IHP news 823 : Under the bridge

(4 April 2025)

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

Dear Colleagues,

Let's start for once with a tweet, rather than end with one. More in particular, **a Bluesky tweet by Scott L Greer**, who probably was thinking of Mark Rutte and likeminded 'Trump whisperers': *"**A big part of the problem is that all sorts of people "figured out" Trump I and thought they could use the same strategies. Trump II is not like Trump I**. Low profile, quiet lobbying, ego-stroking and symbolic concessions worked pretty well from 2017 to 2021 but how are they working out now?"*

And mind you, Greer wrote this well before "Liberation Day" 😊.

While arguably Global Health power hasn't been much in the 'Trump whisperer business' (*it really takes "special skills"* 😊), it's fair to say few people in global health – with or without power - had anticipated the carnage and level of callousness of Trump 2.0. Personally, like many others, I expected something worse than Trump 1.0, but no, not this unbelievable sh***show. Maybe it's different for the people who had read up on 'Project 2025' before (and more importantly, took it seriously), but I'm guessing these were exceptions – at least in the global health community. So I really don't blame **Jean Kaseya** (from Africa CDC) for thinking first it was a joke when he heard about the US aid freeze.

While **'The dirty 15'** is a term better fitting the whole 'radical-right & tech bro' clique around Trump seeking 'corporate authoritarianism' (*in the words of Robeyns*), we haven't reached the 15th **round of the pandemic agreement negotiations (7-11 April**) yet (*it's only the 13th round, though there has been a bit of cheating with 'resumed rounds' now and then* 😊). In any case, the round kicking off on Monday is meant to be the last one as the World Health Assembly is almost upon us. The **dire global health financing backdrop** (*not the least for WHO itself*) isn't really helping in the final stretch – and apparently, neither is the European Commission. The opposite would have surprised, I know.

In a world headed for catastrophic warming, which according to top Wall Street institutions nevertheless offers great potential for air conditioning stocks (a neat illustration of the new era of "**cataclysm capitalism** "), Bill Gates remains cheerful as always about the power of innovations, in this case on AI: *"Within 10 years, AI will replace many doctors and teachers—humans won't be needed 'for most things'*". Impeccable timing for **Health Workers Week** (1-7 April): soon there'll be no worries anymore about an HRH crisis whatsoever 😊!

We do agree with one of the (related) comments on Bluesky, though: *"Even if the technocrats were right about AI replacing all jobs (they're not), notice they never pitch any vision for what happens to humans. "No one has to work anymore" sounds great, but **the only version of it where we're not sleeping under bridges is one where these guys pay their f***ing taxes**."* Spot on, and so yet

another great argument for global tax justice (*in its "50 shades" to make taxation fit for the 21st century, and while awaiting an 'extreme wealth line'*).

A recent paper by L J Cornelius raised more or less the same issue on AI (while linking it to UHC), in more diplomatic terms though: "…. ***Given the possibility that the infusion of Artificial Intelligence (AI) and robotics will change the nature of labor force participation in the 21st Century****, how will the current plan of tying the availability of health insurance to employment work if there are fewer jobs available ?…. In the end,* ***countries may end up revisiting what they need to do to continue their successes in achieving the Universal Health Coverage target****, especially for people with low incomes. As noted by the United Nations, "To achieve a future where all individuals are living lives they value and have reason to value,* ***the global community must fix the structural inequalities*** *that oppress and hinder progress."*

Exactly. Unless you fancy humming the Peppers' 'Under the Bridge' together with your offspring for the rest of your lives.

Enjoy your reading.

Kristof Decoster

Featured Article

Women's leadership in the health sector: the case of the Instituto Nacional de Saúde in Mozambique

Denise Michela Milice

As some of you might recall, during the COVID-19 pandemic, having a female leadership was by and large an advantage. Examples include a number of female Presidents who prioritized science and public health over politics (*well, at least more than the "average" male leader*) and managed to contain the severity of the situation without causing unnecessary panic.

Although Mozambique was not led by a female President during the pandemic, two women stood out in the national response to the COVID-19 pandemic, the then National Director of Public Health at the Ministry of Health, Rosa Marlene Cuco, and the then National Director of Public Health Laboratories at the Instituto Nacional de Saúde (National Public Health Institute in Mozambique), Sofia Viegas. They made frequent appearances in the press, updating epidemiological data and improving the readiness of the national health system, using the same platform (daily press conferences on the evolution of the COVID-19 in the country) as the Minister of Health and the Instituto Nacional de Saúde General Director.

Female leadership at the Instituto Nacional de Saúde

With this introduction, we get to the heart of this article. Below, I'd like to reflect on the state of women's leadership in the health sector in Mozambique, taking the institute where I work, the Instituto Nacional de Saúde (INS) as a case study.

INS is representative of the reality of female leadership in the health sector in Mozambique, as well as in other decision-making bodies. Although there has been progress in terms of women's representation in decision-making positions (with Mozambique even being one of the countries with the highest representation of women in decision-making bodies), there are still challenges in the implementation of the country's gender strategy. INS is no exception, as you will notice.

INS dates back to the colonial period. After Independence (1975), from 1977 to the present day, the institute has been led by eight male Directors (89%) and only one female Director (11%). In the same period, the institution had four male Deputy Directors and only one female Deputy Director. How do I know? Well, I just had to check the hall with pictures of past and present leaders at my institute.

Figures from 2022 indicate that INS has 829 employees, with 47.5% of them women and 52.5% men. Currently, INS has 4 National Directors (three men and one woman), four Heads of Autonomous Central Departments (one man and three women), eight Heads of Central Departments (four men and four women) and, finally, six Provincial Delegates (five men and one woman). More recent figures (not yet available online) point in a similar direction.

From the above data we can see that INS has a 48-year history of prominently male leadership, with only one woman having held the position of General Director and one woman the position of Deputy General Director. This tendency seems to persist in the current organisational structure, see for example the National Directors (75 % men), which correspond to the second descending line of the institutional leadership pyramid. In addition, the Provincial Delegates, who represent the institution at provincial level, reinforce this gender imbalance (only 16 % women).

Meanwhile, the current percentage of female employees is only slightly lower than the one for males, and there is a balance in terms of higher education and technical-scientific skills between female and male employees.

Some questions

So clearly, the leadership picture raises a number of questions:

1) Why are female INS employees under-represented in top leadership and institutional decision-making positions, given that they are not so far outnumbered by men and have clearly adequate training and skills?

2) What paths can INS take to reverse the current scenario of gender inequality and inequity in top institutional leadership?

3) What constitutes a barrier so that, like the countries led by women during the pandemic, Mozambique can have more women in top decision-making positions?

Without pretending to provide answers to these questions, it should be borne in mind that INS is a technical-scientific health institution. In science, relevance lies not in who makes the discovery, but in

the "verifiable truth" that is revealed. Some would thus argue that doing science should be independent of gender, race, age, culture, political preference, religious affiliation, etc. However, women's paths to the "verifiable truth" differ from men's paths – and the past shows us that when it comes to gender, race or minority status, what is "different" from the acceptable social construct is more often than not quickly considered as "inferior."…

While it is true that science must use specialised tools, be built on current knowledge, require time, selfless effort and long periods of training, in the past women were expressly denied these privileges. Nowadays, the barriers are more subtle. Even though women have the required education and technical and scientific skills now, they often seem to be relegated to the role of helper rather than leader.

Unnoticed?

Throughout the world, female leadership in the health sector and decision making in general, remains a work in progress. Currently, the road ahead even seems more arduous than a few years before, as there's a great deal of resistance and backlash now in a number of countries, sadly.

Moving back to Mozambique and more in particular my institute, though, I would argue these issues may not represent an institutional priority (yet). The status quo of male hegemony in leadership still largely goes 'unnoticed'. Is this a topic on the agenda with concrete plans to reverse it?

I hope to have contributed to getting it on the agenda with this article 😊!

On the author:

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Highlights of the week

Africa CDC media briefing on Thursday

HPW – Trump Tariffs Will Make it Harder for African Countries to Finance Health

https://healthpolicy-watch.news/trump-tariffs-will-make-it-harder-for-african-countries-to-finance-health/

"**The tariffs imposed by the United States on goods from several African countries on Wednesday will make it even more difficult for African countries to increase their health spending,** said **Dr Jean Kaseya, Director General of the Africa Centres for Disease Control and Prevention (Africa CDC**). These tariffs – ranging from 10% for Kenyan goods to 50% for impoverished Lesotho – come on top

of the loss of billions of dollars of US aid for health programmes including vaccinations, maternal and child health, HIV, tuberculosis and malaria…..”

“… **The Africa CDC launched a concept paper on health financing on Thursday outlining how countries could mobilise more resources for health in the face of a 70% decline in official development assistance (ODA) between 2021 and 2025, from $81 billion to $25 billion**….. It proposes **a three-pillar approach** involving increased domestic funding, “innovative financing” including targeted ‘sin taxes’ and airline ticket levies; and “blended financing” involving public-private partnerships, the World Bank and donors.”

Do check out the **concept paper** - Africa’s Health Financing in a New Era – April, 2025

PS: “…. **The strategy unfolds in two phases: Phase One (2025–2026)** will update health financing plans in 30 countries, pilot solidarity levies, and launch transparency dashboards that will inform annual scorecards. **Phase Two (2026–2030)** will scale innovative financing and target 50% domestic financing in at least 20 countries. Throughout, Africa CDC will deploy the African Health Financing Scorecard to track progress on Abuja targets, ODA alignment, and domestic resource efficiency….”

- PS: Kaseya also gave an **update on the Mpox outbreak**. “…. mpox continues to spread with a 17,7% increase over the past week….”

For more detail on the (dire) **Mpox situation**, see also **Cidrap News** - Mpox activity in Africa on pace to pass 2024 total

“**Mpox activity continues to fluctuate among different countries in Africa, but as a whole the situation continues to escalate, with the region in the first 3 months of the new year nearly reaching 50% of the cases reported for all of 2024**, the head of Africa Centres for Disease Control and Prevention (Africa CDC) said today at the agency’s weekly briefing…..”

- Related link: **CGD (blog) - The New US Tariff Regime Is Another Blow for Africa**
  And CGD - **The New US Tariff Regime Will Have Its Greatest Impact in Developing Countries** (by B Webster & C Kenny)

  “**This administration is cutting assistance flows that will increase US trade deficits with small, poor countries and then punishing those same countries with higher tariff rates**. Meanwhile it appears **set on reducing migration flows that foster both trade and investment links as well as providing remittance income.** It is hard to imagine a set of US policy shifts worse for global development prospects.”

WHO Funding troubles

Devex – Faced with $600M income gap, WHO to scale back on work, staff, budget

https://www.devex.com/news/faced-with-600m-income-gap-who-to-scale-back-on-work-staff-budget-109754

(28 March) **"The World Health Organization will soon start scaling back its work and workforce, starting with senior leadership, as it faces a gaping $600 million hole in its budget in 2025."**

"**In an email to staff, WHO Director-General Tedros Adhanom Ghebreyesus** said the **reduction will begin at headquarters, but "will affect all levels and regions." ….** It's unclear what the full impact on staff will be at this stage, but **the prioritization exercise that WHO has been undertaking is expected to be completed by the end of April.** "Everything is on the table, **including merging divisions, departments and units, and relocating functions**," according to the email.

PS: "**Tedros said they are proposing further reductions to WHO's budget for the next two years to $4.2 billion, a 21% reduction from its originally proposed budget of $5.3 billion**. This is even lower than what was discussed by member states at the executive board meeting earlier this year….."

