

## IHP News 835: On 'Reimagining' Partnerships (20 June 2025)

### Introduction

The latest International Health Policies (IHP) newsletter from the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium, highlights a significant trend within the global health community: a widespread effort to 'reinvent, reimagine & rethink' global health. The author, Kristof Decoster, acknowledges his limited influence on high-level decisions but opts to focus on an area where the global health community might have some leverage: international football.

Decoster critically assesses the World Health Organization (WHO)'s continued partnership with FIFA, despite WHO Director-General Tedros's public support for promoting physical activity through football. He questions the merits of this collaboration, citing concerns about FIFA boss Gianni Infantino's actions. The 2025 FIFA Club World Cup in the US, for instance, is criticised for its "sugar problem" due to soda giant sponsorships, dangerous conditions for fans exacerbated by heat and lack of water, and its overt focus on financial gain. Furthermore, the article points to human rights issues, including bans on citizens from 12 countries and racial profiling by agents, aligning with a Guardian op-ed that called for a boycott of the "Authoritarian-friendly FIFA fest". Decoster urges the WHO to "reconsider" this partnership, noting the irony that this year's H2O Summit theme is "Reimagining partnerships and building back public trust in global health".

### **Featured Article: When Care Becomes a Privilege, not a Right: The Silent Suffering of Refugee Women to Access Quality Healthcare in Egypt (Sameh Mikhail Farag)**

This featured article sheds light on the profound challenges faced by refugee women in Egypt when trying to access quality healthcare, presenting it as a privilege rather than a fundamental right. Through the poignant story of Sulaifa, a Sudanese single mother who fled conflict, the author illustrates the systemic barriers that leave many refugees feeling "left behind" in their struggle for dignity, health, and survival.

Egypt, a significant historical refuge, hosts over 800,000 registered refugees and asylum-seekers as of August 2024, a nearly threefold increase from the previous year due to escalating conflicts, with thousands more undocumented migrants also seeking stability. These populations often reside in densely populated urban areas with limited resources, increasing their vulnerability to health risks. Refugees, migrants, and asylum-seekers encounter numerous obstacles, including high costs, legal barriers, and restricted access to comprehensive care, particularly for chronic illnesses and mental health services. Language differences and a lack of culturally sensitive healthcare options further complicate access, leading to potential misunderstandings and inadequate treatment.

While UNHCR and the International Organization for Migration (IOM) partnerships, along with a collaboration between UNHCR and Egypt's Ministry of Health and Population (MOHP), provide some free primary healthcare services for registered refugees in urban areas (focusing on maternal and child health, immunisations, and emergency care), specialised and chronic care needs remain largely unmet. Refugees in remote areas face even more severe challenges due to poor infrastructure, long travel distances, financial constraints, and a lack of inclusive policies, as highlighted by a 2024 WHO report. The article acknowledges Egypt's own economic and healthcare struggles, which limit its capacity to expand services to the growing refugee population.

The author proposes cost-effective solutions, such as integrating refugees into existing national healthcare programmes rather than creating parallel systems, expanding services beyond primary care, and strengthening partnerships between humanitarian organisations and Egypt's health sector. Ultimately, the article concludes that without a more inclusive healthcare system in Egypt, the struggle for dignity and survival for thousands of refugees, like Sulaifa, will persist.

## Highlights of the week

### G7 Leaders' meeting in Canada (15-17 June)

The G7 Leaders' meeting in Kananaskis, Canada, from June 15-17, 2025, was widely perceived as disappointing on multiple fronts.

