 million people will be without access to clean water or sanitation.”

**“... The charity’s analysis found that **32.8 million women and girls could miss out on [family planning support](#), due to a reduction in sexual [health](#) and other programmes, which will have [major implications for maternal health, population growth, and even the spread of HIV....”](#)****

## Center for Healthy Development - Taking stock of Development Assistance for Health (DAH) in the 21st Century: Renewing our commitment

<https://www.centerforhealthydevelopment.org/publications.html>

“What have we learned? A contribution to sustaining our global efforts for equitable and efficient DAH.” This report, prepared by the Center for Healthy Development (CHD), assesses the global and country-level impact of DAH over the past 25 years.

“... This report seeks to answer five questions: 1. What are the trends and characteristics of DAH between 2000 and 2019? 2. Did DAH deliver what it promised? Did the main DAH organizations deliver on the objectives of their plans and programs over the last 20-30 years? 3. Did DAH affect health outcomes? What were the effects—positive or negative—of DAH on health outcomes in beneficiary and non-beneficiary DAH affected populations? 4. What are potential DAH scenarios for the next 10-20 years? What supply- and demand-side drivers will shape its future? 5. What are the lessons learned from the past 25 years of DAH, and how can we do better?...” **Check out the findings.**

## BMJ Editorial – Why we should forgive debt for poorer countries—and medical students

K Abbasi; <https://www.bmj.com/content/389/bmj.r744>

“Kamran Abbasi looks at the impact of debt on people’s health and health systems.”

“The global conversation is locked into trade deficits. While tariffs can be temporary, as we’re seeing, **debt has a longer term impact**. The question is, if we truly believe that people and countries should have an opportunity to flourish and prosper, **how do our finance systems—that hardwire debt—support those ambitions? Debt is the deficit that requires some serious thinking and an enlightened response.....**”

“**Debt relief will also benefit low and middle income countries that face a debt crisis but are expected to fund their national development, pay for their health systems, care for their poor and underprivileged people, and now support measures to reduce carbon emissions.** It’s hard to justify the interests served by these persistent national debt burdens. Rich countries, financial institutions, and banks get richer while poorer countries remain trapped in a debt cycle, unable to improve prosperity. Keeping poor countries poor drives migration, conflict, and climate harm. **If the rich world seeks to maintain its control over poorer countries, persistent debt is the perfect tool to perpetuate this longstanding power imbalance.**”

“... **we should be talking about a different type of deficit: extraction deficits.** These are the reparations owed to low and middle income countries for wealth extracted through colonialism and the slave trade, as well as the costs that low and middle income countries must now incur to meet climate targets as they are urged to bypass the cheaper fossil fuel stage of their industrial and technological development. The extraction deficits run into many trillions of dollars, and the money is owed by rich countries.”

## Project Syndicate - The Global South Will Pay for Trump's Trade War

J Ghosh; <https://www.project-syndicate.org/commentary/developing-countries-bearing-brunt-of-trump-tariff-pain-by-jayati-ghosh-2025-04>

**"Donald Trump's tariffs have disrupted supply chains, roiled global markets, and escalated the trade war between the United States and China. While US consumers brace for higher prices, low- and middle-income countries will bear the brunt of the crisis, from currency depreciation to rising borrowing costs."**

## CGD - A Renewed Urgency to Rationalize Tax Expenditures in Low- and Middle-Income Countries

S Gupta et al; <https://www.cgdev.org/blog/renewed-urgency-rationalize-tax-expenditures-low-and-middle-income-countries>

**"In an earlier blog post, we argued that rationalizing tax expenditures (TEs)—comprising exemptions, deductions, and reduced rates providing preferential tax treatments for specific groups of individuals, regions, or sectors—is critical to enhancing the capacity of low- and low-middle income countries (LMICs) for domestic resource mobilization (DRM) and to finance development. When we wrote it, these countries were recovering from the COVID-19 pandemic and beginning to feel the effects of Russia's war with Ukraine, which intensified over time. In this blog, we argue that the case for streamlining and reforming TEs has become even more urgent. This urgency arises from recent developments including the decisions by the United States and the United Kingdom to significantly reduce their international aid budgets coupled with expected increases in defense spending in most major donor countries, and the unsustainable debt levels in donor countries as well as in several aid-receiving countries...."**

**The new reality: declining international aid and high debt.**

**"... With limited access to concessional financing and reduced international aid, LMICs must strengthen DRM. One underutilized strategy for that is the rationalization of TEs. According to the IMF, LMICs have the potential to increase their tax-to-GDP ratios by up to 8 percentage points through stronger public institutions and improved tax design, which includes reforming TEs...."**

## CGD (blog) - When Every Dollar Counts: Why Budget Execution Reform is Urgent for 37 Countries Facing US Aid Cuts

S Gupta et al; <https://www.cgdev.org/blog/when-every-dollar-counts-why-budget-execution-reform-urgent-37-countries-facing-us-aid-cuts>

**".... This blog post argues that countries experiencing a decline in donor assistance can expand their budget space for health by focusing on strengthening their budget systems. While these efforts may not fully compensate for the loss of external funding, they can still generate additional resources for the health sector at this critical juncture —recognizing that the impact of budget system reforms will materialize gradually."**

## Telegraph – International aid sector looks to new business models as government funding dries up

<https://www.telegraph.co.uk/global-health/climate-and-people/international-aid-sector-new-business-models-for-funding/>

“While many charities and NGOs are down, others like **MSF** – with a proud history of independence – continue to thrive and save lives.” Worth a read.

## Reuters – UNICEF projects 20% drop in 2026 funding after US cuts

<https://www.reuters.com/world/unicef-projects-20-drop-2026-funding-after-us-cuts-2025-04-15/>

“UNICEF has projected that its 2026 budget will shrink by at least 20% compared to 2024, a spokesperson for the U.N. children's agency said on Tuesday, after U.S. President Donald Trump slashed global humanitarian aid. **In 2024, UNICEF had a budget of \$8.9 billion** and this year it has an estimated budget of \$8.5 billion. The funding for 2025 is "evolving," the UNICEF spokesperson said. **"The last few weeks have made clear that humanitarian and development organizations around the world, including many U.N. organizations, are in the midst of a global funding crisis. UNICEF has not been spared,"** said the spokesperson.”

## OECD - International aid falls in 2024 for first time in five years, says OECD

<https://www.oecd.org/en/about/news/press-releases/2025/04/official-development-assistance-2024-figures.html>

(16 April) “**International aid from official donors fell in 2024 by 7.1% in real terms compared to 2023, the first drop after five years of consecutive growth, according to preliminary data collected by the OECD.** The fall in official development assistance (ODA) was due to a reduction in contributions to international organisations, as well as a decrease in aid for Ukraine, lower levels of humanitarian aid and reduced spending on hosting refugees in donor countries.”

“ODA by member countries of the OECD’s Development Assistance Committee (DAC) **amounted to USD 212.1 billion in 2024, representing 0.33% of DAC members’ combined GNI. ...**”

- See also Devex - [In 2024, global aid fell for the first time in five years](#)

“**Global official development assistance dropped 7.1% in 2024 — the first decline in half a decade — as donor countries scaled back funding for Ukraine, humanitarian crises, and refugee costs.**”

PS: “Several experts said that the upcoming [United Nations](#) conference, the International Conference on Financing for Development, will be a pivotal moment for the future of aid. “The UN Financing for Development conference is a **once-in-a-decade opportunity to write a new future for foreign aid,**” said Simonds. “**By shifting governance away from exclusive, closed-door institutions like the OECD, and bringing it under the umbrella of the United Nations, countries from the global north and south have a crucial opportunity to re-legitimise aid and develop a more representative and democratic process** where all countries can participate on an equal footing. This is a chance that cannot be missed.””