"In an email to staff, WHO Director-General Tedros Adhanom Ghebreyesus said **they are facing a $600 million income gap in 2025 alone….."**

- See also **Geneva Health Files** – WHO proposes a Billion Dollar Cut to its Budget for 2026-27 to US$4.2 billion, DG Signals Plans to Shed Jobs Citing $600 Million Hole This Year;

"… The email seen by Geneva Health Files, lays the ground for cut in staff positions in an atmosphere of worsening finances. This will have significant implications for WHO's mandate and resulting activities at country levels. It is not unclear how many jobs will be affected, but **unconfirmed reports indicated anywhere between 20%-40% of the total number of more 9,000 people globally as per a 2024 report. WHO did not confirm these estimates of the proposed reduction….."**

PS: "As Dr Mike Ryan, Executive Director of WHO Emergencies Programme said at the latest WHO press conference, **WHO Member States have asked for a reprioritised, reworked programme budget for the World Health Assembly in May.** WHO will be ready to deliver that to the Assembly with the appropriate range of cost containment and the appropriate prioritisation to move into the future…."

"… **In a bid to cut costs, WHO is proposing a more than US$ 1.1 billion cut to its Programme Budget over the next two years**. At the beginning of the year, the budget for 2026-2027 stood at **US$ 5.3 billion.** At the Executive Board meeting in January 2025, member states went through protracted negotiations on preserving the size of the budget and settled on **US$ 4.9 billion**. However, in his email to staff, Tedros proposes a **further reduction to US$ 4.2 billion**."

HPW - Despite DG Promises, WHO Staff Association In Dark Over Budget Cut Deliberations

https://healthpolicy-watch.news/despite-dg-promises-who-staff-association-in-dark-over-budget-cut-deliberations/

"…. **despite the DG's promises that the WHO "Staff Association will play an active role", critical decisions about workforce reductions, budget allocations, and organizational restructuring are being made behind closed doors so far."**

"The **Staff Association, representing WHO's 9,473 staff members worldwide** including 2,666 in headquarters, **has had no real access to the data underpinning critical choices** that must be made over how and where to cut the budget. …."

"**According to an internal briefing presented to member states last week**, and seen by Health Policy Watch, **WHO is weighing a series of measures to cope with the financial shock that include**: A 20% average budget cut across all base programmes; The elimination of over 40% of current outputs – eg. products that are typically part of the World Health Assembly; A 25% reduction in staff positions; The merging of entire divisions, departments, and units; Relocation of functions away from Geneva to regional and country offices."

PS: "These are hard, necessary decisions. But **without access to information about current costs and staff positions, it is almost impossible for either member states or staff members to play an active role** in reviewing priorities or plans….."

HPW - WHO Budget Crisis Bigger Than Previously Thought – $2.5 Billion Gap for 2025-2027

https://healthpolicy-watch.news/who-budget-crisis-bigger-than-previously-thought-2-5-billion-gap-for-2025-2027/

(2 April) " **WHO's budget crisis is even bigger than previously thought. The global health organization is short nearly $1.9 billion from a planned $4.2 billion budget for 2026-27**, along with a $600 billion deficit through end-2025, **senior WHO officials revealed at a global 'Town Hall' meeting of WHO staff on Tuesday**, heard by *Health Policy Watch."*

PS: "" **A "prioritization working group" is being led by Deputy Director General Dr Mike Ryan,** together with the Regional Director for Europe, Hans Kluge, and the Regional Director for the Eastern Mediterranean Region, Hanan Balkhy, Tedros said. They are being supported by Thomas, of business operations, as well as Jeremy Farrar, currently WHO chief scientist but also a former head of the multi-billion philanthropy, Wellcome Trust….."

PS: "At the Town Hall, **Tedros also pledged to provide a new top-level organigram of WHO's proposed new structure as soon as the prioritization process was completed. …"**

- See also Devex - WHO grapples with deepening funding shortfall

"In a recent presentation to member states, a copy of which was seen by Devex, WHO's financial outlook for 2026-2027 shows it has **a gap of over $1.8 billion, or roughly 43% of its targeted budget**. But it seems it will need to raise more than that." "

PS: "… A WHO official, who spoke on condition of anonymity as they are not authorized to speak on the matter, told Devex **it's unrealistic to project contributions from the likes of Gavi and the Global Fund "when these institutions haven't even finished their own replenishment rounds** [and have not] made any pledges for the future."…."

Andrew Harmer - The WHO is an institution you should care about and take its side.

https://andrewharmer.org/2025/04/03/the-who-is-an-institution-you-should-care-about-and-take-its-side/

Call it the "Timothy Snyder test", if you want. (*to make up for the Rubio one*)

"…. **You will have seen some reporting this week on the dismal state of WHO financing**. In particular, two reports from Health Policy Watch's Elaine Fletcher (here and here) and one from Priti Patnaik over at Geneva Health Files. **In this post, I put my nerd hat on and delve a bit more deeply into the numbers. Bottom line: it's terrible but not existentially terminal**. …. … But what I really want to do is **to persuade you that the WHO is an institution that needs our support. More practically, it needs Member States to support it financially."**

He concludes: "….As I've argued many times previously, **the sums of money involved to fully finance the WHO are relatively small**. The original budget proposal for 2026-27 – $5.3bn – would buy you 2/3rds of one nuclear submarine. **And the shortfall that the organisation is now facing – let's stick with the $2.5bn from Fletcher's article for now – is easily affordable to its Member States who should now up their game and commit to WHO's Investment Round.** The time has come, returning to **Timothy Snyder's lesson from his book On Tyranny**, to **choose an institution that you care about and defend it**. Member States can and should choose the World Health Organisation. It will save you money in the long run, it's an opportunity to stick two fingers up at Trump – see,
we can and will support a multilateral organisation that you desperately want to fail – and it saves thousands and thousands of lives Every Single Day."

GAVI Replenishment worries

Bloomberg - Blindsided by Trump, Vaccine Chief Fights to Reverse Funding Cut

Bloomberg;

From late last week. "**The head of the global organization responsible for vaccinating children in the world's poorest countries is headed to Washington, hoping to persuade the Trump administration to reverse a surprise decision to halt all US funding** — a move that has blindsided the group and threatens millions of lives. **Gavi, the Geneva-based vaccine alliance, received no formal notification** before learning from a leaked document that the US plans to terminate its financial support. Chief Executive Officer Sania Nishtar said the organization had every reason to believe that US funding would continue into 2025, following Congress's approval of $300 million for Gavi in the budget passed earlier this month….."

"… **Nishtar plans to travel to Washington on Monday for meetings with officials**. "I hope that that they will appreciate the value that Gavi brings, the importance of our ongoing partnership," she said."

Development Today - Gavi's dwindling path to USD 9 billion, by the numbers

A D Usher; https://www.development-today.com/archive/2025/dt-3--2025/gavis-dwindling-path-to-usd-9-billion-by-the-numbers

"**Three governments and the Gates Foundation account for 65 per cent of the USD 30 billion provided to the vaccine alliance Gavi since it was launched in 2000**. As Gavi gears up to raise USD 9 billion at its upcoming replenishment, **two of these countries – the US and the UK – are cutting their support.** Even if the third, Norway, increases its pledge it can hardly close the gap. **Still, Gavi has a financial resource that no other global health agency has: billions of dollars left over from the covid pandemic."**

Telegraph - Flagship Gavi vaccine projects face axe if US funding stops, CEO warns

https://www.telegraph.co.uk/global-health/climate-and-people/flagship-gavi-vaccine-projects-face-axe-if-us-funding-stops/

"Exclusive: The **decision to end funding for the partnership could have ramifications felt well beyond its frontline vaccine programmes."**

"**Some of Gavi's flagship vaccine programmes will have to be cut if the United States goes through with a plan to stop funding the global partnership, its CEO has warned**. Among the projects under threat are **plans to begin building emergency stockpiles of new mpox and tuberculosis vaccines, the distribution of badly needed malaria jabs, as well as a billion dollar programme to boost vaccine production in Africa."**

"Dr Sania Nishtar, who took over as CEO of the organisation in March last year, said **the Gavi board would have to decide "what gets shelved" in the event American funding dries up……"**

PS: " **A cascading 'domino effect': ….** But the end of US funding for Gavi could have ramifications that are felt well beyond its frontline vaccine programmes. **Dr Nishtar said the US decision could create a cascading "domino effect," forcing cuts to flagship programmes but also disrupting the research community and global pharmaceutical industry that underpins them**. "If you start reducing the volume of routine vaccines, that impacts price, that impacts the ability of countries to access those vaccines," she said. "It's an ecosystem we've built." …. **… As a result, for the first time, Gavi will not have the money to be able to buy the latest vaccines and risks falling behind the curve of scientific development**, she said. "**This is the first time where we have a funding crunch and science going way ahead of us."**

TGH - U.S. Retreat from Gavi Cedes Influence to China's Vaccine Suppliers

P Yadav (CFR) et al ; https://www.thinkglobalhealth.org/article/us-retreat-gavi-cedes-influence-chinas-vaccine-suppliers

Another one playing the China card (*arguably, one of the few cards left to deal with Trump 2.0)*… (but comes dangerously close to 'Trump whispering' in my view).

"The loss of U.S. funding could leave Gavi with three options to downsize its operations."

"The loss of U.S. funding could leave Gavi with three options to downsize its operations: drop funding the supply of vaccines to some recipient countries, reduce the number of vaccines the initiative supports, or reduce funding for vaccine and health systems development. All of these routes could significantly alter the health and lifespans of nearly 100 million children and teenagers worldwide. **By retreating from its commitments to Gavi, the United States opens the door for China to expand its influence in the global vaccine market through its foreign loans, aid programs, and vaccine suppliers. This approach could mirror China's vaccine diplomacy during COVID-19, when it provided vaccines to many low- or middle-income countries (LMICs) that faced barriers to access….."**

Links:

- WHO - Fully-funded Gavi, the Vaccine Alliance, is a lifeline for child survival, says WHO

G20 Health Working group meeting in Durban, South Africa (continued)

See also last week's IHP issue.

Telegraph - 'We should have been hammered a long time ago': African countries thank Trump for aid wake-up call

https://www.telegraph.co.uk/global-health/climate-and-people/g20-south-africa-health-aid-trump-funding-cuts/

"Just as European countries have grouped together on defence, **African leaders want to take back control too."** Coming back on last week's **G20 Health Working group meeting.**

Must-read. Both on **public statements** & **conversations in private**.

- See also : https://g20.org/track/health/

With some more detail now on **expected outcomes and key deliverables** for the 5 priorities of the G20 health track.

More on Global Health Governance & Financing, debt crisis, tax justice

TGH - Africa's Quiet Response to U.S. Realignment of Foreign Aid

M D Gavin (senior fellow for Africa at the Council on Foreign Relations and former U.S. Ambassador to Botswana) ; https://www.thinkglobalhealth.org/article/africas-quiet-response-us-realignment-foreign-aid

"**Characterizing the end of U.S. aid as a catalyst allows African politicians to emphasize their readiness for a new era.**"

Global Fund - Global Fund Secures First Eighth Replenishment Pledge – A Historic Private Sector Commitment from Children's Investment Fund Foundation

Global Fund;

"The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) today **announced the first pledge to its Eighth Replenishment Campaign – and it comes from the private sector.** The **Children's Investment Fund Foundation (CIFF) has made a groundbreaking US$150 million commitment,** a five-fold increase from its previous contribution. …."

As you recall: the **goal is to raise US$2 billion from private donors** for its Eighth Replenishment.

Devex – Big foundations say it's time to increase giving

https://www.devex.com/news/big-foundations-say-it-s-time-to-increase-giving-109781

"Is it time for philanthropists to stand up and be counted? Indeed it is, **the Skoll World Forum** heard. »

« ….**Philanthropists must step up and do more to help the nonprofit sector, leaders from some of the world's biggest foundations said yesterday at the Skoll World Forum — the annual gathering for social entrepreneurs**, which is taking place in Oxford in the United Kingdom this week….."

Eg: "**The Skoll Foundation**, he said, **had created an emergency fund to respond to the U.S. aid cuts, and increased spending by 30% from its previously planned levels**…..