- **Prime Minister Carney announces Canada's G7 priorities ahead of the Leaders' Summit**
  - This article likely outlined Canada's initial hopes and objectives for the summit before it took place.
- **BBC – Five things to watch**
  - This piece provided a preview of key issues and discussions expected at the G7 summit.
- **John Kirton: The Kananaskis Summit's Priorities, Prospects and Propellers**
  - This analysis discussed ten priorities for the summit, seven from Canada's Prime Minister and three influenced by US President Donald Trump, anticipating a significant overall performance propelled by shared vulnerabilities and the G7's central role in global governance.
- **Backgrounder: Prime Minister Carney Concludes 2025 G7 Leaders' Summit**
  - This official summary highlighted areas where the G7 deepened cooperation, including critical mineral supply chains, AI adoption, quantum technology, wildfire prevention, combating foreign interference, and countering migrant smuggling.
- **G7 Chair's summary**
  - This document provides the official summary from the G7 Chair, detailing the outcomes and commitments of the summit.
- **IISD - G7 Agrees to Deepen Cooperation on Critical Minerals Supply Chains**
  - This report confirmed the G7's commitment to securing high-standard supply chains for critical minerals.
- **The Globe and Mail (gated): "Africa largely sidelined at G7 summit, despite multiple wars and massive aid cuts"**
  - This article offered a "sobering perspective" on Canada's diminished emphasis on Africa at the current G7 summit compared to past instances it hosted, despite rising global needs and planned aid cuts.
- **Oxfam reaction to the 2025 G7 Summit**
  - Oxfam expressed deep concern over the summit's outcomes, stating it fell short of delivering the leadership needed for urgent global crises and contrasting it sharply with the 2002 G8 summit's ambition for an Africa Action Plan.
  - URL: <https://www.oxfam.org/en/press-releases/oxfam-reaction-2025-g7-summit>
- **Global Issues - Biggest-Ever Aid Cut by G7 Members a Death Sentence for Millions of People**
  - This article reported on Oxfam's analysis ahead of the G7 summit, highlighting that G7 countries are set to slash their aid spending by 28% for 2026 compared to 2024, the largest cut since the G7's establishment in 1975, while their billionaires' wealth surges.

- URL: <https://www.globalissues.org/news/2025/06/13/40139>

### **Run-up to GAVI replenishment (25 June, Brussels)**

The Gavi replenishment meeting on June 25 in Brussels aims to raise at least US\$9 billion to fund Gavi's strategy to protect 500 million children and save 8 million lives from 2026-2030, protect the world from pandemics, and safeguard communities from conflict and climate change.

- **Bond - The Gavi replenishment – a turning point for funding health multilaterals?**
  - This analysis noted Gavi's long-standing effectiveness in global health investment and highlighted a welcome focus on demand from implementing countries, with a new strategy aiming to be country-led.
  - URL: <https://www.bond.org.uk/news/2025/06/the-gavi-replenishment-a-turning-point-for-funding-health-multilaterals/>
- **GAVI - From Advance Market Commitments to Day Zero Financing: an A-to-Z of Gavi's financial tools**
  - This resource explains Gavi's innovative financial tools designed to achieve "more money for health, and more health for the money".
  - URL: <https://www.gavi.org/vaccineswork/advance-market-commitments-day-zero-financing-z-gavis-financial-tools>

### **Run-up to FfD4 in Seville (June 30-3 July)**

The Fourth International Conference on Financing for Development (FfD4) in Seville, Spain, from June 30 to July 3, published its final draft outcome document, the "Compromiso de Sevilla".

- **Final Draft of the Compromiso de Sevilla - FFD4 Outcome Document**
  - This document represents the co-facilitators' best efforts to achieve consensus, aiming for a balanced, ambitious, and action-oriented outcome to reform the international financial architecture and close the sustainable development financing gap.
  - URL: <https://financing.desa.un.org/ffd4/outcome>
- **UN News – Ahead of UN summit, countries finalise landmark 'Compromiso de Sevilla'**
  - This news report highlighted the finalization of the "Compromiso de Sevilla" document, which recognizes a \$4 trillion financing gap and proposes an ambitious package of reforms and actions.
- **Devex – US abandons Financing for Development conference**
  - This article reported that the Trump administration withdrew from UN negotiations on a global pact to finance Sustainable Development Goals, rejecting calls for increased lending by development banks.
  - URL: <https://www.devex.com/news/us-abandons-financing-for-development-conference-110321>
- **Tax Justice Network - US ignored as Sevilla 'financing for development' outcome is adopted by consensus**
  - This assessment from the Tax Justice Network noted progress on international tax and transparency principles, but criticized the EU and UK for watering down ambition and blocking negotiations for a debt convention.
  - URL: <https://taxjustice.net/press/us-ignored-as-sevilla-financing-for-development-outcome-is-adopted-by-consensus/>
- **Eurodad – Ambitious UN Financing for Development outcome derailed by global north**