- Related [Oxfam response](#).
- And New Humanitarian Analysis - [What new funding data tells us about donor decisions in 2025](#)

## Run-up to IMF/World Bank Spring Meetings (21-26 April) and FfD4 Sevilla (in June )

### Devex - World Bank's Ajay Banga defends climate strategy ahead of Spring Meetings

<https://www.devex.com/news/world-bank-s-ajay-banga-defends-climate-strategy-ahead-of-spring-meetings-109878>

**“He is also sharpening the institution’s focus on job creation, calling it “the best way to drive a nail in the coffin of poverty.” “**

**“World Bank President Ajay Banga defended the bank’s commitment to devoting 45% of its annual lending to climate-related projects in fiscal year 2025, which ends June 30, saying that focusing on climate doesn’t distract from the bank’s overall mission to end poverty. The [World Bank](#) committed to ramping up the percentage from 35% to 45% last year, when it managed to reach 44%. And it **has continued using phrases such as “climate change” and “climate finance”** despite the Trump administration’s attempts to ban use of such terms by the organizations it funds.”**

**“...Banga also emphasized job creation as the central pillar of the institution’s strategy and said he doesn’t know whether the U.S. will follow through on its \$4 billion pledge to the [International Development Association](#), or IDA, the bank’s fund for the world’s poorest countries. ... Without the U.S. — and some possible [rethinking from European countries](#) in the current aid landscape — Banga estimated that **the IDA total could be closer to \$80 billion or \$85 billion....”****

**“... In addition to increasing climate finance, under Banga, the bank has promoted climate-resilient debt — which gives nations the ability to temporarily suspend their debt payments in the aftermath of a climate disaster — and streamlined processes for nations to access it; and advocated for climate-friendly technologies such as carbon capture, solar, wind, and hydropower, and the use of GPS and satellite for more precise agricultural practices....”**

- And [Via CGD](#): **“... World Bank President Ajay Banga is in a bind—he was able to pivot nimbly from climate and the “livable planet” agenda, which fulfilled a major Biden administration ask, to jobs, efficiency, and private sector, no doubt calculating that these themes were unlikely to rile President Trump....”** (For more, see CGD - [What We’re Watching at the 2025 Spring Meetings](#). )

## **BWP - Spring Meetings 2025 Preamble: geopolitical turmoil further muddies path of BWI reform and multilateral cooperation**

<https://www.brettonwoodsproject.org/2025/04/spring-meetings-2025-preamble-geopolitical-turmoil-further-muddies-path-of-bwi-reform-and-multilateral-cooperation/>

“A US executive order reviewing membership in global institutions casts **doubt over future US policies at the World Bank and IMF**. Despite ongoing reviews and reforms, **civil society expects little transformative change at the BWIs**. With economic and geopolitical uncertainty rising, civil society looks to Ffd4 to chart a new path for multilateralism.”

## **ITUC - Back to austerity? Global unions confront IMF and World Bank on 'Path to Prosperity'**

<https://www.ituc-csi.org/Back-to-austerity-Global-unions-confront-IMF-and-World-Bank>

“As the International Monetary Fund (IMF) and World Bank gather for their 2025 Spring Meetings under the theme “Jobs – the Path to Prosperity”, **global unions are raising the alarm over the return to austerity policies that undermine prosperity and decent work.**”

## **BWP - The IMF's 2025 Conditionality Review: a test of reform or repeat?**

<https://www.brettonwoodsproject.org/2025/04/the-imfs-2025-conditionality-review-a-test-of-reform-or-repeat/>

“Review risks repeating past failures, with austerity-driven policies worsening inequality and economic hardship; Civil society criticism highlights a lack of meaningful consultation, raising doubts about prospects of genuine reform.”

## **BWP - A closer look at the World Bank's revised Country Partnership Framework**

<https://www.brettonwoodsproject.org/2025/04/inside-the-institutions-a-closer-look-at-the-world-banks-revised-country-partnership-framework/>

“This *Inside the Institutions* explores **the World Bank's revised Country Partnership Framework**, which aims to boost the impact of its country programmes through focus and efficiency. Yet, concerns remain over the financialisation of development, limited civic participation and an over-reliance on private sector solutions, while lessons from the WBG's own research, as well as civil society and academic critiques, underscore the need for deeper structural reform.”

## **BWP - Civil society calls for Ffd4 to revive 'spirit of Monterrey' and reassert UN's role in global economic governance**

<https://www.brettonwoodsproject.org/2025/04/civil-society-calls-for-ffd4-to-revive-spirit-of-monterrey-and-reassert-uns-role-in-global-economic-governance/>

“Civil society calls for Fourth UN Financing for Development conference to reassert Monterrey Consensus that placed UN at heart of financial architecture reform. Role of the Bretton Woods

Institutions remains a key point of contention, amidst their stark governance deficits. **FfD4 draft outcome document calls for intergovernmental process on debt & SDRs ‘playbook’, but gives mixed signals on role of private finance.”**

PS: “.... debt, private finance and SDRs (Special Drawing Rights) emerge as key themes....”

And some links, also via BWP:

- [New report documents abuses at IFC-funded hospitals, further exposing consequences of the “billions to trillions” approach](#) (cfr the Bloomberg report from a while ago)
- [Breaking free from the aid trap: time for Africa to halt international financial institutions’ austerity policies](#) (by F Lumonya)

## Mpox

### HPW - Mpox Cases Decline in DRC, Anthrax Remains a Concern

<https://healthpolicy-watch.news/mpox-cases-decline-in-drc-anthrax-remains-a-concern/>

(17 April) On Africa CDC’s media briefing from this Thursday.

**“ New weekly cases of mpox across Africa have dropped to around 2,000 for the first time this year giving hope that the outbreak may be waning, according to Dr Jean Kaseya, Director-General of Africa Centres for Disease Control and Prevention (Africa CDC). In the mpox epicentre of the Democratic Republic of Congo (DRC), new cases dropped to 1,453 – the first time this year that this has been below 2,000 – despite an increase in testing. “**

**“... Seven countries are currently vaccinating against mpox, with over 595,000 people vaccinated so far. However, mpox cases in Uganda continue to rise, with 271 cases confirmed over 247 the previous week.....”**

PS: **“Over the past two weeks, Kaseya has been traveling internationally to try to drum up more funding for health on the continent to fill the huge hole left by departing aid – particularly from the United States. .... “There are reports of people migrating to other countries just to get ARVs,” Kaseya disclosed. “**

**“He has met the CEO of Ethiopian Airlines Mesfin Tasew to explore the possibility of a levy on airline tickets that could be used for health programmes. In addition, a meeting with the government of the United Arab Emirates (UAE) is likely to result in investment in local manufacturing, and the digital agenda, supply chain management and the health work force, Kaseya said. “Emirates is one of the countries making huge progress in the health system by using AI, and we are moving toward a strong programme with this country for Africa,” he added, saying that details of this collaboration would be announced soon.”**



## HPW - Mpox continues to rise

<https://healthpolicy-watch.news/africa-cdc-to-pilot-new-health-financing-options/>

From Africa CDC's media briefing from last week on Thursday:

"...at the Africa CDC briefing on Thursday, **Professor Yap Boum, the Africa CDC's deputy head of the Incident Management Support Team**, reported that **Uganda's mpox outbreak is continuing to spread, increasing by 30% in the past week** (from 190 to 247 confirmed cases). Boum **attributed the spread of Clade 1b to complex sexual networks**, including sex workers with multiple daily clients. "Mpox, specifically the Clade 1b strain, is sexually transmissible. Yesterday, Uganda's incident manager informed us that there are sex workers who have up to 10 clients per day," said Boum. **"Sexual networks remain the key driver of the outbreak [in Uganda], with cases spreading in slums, semi-urban, and urban areas. ...."** **"Unlike the Democratic Republic of Congo (DRC), however, Uganda is managing to test all its suspected mpox cases, 60% of which have been positive....."**

PS: **"... Testing in the DRC has risen over the past week from 18.4% of suspected cases to 21.7%, largely as a result of decentralised laboratory services.** Three new Gene Xpert testing machines have been deployed and 26 laboratories are now functional....."

- See also [Cidrap News – Mpox activity escalates in Uganda as vaccine shipments to Africa pass 1 million doses](#)

**"Mpox activity in African countries continues at a steady pace, with the region averaging about 3,000 new cases each week and the situation intensifying in Uganda, health officials from Africa Centres for Disease Control and Prevention (Africa CDC) said [last week] at a briefing.** Yap Boum, PhD, MPH, deputy incident manager for Africa CDC's mpox response, said **Africa has now received more than 1 million mpox vaccine doses**, but officials estimate that **the region needs 6.4 million doses over the next 6 months to slow down the spread of the virus.** Kenya this week received its first mpox delivery, which consisted about 10,000 doses. ...."