BMJ - Filling the funding void would mitigate infectious outbreaks and build resilience in Africa

M P Fallah, Jean Kaseya (Africa CDC) et al ; https://www.bmj.com/content/389/bmj.r661

« Action is needed to mitigate disease outbreaks and challenge power imbalances, write Mosoka Papa Fallah and colleagues. »

« ….Countries across Africa are facing more frequent and concurrent infectious disease outbreaks, straining pandemic surveillance and control systems amid cuts to aid. These **challenges warrant empowered leadership from the Africa Centres for Disease Control and Prevention (Africa CDC), rapid capacity building, and new financing initiatives…..**"

"…. **The Africa CDC is prepared to lead this transition but needs to double its staff to cope with ongoing outbreaks and further scale-up to implement its strategic plan for 2023-27**. The plan supports the five regional collaborating centres to lead emergency response, mitigation, and epidemiological surveillance and to increase regional vaccine production to 60% of its needs by

2040. Mobilising regional teams at the point of new outbreaks is more cost effective and sustainable than bringing in overseas experts. …. **To accomplish this, Africa needs regional and international funding amounting to less than 1% of the EU's 2024 military defence investments**. Supporting response systems for disease outbreaks aligns with the EU's Global Health Strategy (2022), but the **EU has made little effort to compensate for the collapse in US leadership**….."

« … **African Union member states must increase domestic financing for health and research and development in line with the Abuja and Lusaka declarations**, with concrete plans for increased independence. **The EU must adhere to its strategy and commit to sustainable investment in pandemic prevention, preparedness, surveillance, and outbreak response in Africa.** Commitments must also be secured from the drug industry to enable tech transfer and ensure access to affordable lifesaving medication and vaccines to mitigate imminent threats…."

« … **Philanthropists and high income countries can invest in the newly created African Epidemic Fund** as a vehicle for funding to rapidly support countries with high flexibility and accountability. **Serious discussions about debt relief are needed as many countries in the global south spend more on debt interest payments than on their education or health systems…."**

The Collective - Health Justice and Covid-19 Five Years Later: Local Struggles, Global Stamina

by **Anne-Emanuelle Birn** ; https://www.sum.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/anne-emanuelle-birn/health-justice-and-covid-19-five-years-later-local.html

"**As the "collective we" mark the fifth anniversary of the COVID-19 pandemic –amid the global health and humanitarian establishment's disrepair and despair, and US and other imperial powers' shameful support for Israel's criminal slaughter of Palestine and Palestinians**, and alternatively abet, enable, and neglect civil conflict in Yemen, the DRC, Sudan, and beyond– **how might despondent realism be transformed into critical hope for the people's health?"**

"…. **With colleagues and a dynamic array of trainees from Peru, Germany, Canada, and Brazil** (including Professor Ventura's remarkable team), **we are exploring these silences by emphasizing the relentless, resourceful communal aid strategies to secure decent and dignified shelter, food, medical care, and income in the absence of adequate government responses.** In carrying out our project (nicknamed **SMAPL)** through dialogical (per Paulo Freire), non-extractive approaches, **we aspire to re-take 'global health' as a field of engaged activist research, South-North collaboration, and community-academic learning……"**

W Byanyima - Overcoming the Aid Gap: Debt Relief, Tax Justice, Faith Leadership, and Solidarity

https://www.linkedin.com/pulse/overcoming-aid-gap-debt-relief-tax-justice-faith-winnie-byanyima-c43ie/

"….I lead the global AIDS response, coordinating this for the United Nations via **UNAIDS**. And through that work, I **see governments, particularly in Africa, choking under debt, unable to invest in their health systems, unable to collect domestic revenues**….."

She argues for **tax justice, debt relief/restructuring** & the voice of faith.

Project Syndicate - This UN Debt Initiative Is Different

Mahmoud Mohieldin (UN Special Envoy on Financing the 2030 Sustainable Development Agenda and Co-Chair of the Expert Group on Debt), Paolo Gentiloni, Trevor Manuel, and Yan Wang; **https://www.project-syndicate.org/commentary/developing-world-debt-crisis-un-expert-group-solutions-by-mahmoud-mohieldin-et-al-2025-04**

"As their debt burdens and debt-service costs soar, many developing countries are being forced to divert resources away from education, health care, and climate mitigation. **A new UN initiative seeks to rally global support for realistic reforms that advance long-term development goals."**

"In response to the escalating debt crisis in the Global South, **United Nations Secretary-General António Guterres established the Expert Group on Debt in December 2024**. Its members are tasked with **identifying and advancing policy solutions to help developing economies** – particularly African countries and small island developing states – **break free from the vicious cycle of debt distress."**

Do read on how this UN debt initiative aims to be different.

PS: "**Three upcoming gatherings**, in particular – July's Fourth International Financing for Development Conference in Spain, the G20 Summit in South Africa, and November's UN Climate Change Conference (COP30) in Brazil – **could serve as critical platforms to promote realistic and practical policy solutions."**

N4G summit in Paris (continued)

Devex - Nutrition for Growth summit raises $27B to end malnutrition

https://www.devex.com/news/nutrition-for-growth-summit-raises-27b-to-end-malnutrition-109738

"The final figure came as **nutrition advocates worried about a tough funding environment amid foreign aid cuts."**

"The amount surprised many attendees: It comes amid a difficult time for fundraising as major Western donors are slashing foreign aid budgets. **Chief among them is the United States, the world's largest donor of food aid, which had pledged more than $11 billion at N4G in 2021, almost half the amount raised at that event.** The U.S., which has made massive cuts to its U.S. Agency for International Development, did not make a pledge or send a delegation to Paris for this year's gathering. Other Western donors that have announced cuts include Belgium, France, and the Netherlands. But **the N4G organizers — as well as the army of nutrition advocates who joined forces to convince donors to step up — found others to more than fill the gap**. Among them were the **European Commission, multilateral banks, and philanthropies such as the Gates Foundation**….."

PS: " **the U.K.**, which hosted the first N4G summit in 2012, did not make a financial commitment but **co-launched a coalition on integrating nutrition across sectors**. **France, the host country, pledged to spend more than $750 million on tackling malnutrition by 2030.** … …. The other big news yesterday was an announcement by a group of philanthropies that **committed to spend more than $2 billion on malnutrition.** Among them were the Gates Foundation, which committed $750 million; the Rockefeller Foundation, which committed $100 million toward school meals; the Bezos Family Foundation, which pledged to match $500 million in donations to the Child Nutrition Fund; the Eleanor Crook Foundation, which pledged up to $50 million toward scaling up prenatal vitamins; ….."

Trump 2.0: Updates from last week

More or less chronologically. The horror show continued this week.

Devex - Trump administration reveals its plans to Congress to 'abolish' USAID

https://www.devex.com/news/trump-administration-reveals-its-plans-to-congress-to-abolish-usaid-109753

(28 March) "**USAID will be shut down, staff laid off, and parts of the agency — mostly humanitarian assistance, food security, and global health programs — will be run by the State Department."**

PS: "…. The State Department plans to keep humanitarian assistance programs, global health, strategic investment, and "limited national security programs" previously run by USAID. **The Bureau for Humanitarian Assistance and the Bureau for Global Health would be "realigned" to relevant State Department entities. …."**

PS: "U**.S. law requires that the administration consult with Congress on any agency reorganization plans, and this notification is part of that process. ….** Lawmakers can weigh in on congressional notifications and it is not uncommon for members of the relevant legislative committees to place a hold on plans if they disagree with them or want additional information…." (*well, that was before MAGA 2)*

PS: "**USAID's remaining global health programs, including HIV/AIDS programs it oversees**, will be managed by the **State Department's Bureau of Global Health Security and Diplomacy**….."

Devex - USAID's 'final mission' email slashes agency's staff, one last time

https://www.devex.com/news/usaid-s-final-mission-email-slashes-agency-s-staff-one-last-time-109752?utm_medium=Social&utm_source=Bluesky#Echobox=1743207108

(28 March) "USAID's new deputy administrator, Jeremy Lewin, told the agency's staff they would be fired by either July 1 or Sept. 2, 2025 — and then, potentially, rehired at the State Department through a separate and independent process."

Stat - Peter Marks, FDA's top vaccine regulator, forced out

https://www.statnews.com/2025/03/28/fda-peter-marks-cber-director-resigns-rfk-jr/

"'It has become clear that truth and transparency are not desired,' Marks said in his resignation letter."

""As you are aware, I was willing to work to address the Secretary's concerns regarding vaccine safety and transparency by hearing from the public and implementing a variety of different public meetings and engagements with the National Academy of Sciences, Engineering, and Medicine," Marks wrote. "However, **it has become clear that truth and transparency are not desired by the Secretary, but rather he wishes subservient confirmation of his misinformation and lies."…."**

Nature News – Big cuts to US AIDS prevention feared as NIH axes HIV research grants

https://www.nature.com/articles/d41586-025-00969-5

"More than 200 federal grants for research related to HIV and AIDS have been abruptly terminated in the last few weeks."

- Related: Nature - Trump team guts AIDS-eradication programme and slashes HIV research grants

Stat – At CDC, Trump administration's job cuts wipe out wide array of specialists

https://www.statnews.com/2025/04/01/cdc-rif-2400-layoffs-rfk-jr-hhs-reorganization-rapid-response-capability-weakened/

"Moves intended to refocus the agency will have severe costs to public health, critics warn."

- See also the NYT – C.D.C. Cuts Threaten to Set Back the Nation's Health, Critics Say

"The reorganization that began on Tuesday **will scale back an agency that has been a public health model around the world."**

NYT – Mass Layoffs Hit Health Agencies That Track Disease and Regulate Food

https://www.nytimes.com/2025/04/01/us/politics/trump-federal-layoffs-health-food.html

"The cuts were part of a Trump administration plan announced last week to dismiss thousands of employees and **drastically overhaul the Health and Human Services Department** under Secretary Robert F. Kennedy Jr."

"**The Trump administration laid off thousands of federal health workers on Tuesday in a purge that included senior leaders and top scientists charged with regulating food and drugs, protecting Americans from disease and researching new treatments and cures**…. …. The layoffs and

reassignments **touch every aspect of the federal Department of Health and Human Services**, and are part of what the administration has said is a vast restructuring of the agency. Entire units focused on reproductive health and preventing gun injuries were wiped out. So was a **vaccine research program aimed at preventing the next pandemic…..”**

Science Insider - Trump administration purges U.S. health agency leaders

https://www.science.org/content/article/trump-administration-purges-u-s-health-agency-leaders

“Reassignment letters come as **reductions in force begin at NIH, FDA, and CDC.”**

Stat – Nearly 2,000 top researchers call on Trump administration to halt ‘assault’ on science

https://www.statnews.com/2025/03/31/trump-national-academies-researchers-urge-administration-to-halt-assault-on-science/

“**All the scientists are members of the National Academies, which has remained silent.”**

“….. In an open letter published Monday, **nearly 2,000 of the nation’s top researchers called on the Trump administration to halt this “wholesale assault on U.S. science,” which they say is threatening America’s position as a global research leader as well as the health and safety of its citizens**.”

PS: “The **absence of an official rebuke from the National Academies, or NASEM** — widely seen as the nation’s leading science organization and to many, its conscience — is a glaring example of the reluctance of major universities and other institutions to do anything **that could put them into the administration’s crosshairs**. That’s especially true of organizations like NASEM that are dependent on government contracts…..”

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

Devex – Frustration mounts as Uganda faces HIV treatment shortages

A Green; Frustration mounts as Uganda faces HIV treatment shortages | Devex

“Health facilities in two different Ugandan regions are out of stock of some lifesaving HIV treatment. The **government is scrambling to address any shortfalls.”**

TWN – UN: Health of nearly 13 million displaced people at risk due to funding cuts

https://wp.twnnews.net/sendpress/email/?sid=NjQ4ODA&eid=ODM1Nw&utm_medium=email&utm_source=sendpress&utm_campaign

"UNHCR, the UN Refugee Agency, warned last week that without adequate resources, an estimated 12.8 million displaced people, including 6.3 million children, could be left without life-saving health interventions in 2025. Speaking at a media briefing at the United Nations Office at Geneva on 28 March, Dr. Allen Maina, UNHCR's Public Health Chief, said the current humanitarian funding crisis, exacerbated by declining health spending in hosting countries, is affecting the scope and quality of public health and nutrition programmes for refugees and host communities….."