- Eurodad stated that the Compromiso de Sevilla falls short of the ambition needed to address debt, climate crises, poverty, and inequalities in the global south, specifically highlighting obstruction on debt architecture reform.
  - URL: [https://www.eurodad.org/ambitious\\_un\\_financing\\_for\\_development\\_outcome\\_derailed\\_by\\_global\\_north](https://www.eurodad.org/ambitious_un_financing_for_development_outcome_derailed_by_global_north)
- **Eurodad - EU and UK block UN-led debt reform in Financing for Development outcome document**
  - This report from Eurodad, published ahead of FfD4, detailed how high-income countries, including the EU and UK, blocked a key paragraph aimed at an intergovernmental process for UN-led debt reform, preventing global south countries from having an equal say.
- **Guardian – Starmer urged to attend UN summit and back plans to tackle global debt crisis**
  - Charity leaders and campaigners called on UK Prime Minister Keir Starmer to attend FfD4 and support plans to reduce debt payments for poor countries, alleging the UK and US were blocking reforms.
  - URL: <https://www.theguardian.com/world/2025/jun/16/starmer-urged-to-attend-un-summit-back-plans-to-tackle-global-debt-crisis>
- **Devex - What happened at the last FfD conference, and what has changed since?**
  - This background analysis examined FfD3, noting that a decade later, its core promises remain largely unmet, with illicit financial flows draining resources, foreign direct investment dwindling, and official development assistance crumbling.
  - URL: <https://www.devex.com/news/what-happened-at-the-last-ffd-conference-and-what-has-changed-since-110305>
- **Devex - A response by OECD's Carsten Staur to civil society open letter of June 3**
  - The chair of the OECD's Development Assistance Committee responded to an open letter from a civil society group, clarifying DAC's mandate and role in international development cooperation.
  - URL: <https://www.devex.com/news/a-response-by-oecd-s-carsten-staur-to-civil-society-open-letter-of-june-3-110289>
- **FfD4 Outcome Document Under Silence Procedure: Response by the Civil Society FfD Mechanism**
  - Civil society organizations argued that the current draft, if adopted, would be a "missed historic opportunity" to realign the international financial architecture with fairness, inclusivity, and accountability.

## More on Global Health Governance & Financing

### UNAIDS Restructuring

UNAIDS is undergoing a significant restructuring due to reduced donor funding and calls for changes within the joint program and the broader UN system.

- **New Operating Model:** A new operating model, described as agile and flexible, is expected to take effect by January 2026.
- **Staff and Office Reductions:** Under this model, the UNAIDS secretariat will operate with fewer than half of its current staff, reducing staff by 55% and moving a significant portion of positions outside Geneva. Country offices will be downsized, with only eight remaining. The majority of staff will be based in Johannesburg, Nairobi, Bangkok, and Bonn, with only 20 people remaining in Geneva.

- **Potential Closure:** By the end of 2027, UNAIDS is expected to undergo another major transformation that could lead to the closure of its secretariat by 2030.
- **Deprioritized Activities:** A significant number of current activities will be deprioritized.
- **Gendered Pandemic:** When considering recommendations for UNAIDS' operating model, states and philanthropic donors must recognize that HIV is a gendered pandemic. The upcoming Global AIDS Strategy 2026–2031 needs to institutionalize gender equality and equity with clear accountability mechanisms, as deprioritizing women and girls poses a clear danger to successful HIV responses worldwide.

## WHO Restructuring and Support

The World Health Organization (WHO) is also undergoing a restructuring process, raising concerns among some staff.

- **Fairness Concerns:** Some staff fear WHO is prioritizing longer-serving staff to avoid paying higher indemnities and question if this will result in the WHO the world needs, though WHO states it is committed to fairness.
- **Impact of Aid Cuts:** A rapid WHO survey indicated that 80% of WHO country offices experienced disruptions in at least one programmatic area due to reductions in official development assistance (ODA). This severely affected areas such as humanitarian aid, health emergency preparedness and response, public health surveillance, and basic health service delivery, impacting programs for malaria, neglected tropical diseases, vaccination, tuberculosis care, maternal and child health, family planning, occupational health, and outbreak detection.
- **Transition to Domestic Financing:** Despite these obstacles, WHO is supporting affected countries in transitioning from aid dependence to sustainable domestic financing.
- **Call for Investment:** As current and past directors and members of WHO Collaborating Centres, there is full support for WHO's constitutional mandate and a call for member states, donors, partners, and other stakeholders to continue investing in WHO to promote health and safety and help vulnerable populations.
- **Spain's Support:** Spain has strengthened its global health leadership by signing a new agreement with WHO for a €5.25 million contribution to support key initiatives. Spain also returned to the WHO Executive Board for the 2025–2028 term and launched its new Global Health Strategy 2025–2030, which prioritizes human rights, social justice, and multilateral cooperation, aiming to reinforce its international commitment to equitable, inclusive, and sustainable global health.