## WHO - Africa CDC and WHO update mpox strategy as outbreaks persist

<https://www.who.int/news/item/17-04-2025-africa-cdc-and-who-update-mpox-strategy-as-outbreaks-persist>

(17 April) **"Africa CDC and WHO have updated their joint Continental Response Plan for the mpox emergency as the disease continues to affect new areas.** The revised strategy focuses on controlling outbreaks, while expanding vaccination coverage and transitioning toward a longer-term, sustainable response. "

**"... Despite [this] progress, major challenges remain.** Ongoing conflict and insecurity in eastern Democratic Republic of the Congo, where the incidence of mpox remains high, as well as humanitarian aid cuts, continue to limit the public health response and restrict access to essential services. **Across countries and partners, over US\$ 220 million is needed to fill funding gaps for the mpox response.** The updated Continental Response Plan calls for intensified efforts to bring outbreaks under control, while also taking concrete actions to integrate mpox into routine health services. Along with the Continental Response Plan for Africa, WHO has updated the global

strategic plan to curb - and where feasible, to stop - human-to-human transmission of mpox. **In the first two months of 2025, 60 countries reported mpox, with the majority of cases and deaths reported from the African continent...**"

## AMR

### BBC - Three million child deaths linked to drug resistance, study shows

<https://www-bbc-com.cdn.ampproject.org/c/s/www.bbc.com/news/articles/cy0xk86l9g9o.amp>

**"More than three million children around the world are thought to have died in 2022 as a result of infections that are resistant to antibiotics, according to a study by two leading experts in child health. Children in Africa and South East Asia were found to be most at risk...."**

**"... Using data from multiple sources, including the World Health Organization (WHO) and the World Bank, the report's authors have calculated there were more than three million child deaths in 2022 linked to drug-resistant infections. ... The report's lead authors, Doctor Yanhong Jessika Hu of Murdoch Children's Research Institute in Australia and Professor Herb Harwell of the Clinton Health Access Initiative, point to a significant growth in the use of antibiotics that are meant to only be held back for the most serious infections. Between 2019 and 2021 the use of "watch antibiotics", drugs with a high risk of resistance, increased by 160% in South East Asia and 126% in Africa. Over the same period, "reserve antibiotics" - last-resort treatments for severe, multidrug-resistant infections - rose by 45% in South East Asia and 125% in Africa...."**

**"The authors warn that if bacteria develop resistance to these antibiotics, there will be few, if any, alternatives for treating multidrug-resistant infections. Prof Harwell is presenting the findings at the Congress of the European Society of Clinical Microbiology and Infectious Diseases in Vienna...."**

- See CHAI - [Over 3 million children died from AMR-related infections in 2022, major study shows](#)

### Guardian - New gonorrhoea treatment hailed as breakthrough in fight against drug resistance

<https://www.theguardian.com/society/2025/apr/14/new-gonorrhoea-treatment-gepotidacin-hailed-breakthrough-drug-resistance>

**"Researchers say gepotidacin could be delivered via a pill and help combat strains resistant to standard treatment."**

**"... Scientists have hailed a new antibiotic treatment for gonorrhoea, the first in three decades, which they said could help combat the global rise of drug-resistant infections.... Now a study has suggested that gepotidacin, an antibiotic used to treat urinary tract infections, could be used to fight the infection, ward off drug-resistant cases and improve patient experiences. The phase-three results of the randomised control trial were [published in the Lancet journal](#) and presented at the**

annual European Society of Clinical Microbiology and Infectious Diseases (ESCMID) conference in Vienna, Austria, on Monday. ....”

- Related [Lancet Infectious Diseases Editorial – Stopping gonorrhoea’s descent towards untreatability](#).

## NCDs (& NCD related financing)

### WHO Afro - New WHO report highlights progress in the fight against severe chronic diseases

<https://www.afro.who.int/news/new-who-report-highlights-progress-fight-against-severe-chronic-diseases>

(14 April) “**Twenty African countries have increased access to services for severe chronic disease** such as type 1 diabetes, sickle-cell disease, and rheumatic and congenital heart diseases, over the last four years since adapting a new model to decentralize the critical services, a new **report by World Health Organization (WHO)** shows. The **report released today by WHO Africa with support from the Leona M. and Harry B. Helmsley Charitable Trust** provides insights on the burden of severe chronic diseases in Africa, highlighting the **significant progress of the PEN-Plus model** in addressing these diseases across the twenty implementing countries.....”

### Lancet (Viewpoint) – A proposed framework for monitoring and evaluating progress at the intersection of women, power, and cancer

Elise M Garton et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00511-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00511-2/fulltext)

« **The Lancet Commission on women, power, and cancer**, hereafter referred to as the Commission, was created to address urgent questions at the intersection of social inequality, cancer risk and outcomes, and the status of women in society. Cancer is an increasingly important public health threat and economic challenge to all people worldwide, but has a disproportionate impact on the lives and livelihoods of women, which creates downstream impacts for society. **The Commission applied an intersectional feminist lens to inform a nuanced, evidence-based, gendered approach to cancer risk and cancer control in response to this threat.** The **Commission report was published in September, 2023, with ten key findings and corresponding priority recommendations directed at a broad range of stakeholder communities:** international organisations, national and subnational governments, researchers and research funders, civil society, and the private sector. To increase the likelihood that the recommendations set out in the Commission will be adopted and operationalised by multiple stakeholders, and to support the uptake of these recommendations, **the authors proposed a framework and set of key performance indicators to guide implementation and to increase engagement of the global community at the nexus of gender, power, and cancer.....”**

« .... The development of a monitoring and evaluation framework and set of proposed indicators to advance the implementation of the recommendations from the Commission is an important step in translating the findings into meaningful change at the core of gender and cancer..... **Within this**

context, an example of how countries might operationalise these recommendations and indicators is through their National Cancer Control Plan (NCCP).....”

## CGD (blog) – Doctors Warn that Subsidies May Be Harmful to Your Health

W D Savedoff et al ; <https://www.cgdev.org/blog/doctors-warn-subsidies-may-be-harmful-your-health>

- Blog related to new CGD policy paper - [Unhealthy Subsidies: How Much Do Taxpayers Contribute to Promote Disease?](#)

“This paper is an inquiry into subsidies for tobacco, alcohol, and sugary beverages, products that are particularly harmful to health and, as Adam Smith noted in 1776, “which are nowhere necessities of life.” This paper estimates the revenues that could be saved by eliminating two types of subsidies for these products: budgetary transfers to farmers and forgone revenues from the tax deductibility of promotional spending. ....

“Overall, we find that direct subsidies from government budgets to producers of tobacco, alcoholic beverages, and sugary beverages turn out not to be very large. Governments support these industries through a variety of other programs, but not with direct payments from government budgets. On the other hand, subsidies for other products, such as oil and cereal crops that are used in producing ultra-processed foods and fossil fuels which contribute to air pollution and global warming, are substantial....”

## Devex – The potential of city-level financing for NCDs

<https://www.devex.com/news/the-potential-of-city-level-financing-for-ncds-109864>

“Cities play an important role in improving citizens’ health, especially when it comes to noncommunicable diseases. They also have access to specific financing mechanisms, experts say.”

## Human Resources for Health

### HPW - Violence against Nurses, Stagnant Salaries and Professional Exodus Signal Deepening Global Crisis

<https://healthpolicy-watch.news/violence-against-nurses-stagnant-salaries-and-professional-exodus-signal-deepening-global-crisis/>

“Nearly half of national nursing associations (48.4%) report a significant increase in nurses’ migration or exodus from the profession altogether since 2021 – against stagnant salaries, poor health system performance, and growing violence directed at nurses along with a continually increasing workload. These are among the key findings in a new report by the International Council of Nurses (ICN), warning of a deepening crisis in the global nursing workforce.”

“The report is backed by [surveys](#) showing that around 72.1% of NNAs reported little or no increase in nursing salaries since 2021, including in more affluent OECD countries. When accounting for inflation, over one-third, or 36.4%, of NNAs indicated that nurses have effectively experienced a decrease in salary, real terms. Increased violence against health care workers, poor pay, and exhaustion are driving many nurses to leave the profession altogether....”

“The **report, [Our Nurses. Our Future. Caring for Nurses Strengthens Economies](#)**, is complemented by [a survey of 68](#) national nursing associations (NNAs) between 2021–2024. The ICN is a federation of over 130 national nurses’ associations representing millions of nurses worldwide....”

“The **report flags a range of solutions for policymakers and governments**. Investment in the right resources and equipment, safe and decent working conditions, and training support are among the top three “asks.” It also suggests improving work culture so that nurses can thrive in a supportive environment. Another one is to improve access to healthcare for healthcare professionals themselves....”

PS: to be continued at the World Health Assembly.

## SRHR & child/adolescent health

### Launch of the WHO technical guide on measuring and monitoring quality of care to improve maternal, newborn, child and adolescent health services

<https://www.who.int/news/item/16-04-2025-who-launches-new-guide-to-help-boost-quality-in-health-services>

“This guide and an accompanying health information system landscape assessment tool are designed to support programme managers, policymakers, and health practitioners in strengthening the measurement and monitoring of quality of care to improve health services, with a special focus on maternal, newborn, child, and adolescent health.”

### Lancet GH (Comment) – Addressing violence against women with disabilities: shift to action

Jane Ndungua; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00118-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00118-4/fulltext)

“... It is widely acknowledged that **women with disabilities experience a disproportionate susceptibility to experiencing violence from diverse perpetrators** including intimate partners, caregivers, and strangers, when compared with women without disabilities. Yet, **violence against women with disabilities remains a largely neglected topic in public-health research**. There have been modest developments in the field including the increased recognition that women with disabilities are more vulnerable to experiencing violence than women without disabilities; repeated calls for more evidence on violence against women with disabilities; and the transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (ie, “leave no one behind”). However, despite these developments, **there remains a stark absence of rigorous**

research on the topic of violence towards women with disabilities in many regions, especially low-income and middle-income countries. ....”