UNAIDS - Impact of US funding cuts on the global AIDS response — 24 March 2025 update

https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250324_sitrep

(28 March) "**Countries are continuing to adapt to the recent cuts to US funding for the global HIV response**. The impacts of HIV service disruptions are being more clearly understood as more granular information becomes available……"

PS: With among others: "…. **PrEP and other primary HIV prevention methods remain deeply affected**. UNAIDS' Country Offices continue to report that primary HIV prevention services, such as condom distribution, PrEP and peer outreach conducted by community-led organizations, have been deeply affected by US funding cuts. In many cases, their future remains in doubt as governments and partners assess the situation…."

Boston University – "It's Unacceptable": BU Mathematician Tracks How Many Deaths May Result from USAID, Medicaid Cuts

https://www.bu.edu/articles/2025/mathematician-tracks-deaths-from-usaid-medicaid-cuts/

"The **impact trackers update in real time** based on the loss of international aid programs combating HIV and tuberculosis…."

Society for AIDS in Africa urges action on domestic health funding

https://citinewsroom.com/2025/03/society-for-aids-in-africa-urges-action-on-domestic-health-funding/#google_vignette

"**The Society for AIDS in Africa has emphasized the urgent action to secure domestic financing for health systems in the wake of funding threats to HIV/AIDS programs across the continent.** This call was made **during the International Conference on AIDS and STIs in Africa (ICASA) 2025 Steering Committee meeting in Accra**, where participants stressed the critical need for African nations to reduce reliance on external donors and take ownership of their HIV/AIDS response."

"Speaking during the meeting, President of the Society for AIDS in Africa (SAA) **Dr. David Pagwesese Parirenyatwa** indicated that the recent decision by the Trump administration to freeze and redirect U.S. aid support has cast uncertainty over funding for HIV/AIDS programs in Africa. In light of this development, **Dr. David Pagwesese Parirenyatwa urged the three ICASA 2025 sub-committees to reassess their plenary topics to include discussions on domestic health financing and the long-term sustainability of Africa's HIV/AIDS response."**

Tim France (on LinkedIn) - Navigating the numbers: Understanding different estimates of HIV funding cut impacts

https://www.linkedin.com/pulse/navigating-numbers-understanding-different-estimates-hiv-tim-france-dd8te/?trackingId=r9vqtOHqgoREvtcqICXk2g%3D%3D

"There's been a lot of discussion around the potentially **devastating impacts of US funding cuts on the global HIV response**, and you might have seen different figures circulating. It's important to understand the nuances behind these estimates to avoid confusion. **Here's a breakdown of some key differences between projections of excess HIV-related deaths presented in the recent UNAIDS modelling and the Burnet Institute/WHO study (as published in The Lancet and reported by WHO):…."**

CHAI - 2025 HIV Market Impact Memo

https://www.clintonhealthaccess.org/report/2025-hiv-market-impact-memo-clinton-health-access-initiative/

"…. **special edition of the CHAI HIV Market Impact Memo**, a brief highlighting the significant risks facing global HIV markets and the broader implications for HIV service delivery in low- and middle-income countries following global health funding disruptions and ongoing uncertainty."

"The memo highlights key gaps in HIV service delivery following reductions in global funding. **Drawing on data from 14 low- and middle-income countries**, our analysis identifies challenges across the HIV care continuum, including prevention, testing, treatment, and supply chain management.

Some of the key findings include:
☑ **Humanitarian impact**: 8 countries at risk of ARV stockouts, with additional risks across prevention and testing commodities
☑ **Children at risk**: ARV stockouts put children at significant risk with recent data showing that 1 in 5 children under one year who experienced a treatment interruption died as a result
☑ **Economic consequences**: US$55 million in pharmaceutical stock at risk of cancellation or non-payment, destabilizing supply chains and posing a significant risk to manufacturers
☑ **Healthcare workforce disruptions**: 370,000 professionals previously supported by PEPFAR face job uncertainty with many contracts already terminated or temporarily paused."

Andrew Green (in Forsaken) - The quiet disappearance of the COP

https://theforsaken.substack.com/p/the-quiet-disappearance-of-the-cop

"**Country operational plans** are crucial to running national HIV programs. So why hasn't the Trump administration requested them?"

KFF - The USAID List of Terminated Global Health Awards – What Does it Tell Us?

KFF;

(2 April) "It was recently reported that a list was sent to Congress of awards to be terminated at USAID, an agency already effectively shuttered as part of the administration's foreign aid review and funding freeze. The list generally confirms what has been in administration court filings and other announcements – that most awards at the agency are slated to be terminated. **Specifically, it indicates that of more than 6,200 awards, 5,341 or 86% will be terminated, representing $27.7 billion in unobligated funds. Of this, $7.4 billion in unobligated funds falls directly under USAID's global health bureau and billions more are for global health activities funded through other bureaus or at the individual country mission level**. While the situation does appear to be fluid, with Congress having yet to weigh in and with litigation ongoing, **the list does raise several questions:…"**

Read on which ones.

Pandemic Agreement negotiations

Final round of talks is scheduled for 7-11 April.

Down to the Wire: Get it Done — Joint Statement

https://www.pandemicactionnetwork.org/news/get-it-done-joint-statement-on-finalizing-the-pandemic-agreement/

Joint statement on Finalizing the Pandemic agreement. Signed by: **Pandemic Action Network; Spark Street Advisors; Panel for a Global Public Health Convention; Helen Clark, Co-Chair of The Independent Panel for Pandemic Preparedness and Response**, Ibrahim Abubakar, Palitha Abeykoon, Bente Angell-Hansen, Victor J. Dzau, Jayati Ghosh, Naoko Ishii, Ilona Kickbusch, Maha El Rabbat, **Members of the Global Preparedness Monitoring Board (GPMB)**

Quote: "…. **As currently drafted, the pandemic agreement secures important gains**, including on research and development, equitable access to pandemic countermeasures, and a One Health approach to pandemic threats. **While not all policy goals have been achieved, this potentially historic agreement lays essential groundwork** for equitable, collective preparedness and response now **and can be strengthened through additional protocols in the future**. We urge Member States to stay laser focused on the end-goal, and find room to give-and-take to reach agreement….. **We are counting on you to pull together and get the agreement done."**

HPW - Will Pandemic Agreement Be Thwarted by a Handful of Words?

https://healthpolicy-watch.news/will-pandemic-agreement-be-thwarted-by-a-handful-of-words/

(2 April) "**On the eve of the final round of pandemic agreement negotiations ahead of the World Health Assembly (WHA), 30 legal experts have cautioned against using "voluntary" to describe technology transfer."**

"The latest draft of the **pandemic agreement (text agreed by end of 21 February)** states that technology transfer for the production of pandemic-related health products shall be on "mutually agreed terms" in a yet-to-be-agreed footnote in Article 11. This inherently implies that it is

voluntary, **the experts state in a letter sent to the co-chairs of the World Health Organization (WHO) Intergovernmental Negotiating Body (INB) on Wednesday.** But if the agreement also describes tech transfer as "voluntary", this will undermine member states' "sovereign right … to implement legislation within their jurisdiction, and equity in pandemic preparedness and response", according to the experts, who hail mostly from law departments of global universities."

"By insisting on manufacturers only coming to the negotiating table voluntarily, States Parties are limiting their options for facilitating or otherwise incentivising technology transfer, and for taking non-voluntary measures even where their domestic laws do or would provide for them," they note. …. … Insisting solely on voluntary measures will "defeat two principles that guide the Pandemic Agreement's core objective: respect for the sovereign right of States to implement legislation within their jurisdiction, and equity in pandemic preparedness and response", they note….."

GHF - EU Countries Divided Over European Commission's Role in the Pandemic Treaty Negotiations, Disagreement On Technology Transfer

P Patnaik; Geneva Health Files;

"…. **There are rumblings among some European Union member states on the role of the European Commission in the negotiations on the Pandemic Agreement, particularly on the obligations on technology transfer**, sources familiar with the dynamics told Geneva Health Files. "**Not all countries are happy with the positions taken by the European Commission, especially when it comes to technology transfer provisions in the draft Pandemic Treaty**," a source familiar with the discussions in Brussels said. **…** To be sure, **the European Commission was authorised in 2022 to negotiate the Pandemic Agreement on behalf of EU member states** in accordance with specific directives."

"However, **over the last three years, there have been indications that some EU countries have not been happy with the positions taken by the Commission that has often tended to move towards the interests of the strongest economies in the bloc**, sources say. In this negotiations at WHO, the EU has spoken with one voice, represented by the Commission, but behind-the-scenes, not all countries are aligned. **Now at the final stage of the negotiations, these differences are now becoming sharper, especially as time runs out and the distance to consensus**, sources say. Many EU countries are keen to conclude the negotiations and reach an agreement….."

Medicines Law & Policy - Will Europe block the Pandemic Agreement because of one word?

By Guilherme Ferrari Faviero and Ellen 't Hoen; https://medicineslawandpolicy.org/2025/03/will-europe-block-the-pandemic-agreement-because-of-one-word/

"Time is running out for the World Health Organization's Pandemic Agreement. After more than three years of complex, arduous negotiations, we stand on the edge of failure—an outcome that will not reflect well on the European Union (EU)."

Excerpt:

"**As negotiators enter the final round of talks in Geneva from April 7 to 11, they must resolve all remaining open provisions**—chief among them are **issues related to technology transfer, pandemic**

prevention, and the Pathogen Access and Benefit Sharing System (PABS)—each crucial for improving a global response to future pandemics and avoiding the lack of equity in access to pandemic products…."

"A **central dispute that could derail the negotiations revolves around the word voluntary in defining technology transfer in the agreement**. Germany has taken a hard line, explicitly insisting on **limiting technology transfer to a "voluntary" gesture and on "mutually agreed" terms**. This is a well-known industry position that was voiced during the talks by the European Commission on behalf of EU member states. It is a curious position because the text already specifies that parties involved in technology transfer do so on mutually agreed terms. Adding the term "voluntary" is, therefore, redundant but not without risks. **Defining technology transfer as voluntary only is unnecessarily restrictive and may have consequences beyond the scope of this agreement, potentially undermining the ability of all countries — including European countries — to use existing legal frameworks to ensure the transfer of technology**. The use of this word also ignores the reality that, during the COVID-19 pandemic, voluntary sharing failed to materialize at the scale needed to avoid widespread inequities in access to life-saving health technology."

"International law, such as the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement that sets out obligations for countries on the protection of intellectual property, explicitly **allows for measures, including non-voluntary measures, necessary to protect public health.** Insisting now on the condition that such measures have to be *voluntary* runs the **risk of being especially harmful to low- and middle-income countries, which are particularly susceptible to being pressured by Western nations not to use flexibilities of the TRIPS Agreement to gain access to technologies….."**

Graduate Institute's Global Health Centre (Governing Pandemics Initiative) - What's new in the draft Pandemic Agreement?

G L Burci et al ; https://repository.graduateinstitute.ch/record/320183?v=pdf

"This paper **provides a preliminary analysis of the draft Pandemic Agreement (PA), as reflected in the 21 February 2025 draft**, highlighting key aspects of the ambition of this emerging framework."

"The content of the current draft PA builds on the lessons learned from the COVID-19 pandemic by **proposing a systemic approach to PPPR.** It **moves beyond the emergency focus of the International Health Regulations (IHR) (2005) as amended in 2014, 2022 and 2024**, creating a broader set of rules that extend both "upstream" (prevention and preparedness) and "downstream" (response and recovery). By doing so, it seeks to complement and reinforce existing international legal instruments while filling regulatory gaps. **This analysis highlights a notable degree of innovation in addressing critical gaps exposed by the COVID-19 pandemic, compared to existing international law…."**

Journal of Law, Medicine & Ethics - The Proposed Pandemic Agreement: A Pivotal Moment for Global Health Law

P A Villareal, A Phelan et al; Journal of Law, medicine & ethics

"**This article discusses the prospects and pitfalls of a legally binding pandemic agreement under the auspices of the World Health Organization, currently under negotiation in Geneva**. Such an agreement could foster a rules-based pandemic prevention, preparedness and response as a

reaction to the failures by states during the COVID-19 pandemic, including a lack of effective coordination for sharing all kinds of data and the global inequity in the distribution of medical goods fueled by vaccine nationalism. **Achieving these goals, however, will depend upon a meaningful engagement by delegations negotiating the agreement, a legally sound formulation of its provisions, and overcoming the currently pervasive emergency-bias in this field of global health law…..”**

Lancet - The promise and compromise of the WHO Pandemic Agreement for spillover prevention and One Health

A Finch et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00632-4/fulltext

“….a critical challenge remains in balancing the need for ambitious prevention measures with the practical realities of implementation, particularly given resource constraints…..”