## Big Philanthropy and Aid Effectiveness

There is scrutiny over the role and impact of large philanthropic organizations and the overall effectiveness of aid.

- **Taxpayer Subsidies:** If billionaire philanthropists follow through on their "Giving Pledges," they could receive over \$500 billion in tax breaks, raising questions about taxpayer subsidies for oligarch philanthropists.
- **Aid Limitations:** One opinion argues that no amount of foreign aid can fix what bad governance and political impunity continue to destroy in Africa.
- **Risk of External Aid Reliance:** The Health Resources and Services Availability Monitoring System (HeRAMS) assesses risks associated with health systems' reliance on external aid, using a risk index to identify vulnerable areas heavily dependent on external support, such as Cox's Bazar (Bangladesh), Somalia, and Afghanistan. This data highlights the importance of

considering both international and local disparities in aid prioritization and response planning.

- **Private Finance Threat:** The expansion of private finance in global health is significant, with fundamental contradictions between the health concerns of the poorest communities and the financial returns desired by wealthy investors. There is a call for the global health community to better understand private finance, challenge false narratives, and strengthen advocacy for alternative financing and governance models, including debt and tax justice initiatives.

### Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP)

- **Evaluation Findings:** A joint evaluation of the SDG3 GAP (2019-2024) assessed efforts to align agency actions, strengthen country engagement, and accelerate progress toward health-related SDG targets.
- **Achievements and Gaps:** It highlighted successes in primary health care and sustainable health financing but noted that gaps in inter-agency coherence and coordination hindered its full potential. The evaluation provides actionable insights for refining strategies and better meeting local health priorities.

### UNITAID Vision

- **New Era:** Unitaid's 46th Executive Board meeting affirmed its vision for a changing global health landscape, marking a new era shaped by current global health realities and a renewed commitment to country-led solutions.
- **Country-Driven Priorities:** To meet challenges, Unitaid is strengthening its approach to better support country-driven priorities.
- **Effectiveness:** Independent analysis by Cambridge Economic Policy Associates (CEPA) indicates that every dollar invested in Unitaid generates approximately 46 dollars in public health benefits, making it a highly effective investment.
- **Strategic Principles:** The organization focuses on three strategic principles: efficiency, integration, and sustainability.

### Aid Transparency Index

The Aid Transparency Index, a project by Publish What You Fund (PWYF), is back after facing potential cancellation due to funding issues.

- **New Business Model:** After its publishers initially announced they could not secure funding for 2026, PWYF reconsidered its business model after approaches from involved organizations.
- **Paid-for Service:** The index, previously funded by IATI, will now be published as a paid-for service, allowing any eligible organization to apply for independent assessment and ranking. Participants will receive an accreditation mark for their transparency and engagement, and the index will remain free to read.

### Trump 2.0 and its Global Health Impact

The potential return of the Trump administration raises concerns about its impact on global health funding and policy.