“.... It is time to pivot. **As we all step back to re-evaluate and remap the sexual and reproductive health research landscape, it is an opportune moment to intentionally bring on board the violence against women with disabilities agenda** and finally move from undelivered promises to tangible actions.....”

## Planetary Health

**WHO Afro - Southern African countries launch climate-resilient health initiative with WHO support**

<https://www.afro.who.int/news/southern-african-countries-launch-climate-resilient-health-initiative-who-support>

“**Eight Southern African countries have embarked on a landmark effort to bolster emergency preparedness and response systems in the face of increasing climate-related health threats.** With financial support from the Pandemic Fund, and technical assistance from World Health Organization (WHO) in the African Region and other partners, **Botswana, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa and Zimbabwe** are advancing their capacity to protect public health, and respond to emergencies.”

“**The US\$ 35-million, three-year programme is aimed at supporting these countries** as they strengthen national and regional systems for early warning, disease surveillance, laboratory diagnostics and workforce development – key pillars of health emergency readiness.....”

## BMJ Editorial - Reparative justice and COP29

E T Richardson et al ; <https://www.bmj.com/content/389/bmj.r175>

« Climate policy needs to take a reparative stance. »

“ **COP 29’s compromise on climate finance can be seen as a perpetuation of the neoliberal status quo instead of a meaningful step towards justice.** Until the systemic problems are solved through reparations that address the legacies of enslavement, colonialism, and genocide—for example, the Brattle report calculated that the US, Britain, France, Portugal, and Spain owe over \$100tn for transatlantic chattel slavery in the Americas and the Caribbean —**the promise of climate finance will remain an empty gesture, and the world will continue towards climate apartheid.....”**

## Conflict & Health

### **Middle East Eye - Why is the New England Journal of Medicine promoting 'health bridges' while Gaza's hospitals burn?**

Ghada Majadli et al; <https://www.middleeasteye.net/opinion/new-england-journal-medicine-promotes-health-bridges-while-gazas-hospitals-are-destroyed>

« The journal promotes medical 'bridges to peace' while ignoring Israel's systematic destruction of Gaza's health system as part of its genocidal assault on Palestinian life.”

### **New Humanitarian (Analysis) - Sudan in-depth: Aid efforts blocked and weaponised amid sweeping cuts and army gains**

[New Humanitarian](#);

“These are the hurdles confronting relief groups after two years of war.”

## Access to Medicines, Vaccines & other Health technologies

### **Stat - Trump administration launches probe into pharmaceutical imports**

<https://www.statnews.com/pharmalot/2025/04/14/trump-tariffs-232-medicines-pharma-generics-prices-ingredients/>

(gated) “The move is seen as a prelude to imposing tariffs on a potentially large number of medicines.”

“The Trump administration disclosed it formally opened an investigation into the extent to which the importation of certain pharmaceuticals may threaten national security, a move that is a widely anticipated prelude to imposing tariffs on a potentially large number of medicines. In a Federal Register notice published on Monday, the U.S. Department of Commerce noted the so-called 232 investigation actually began on April 1 and encompasses not only medicines, but also active pharmaceutical ingredients and key starting materials, as well as derivative products. President Trump has already indicated that tariffs on pharmaceuticals are expected in the coming weeks.....”

### **Fierce Pharma - With looming Trump tariffs, pharma companies demand changes to stay in EU**

[Fierce Pharma](#);

“ Pharma companies are leveraging the United States’ threat of tariffs on drug imports to push for policy changes in the EU. In a letter sent to European Commission President Ursula von der Leyen, 32 pharma companies demanded more favorable policies in order for them to maintain operations in the EU amid the threat of U.S. tariffs....”



## Global Drug Facility Announces Another Big Price Drop: 25% Reduction in the Price of Pretomanid

<https://www.stoptb.org/news/global-drug-facility-announces-another-big-price-drop-25-reduction-price-pretomanid>

“GDF Slashes Price of Medicine to Treat Drug-Resistant TB: **The Stop TB Partnership’s Global Drug Facility (GDF) today announced a 25% price reduction for pretomanid produced by Lupin**, now available via GDF at \$169 per treatment course, down from an October 2024 price of \$224....”

- Link: [South Africa and Unitaid partner to accelerate access to health innovations for HIV, tuberculosis and cervical cancer](#)

“At the recent #G20 Health Working Group meeting in Zimbali, @healthza.bsky.social and Unitaid signed a new deal to fast-track access to HIV, TB and cervical cancer innovations, and scale up regional manufacturing, advancing #UHC and the #LusakaAgenda.”

## Miscellaneous

### BMJ Analysis – Vision 2050: a revolution in academic medicine for better health for all

S Saxena, F Baum et al ; <https://www.bmj.com/content/389/bmj.r561>

“The **chairs of the BMJ Commission on the Future of Academic Medicine** set out **principles for transforming academic medicine** and to help improve population and planetary health.”

“.... In this, the first in a series of papers from the BMJ commission, we examine progress and failures against reforms to academic medicine that were envisaged at the start of the 21st century. We propose five core principles intended to **realign the goals of academic medicine and health institutions towards population and planetary health improvement**. Other articles will examine regional perspectives from across the world and deal with focused topics including equity, corporate, and other key drivers of the research agenda and the needs of the future generation of clinical and public health academics.....”

### Our World in Data - What is foreign aid? How “Official Development Assistance” is measured

<https://ourworldindata.org/what-is-foreign-aid>

“Foreign aid measurement is complicated — **what exactly counts as Official Development Assistance, what doesn’t, and how much is actually spent abroad?**”

“.... The [Organization for Economic Co-operation and Development \(OECD\)](#) sets the standard for measuring and reporting foreign aid. **This article presents an overview of how the OECD measures and standardizes foreign aid, explores some surprising components counted as aid in this**

framework, and discusses the areas where measurement practices occasionally diverge between countries.....”

## Global health governance & Governance of Health

Devex Pro- As WHO lays off staff, why is transparency more crucial than ever?

<https://www.devex.com/news/as-who-lays-off-staff-why-is-transparency-more-crucial-than-ever-109875>

(gated) “In a Devex Pro briefing, Elaine Fletcher, editor in chief of Health Policy Watch and former WHO staffer, said there’s a need for WHO to ensure these cuts are strategic and merit-based. To do that, she said **transparency is crucial.**”

**“A transparent mapping of the organizational structure and cost of each position would be useful. “But nobody really knows those, because WHO does not publish costs. All they publish are salaries,” Fletcher says, referring to director-level positions she estimates cost the agency \$92 million a year in salaries and perks. WHO hasn’t released an updated organizational chart since 2019. “None of us know what is the state of play right now, not member states and not staff,” she adds.”**

“Between 2017 and 2024, WHO’s leadership ranks nearly doubled. A proposed restructure could slash its 10 divisions down to five — halving the number of top posts. **It’s a chance to reduce bloat, but cuts need care. “Use a scalpel, not a hatchet,” Fletcher warns. She also flagged another issue: Equity. WHO’s workaround for hiring limits — short-term consultants — has often favored European passport holders in Geneva. More cuts could make that worse,** writes Devex Senior Reporter Jenny Lei Ravelo.”

### CGD (blog) - The New Washington Dissensus: Trump’s Five Principles for Global Development Policy

By Andy Sumner and Stephan Klingebiel; <https://www.cgdev.org/blog/new-washington-dissensus-trumps-five-principles-global-development-policy>

They are: 1. Aid as an instrument of geostrategic interests; 2. Ideological vetting and the question of political alignment; 3. Reframing aid through the lens of migration and security; 4. Deprioritizing climate, equity, and inclusion; 5. Aid as economic leverage...

PS: “The nature of these new US approaches means a **significant shift from what has traditionally been understood as development cooperation. The objectives deprioritized—tackling poverty, promoting resilience and or fostering inclusive institutions—remain central to international development thinking. The role of aid, many argue, is not only to serve donor interests but to contribute to shared prosperity, global public goods, and commitments to progress and global equity.** Some speculate that the administration may rebrand USAID to reflect these new priorities. The rest of the world is likely to watch closely. **The Trump administration is recasting development cooperation as an extension of domestic policy, not international obligation: a tool to project values, and reward alignment.** That shift doesn’t just move the goalposts—it redraws the playing field.”