More on PPPR

Lancet Comment – Mobilising national and regional assets and non-state actors for pandemic preparedness

L Sun et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00630-0/fulltext

“…. **recent events underline the need to reconsider the structure and leadership of the global health architecture.** These developments include the US withdrawal from WHO and the dismantling of the US Agency for International Development,6 alongside widespread cuts to aid budgets from several European countries, despite their historical role as major contributors to official development assistance and an impasse with approval of the Pandemic Accord. **We highlight here the need to mobilise national and regional assets and expand the role of non-state actors to enhance their relationship and representation within the traditional multilateral organisations to together strengthen PPPR…..”**

« …National public health institutes (NPHIs) and regional health entities must reclaim their rightful roles as central empowered assets leading and coordinating PPPR. Non-state actors, such as academic institutions, philanthropic organisations, private sector innovators, and community networks need to evolve from supporting roles into drivers of systemic reform, as an integral part of local government leadership. …. “

Africa CDC – Continued Partnership to Enhance Pathogen Genomic Surveillance and Bioinformatics for Public Health in Africa

https://africacdc.org/news-item/continued-partnership-to-enhance-pathogen-genomic-surveillance-and-bioinformatics-for-public-health-in-africa/

“ In a strategic move to bolster Africa’s preparedness for future pandemics, **the Africa Centres for Disease Control and Prevention (Africa CDC), in partnership with the African Society for Laboratory Medicine (ASLM) and with support from the Mastercard Foundation, has launched a**

groundbreaking program on genomic surveillance and bioinformatics to enhance public health resilience across the continent. The program, **launched under Phase II of the Saving Lives and Livelihoods (SLL) initiative**, aims to strengthen Africa's ability to respond effectively to pandemic preparedness and response by building robust infrastructure in molecular diagnostics, genomic sequencing, biobanking, and bioinformatics across African Union (AU) Member States….."

Nature Medicine – Mpox poses an ever-increasing epidemic and pandemic risk

C M de Motes et al ; https://www.nature.com/articles/s41591-025-03589-8

"The human interaction with mpox has changed across its entire endemic range, revealing the endemic and pandemic risk of monkeypox virus and the current knowledge gaps on its biology that hamper virus control."

Coming up: World Health Day (7 April)

Lancet Editorial - Reducing postpartum haemorrhage

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00671-3/fulltext

"**Nearly 300 000 women die every year due to pregnancy or childbirth**. Substantial inroads in reducing maternal mortality were made during the early part of the 21st century, but progress has stalled over the past decade and the world is not on track to meet the Sustainable Development Goal to reduce maternal deaths by 2030. **World Health Day 2025, on April 7, marks the start of a year-long campaign by WHO, entitled "Healthy beginnings, hopeful futures", which aims to reinvigorate much-needed efforts to ensure access to high-quality care for women and babies globally."**

"**Bleeding due to postpartum haemorrhage (PPH), defined as blood loss of 500 mL within 24 h after birth, is the leading cause of maternal mortality, resulting in 70 000 deaths each year, predominantly in sub-Saharan Africa and south Asia**. Most of these deaths are preventable—a situation that demands concerted action…. "

The Editorial concludes: "Death of a woman from PPH in childbirth is a devastating—yet preventable—event. **After decades of little progress in diagnosis and treatment of PPH, recent advances give reasons for optimism. A multipronged strategy that consists of identifying and addressing modifiable risk factors, ensuring early and objective diagnosis, and a treatment bundle given simultaneously, can reduce the incidence of PPH and its potentially life-threatening consequences.** A transformation in maternal care that puts these approaches into practice is long overdue."

- See also a **Lancet World Report** - Warning over child deaths as aid cut

"….WHO hopes a year-long campaign on maternal and newborn health starting on World Health Day on April 7, 2025, will accelerate action. Titled ***Healthy beginnings, hopeful futures***, the campaign will urge governments and the health community to increase efforts to end preventable maternal and newborn deaths. **WHO is calling for a worldwide reinvigoration of efforts to ensure**

access to high-quality care for women and babies, especially in low-income countries, humanitarian emergencies, and fragile settings where most maternal and newborn deaths occur. ….”

More on SRHR

Lancet Comment - Protecting global sexual and reproductive health and rights in the face of retrograde US policies and positions

S Singh et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00618-X/fulltext

By Guttmacher institute authors.

NYT - Millions of Women Will Lose Access to Contraception as a Result of Trump Aid Cuts

https://www.nytimes.com/2025/04/01/health/usaid-contraception-cuts.html?unlocked_article_code=1.8U4.WKp8.d0E8u9JzMN6l&smid=url-share

(gift link) “**The United States was a key supplier of contraceptives in many developing countries. The Trump administration has ended that support.”**

“The United States is ending its financial support for family planning programs in developing countries, **cutting nearly 50 million women off from access to contraception**…. ….. This policy change has **attracted little attention amid the wholesale dismantling of American foreign aid, but it stands to have enormous implications**, including more maternal deaths and an overall increase in poverty. It derails an effort that had brought long-acting contraceptives to women in some of the poorest and most isolated parts of the world in recent years.”

“**The United States provided about 40 percent of the funding governments contributed to family planning programs in 31 developing countries, some $600 million, in 2023**, the last year for which data is available, according to KFF, a health research organization…..”

“That American funding provided contraceptive devices and the medical services to deliver them to more than 47 million women and couples, which is **estimated to have averted 17.1 million unintended pregnancies and 5.2 million unsafe abortions, according to an analysis by the Guttmacher Institute**, a sexual health research organization. **Without this annual contribution, 34,000 women could die from preventable maternal deaths each year, the Guttmacher calculation concluded. “**

PS: “**Among the countries that will be significantly affected by the decision** are Afghanistan, Ethiopia, Bangladesh, Yemen and the Democratic Republic of Congo…..”

… The Trump administration has also terminated American funding for the United Nations’ sexual and reproductive health agency, U.N.F.P.A., which is the world’s largest procurer of contraceptives. The United States was the organization’s largest donor.

Carthagena conference on air pollution (continued)

HPW - US Retreat from Global Commitments Impedes Battle Against Air Pollution and Climate Change: Colombia's President

https://healthpolicy-watch.news/us-retreat-from-gobal-commitments-impedes-progress-on-air-pollution-and-climate-colombias-president/

Very informative analysis of the Carthagena conference from last week. Some excerpts:

"**Colombia President Gustavo Petro launched into a blistering attack on the new administration of United States President Donald Trump on the closing day of a three-day WHO conference here on air pollution –** warning that **progress on critical environmental health and climate topics depends on the "common agenda" that has been fostered by the system of multilateral cooperation** – "and if the multilateral system doesn't exist all of this will be in vain." …. He warned that **in the new international order the US is trying to shape, ideology threatens to overcome scientific facts**, adding: "As George Orwell said in 1984, when each individual will imagine their own reality – then one of the victims of that new reality is health." …. …… **And the "greed" of unbridled markets dominated by fossil fuel interests, meanwhile, stands in the way of a clean energy transition that would clean up the air and stabilize the climate,** he said."

"The president spoke ahead of a **closing day that saw 17 countries and about 40 cities, civil society organizations and philanthropies make commitments to reducing air pollution – along the lines of a WHO call for halving air pollution-related mortality by 2040.** Some **47 million health care professionals also signed a call for urgent action to reduce air pollution**, published at the conference opening……"

"…. Last month, WHO's Executive Board agreed to a new global target to reduce the health impacts of air pollution by 50%," said WHO Director General Dr Tedros Adhanom Ghebreyesus in a video-taped statement to conference participants. "We estimate **that meeting this goal would save around 3 million lives every year."** But **with few high-level ministers in attendance at the Cartagena event, rallying more member states to the new WHO global target needs to be a long-term endeavor taken up at other climate and health fora**, and with mechanisms and funding for tracking of progress over time – something lacking until now. ….."

"**The most immediate opportunity will be the upcoming May World Health Assembly** – when **member states are expected to review and adopt a new WHO Road Map for reducing air pollution's health impacts, which includes the 50% target in the text**. At February's Executive Board meeting, the 34 member governing body endorsed the Road Map. Final WHA approval in May would clear the way, at least politically, for a sustained effort amongst member states to meet the 50% target. …."

PS: "**Until now, there has never been a clear, quantifiable UN Sustainable Development Goal or WHO target for reducing air pollution, against which progress can be monitored and reported**. SDG Target 3.9.1 , which calls for a "substantial" reduction in air pollution deaths and illnesses, is not really a target it all….."

PS: "Meanwhile, **the Clean Air Fund committed $90 million over the next two years to a series of ongoing air pollution and climate initiatives**. Among those, it is **collaborating with C-40 and Bloomberg in the new "Breathe Cities" network that is financing urban air pollution mitigation efforts** – from afforestation to clean transit and waste management – in dozens of low- and middle income cities and towns across Africa, Asia and Latin America. It aims to expand the network to 100 cities by 2030. …. **A Clean Air Fund report** launched at the conference found that halving the health impacts of air pollution by 2040 in just 60 cities worldwide could avoid 650,000-1 million deaths a year and save up to $1 trillion annually. …"

PS: "… **A World Bank report launched at the conference**, meanwhile, projected that an integrated basket of about $14 billion annually of investments in energy, transport, waste and other pollution producing sectors could halve by 2040 the number of people exposed to average outdoor (ambient) air concentrations of the most health harmful pollutant, PM2.5 above 25 micrograms per cubic meter (25 µg/m3). …. **… Conversely, in a business as usual scenario**, exposure to levels of outdoor air pollution above (25 µg/m3), will affect nearly 6 billion people by 2040, as compared to about 3.3 billion today, he warned. **Costs of air pollution today are estimated at about $8.1 trillion, or about 10% of global GDP. …."**

- Related **coverage via UN News – 47 million health workers and advocates call for cleaner air to curb pollution deaths**

"**Over 50 countries, cities, and organizations pledged new commitments on Thursday** to tackle air pollution, protect public health, and **help halve its deadly impacts by 2040** – a goal backed by a petition from 47 million health professionals, patients and advocates demanding clean air be made a public health priority. …."

- World Bank report -Accelerating Access to Clean Air for a Livable Planet

More on Planetary Health

Big banks predict catastrophic warming, with profit potential

https://www.eenews.net/articles/big-banks-predict-catastrophic-warming-with-profit-potential/

"**Morgan Stanley, JPMorgan and an international banking group have quietly concluded that climate change will likely exceed the Paris Agreement's 2 degree goal."**

"….. "**We now expect a 3°C world**," Morgan Stanley analysts wrote earlier this month, citing "recent setbacks to global decarbonization efforts."…. Morgan Stanley's climate forecast was tucked into a **mundane research report on the future of air conditioning stocks**, which it provided to clients on March 17. A **3 degree warming scenario, the analysts determined, could more than double the growth rate of the $235 billion cooling market every year**, from 3 percent to 7 percent until 2030…."

Guardian – Climate crisis on track to destroy capitalism, warns top insurer

https://www.theguardian.com/environment/2025/apr/03/climate-crisis-on-track-to-destroy-capitalism-warns-allianz-insurer

"Action urgently needed to save the conditions under which markets – and civilisation itself – can operate, says senior Allianz figure."