- **Malaria Funding Cuts:** Proposed US budget cuts of nearly half for the President's Malaria Initiative (PMI) in 2025 could lead to over 13 million additional malaria cases in Africa. The PMI, launched 20 years ago by President George W Bush, has invested over \$9 billion via USAID, with Congress appropriating about \$800 million last year. The Global Fund, which relies on the US for one-third of its resources, urged the Trump administration to continue supporting malaria efforts.
- **Healthcare Access and Mortality in the US:** Cuts outlined in the Trump administration's "One Big Beautiful Bill Act" could result in 7.6 million more uninsured people, 1.3 million more going without necessary medications, and over 16,000 additional deaths annually. Researchers estimated that 1.9 million people would lose their personal physician, and 1.2 million more would incur medical debts if the bill was enacted.
- **Science Budget Resistance:** Congress has shown initial signs of resisting Trump's plans to slash science budgets, with a House panel rejecting cuts to agricultural research and Senators expressing doubts about cuts to NIH and forest research.
- **HIV Care Cuts in Africa:** The withdrawal of US funding is disrupting HIV treatment and halting crucial research in South Africa, leading to fears of a resurgence in mother-to-child HIV transmission and pregnant women facing high viral loads. The US-based pharmaceutical industry has not publicly commented on the targeting of South Africa's medical research. While Trump's cuts contribute to the health crisis, a lack of political courage to act is also cited as a cause.
- **NIH Grant Cancellations:** A US District Court Judge ruled that the Trump administration's cancellation of hundreds of National Institutes of Health (NIH) grants, valued over \$12 billion, based on links to "diversity, equity, and inclusion" or "gender ideology" since January, constitutes racial discrimination and are null and void. The federal government intends to appeal this ruling.
- **Foundations and Tax Hikes:** The "big, beautiful bill" passed by the House of Representatives included provisions affecting the aid sector, such as allowing the Treasury Secretary to strip an organization's tax-exempt status for supporting terrorists (which was dropped from the Senate version) and increasing the excise tax on foundations' net investment income. The Senate Finance Committee excluded the tax hike on foundations from its version of the bill.
- **PEPFAR Cuts:** Trump's rescission bill proposes returning \$9.4 billion to the treasury, with \$900 million earmarked for global health, including \$500 million for the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR's budget is \$4.8 billion, and Trump has asked Congress to cut it to \$2.9 billion for the fiscal year starting October 1. Republican senators are discussing amending the House rescission bill.
- **RFK Jr. and Public Health:** While many public health experts criticize US Health Secretary Robert F. Kennedy Jr. for undermining vaccines, some believe his focus on chronic illness and "big food" has potential, though they are skeptical of his methods.

## HIV

- **Funding Cuts Impact:** Experts project a 24% decrease in HIV funding over the next year due to reductions in international aid, extensive cuts to USAID, and withheld PEPFAR funds. These cuts could lead to an estimated 4.43–10.75 million new HIV infections and 0.77–2.9 million HIV-related deaths in low- and middle-income countries (LMICs) by 2030, with women and girls disproportionately affected.
- **Gendered Determinants:** There's a risk that the needs of women and girls and the gendered determinants of HIV will be overlooked and traded out of the global response to align with donor interests, especially with the US government cracking down on "gender ideology" and "diversity, equity, and inclusion" programs.
- **New Drug Lenacapavir:** A new drug, lenacapavir, with the potential to "end the HIV pandemic," is launching in the US. While its manufacturer, Gilead, has not made the price

public, it is estimated to be around \$25,000 annually for prevention or \$39,000 for treatment. However, analysis suggests it could be manufactured for as little as \$25 per year, including a 30% profit margin.

- **Access Questions:** Despite FDA approval, advocates worry Gilead will set a price that limits its distribution in LMICs, where most new HIV infections occur. Gilead has reached agreements with six generic manufacturers to produce and market versions of lenacapavir to 120 LMICs, and plans to sell it at a nonprofit price until generics are available. Reported initial prices from Gilead for the 120 qualifying countries are \$150-\$200 per person annually, compared to \$40 for oral PrEP in South Africa.
- **Donor Commitments:** PEPFAR and the Global Fund initially planned to reach 2 million people with lenacapavir over three years. While Trump's budget proposal calls for cuts to PEPFAR, it specifically highlights lenacapavir as a priority. The Global Fund and the Gates Foundation have maintained their commitment to purchasing and distributing doses, with the Gates Foundation focusing on supporting generic manufacturers.
- **WHO Guidelines:** The WHO will launch new guidelines on using lenacapavir as PrEP on July 14 at an international HIV conference, and WHO "prequalification" of the drug will follow soon after the European Medicines Agency's decision.