## CGD (blog) - UK Aid is Ten Times More Scrutinised than Other Government Spending

L Crawford; <https://www.cgdev.org/blog/uk-aid-ten-times-more-scrutinised-other-government-spending>

**“... while aid-spending agencies make up only 1.3 percent of UK government spending, they are the subject of 12.5 percent of all government evaluations. .... To put it another way, the UK spent around £15.3 billion on aid in 2023, so that is one evaluation for every £75 million of spending. For the rest of the government, there is just one published evaluation for every £809 million. Or vice versa, for every billion pounds worth of aid spending there are 13 evaluations. For every £ billion of total government spending there is just one evaluation. So per pound, aid spending is over 10 times more evaluated.”**

## Devex - Europe's peace capital feels sting of Trump funding cuts

<https://www.devex.com/news/europe-s-peace-capital-feels-sting-of-trump-funding-cuts-109854>

**“Birthplace of international humanitarian law and modern human rights movement faces existential crisis.”** Indepth account of the current mood in Geneva.

**“... In the two months since U.S. President Donald Trump launched his assault on the multilateral system, Geneva’s diplomatic, humanitarian, and human rights community have been reeling, buffeted by a perfect storm of job losses, underfunded mandates, and the grim realization that millions of people they serve around the world are suffering and dying. Predictions of the U.N.'s demise may be premature, but there is a growing realization that the global system of humanitarian assistance will be a smaller, diminished version of its old self. And Geneva is feeling the sting....**

**““UN staff in Geneva have a more advanced picture of how destructive Trump can be than their counterparts in New York,” said Richard Gowan, a U.N. expert with the International Crisis Group. “While a lot of UN officials and diplomats in New York have been playing around with ideas of reforming the UN to keep Trump happy, UN agencies like UNHCR and the WHO in Geneva have already taken a beating from U.S. aid cuts and freezes. It has gotten a lot more real, a lot faster, over there.” .... just as troubling as the financial aspect is the ideological shift in Washington is its rejection of human rights norms or constraints by international law, whether the Geneva Conventions, the International Court of Justice, or the International Criminal Court.”**

**“... The written account provides a dire scenario for global relief in the Trump era. U.N. humanitarian agencies will have a smaller footprint in the world’s most troubled places, cutting back on programs aimed at delivering medical care, curtailing gender-based violence, and providing psychosocial support. Refugee resettlement programs will be “decimated.” “We will not be doing more with less,” said one participant. “We will do less with less.” ....”**

## Devex – US Congressman French Hill: World Bank 'way off course'

<https://www.devex.com/news/us-congressman-french-hill-world-bank-way-off-course-109876>

**“The Republican House representative criticizes the bank, and other multilateral institutions, in part for disproportionately focusing on climate change, though he doesn't advocate for the U.S. to abandon multilateralism.”**

- And via [Devex – DEI hard](#)

**“... another U.N. agency is being pressured by the U.S. to drop its DEI and climate work.”**

**“The Trump administration is [turning up the heat on the Food and Agriculture Organization](#), demanding it return to its “core mandate” and drop anything that doesn’t fit an “America First” agenda — including diversity and climate efforts, writes Devex Senior Editor Tania Karas. At a council meeting in Rome last week, U.S. envoy Rodney Hunter insisted **FAO scrap all diversity, equity, and inclusion policies**, arguing they “diminish the importance of individual merit,” and said [FAO](#) should only use language recognizing “that women are biologically female, and men are biologically male.” The U.S. also took aim at **FAO’s climate focus**, calling it a “distracting” priority....”**

## Global health financing

**ODI - Think Change episode 69: are Southern-led MDBs the future of development finance?**

[ODI](#);

**“... For decades, institutions like the World Bank and IMF have set the agenda, with high-income countries holding the reins. But a shift is underway. Southern-led multilateral development banks (MDBs) – where borrowing nations are also the majority shareholders – are rewriting the rules. These banks, like CAF (Development Bank of Latin America) and the Trade and Development Bank (TDB) Group, **bring something different to the table**: speed, flexibility, and a laser focus on local needs. But **they also face hurdles**: higher borrowing costs, limited global visibility, and the challenge of financing a just climate transition in economies still grappling with poverty.”**

**“With the Spring Meetings taking place later this month, this episode dives into the rise of these institutions. Are they the future of development finance? Can they complement – or even challenge – traditional MDBs? And what reforms are needed to unlock their full potential?”**

**Nature Medicine - The WHO aims for financial stability despite US exit**

<https://www.nature.com/articles/s41591-025-03649-z>

**“The World Health Organization’s inaugural Investment Round aims to instill stability in the face of global health headwinds and a US exit.”**

Includes the views of **Christopher Benn**, among others.

## Tax Justice Network - Vulnerabilities to illicit financial flows: complementing national risk assessments

<https://taxjustice.net/2025/04/10/vulnerabilities-to-illicit-financial-flows-complementing-national-risk-assessments/>

With case studies Nigeria, Indonesia & Brazil.

“.... In our recent publication in the *European Journal on Criminal Policy and Research*, we present a novel data-driven approach to complement national risk assessments in order to improve their objectivity and reliability in the fight against dirty money. **Unsurprisingly, the US comes in among the top 5 biggest sources of risk for all three case studies featured in our paper.** These case studies are Brazil, Nigeria and Indonesia.....”

## Development Policy Review - Financing development at a crossroads: What's at stake and what reforms are needed? A Development Policy Review Symposium

A Prizzon; <https://onlinelibrary.wiley.com/doi/full/10.1111/dpr.70009>

Summarizing the recommendations and ideas across the six contributions in 10 points.

## Speaking of Medicine - Health Financialization and Palliative Care

By guest contributors *Sherin Paul and Katherine Pettus*;

<https://speakingofmedicine.plos.org/2025/04/11/health-financialization-and-palliative-care/>

Re Health financialization: “.... governments that commodify or financialize their health systems, trade market efficiency for equitable access, essentially side stepping their legal commitment to protect, respect, and fulfill the right to health. As the [data from India](#) shows, economically and socially vulnerable groups are often the most adversely affected, either by outright health system abandonment or increased intensity of catastrophic health expenditure.....” With focus on Kerala here, and palliative care.

“.... how are these public/private systems actually financed? **We note two tectonic shifts in Kerala's health care delivery in recent years: first, government financing for public health care facilities through the Kerala Infrastructure Investment Fund Board (KIIFB)**, which underwrites large government infrastructure projects and is financed through capital markets and mechanisms like the International Finance Cooperation (IFC). **Second, global giants like Blackstone and KKR financing private hospitals.** One can justify this by saying that private hospitals are free to find capital for functioning and expansion. **So, what's the problem with these two major changes?....”**

“... Kerala is just one case that illustrates how the growing global trend of health financialization is in tension with basic principles of equitable palliative care, which is characterized by high need and insufficient supply. It is important to translate the practical implications of health financialization into real world context and get the conversation going....”

## Devex – Remittances far outstrip foreign aid. But can they replace it?

<https://www.devex.com/news/remittances-far-outstrip-foreign-aid-but-can-they-replace-it-109076>

“With aid budgets under pressure, some are asking whether remittances can do more than support families — and help fund broader development goals.”

PS: « .... a distinction [should be made ] between remittances and diaspora investment — the former supports households, while the latter involves channeling funds into structured, long-term ventures like small businesses or community infrastructure.....”

## BMJ Editorial - A UK wealth tax for better health

K E Pickett et al; <https://www.bmj.com/content/389/bmj.r720>

“Revenue could reduce funding gaps and inequalities.”

Excerpt: “... **Wealth taxes have waxed and waned in popularity over the past half century among countries in the Organisation for Economic Co-operation and Development, increasing from six countries in 1965 to a peak of 12 in 1996.** Six countries have some current scheme (Norway, Spain, Switzerland, and Columbia have annual wealth taxes, France taxes real estate, and Italy taxes some assets held abroad). **Wealth taxes have typically been discontinued following negative experiences with poorly designed or implemented schemes. International cooperation on ownership transparency, including global registration of assets, would facilitate implementation and capture of wealth taxes, and there has been recent progress in this area.** An improved international governance context would also mitigate fears of mass relocations of wealth, although such migrations have been shown to be minimal in scale and significance.”

“**The UK Wealth Tax Commission, Oxfam, and many others propose levying a tax on wealth above £10m—a threshold which demarcates the wealthiest 0.04% of the population,** accounting for around 20 000 people. **A 1-2% tax would raise £10-24bn annually and cost only £300m to administer.** Wealth tax commissioners Arun Advani and Andy Summers highlight a range of proposed tax measures—including taxing capital gains (profits from selling assets) at the same rate as income, and removing tax relief on inheritance of agricultural, business assets, and pension pots—as a “win-win-win.” **These measures could bring in £60bn a year,** reduce inequality, and improve economic efficiency with more streamlined tax schemes.....”