"The **climate crisis is on track to destroy capitalism, a top insurer has warned, with the vast cost of extreme weather impacts leaving the financial sector unable to operate**. The world is fast approaching temperature levels where insurers will no longer be able to offer cover for many climate risks, said Günther Thallinger, on the board of Allianz SE, one of the world's biggest insurance companies. He **said that without insurance, which is already being pulled in some places, many other financial services become unviable, from mortgages to investments**…."

" …. **At 3C of global heating, climate damage cannot be insured against, covered by governments, or adapted to, Thallinger said:** "That means no more mortgages, no new real estate development, no long-term investment, no financial stability. **The financial sector as we know it ceases to function. And with it, capitalism as we know it ceases to be viable."…."**

Global Disability Summit (2-3 April, Berlin)

UN News – World is 'failing' people with disabilities: UN deputy chief

https://news.un.org/en/story/2025/04/1161806

"The "world is failing" people living with disabilities, UN deputy chief Amina Mohammed has told a major summit which aims to galvanize global efforts to ensure they are fully integrated into all parts of society."

"Although **persons with disabilities represent a sizeable 16 per cent of the world's population**, they still **experience a range of health inequities, including premature deaths, poorer health outcomes, and higher disease risk** when compared to the general population. Addressing the Global Disability Summit in Berlin in a video message on Monday, **Ms. Mohammed** said that **providing opportunities to people with disabilities "is a matter of dignity, of humanity, of human rights,"** adding that it is a test not only of "our common values," but also "plain common sense." "

"The Deputy Secretary-General **highlighted the vulnerability of people living in conflict areas such as Gaza, Ukraine and Sudan**, noting that Gaza now has the highest number of child amputees in modern history. "**Too often, persons with disabilities also face inaccessible evacuation routes, shelters, and services – an assault on their human rights and dignity**," she said. UN research shows that they are often among the first casualties in conflict….."

PS: "The **rights of people living with disabilities are protected by a treaty adopted in 2006 at the United Nations.** The Convention on the Rights of Persons with Disabilities is recognized as the first comprehensive human rights treaty of the 21st century which "clarifies and qualifies how all

categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights."…."

- Related **tweet by Tedros**:

"1.3 billion people have a significant disability, and still they often do not receive the attention or investment they need or deserve. Yesterday I joined the Global Disability Summit to announce that **@WHO is launching a global initiative to bring organizations working in health and disability together to support our technical work on disability**. This initiative will enhance collaboration with civil society, to ensure our work is better tailored to the communities we serve, and drive change in health systems at the country level."

- And a link: **Global Disability Inclusion Report** - Accelerating Disability Inclusion in a Changing and Diverse World

"…. This report, drawing from global consultations and the expertise and previous reports of various United Nations agencies, civil society, Organisations of Persons with Disabilities (OPDs) and academia, **offers a comprehensive analysis of the current landscape and proposes pathways to accelerate inclusion……"**

Access to medicines, vaccines & other health technologies

Stat – Rollout of 'miracle' HIV prevention drug is threatened by Trump cuts to global AIDS relief program

https://www.statnews.com/pharmalot/2025/04/01/trump-cuts-pepfar-threatens-rollout-gilead-hiv-prevention-drug-lenacapavir/

"PEPFAR, whose future is in doubt, was poised to lead distribution of Gilead's lenacapavir."

Science (Policy Forum) - Rubella and measles: The beginning of the endgame

M J Ferrari et al ; https://www.science.org/doi/10.1126/science.adv7588

"Benchmarks must be established and progress tracked to set a global target and take action."

"A September 2024 recommendation from the World Health Organization (WHO) for universal introduction of rubella-containing vaccines (RCVs) into childhood vaccination programs in all countries paves the way to dramatically reduce, and ultimately eradicate, congenital rubella syndrome (CRS), which affects tens of thousands of families each year. It removes a critical barrier to the introduction of rubella vaccination in most of the remaining 19 countries yet to do so. Because rubella vaccine is delivered in combination with measles vaccine and introduction will involve large campaigns to vaccinate all children under 15 years of age, this recommendation provides an opportunity to move much closer to the ultimate goal: a world without measles or rubella. With planning for this goal currently paused, the programmatic, operational, and research communities

must come together to establish empirical benchmarks that countries have progressed far enough for a global target to be set and the "endgame" to begin….."

WHO issues its first-ever reports on tests and treatments for fungal infections

https://www.who.int/news/item/01-04-2025-who-issues-its-first-ever-reports-on-tests-and-treatments-for-fungal-infections

"**The World Health Organization (WHO) today published its first-ever reports addressing the critical lack of medicines and diagnostic tools for invasive fungal diseases**, showing the urgent need for innovative research and development (R&D) to close these gaps….."

"….. **WHO's report on antifungal drugs** highlights that, **in the past decade, only four new antifungal drugs have been approved by regulatory authorities in the United States of America, the European Union or China**. Currently, nine antifungal medicines are in clinical development to use against the most health-threatening fungi, as detailed in the FPPL. However, only three candidates are in phase 3, the final stage of clinical development, meaning few approvals are expected within the next decade……"

- Related **HPW coverage** – 'Critical Lack' of Antifungal Treatments and Growing Drug Resistance

Genocide & health

Guardian - Israel killed 15 Palestinian paramedics and rescue workers one by one, says UN

https://www.theguardian.com/world/2025/mar/31/israel-killed-15-palestinian-paramedics-and-rescue-workers-one-by-one-says-un

"Workers on a mission to help colleagues were buried in mass grave in southern Gaza, says humanitarian office (OCHA)."

Some reports, Commissions, papers…

Lancet Respiratory Medicine - The weight of air: a Commission on palliative care integration in serious respiratory illness

William E Rosa, F M Knaul et al ; https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(25)00076-1/abstract

"**Palliative care remains woefully underused in serious respiratory illnesses (SRIs), representing a growing public health crisis**. Although more than 70 million people worldwide experience serious health-related suffering (SHS) each year,1 nearly 90% of palliative care needs go unmet, with the majority of unrelieved suffering taking place in the poorest countries…."

The Lancet Commission on rethinking coronary artery disease: moving from ischaemia to atheroma

S Zaman et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00055-8/fulltext

"... **This Commission advocates for a shift in the conceptual framework of coronary artery disease**. We suggest **reclassifying the condition as atherosclerotic coronary artery disease (ACAD), moving away from the traditional emphasis on ischaemia and acute cardiac events towards a more systematic understanding of atherosclerosis**. This reframing will enable the identification and management of the disease much earlier in its course, potentially saving millions of lives worldwide….."

WHO calls for urgent action on dementia among refugees and migrants

https://www.who.int/news/item/31-03-2025-who-calls-for-urgent-action-on-dementia-among-refugees-and-migrants

"**The World Health Organization (WHO) has launched a new report, Dementia in refugees and migrants: epidemiology, public health implications and global health responses,** which synthesizes the latest global evidence on the factors affecting the health and care of displaced populations and offers policy considerations to address these challenges. This is the sixth report in the Global Evidence Review on Health and Migration (GEHM) series….."

Miscellaneous

D+C - Time to set a limit on extreme wealth

Olivier de Schutter; https://www.dandc.eu/en/article/recent-developments-us-and-elsewhere-show-ultra-rich-individuals-are-risk-democracy-society

"Recent developments in the US and elsewhere show that ultra-rich individuals are a risk to democracy, society, the economy and the environment. **Just as we have a poverty line – under which no one should fall – we now need an extreme wealth line:** a limit above which no individual should rise."

UN News - Guterres calls for greater equality and inclusion as world marks Autism Awareness Day

https://news.un.org/en/story/2025/04/1161761

"Although people with autism are making enormous contributions to societies across the globe, they still face significant challenges. **UN Secretary-General António Guterres is calling for renewed commitment to create a more equal and inclusive world in his message marking World Autism Awareness Day on Tuesday."**

"This year's theme - ***Advancing Neurodiversity and the UN Sustainable Development Goals (SDGs)*** - highlights the **intersection between neurodiversity and global sustainability efforts**. The goal is to showcase how inclusive policies and practices can drive positive change for autistic individuals worldwide and contribute to making the SDGs a reality…"

Devex – Amid global health funding cuts, Africa is struggling with opioid abuse

https://www.devex.com/news/amid-global-health-funding-cuts-africa-is-struggling-with-opioid-abuse-109663

"**Africa is grappling with a growing opioid crisis fueled by weak enforcement of regulations, medical supply shortages, and a thriving black market**. These challenges have been exacerbated by U.S. aid cuts, which have disrupted critical programs. »

BMJ Opinion -Standing up for science in an age of political interference

Kit Yates, M McKee, Scott Greer; https://www.bmj.com/content/388/bmj.r638

"**Science is under siege**. Political forces are undermining expertise, dismantling research institutions, and replacing evidence based policymaking with ideology. **This is a global crisis. …."**

Global health governance & Governance of Health

FT – Ajay Banga: Development is how we compete, grow and stay secure

https://www.ft.com/content/3e5d55bb-0c0d-40e6-a15c-5187c8a021b2

"**Private investment flows only where the right conditions exist and where there's a clear probability of return."** Discourse & framing by the World Bank President, clearly already pivoting towards Trump 2.0, it appears.

Reuters - Buffeted by Trump, WTO hunkers down to plot future

https://www.reuters.com/world/buffeted-by-trump-wto-hunkers-down-plot-future-2025-04-01/

"**Around three-quarters of global trade still on WTO terms; US, its top contributor, has paused financial contributions**; WTO slims down event to mark 30-year anniversary; Chief Okonjo-Iweala calls organisation 'bedrock of trade'."

"….. From its sleek headquarters on the shores of Lake Geneva, **the World Trade Organization hopes to quietly ride out the after-shocks of Trump administration tariffs whose protectionist intent runs in the face of its free-trade mandate.**

"….. now the U.S. determination to double down on tariffs risks sidelining the organisation and its ability to regulate trade, enforce rules and negotiate new ones. In a direct blow to the body, **Washington has already decided to pause its funding. "**

"**Reuters spoke to WTO Director-General Ngozi Okonjo-Iweala and a dozen serving or former officials and delegates to the WTO, who depicted an organisation worried about what the future holds under Trump, but set on continuing its work in the hope that more orderly times eventually return….."**

PS: "…. **Trump officials view the WTO as a body that has enabled China to get an unfair export advantage via massive subsidies without making the country open up to foreign businesses** - a criticism the WTO rejects."

"… WTO staff comfort themselves that **the Trump administration**, which quickly announced its plan to quit the World Health Organization, **has not so far said it will leave the trade body….."**

Global Policy – The New Washington Dissensus: The 5 principles that are defining the Trump administration's vision of global development cooperation

A Sumner & S Klingebiel; https://www.globalpolicyjournal.com/blog/03/04/2025/new-washington-dissensus-5-principles-are-defining-trump-administrations-vision

"The Trump administration's vision for development cooperation is becoming clearer**. We identify 5 principles seemingly guiding actions."**

Devex Pro - Germany's coalition government still haggling over aid spending

Devex;

"Germany's coalition talks reveal a divide over foreign aid spending, with **the SPD pushing to maintain 0.7% of GDP while the CDU argues for cuts** — raising questions about the future of the country's development ministry."

"…. In **the meantime, politicians are debating whether the country's main development agency, BMZ, should be merged into the ministry for foreign affairs. ….**

Devex - UK opts to disconnect development from gross national income

https://www.devex.com/news/uk-opts-to-disconnect-development-from-gross-national-income-109748

"U.K.'s Development Minister Jenny Chapman announced the changes after previewing deep cuts to the aid budget in favor of defense spending."