### **Pandemic Prevention, Preparedness, and Response (PPPR)**

- **Pandemic Agreement:** The adoption of the WHO Pandemic Agreement in May 2025 is a historic, though imperfect, milestone in global health governance. Negotiations continue on contentious issues around an Annex on the Pathogen Access and Benefit-Sharing System (PABS), which must be completed by April 17, 2026, to be passed by next year's World Health Assembly (WHA).
- **Financing Challenges:** A new report by The Independent Panel for Pandemic Preparedness and Response warns that international support for pandemic prevention, preparedness, and response is faltering, with global health financing fragmented and shrinking. It urges a "bold reimagining" of Pandemic Financing, calling for \$10–15 billion in new annual international funding and a surge capacity of up to \$100 billion.
- **Africa's Role:** For African countries, the treaty's commitments to equity, capacity-building, and fair access to countermeasures offer recognition of long-standing demands, but robust, locally driven implementation strategies are needed. African governments should act decisively by developing national implementation strategies, enacting legislative frameworks for public-private partnerships, investing in local vaccine and diagnostic manufacturing infrastructure, and creating incentives for skilled health workforces. Regionally, the African Union and Africa CDC should coordinate a unified African position in upcoming Intergovernmental Working Group (IGWG) negotiations, including convening a continent-wide task force. Africa's bargaining position should also be grounded in domestic investment.

### **Mpox**

There is a significant funding shortfall for mpox vaccine doses in Africa<sup>1</sup>. Africa requires 6.4 million doses to combat multiple outbreaks, but 3.5 million doses currently lack funding<sup>1</sup>. Countries like Sierra Leone, Uganda, and the Democratic Republic of Congo (DRC) are particularly affected, collectively accounting for 86% of all mpox cases in Africa<sup>2</sup>. Public Citizen, a non-profit consumer advocacy organisation, has urged Bavarian Nordic, the manufacturer of the MVA-BN mpox vaccine, to reduce its price of \$65 per dose<sup>2</sup>. They noted that the US paid a lower price of \$55.35 per dose and highlighted Bavarian Nordic's substantial increase in cumulative revenue from MVA-BN since



2022. Even doses available under the supply agreement between UNICEF and Bavarian Nordic require additional funding before they can be deployed<sup>3</sup>.

The *Lancet* Editorial points out the incredibly complex circumstances under which the Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO) Regional Office for Africa are managing the response, including concurrent outbreaks, a worsening cholera epidemic, widespread poverty, and ongoing conflict<sup>3</sup>. The mpox outbreak is viewed as a major test for global health in an era of "collapsing multilateralism and heavily constrained health financing"<sup>4</sup>. While an African-led response is considered best placed to understand these challenges, global support is deemed necessary<sup>4</sup>. The editorial also critically notes that repeated Public Health Emergencies of International Concern (PHEIC) declarations have not garnered commensurate international support or attention, suggesting "complacency and indifference to human deaths and suffering" when outbreaks occur in the Global South.

### **Commercial Determinants of Health**

Football is highlighted for its "sugar problem," with soda giants accused of exploiting the sport for commercial gain<sup>5</sup>. There is a call for FIFA to set an example by dropping soda giants as sponsors for the 2025 Club World Cup<sup>5</sup>. Vaccine equity is identified as a unifying health need, with international trade recognised as a Commercial Determinant of Health<sup>6</sup>. Research indicates that the current trade paradigm has created and sustained vaccine inequity, underscoring the urgent need for fundamental changes in the negotiation and implementation of Free Trade Agreements (FTAs)<sup>6</sup>. Multilateral organisations are urged to prioritise the "right to health" above FTAs, including through TRIPS waivers on Essential Technologies.

### **NCDs (Non-Communicable Diseases)**

According to Peter Singer, a United Nations resolution on Non-Communicable Diseases (NCDs) would be "useless" if it does not include GLP-1 ("obesity") drugs<sup>7</sup>. The Global Cervical Cancer Elimination Forum, held in Bali, Indonesia, from 17 to 19 June 2025, aimed to accelerate progress towards eliminating cervical cancer<sup>7</sup>. Without intensified efforts, annual deaths from cervical cancer could reach 410,000 by 2030, particularly in low- and middle-income countries (LMICs)<sup>7</sup>. At the forum, leaders announced new investments and policy pledges to expand access to HPV vaccination, screening, and treatment<sup>8</sup>.