- Related: **Tax Justice Network** (working paper) - [Taxing extreme wealth: What countries around the world could gain from progressive wealth taxes](#) (August 2024)

## UHC & PHC

### Book - Universal Health Coverage: Foundations and Horizons

By Tuba I. Agartan; <https://policy.bristoluniversitypress.co.uk/universal-health-coverage>

**“This book traces the origins of Universal Health Coverage (UHC) in the broader context of universalism since the beginning of the 20th century. ....** Drawing on rich first-hand data, including expert interviews and archival research, this book adopts a historical–sociological methodology to analyse some of UHC’s key political dynamics: consensus, conflicts, negotiations and struggles. It reveals that UHC is the result of a unique conjoining of movements in health, debates on human rights and concerns with development in a particular world context across the Global North and Global South.”

**Plos GPH - Strengthening primary health care in Ethiopia: A scoping review of successes, challenges, and pathways towards universal health coverage using the WHO monitoring framework**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004470>

by T S Mengistu, Y Assefa et al.

## **Pandemic preparedness & response/ Global Health Security**

**Journal of Law, Medicine & Ethics - The 2024 Amendments to the International Health Regulations: A New Era for Global Health Law in Pandemic Preparedness and Response?**

R Habibi, M Eccleston-Turner & G L Burci; [Journal of Law, Medicine & Ethics](#);

“This article critically examines whether the amended IHR reflect lessons learned from the pandemic, potentially ushering in a new era for global health law in pandemic preparedness and response, or if they deflect attention from the need for deeper structural reforms. **While the IHR remain the only near-universal legal framework for preventing and addressing the international spread of disease, these amendments emphasize equity and solidarity, and potentially shift the IHR from a technical instrument to one focusing on inherently political issues.** This analysis examines key IHR amendments and their implications for the future of global health law, particularly in the context of equity, financing, and implementation.”

**Telegraph - WHO tests pandemic response with Arctic ‘mammothpox’ outbreak**

<https://www.telegraph.co.uk/global-health/science-and-disease/mammoth-pox-pandemic-response-world-health-organization/>

“Exclusive: **Exercise Polaris, run from Geneva, tested 15 countries** on their response to a deadly outbreak – with some laissez-faire results.”

“... The desktop exercise, led from the World Health Organisation’s (WHO) headquarters in Geneva, was overseen by Dr Mike Ryan, the no-nonsense director of the agency’s Health Emergencies Programme. It simulated an outbreak of “**Mammothpox,**” a deadly but fictional virus from the orthopox family, similar to smallpox (which killed an estimated half a billion people in the



century before it was eradicated in 1980) and mpox, a dangerous variant of which is currently surging across central Africa.....”

## Global Policy - Should Eminence Outweigh Evidence? The Global Preparedness Monitoring Board's Report on Pandemic Preparedness

D Bell et al ; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70016>

**“The Global Pandemic Monitoring Board (GPMB) is a group of eminent individuals publishing reports calling for increased emphasis on pandemic prevention, preparedness, and response (PPPR). They advocate for the World Health Organization's (WHO) PPPR preferred approach and its attendant financial requests. Though claiming independence, GPMB is co-convened by WHO and the World Bank. The GPMB report of January 2025 displays a selective approach in which drivers of increased outbreak risk are emphasized while drivers mitigating risk are ignored. The impression, reinforced by the GPMB's conclusions, is of an inexorable increase in pandemic risk. In ignoring the balance between various epidemiological and behavioral drivers, the predictions promoted through the report are divorced from real-world expectation. Claims that “Individualism” is a major driver of risk, and misinformation an important promoter of harm, are backed by a weak evidence base. This raises important concerns regarding human rights and the arbitration of correct and incorrect information by specific institutions. The use of eminent committees such as GPMB to advocate to governments and media risks undermining the role of evidence in public health policymaking. WHO should consider requiring a structured approach emphasizing costs and benefits, leaving advocacy to Member States in their own context.”**

## Lancet GH - Reconsidering Ebola virus nomenclature: a call for a stigma-free and precise terminology

Peter Olupot-Olupot et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00139-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00139-1/fulltext)

**“.... The International Classification Of Diseases 11th version provides names for the different Ebola virus diseases based on the causative species of Orthoebolavirus. Infectious disease nomenclature shapes perception, influences policy, and reduces outbreak stigma. The renaming of monkeypox to Mpox by WHO in 2022 underscores the need for revisiting disease names that carry geographical, animal-related, or socially stigmatising connotations. In this context, we propose a reconsideration of the name Ebola, a term historically linked to severe outbreaks of haemorrhagic fever, as not all of the four strains known to infect humans are as virulent as the original Zaire strain.....”**

**“... From a virological standpoint, Ebola virus disease is caused by members of the Filoviridae family. We propose a more descriptive term that aligns with modern taxonomic conventions, such as Filoviral haemorrhagic fever or severe viral haemorrhagic fever, would better reflect the disease's pathology and aetiology. A precedent for such a transition exists in the naming of SARS-CoV-2 and COVID-19, where geographical locations were avoided when naming the novel virus and associated disease, and, recently, monkeypox to Mpox, where the name was changed to lessen associated stigma. Renaming Orthoebolavirus strains—for example, Orthoebolavirus sudanense to Orthoebolavirus S and Orthoebolavirus zairense to Orthoebolavirus Z—would continue the trend for less stigmatising language.....”**

**“However, the severity of Ebola virus disease represents a key nomenclature issue.** The challenge arises with other severe, but unrelated, haemorrhagic fevers such as Crimean-Congo haemorrhagic fever, making the proposed label of severe viral haemorrhagic fever potentially unclear. **Crimean-Congo haemorrhagic fever could be classified as tickborne viral haemorrhagic fever, whereas Ebola virus disease would be Filoviral haemorrhagic fever,** still without undue stigma and in line with WHO guidelines recommending avoidance of geographical, population-specific, or culturally sensitive disease names....”

**Globalization & Health - Why do International Health Regulations self-assessment capacities (SPAR) scores not predict COVID-19 control outcomes? – analysis of the relationship between SPAR scores and COVID-19 resilience scores in 2021**

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01111-w>

By F B Satria et al.

## Planetary health

**Lancet Planetary Health – April issue**

[https://www.thelancet.com/issue/S2542-5196\(25\)X0005-X](https://www.thelancet.com/issue/S2542-5196(25)X0005-X)

Check out among others:

- **Editorial:** [Climate risks in Latin America and the Caribbean](#)
- **Comment -** [From health assemblies to climate negotiations: youth perspectives on existing gaps in global climate action](#) (by F Waseem et al)
- **Review -** [Leveraging implementation science to solve the big problems: a scoping review of health system preparations for the effects of pandemics and climate change](#) ( G Fisher et al)

**Climate Change News - Loss and damage fund to hand out \$250 million in initial phase**

<https://www.climatechangenews.com/2025/04/11/loss-and-damage-fund-to-hand-out-250-million-in-initial-phase/>

**“The fund’s board has agreed a plan for the start-up phase of the UN mechanism to help developing nations tackle the consequences of climate disasters. .... The Fund for Responding to Loss and Damage (FRLD) will spend \$250 million until the end of 2026 on an initial set of interventions to help developing countries deal with the aftermath of climate-driven disasters.....”**

## Climate Change News - Governments agree green shipping targets and fees for missing them

<https://www.climatechangenews.com/2025/04/11/governments-agree-green-shipping-targets-and-fees-for-missing-them/>

**“Ship owners who fail to reduce emissions intensity 30% by 2035 will have to pay into a “net zero fund” to clean up shipping through green fuels.” “Governments at the International Maritime Organization (IMO) have agreed on a set of annual emissions reduction targets for 2028 to 2035 along with financial penalties for failing to meet them.....”**

- Related: [Guardian – Shipping companies to pay for carbon dioxide produced by vessels](#)

**“Compromise deal falls far short of carbon levy poor countries were hoping for.”**

**“Shipping companies will have to pay for the carbon dioxide produced by their vessels for the first time under new rules agreed by the world’s maritime watchdog. The regulations agreed on Friday fall far short of the levy on CO2 that poor countries were hoping for, which would have funded their efforts to combat the climate crisis. Saudi Arabia, Russia, United Arab Emirates and several other petrostates opposed the rules, but a majority of countries meeting at the International Maritime Organisation (IMO) in London approved a compromise deal that will mean all ships must pay for the CO2 they emit from 2028. .... The measure is forecast to raise about \$10bn (£7.6bn) a year, which is much lower than the \$60bn a year that had been hoped for from a straightforward carbon levy. The revenues are also likely to be used within the shipping industry to help introduce cleaner technologies, rather than being diverted to vulnerable countries suffering the effects of extreme weather, as a levy would have been.” “The emissions reductions likely to be achieved will also be modest, at least in the early years: about 8% by 2030, according to estimates from Umas, a commercial shipping consultancy. That falls far below the 20% reduction required by the IMO’s climate strategy set out in 2023.”**