Devex – China's big development projects are getting smaller

https://www.devex.com/news/china-s-big-development-projects-are-getting-smaller-109730

"**China's shift from massive infrastructure projects to smaller, self-sustaining initiatives marks a strategic pivot in its foreign aid approach, raising questions about its true motivations."**

"**Around 2021, Chinese President Xi Jinping introduced a new catch phrase for how the country would approach foreign aid in the future: small and beautiful**. The term was meant to promote community-based, small-scale, sustainable projects — contrary to the infrastructure projects of the century that China had championed for the last decade, most famously the Belt and Road Initiative, or BRI. **Crucially, these small projects were also supposed to fund themselves by focusing on profitable and scalable sectors, such as energy, technology, and health care……"**

" … **Today, with the dismantling of the U.S. Agency for International Development and Europe's aid cuts, the campaign has found a new relevance in an increasingly volatile development landscape**. In **February,** China's principal foreign aid agency, the China International Development Cooperation Agency, or **CIDCA, released a report on "small and beautiful" development, highlighting its importance to China's long-term foreign aid approach and announcing that the country will "scale up" the frequency of these projects. ….** … But experts say that "small and beautiful" is **led more by a desire to reduce financial risk moving forward than to make an effective local impact.** In a similar vein to Europe and the U.S., which are focusing their aid efforts on domestic gain over global need, China is — and has been — shifting its development framework to be less fiscally risky. In doing so, it's scaling down from debt-ridden infrastructure projects to community projects."

"… **Between 2021 and 2024, China developed at least 200 "small and beautiful" projects** around the world, according to local news sites based in China….."

CGD –Chinese Assistance Won't Replace USAID. That's the Problem.

C Kenny; https://www.cgdev.org/blog/chinese-assistance-wont-replace-usaid-thats-problem

"**As the USAID cuts shutter projects worldwide, Chinese officials are certainly making the most of the opportunity.** The country has stepped in to fund child literacy, nutrition, and landmine clearance programs in Cambodia previously backed by the US and has made overtures to Nepal and Colombia about filling gaps. Alongside South Korea, **it sent $4 million to the Africa CDC in response to the US exit.** So far, these efforts have been largely cosmetic, but that shouldn't reassure anyone worried about America's global standing. **In both the Cambodia and Africa CDC cases, where China has "stepped in," it has done so with a fraction of the resources that the US was providing. And that's an indication of China's (lack of) financing heft in the sectors the US is retrenching from. The two countries' foreign assistance programs simply look very different:…."**

"… That doesn't mean there isn't a diplomatic problem. The fact that China won't fill the gap suggests that, without reversals, the health, education, and other services previously financed by USAID are far more likely to simply stop. The **consequences of abruptly ending US support** could include **hundreds of thousands of deaths that will hammer home the costs of America's unreliable partnership.** Also, **while aggregate numbers can be misleading, they *matter*—they are what get reported. A**nd the aggregate financing numbers suggest the **US is abandoning global leadership to China. …."**

ODI - Resisting the inward turn: avenues for better global cooperation

D Schreiber et al ; https://odi.org/en/insights/resisting-the-inward-turn-avenues-for-better-global-cooperation/

The **authors propose "three approaches to navigate the current headwinds in international cooperation:** 1. Adopting the long-term view and VUCA lens to global cooperation….. 2. Staying engaged in conflict-affected and politically constrained environments …. 3. Reimagining the global economic model: towards a more balanced and sustainable system…."

Devex - What the sector would like to see to replace USAID

https://www.devex.com/news/what-the-sector-would-like-to-see-to-replace-usaid-109744

(gated) "**The future of the world's largest aid agency remains uncertain — but those across the aid sector are putting their best proposals forward."**

"Installing a deputy secretary to lead foreign assistance. Separating development work from humanitarian aid. Retaining the knowledge of USAID staff. And combining regional bureaus at the State Department and the U.S. Agency for International Development. **Those are just a few of the many proposals being put forward for USAID's future** — floated by everyone from advocacy groups to former USAID political appointees to those within the Trump administration itself……"

Global health financing

Via Devex – The one that got away

" It's already pretty well known that many United Nations entities and multilateral institutions **weren't spared from the USAID cuts**. My colleague Miguel Antonio Tamonan dug through pages of terminated USAID awards and identified **17 multilateral agencies that will be losing nearly $4.1 billion in total**. They include **WHO, the Pan American Health Organization, UNICEF, UNAIDS, the U.N. Population Fund, and Gavi**. However, **one major multilateral** is **conspicuously absent from the list** — the **Global Fund,** which has received significant amounts of funding from the U.S. government for more than two decades. Miguel reports that USAID had committed $13.4 billion to the Global Fund from 2017 to 2027. All that money's been obligated, but not yet paid in its entirety."

Development & Change - International Development Financing in the Second Cold War: The Miserly Convergence of Western Donors and China

Shahar Hameiri, Lee Jones; https://onlinelibrary.wiley.com/doi/full/10.1111/dech.12871

"China's rise as a major development financing provider is widely seen as challenging traditional donor states' influence over the norms and institutions of global development and over aid recipients. Amid intensifying geopolitical rivalry, now often called a new or second Cold War, some argue that traditional donors are adopting Chinese-style practices to compete with China for

developing countries' allegiance. **This article supports the convergence thesis but argues further that Chinese practices are also converging with those of traditional donors. Moreover, this convergence is on a less generous middle ground that will likely be worse for developing countries than the logic of geopolitical competition suggests.** Rather than mobilizing additional resources, **both sides are retrenching**. This is because geopolitical competition is mediated through domestic political economy models entailing limits to providers' generosity: China's commercial model confronts recipients' declining repayment capacity, while traditional donors, unwilling to devote fiscal resources for aid, rely on mobilizing reluctant private finance."

UHC & PHC

BMJ GH - An unfinished agenda: insights from seven country case studies on strengthening primary health care in the Western Pacific Region

A Edelman, R Marten et al ; https://gh.bmj.com/content/10/Suppl_2/e017442

Part of the supplement "under construction", **Primary health care in the era of polycrises.**

P4H – Bad news about National Health Insurance in South Africa

https://p4h.world/en/news/bad-news-about-national-health-insurance-in-south-africa/

"Government spending on healthcare in South Africa has decreased significantly in recent years, with the **National Health Insurance (NHI) plans facing challenges due to prioritization of debt servicing over essential services. "**

Journal of Poverty (Editorial)- Global Universal Health Coverage for Low Income Communities Around the World: An Impossible Dream?

Llewellyn J. Cornelius;
https://www.tandfonline.com/doi/full/10.1080/10875549.2025.2484917#d1e76

Excerpt: "….**Universal Health Coverage evolved** from the 19th-century Industrial Revolution (e.g., social insurance via OttoVon Bismark in Germany) and the 20th-century post-World War II global economics that supported providing health care coverage and income security for the masses. **These policies were based on having individuals pay for coverage via their place of work, through some form of contributory social insurance mechanism, or through some form of government taxation. While the assumption that has led to the formulation of the UHC target may have worked through the 20th Century, it is possible that in the 21st Century, flows in the global economy** (e.g., recessions) **or changes in expected labor force participation** (e.g., the loss of jobs due to Artificial Intelligence/Robotics **may hinder the achievement of this target**. This possibility **raises several questions:** Given the possibility that the infusion of Artificial Intelligence (AI) and robotics will change the nature of labor force participation in the 21st Century, how will the current plan of tying the availability of health insurance to employment work if there are fewer jobs available? Can governments continue their financial commitment to UHC if there are fluctuations in their GDP based on economic recession, decreases in tax revenues to support social programs, or changing

philosophies regarding the infusion of "sovereign wealth" resources back into a country? **In the end, countries may end up revisiting what they need to do to continue their successes in achieving the Universal Health Coverage target, especially for people with low incomes…."**

Health Policy Open - The global landscape of country-level health technology assessment processes: A survey among 104 countries

https://www.sciencedirect.com/science/article/pii/S2590229625000036?via%3Dihub

By A J Mirelman et al.

Planetary health

Guardian – Average person will be 40% poorer if world warms by 4C, new research shows

https://www.theguardian.com/environment/2025/apr/01/average-person-will-be-40-poorer-if-world-warms-by-4c-new-research-shows

"Experts say previous economic models underestimated impact of global heating – as well as likely 'cascading supply chain disruptions'."

"… The study by Australian scientists **suggests average per person GDP across the globe will be reduced by 16% even if warming is kept to 2C above pre-industrial levels**. This is a much greater reduction than previous estimates, which found the reduction would be 1.4%. Scientists now estimate global temperatures will rise by 2.1C even if countries hit short-term and long-term climate targets….."

"…. **Criticisms have mounted in recent years that a set of economic tools known as integrated assessment models (IAM)** – used to guide how much governments should invest in cutting greenhouse gas emissions – **have failed to capture major risks from climate change, particularly extreme weather events."**

"The **new study, in the journal Environmental Research Letters**, took one of the most popular economic models and **enhanced it with climate change forecasts to capture the impacts of extreme weather events across global supply chains….."**

Earth System Governance - Securing a just and healthy future for all: Bringing a planetary health lens to the Earth System Governance research framework

https://www.sciencedirect.com/science/article/pii/S2589811625000163?via%3Dihub

By A Workman et al.

Covid

Vox Dev - Did COVID-19 vaccination in Africa progress quicker than we thought?

https://voxdev.org/topic/methods-measurement/did-covid-19-vaccination-africa-progress-quicker-we-thought

"Official records may have painted an overly bleak picture of vaccination progress in low- and middle-income countries, particularly in sub-Saharan Africa. **New research suggests that LMICs may have progressed faster than expected."**

"**Good data** is fundamental for sound policy making, yet data quality often receives too little consideration and scrutiny (Dillon et al. 2020, Jerven 2013). **In Markhof et al. 2025, we show that data quality issues substantially impact our understanding of one of the foremost policy challenges of recent years: COVID-19 vaccination progress.** In a sample of 36 low- and middle-income countries (LMICs), **survey estimates of vaccine coverage from longitudinal phone surveys exceed the official records reported in administrative statistics by 47% on average** (Figure 1). This **pattern is particularly striking and consistent in sub-Saharan Africa**, suggesting at times vastly different progress of vaccination campaigns depending on the data source consulted."

"… The **adjusted survey estimates suggest a much quicker progression in countries' vaccination campaigns than what these countries were credited for in the public discourse**. Taking the initial **COVAX target of 20% population coverage** as an example, our error-adjusted survey estimates suggest that this milestone was reached a year earlier in the Gambia, at least five months earlier in Burkina Faso and Kenya, over four months earlier in Nigeria, at least three months earlier in Malawi, and that in Uganda (where progress was quicker than in the aforementioned countries) vaccinations crossed the 40% mark at least a month earlier than administrative data would suggest (Figure 4)…."

PS: "**Importantly, these results do not overturn the fact that vaccination rates in Africa trailed those in wealthier parts of the world. Neither do they mean that vaccine supply to Africa was not inequitable, scarce, and delayed.** Taking the error-adjusted survey estimates at face value would still mean that, on average, **vaccination rates in sub-Saharan Africa were only a third as high as those in high-income countries at the time….."**

"Not only do our results aim to 'set the record straight', but they also deserve broad attention from researchers and development practitioners for two main reasons: **They highlight that key lessons from the COVID-19 pandemic are not confined to strengthening *health* systems, but that they should also include investments in reliable, robust, and resilient *data* systems.** Our results serve as a reminder that, while **administrative data** is increasingly available and popular in low-income countries, this data is equally subject to measurement error and deserves the same scrutiny as any other data source….."

Mpox

Lancet Letter- Why all countries should adopt the term mpox

C R Damaso et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00141-2/fulltext

"**In a Correspondence, Jaime Garcia-Iglesias and colleagues argue that the term mpox is inconsistently used in Spanish-speaking, French-speaking, and Portuguese-speaking countries**. These countries sometimes still use stigmatising names with racist connotations, such as viruela del mono, variole du singe, and variola dos macacos. **The authors advocate adopting viruela M, variole M, and variola M instead.** Although we understand the authors' rationale, their proposed nomenclature could cause confusion between mpox and smallpox, which is also known as viruela, variole, and variola. It is also unclear whether inconsistent use of mpox in some countries stems from the term itself. Language evolves organically, and the media will ultimately adopt the term(s) used by scientists. **For the term mpox to be adopted, scientists and journals must consistently abandon older stigmatising terms and rigorously use the new one…."**

Infectious diseases & NTDs

Telegraph – HIV cases more than double in Middle East and North Africa

https://www.telegraph.co.uk/global-health/science-and-disease/hiv-cases-more-than-double-in-middle-east-and-north-africa/

"**Experts warn of impending crisis as report reveals sharp rise in cases that defies global trends."**

"**Cases of HIV have more than doubled in the Middle East and North Africa over the last decade**, new research shows. The number of new HIV infections in five countries – Jordan, Tunisia, Egypt, Morocco, and Lebanon – have risen by 116 per cent since 2010 and are expected to rise even further, according to a **report from the charity Frontline Aids."**

"Ongoing conflicts and displacement, which have placed people in the region more at risk of HIV infection, are partly to blame for the rise, the report's authors say. **High levels of stigma in the region** – including laws banning homosexuality – have also created barriers for vulnerable populations to access life-saving HIV prevention and treatments….."