The Global Strategy for the elimination of cervical cancer sets clear targets for 2030: 90% of girls fully vaccinated with the HPV vaccine by age 15, 70% of women screened with a high-performance test by age 35 and again at 45, and 90% of women identified with cervical disease receiving appropriate treatment<sup>9</sup>. The forum built on momentum from Cartagena, Colombia, where nearly US\$600 million was committed last year<sup>9</sup>. So far, 194 countries have adopted the WHO's global strategy, and 75 countries have adopted the single-dose HPV vaccination schedule, which helps expand vaccine access and reduce costs<sup>9</sup>. Vaccination coverage is improving, with Africa's first dose coverage rising from 28% in 2022 to 40% in 2023<sup>9</sup>. Vaccine supply has increased due to market shaping efforts by Gavi, the Vaccine Alliance, and updated recommendations are making cervical cancer screening and treatment more affordable<sup>9</sup>.

### **Adolescent Health**

A community-based landmark trial is underway to save the lives of pregnant adolescents and their newborns in sub-Saharan Africa<sup>10</sup>. This includes a pilot cluster-randomised controlled trial in Sierra Leone, known as 2YoungLives, which focuses on community-based mentoring to reduce maternal and perinatal mortality in adolescent pregnancies<sup>10</sup>.

### **Human Resources for Health**

The WHO is calling for a global expansion of midwifery models of care, stating that trusted midwives are crucial for saving lives, improving health, and ensuring respectful care for women and

newborns<sup>11</sup>. New WHO guidance provides practical tools and examples to help countries transition towards these models, where midwives serve as the main care provider throughout pregnancy, childbirth, and the postnatal period<sup>11</sup>. Research suggests that universal access to skilled midwives could prevent over 60% of maternal and newborn deaths, amounting to 4.3 million lives saved annually by 2035<sup>12</sup>.

Africa is making encouraging progress in deploying Community Health Workers (CHWs)<sup>12</sup>. In 2017, African Union Heads of State committed to training and deploying two million CHWs; currently, 1,005,007 have been deployed, achieving 50% of the target in eight years<sup>12</sup>. The goal is to recruit, train, and deploy the remaining one million CHWs within the next five years<sup>12</sup>. While 61% of African Union Member States have included some CHW activities in their national budgets, covering training, salaries, deployment, and other recurrent costs, the reality is that recurrent costs should ultimately be the responsibility of governments, as partners cannot sustain programmes indefinitely<sup>13</sup>. External funding cuts are a significant concern, as they could severely affect community health programmes in 38 countries<sup>13</sup>. Additionally, while 49% of Member States allocate government budgets to pay CHWs, remuneration varies widely, from as little as \$10 to as much as \$300 per month, with a median of \$50.

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

Africa is reportedly shifting from aid dependency towards greater domestic investment and the production of regionally made drugs<sup>14</sup>. The current situation underscores that health security should not rely on distant suppliers and uncertain aid<sup>15</sup>. Despite a population of 1.5 billion people, Africa has only 600 health-product manufacturing sites, leaving its nations vulnerable to global supply-chain shocks and limiting their ability to respond to local health needs swiftly and affordably<sup>15</sup>. Nigeria is cited as an example of how political will, smart investment, and regulatory reform can begin to transform the health manufacturing landscape, positioning itself as a regional supplier<sup>16</sup>. The development of regional manufacturing hubs, where all stages of production are integrated within the region, can strengthen supply chains and economies<sup>16</sup>. However, significant hurdles remain, including high production costs, complex regulations, weak human capacity, limited financing, weak infrastructure, and uncertain demand<sup>16</sup>.

The Trump administration reportedly plans to establish a system for patients to buy drugs directly from pharmaceutical companies at lower prices<sup>17</sup>. The WHO and UNAIDS have urged Pakistan to initiate local production of HIV and TB drugs due to its reliance on Indian-manufactured medicines and disrupted trade relations, which pose a significant public health risk<sup>17</sup>. A "Core Group" of countries (Brazil, China, Egypt, Indonesia, India, Senegal, South Africa, and Thailand) circulated a draft resolution at the Human Rights Council on "Access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"<sup>18</sup>. Médecins Sans Frontières (MSF) has welcomed Novo Nordisk's commitment to supply South Africa with analogue insulin pens but insists that the price must be reduced to \$1 per pen, considering the estimated production cost, including profit, is as low as \$0.94 per pen<sup>19</sup>.