- And more detail via [Carbon brief – Q&A: Nations agree carbon-pricing system to steer shipping towards net-zero](#)

**“Nations have agreed to introduce a worldwide carbon-pricing system for international shipping to drive the sector towards net-zero emissions by 2050.”**

## Carbon Brief - Guest post: Exploring the risks of ‘cascading’ tipping points in a warming world

<https://www.carbonbrief.org/guest-post-exploring-the-risks-of-cascading-tipping-points-in-a-warming-world/>

**“Tipping elements within the Earth system are [increasingly well understood](#). “**

**“Scientists have identified [more than 25](#) parts of the Earth’s climate system that are likely to have “tipping points” – thresholds where a small additional change in global warming will cause them to irreversibly shift into a new state. .... More recent research suggests that triggering**

one tipping element could cause subsequent changes in other tipping elements, potentially leading to a “tipping cascade”. For example, a collapsed AMOC could lead to [dieback of the Amazon rainforest](#) and hasten the melt of the Greenland ice sheet. **However, the interactions between individual tipping elements – and the ways they might trigger each other – remain largely underexplored.”**

“In a review study, published last year in [Earth System Dynamics](#), we unpack the current state of scientific understanding of the interactions between individual tipping elements. We find that scientific literature suggests the majority of interactions between tipping elements will lead to further destabilisation of the climate system. Existing research also indicates that “tipping cascades” could occur even under current global warming projections. Scientific understanding of individual tipping elements is continuously improving, but more research on their interactions is needed.....”

### Guardian - Climate crisis has tripled length of deadly ocean heatwaves, study finds

<https://www.theguardian.com/environment/2025/apr/14/climate-crisis-has-tripled-length-of-deadly-ocean-heatwaves-study-finds>

**“The climate crisis has tripled the length of ocean heatwaves, a study has found, supercharging deadly storms and destroying critical ecosystems such as kelp forests and coral reefs. ... The research is the first comprehensive assessment of the impact of the climate crisis on heatwaves in the world’s oceans, and it reveals profound changes. Hotter oceans also soak up fewer of the carbon dioxide emissions that are driving temperatures up.....”**

The study was [published in the Proceedings of the National Academy of Sciences](#).

### IDS - New HeatNexus Website Showcases Global Research Tackling the Health Impacts of Extreme Heat

<https://www.ids.ac.uk/news/new-heatnexus-website-showcases-global-research-tackling-the-health-impacts-of-extreme-heat/>

**“The Institute of Development Studies is pleased to announce the official launch of the new HeatNexus website — a central platform for sharing the work of nine global research projects focused on heat adaptation and health.”**

**“Funded by the Wellcome Trust, HeatNexus is a pioneering network supporting research in low- and middle-income countries to develop real-world solutions that protect people most at risk.....”**

### Global Policy - Scoping Existing National Policy Recognition of Future Generations: Prospects for Future Global Climate Justice

Edward A. Morgan et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70007>

**“A climate justice perspective highlights that impacts are unevenly felt, with vulnerable groups and future generations facing significantly greater impacts even if current goals are met. Recognition of**

future generations in policy is attracting increasing attention internationally, with the United Nations General Assembly adopting a resolution on the Pact for the Future in September 2024. However, there has been **little research into the current state of existing future generations policy around the world**, and how these existing policies might support or hinder climate action. **The aim of this article is to compare and contrast national legislation and policies that consider future generations and relate these to key climate change policy areas.....”**

### Science (Policy Forum) - Developing countries locked out of low-carbon technology trade

<https://www.science.org/doi/10.1126/science.adu7731>

“More than 90% of all low-carbon technology trade is **between high-income countries and China.**”

“.... Because developing countries are left out of the production chains for LCT, they struggle to afford to import these technologies and have little chance at building capabilities to produce and export their own LCT. **Without considerable technological transfer and longrun affordable investment, the developing world could be locked out of the climate transition in a manner that could lock in a new structure of global inequality.**”

### Guardian - About 15% of world’s cropland polluted with toxic metals, say researchers

<https://www.theguardian.com/environment/2025/apr/17/about-15-world-cropland-polluted-toxic-metals-say-researchers>

“Scientists sound the alarm over substances such as arsenic and lead contaminating soils and entering food systems.”

“**About one sixth of global cropland is contaminated by toxic heavy metals**, researchers have estimated, with as **many as 1.4 billion people living in high-risk areas worldwide.....”**

## Mpox

### PATH & Impact Global Health (policy brief) - Strengthening Africa’s mpox diagnostic capacity for enhanced epidemic preparedness and response

[PATH](#);

“**This brief provides key data, insights, and policy recommendations to strengthen Africa’s mpox diagnostic capacity.** It explores the challenges of limited testing access, the need for locally manufactured diagnostics, and the role of innovative point-of-care solutions in improving outbreak response. ....”

## NEJM - Tecovirimat for Clade I MPXV Infection in the Democratic Republic of Congo

<https://www.nejm.org/doi/full/10.1056/NEJMoa2412439>

Conclusion: “....Tecovirimat did not reduce the number of days to lesion resolution in patients with mpox caused by clade I MPXV.”

## Infectious diseases & NTDs

### Telegraph - Oropouche virus ‘massively underdiagnosed’ in Latin America, new study suggests

<https://www.telegraph.co.uk/global-health/science-and-disease/oropouche-virus-underdiagnosed-in-latin-america-says-study/>

“Antibodies to the virus linked to still births and defects found at high levels in Bolivia, Colombia, Costa Rica, Ecuador, and Peru.”

“.... a **new study published in *The Lancet Infectious Diseases*** suggests that the virus may have been circulating across the region undetected since as early as 2001.....”

### Nature Medicine (Research Briefing) - Extreme inequities in access to HIV treatment in Malawi

<https://www.nature.com/articles/s41591-025-03676-w>

“We identified major geographic inequities in the supply of, and need for, human immunodeficiency virus (HIV) medications in Malawi. These inequities have generated ‘**HIV treatment deserts**’ — areas with low access to a healthcare facility that provides HIV treatment. Approximately one quarter of people living with HIV in Malawi reside in one of these treatment deserts.”

## AMR

### Nature (Editorial) – High time to tackle drug-resistant fungal infections

<https://www.nature.com/articles/d41586-025-01177-x>

“To combat long-overlooked fungal pathogens, researchers and regulators must embrace innovative science and policy.”

“***Candida auris* is a frightening yeast.** It was first identified in 2009, in the inflamed ear canal of a Tokyo-based septuagenarian. Within a decade, researchers had found the yeast in ill people around

the world. *C. auris* is often [resistant to disinfectants and antifungal drugs](#), and can be difficult to kill. Between 30% and 60% of the people it infects will die. **Around 3.8 million people die each year of infections caused by *C. auris* and other fungi. Annual deaths caused by fungal infections have nearly doubled in the past decade.....”**

### **Lancet Infectious Diseases - The WHO Bacterial Priority Pathogens List 2024: a prioritisation study to guide research, development, and public health strategies against antimicrobial resistance**

Hatim Sati, [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00118-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00118-5/fulltext)

“The 2017 WHO Bacterial Priority Pathogens List (BPPL) has been instrumental in guiding global policy, research and development, and investments to address the most urgent threats from antibiotic-resistant pathogens, and it is a key public health tool for the prevention and control of antimicrobial resistance (AMR). Since its release, at least 13 new antibiotics targeting bacterial priority pathogens have been approved. **The 2024 WHO BPPL aims to refine and build on the previous list by incorporating new data and evidence, addressing previous limitations, and improving pathogen prioritisation to better guide global efforts in combating AMR.**”

## **NCDs**

### **Nature (Scientific Reports) - Non-communicable diseases in the WHO African region: analysis of risk factors, mortality, and responses based on WHO data**

<https://www.nature.com/articles/s41598-025-97180-3>

By Abbie Barry et al.

### **BMC Cancer - Knowledge transfer interventions on cancer in Africa and Asia: a scoping review**

J Robin, V Ridde and the Senovie Group, et al ; <https://link.springer.com/article/10.1186/s12885-025-14061-8>

“This scoping review aims to explore the breadth and scope of evidence regarding knowledge transfer interventions to enhance cancer care in Africa and Asia.....”