Plos GPH - The catastrophic cost of TB care: Understanding costs incurred by individuals undergoing TB care in low-, middle-, and high-income settings – A systematic review

Olivia Alise D'Silva et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004283

« …. **Total mean costs per person for TB care ranged from $7.13 - $11,329 USD; pre-diagnostic costs ranged from $30.37 - $1,442 USD; and post-diagnostic costs ranged from $33.64 - $5,194**

USD. Costs were consistently higher amongst persons with drug resistant TB (DR-TB) and those identified through passive case finding (PCF). Hospitalization and loss of income were the largest drivers of cost. Despite many countries offering free TB treatment, patients still incurred significant catastrophic costs. **Our review suggests that active case finding, improving access to DR-TB testing, and adopting social protection interventions may help mitigate the burden of out-of-pocket expenditures incurred by people suffering with TB….”**

AMR

Cidrap News - Antibiotic use in livestock to rise 30% globally by 2040, according to new estimates

https://www.cidrap.umn.edu/antimicrobial-stewardship/antibiotic-use-livestock-rise-30-globally-2040-according-new-estimates

“**Unless agriculture practices change, the use of antibiotics in livestock worldwide is projected to increase 19% in 5 years and almost 30% by 2040**—to more than 140,000 tons—according to **new estimates** by scientists with the United Nations (UN) Food and Agriculture Organization (FAO) published in ***Nature Communications***…..”

NCDs

Yale - One in Five People with Dementia Receive No Care, Global Study Finds

https://ysph.yale.edu/news-article/one-in-five-people-with-dementia-receive-no-care-global-study-finds/

“…. As the world’s population rapidly ages, a **new study led by researchers at the Yale School of Public Health finds that people living with dementia are struggling at an alarming rate. Globally, at least one in five people living with dementia are receiving no care helping them with daily living, regardless of the wealth or development status of their country**, according to the study. Heightening the sense of despair was an additional finding that this lack of care has persisted for years….”

For the study, see Nature Ageing.

Social & commercial determinants of health

AP- Mexico bans junk food sales in schools in its latest salvo against child obesity

https://apnews.com/article/mexico-junk-food-schools-education-ban-health-c22fa1e1d2b483890142355cb1163520

"A **government-sponsored junk food ban in schools across Mexico took effect on Saturday**, officials said, as the country tries to tackle one of the world's worst obesity and diabetes epidemics….."

Mental health & psycho-social wellbeing

HPW - Spotlight on Increasing Evidence of Air Pollution's Impact on Mental Health in Colombia

https://healthpolicy-watch.news/spotlight-on-increasing-evidence-of-air-pollutions-impact-on-mental-health-in-colombia/

"Air pollution has been linked to **poor brain development**, as well as a higher risk of dementia and stroke. **A link has also been established** between exposure to air pollution and depression as well as higher suicide rates. **The subject received attention at the second WHO's global conference on air pollution and health in Colombia's Cartagena this week….."**

Sexual & Reproductive health rights

Guardian – 'I begged them, my daughter was dying': how Taliban male escort rules are killing mothers and babies

https://www.theguardian.com/global-development/2025/apr/03/i-begged-them-my-daughter-was-dying-how-taliban-male-escort-rules-are-killing-mothers-and-babies

"The need for women to be accompanied by a man in public is blocking access to healthcare and contributing to soaring mortality rates, say experts."

IHP - Beyond Daily Pills: Navigating the Realities of IV Iron Administration for Maternal Anemia Care in Nigeria

https://www.internationalhealthpolicies.org/featured-article/beyond-daily-pills-navigating-the-realities-of-iv-iron-administration-for-maternal-anemia-care-in-nigeria/

by Ejemai Eboreime & Damilola Onietan

- Link: AP - Sierra Leone debates decriminalizing abortion as women and girls endanger their lives

Access to medicines & health technology

TWN - IP: Gilead amend Lenacapavir patent claims in attempt to save "patent evergreening" application

https://www.twn.my/title2/health.info/2025/hi250401.htm

"Gilead Sciences has narrowed its patent claims on Lenacapavir (LEN) following opposition from civil society organizations (CSOs)……"

BMJ Feature - How Trump's trade war will break global medicine supply chains

https://www.bmj.com/content/389/bmj.r648

"The supply chains that deliver drugs to patients around the world are surprisingly brittle. Donald Trump's trade war—with both allies and rivals—could break them. **Flynn Murphy** reports."

HPW - Medicine for Rare Disorder Provides Case Study of Contradictions in Drug Development System

D Franco; https://healthpolicy-watch.news/medicine-for-rare-disorder-provides-case-study-in-innovation-and-public-pharma/

"**The journey of the medicine, Caplacizumab – from a publicly funded scientific breakthrough to a high-cost pharmaceutical product controlled by a multinational corporation – illustrates the contradictions of the existing drug development system**. It is a story of public investment, private capital, industrial consolidation, and the persistent question: Who ultimately benefits from medical innovation?"

"**At the heart of this story lies a dilemma that defines the pharmaceutical landscape**. On the one hand, venture capital, biotech start-ups, and pharmaceutical corporations are undeniably necessary under the current neoliberal system to bring new treatments to market. On the other, the logic of profit maximization, patents, and monopolistic pricing often ensures that life-saving medicines remain inaccessible to those who need them most."

"**Caplacizumab is a medicine developed to treat a rare and serious blood clotting disorder** called acquired thrombotic thrombocytopenic purpura (aTTP), which can lead to blood clots in small blood vessels throughout the body. Its development is a scientific success. But it is also a cautionary tale about the uneasy relationship between public good and private gain. **What if there were an alternative that did not rely on the inevitable transition from public research to private ownership? The emerging vision of Public Pharma presents a radically different pathway**, challenging the assumption that industrial monopolization is the only way forward."

Decolonize Global Health

D Reidpath - Building Research Capacity with AI

https://www.papyruswalk.com/2025/03/building-research-capacity-with-ai/

Cfr tweet by the author: " **AI is at an equity tipping point—done right, research independence will shift to #LMICs. Done wrong, AI becomes another tool to push LMICs further behind.** LMIC institutes and govt. can use AI for strategic research capacity strengthening. It's not without risk."

Globalization & Health - Towards multilingualism in global health

https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01107-6

by R O Dwyer et al.

Guardian - Dark Laboratory: groundbreaking book argues climate crisis was sparked by colonisation

https://www.theguardian.com/news/2025/mar/28/dark-laboratory-groundbreaking-book-argues-climate-crisis-was-sparked-by-colonisation

"**Tao Leigh Goffe** argues climate breakdown is the mutant offspring of European scientific racism and colonialism."

Development in Practice - Why are you not doing research in your home country? dissecting expectations of southern researchers

Ilaha Abasli et al; https://www.tandfonline.com/doi/full/10.1080/09614524.2025.2481519?src=exp-la#abstract

"Why are you not researching your home country, and why did you choose "elsewhere"? Would research in another country in the South be familiar to you? Assumptions and prompts are often posed to southern researchers when they select their fieldwork and case studies. **This article dissects the rationale behind southern researchers based in Western academia choosing countries other than their home, the fieldwork experience, and the creation of post-fieldwork knowledge**. ….. This article advocates for re-considering knowledge creation and power shifting as a process rather than the outcome, and fieldwork as an essential knowledge creation component enabling post-knowledge production and doing research differently."

Conflict/War & Health

Conflict & Health - Menstrual hygiene management among girls and women refugees in Africa: a scoping review

https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-025-00657-1

by Alexis Harerimana et al.

Global Public Health - Bridging theory and praxis in the comprehensive treatment of conflict-related sexual violence in the Great Lakes Region of Africa

https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2486440?src=

Review article by A B Alexandre et al.

Miscellaneous

IISD - HLPF Declaration Elements Paper, Timeline for Consultations Available

https://sdg.iisd.org/news/hlpf-declaration-elements-paper-timeline-for-consultations-available/

"The **zero draft of the Declaration** is expected to be made available 14 April……"

PS: "… The four-page elements paper outlines the main current trends, challenges, and their impacts on accelerating the implementation of the SDGs and **contains elements relevant to the Goals undergoing in-depth review this year – SDG 3 (good health and well-being),** SDG 5 (gender equality), SDG 8 (decent work and economic growth), SDG 14 (life below water), and SDG 17 (partnerships for the Goals). It also includes elements pertaining to voluntary national reviews (VNRs)….."

BMJ GH (blog) - Opinion: In the face of backlash against women's rights, we need accountability

J Shantosh et al ; https://blogs.bmj.com/bmjgh/2025/03/31/opinion-in-the-face-of-backlash-against-womens-rights-we-need-accountability/

"…**In mid-March, thousands of women's rights advocates, policymakers and leaders convened in New York for the Commission on the Status of Women (CSW**), the UN's primary body dedicated to advancing gender equality and the empowerment of women. Established in 1946, CSW has played a crucial role in upholding women's rights during times of crisis. But **how can we effectively track progress and challenge inaction, without data?** Technology can be a powerful tool to drive accountability. **We are developing a new digital dashboard which harnesses the power of AI to track the implementation of recommendations made by the CEDAW Committee**. By tapping into the data amassed by the Committee since its inception 40 years ago this tool, **the CEDAW Index**, will

provide real-time insights into whether governments are upholding their commitments to international women's rights….."

"One of the most innovative aspects of the new CEDAW Index is its **ability to assess a recommendation's implementation status. ….**

Papers & reports

Stanford (Center for Digital Health) - Generative AI for Health in Low & Middle Income Countries

https://cdh.stanford.edu/generative-ai-health-low-middle-income-countries

White Paper.

International Journal for Equity in Health - Health conspiracy theories: a scoping review of drivers, impacts, and countermeasures

https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02451-0

By A Kisa et al.

Blogs & op-eds

Speaking of medicine (blog) – Money flows yet labor is free: The striking paradox of Global Health

https://speakingofmedicine.plos.org/2025/03/31/money-flows-yet-labor-is-free-the-striking-paradox-of-global-health/

"**Global health is a multi-billion-dollar sector** that receives substantial funding from governments, philanthropic organizations, and international agencies. Yet, **paradoxically, the backbone of global health efforts—the indispensable researchers, frontline healthcare workers, and advocates—often work for little or no compensation**. This reality exposes an **uncomfortable contradiction: while global health is framed as a professional and academic discipline, it remains largely dependent on volunteers, perpetuating inequities and limiting sustainability….."**

With a **four-fold call for change.**

Tweets (via X & Bluesky)

M Pai

"**I'm not a fan of the growing narrative that other countries should use this crisis as an excuse to 'poach' American scientists**. American scientists deserve to: - work in their own country; - not leave their families behind; - feel safe in their own country; - be adequately funded; - be respected & rewarded. If they choose to leave, it should be on their own terms."

Andrew Green

"**What's not getting enough attention is that CDC also administered large portions of the U.S. global AIDS program, PEPFAR**. That program was already in jeopardy and now, **with much of the global HIV department fired**, it is not clear how or whether PEPFAR will continue to operate."

Pandemic Action Network

"**IT'S WORLD HEALTH WORKER WEEK. Investments in health workers deliver returns — could contribute US$12 trillion to global GDP in 2040**. It's time to protect, value, and invest in health workers — our most valuable health resource. #WHWWeek #healthworkerssavelives"