### **SS&M - Passing on the flame: Do mega sports events promote health behaviours?**

C Krekel et al; <https://www.sciencedirect.com/science/article/pii/S0277953625002503>

“**We estimate the causal returns from hosting the Olympics on health behaviours** using quasi-experimental methods. We find an increase in physical activity among people who were previously inactive. We also find suggestive evidence for reduced alcohol and tobacco consumption. **Activation of the previously inactive lasts only for about 100 days, suggesting a temporary effect only.** A cost–



benefit analysis suggests that **hosting mega sports events is not a cost-effective way to promote behavior change.**"

## Social & commercial determinants of health

### Health Promotion - Health promotion and the digital determinants of health

L Holly, I Kickbusch et al;

<https://academic.oup.com/heapro/article/40/2/daaf033/8096307?login=false>

Editorial of a special issue on the digital determinants of health (DDoH).

**".... The concept of determinants of health has evolved significantly over time.** The Industrial Revolution marked a shift in thinking about health determinants, moving from a focus on individual factors to a broader recognition of how social, economic, and environmental conditions shape population health. **The Digital Revolution and the growing role of artificial intelligence (AI) are broadening our understanding of health determinants further, raising new questions about what influences health and well-being in the modern world.** .... In the face of new opportunities and problems presented by digital transformations, the health promotion community has now been called on to lead the charge in addressing the digital determinants of health.... **Deepening our understanding of the relationship between digital and other determinants of health is the objective of *Health Promotion International's* special issue on DDoH.** .... The special issue adds to a growing body of evidence on the **strong intersection between digital, commercial, and political determinants of health...."**

### SS&M - The Impact of Minimum Wages on Overall Health and Well-being: Global Evidence from the Gallup World Poll

Panagiotis Sotirakopoulos et al;

<https://www.sciencedirect.com/science/article/pii/S0277953625003946>

**"We examine how minimum wage increases impact overall health and well-being.** Our analysis uses Gallup World Poll data (2009–2020) from 87 countries worldwide. **Higher minimum wages improve health and certain aspects of well-being.** The effects likely arise from both income and substitution channels."

## Mental health

### Lancet - Prolonged grief disorder

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00354-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00354-X/fulltext)

Review.

## Sexual & Reproductive health rights

WHO - New study highlights multiple long-term health complications from female genital mutilation

<https://www.who.int/news/item/14-04-2025-new-study-highlights-multiple-long-term-health-complications-from-female-genital-mutilation>

“Female genital mutilation (FGM) affects almost all dimensions of the health of women and girls, according to a [new study](#) published today from the World Health Organization (WHO) together with the United Nations’ Human Reproduction Programme (HRP). Health complications of the practice can be severe and life-long, causing both mental and physical health risks.”

“Published in *BMC Public Health*, the publication analyzes evidence from more than 75 studies in around 30 countries to paint a comprehensive picture of the ways that FGM impacts survivors’ health at different life stages. It shows that women with FGM are significantly more likely to experience a wide range of complications during childbirth compared to those without, for instance. They have more than double the risk of enduring prolonged or obstructed labour or haemorrhage, while being significantly more likely to require emergency caesarean sections or forceps delivery. In addition, women with FGM have an almost three-times greater risk of depression or anxiety, and a 4.4 times higher likelihood of experiencing post-traumatic stress disorder.;...”

Journal of Global Health - Effective coverage for maternal health: operationalising effective coverage cascades for antenatal care and nutrition interventions for pregnant women in seven low- and middle-income countries

<https://jogh.org/2025/jogh-15-04041>

By Ashley Sheffel et al.

## Neonatal and child health

Cidrap News – Survey of global measles activity shows COVID pandemic's effect

<https://www.cidrap.umn.edu/measles/survey-global-measles-activity-shows-covid-pandemics-effect>

“A new analysis published yesterday in the *International Journal of Infectious Diseases* finds the global measles incidence has declined over the past 30 years. But in 2021, measles caused 4.1 million cases, 48,100 deaths, and 4.2 million disability-adjusted life years (DALYs) among children under 5 years old, highlighting the significant threat the disease still poses to children in mostly low-income countries. ...”

## Access to medicines & health technology

Lancet Planetary Health - Blood under pressure: how climate change threatens blood safety and supply chains

[https://www.thelancet.com/journals/lanph/article/PIIS2542-5196\(25\)00051-8/fulltext](https://www.thelancet.com/journals/lanph/article/PIIS2542-5196(25)00051-8/fulltext)

By Elvina Viennet et al.

## Human resources for health

Plos GPH - Task-sharing for non-communicable disease prevention and control in low- and middle-income countries in the context of health worker shortages: A systematic review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004289>

By Azeb Gebresilassie Tesema et al.

## Decolonize Global Health

Journal of Law, Medicine & Ethics - Decolonial Framings in Global Health Law: Redressing Colonial Legacies for a Just and Equitable Future

Ngozi A Erundu et al ; [Journal of Law, Medicine & Ethics](#);

**“....This article considers the foundational impact of colonialism on the global health system and advocates for adopting decoloniality as a crucial framework to reshape global health law. Through a historical lens, it examines how European colonialism established power dynamics and structures that continue to influence contemporary global health governance. This article calls for overcoming enduring challenges by emphasizing the urgency of dismantling outdated and unjust systems that perpetuate health inequities and hinder effective interventions. It argues for a paradigm shift toward epistemically inclusive, ethical, and equitable practices, emphasizing the active participation of marginalized communities in health policymaking. By addressing the root causes of health disparities and decoupling health systems from racial capitalism, a decolonial approach promises a more just and effective future for global health law.”**

## Conflict/War & Health

### BMJ Opinion– Afghanistan’s fragile health system faces catastrophe without immediate international funding

<https://www.bmj.com/content/389/bmj.r759>

“Afghanistan has made important strides in healthcare delivery and outcomes despite political instability, but **withdrawal of international funding threatens progress and system collapse**, write Sabera Turkmani and Sheena Currie.”

### BMJ GH - Global health diplomacy in chronic humanitarian contexts like Palestine: a persistent blind spot and an underused approach

Maidah et al; <https://gh.bmj.com/content/10/4/e018308>

“Global Health Diplomacy (GHD) is a crucial, yet often underutilized tool in addressing chronic humanitarian crises like those in Palestine, where systemic barriers—such as military occupation and structural injustices—significantly hinder its effectiveness....” “ Resource restrictions, imbalanced political dynamics, fragmented global health governance, ineffective GHD approaches, disabled international laws and accountability mechanisms, occupation-related challenges, and unaddressed health inequities were behind the underutilization of GHD. **Initiatives such as the South-led Global Health Alliance for Palestine (GHA4P), which aims to reform and decolonize existing GHD frameworks, are essential.** These efforts should prioritize local engagement and equitable partnerships to dismantle systemic barriers and empower GHD to achieve sustainable health equity and justice for Palestine and other marginalized regions in the Global South.”

## Miscellaneous

### Lancet World Report - Humanitarians warn over assistance for mine victims

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00763-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00763-9/fulltext)

“Funding cuts threaten support for victims, while several countries are withdrawing from a treaty that bans the use of indiscriminate weapons such as mines. John Zarocostas reports.”

“Humanitarian leaders are warning of the impact on survivors and millions of people living in weapon-contaminated countries as **some European countries move to withdraw from the 1997 Ottawa Mine Ban Treaty while international aid funding is cut back.....**”

## Papers & reports

### Global Health Watch 7 is out

<https://darajapress.com/publication/mobilizing-for-health-justice-en>

And some chapters can already be downloaded.

## **Globalization & Health - Navigating authoritarian politics: towards reflexive framing in healthcare research**

Marit Tolo Østebø et al ;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01115-6>

**“How do Northern Global Health scholars navigate authoritarian political contexts in their research in other countries? This question motivated the research project on which this article is based. Over ten months, we conducted in-depth qualitative interviews with sixteen European and North American scholars who were engaged in health-related research in an authoritarian country we refer to as Patria.....”**

## **Tweets (via X & Bluesky)**

### **Rob Yates**

**“Good grief the Bamako Initiative was one of the biggest global policy fails of the last 50 years it shouldn't be revised it should be obliterated.”**

### **L Gostin**

**“INB will agree on a Pandemic Agreement. Legal process: ★ Adoption won't occur until WHA ★ Art 19 grants WHA power to “adopt conventions or agreements” by 2/3 vote ★ Enters into force when members ratify ★ Art 20 directs states to “take action” w/in 18 months.”**

**“The Pandemic Agreement text finalized yesterday isn't the 'final' text. It needs edits before @WHO issues a 'clean' version. Given WHO Constitution (arts 19 & 20) provisions on signature & entry into force, the final Agreement can't enter into force until the annex is created.”**

### **James Packard Love**

**“In a few years, negotiations have gone from waiving WTO TRIPS rules to governments waiving the ability to regulate the industry.”**

### **Seye Abimbola**

**“Look just how outspokenly indignant major global health, public health & medical journals, scholars and organisations' response has been to Trump's policies vs Gaza genocide. An observer would be right in thinking that we care more about our careers than about lives or justice.”**