### **UHC & PHC (Universal Health Coverage & Primary Health Care)**

Global momentum on primary health care (PHC) was highlighted at a side event during the seventy-eighth World Health Assembly<sup>20</sup>. The event, titled "Implementing primary health care: Building momentum through the Global Coalition of Countries on PHC," emphasised the importance of a country-led coalition to drive sustainable PHC-oriented reforms<sup>20</sup>. Eighteen countries have already joined this Coalition, which aims to provide high-level political leadership and advocacy for PHC investment<sup>21</sup>.

A viewpoint proposes a "cosmopolitan approach" to Universal Health Coverage (UHC), specifically for migrants and displaced people, grounded in global solidarity<sup>22</sup>. This approach is structured around four pillars: supranational financing, integrated cross-border care, harmonised legal frameworks, and long-term investment in inclusive health systems<sup>22</sup>. It calls for reimagining UHC as a shared right and

responsibility that transcends national borders, and suggests exploring progressive contributions and integrating health into climate finance<sup>22</sup>.

**Decolonize Global Health** The pursuit of equity in global health is seen as being underpinned by neocolonial discourses, making decolonization impossible without addressing power asymmetries<sup>23</sup>. A critical discourse analysis of the WHO's influential report, "Closing the gap in a generation: Health equity through action on the social determinants of health," revealed "normative views that presume inequity," such as Euro-American-centricity and the portrayal of Global South countries as inferior or needing support<sup>23</sup>. The analysis also noted that country comparisons often exclude rich countries, thereby obscuring the full extent of global inequity and highlighting the persistence of neocolonial ideas that accept unfairness<sup>24</sup>.

*BMJ Global Health* acknowledges inherent contradictions and colonial residues within global health, committing to "prioritarian scholarship"<sup>25</sup>. This means scholarship that places the needs, perspectives, and lives of the most "structurally marginalised" at the centre of knowledge production and academic inquiry<sup>25</sup>. Internalised racism in global health is defined as the adoption of negative beliefs about one's own racial identity, which reinforces racial and social hierarchies<sup>26</sup>. This phenomenon is seen to reinforce epistemic injustice and contribute to health inequities, affecting both individual experiences and institutional practices<sup>26</sup>. Strategies to counteract internalised racism include fostering self-awareness, encouraging reflection, and creating spaces for open discourse within global health institutions and policies<sup>26</sup>. A *Lancet* Series on Early Childhood Development (ECD) has been criticised for maintaining a "deficit model," which can be harmful by misguiding interventions and promoting negative stereotypes about people living in poverty<sup>27,28</sup>. This model is also seen to reflect epistemic injustice<sup>28</sup>.

## Conflict & Health

Global conflict levels are at their highest since the end of the Second World War, with 59 active conflicts raging in over 35 countries and 152,000 conflict-related deaths recorded in 2024<sup>29</sup>. The 2025 Global Peace Index report suggests a world on the brink, with the current unipolar world order in flux<sup>29</sup>. The influence of the US, China, and Russia is reportedly waning, while "mid-level powers" such as Saudi Arabia, Turkey, India, the UAE, Israel, South Africa, Brazil, and Indonesia are becoming more active and influential within their regions due to rising wealth<sup>30</sup>.

The United Nations has announced sweeping cuts to its global humanitarian operations, attributing them to the "deepest funding cuts ever"<sup>31</sup>. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has revised its aid appeal down from \$44 billion to \$29 billion, refocusing on the most critical emergencies under a "hyper-prioritised" plan<sup>31</sup>. The Undersecretary-General for Humanitarian Affairs, Tom Fletcher, stated, "Brutal funding cuts leave us with brutal choices"<sup>32</sup>. He also appealed for "1 percent of what you spent last year on war," calling for global responsibility and human solidarity<sup>32</sup>.

Women bear a disproportionate and often overlooked burden of war, facing deliberate targeting through gender-based violence and intense suffering from the collapse of vital health systems<sup>33</sup>. The consequences for their sexual and reproductive health and rights (SRHR) are catastrophic yet often sidelined in humanitarian responses<sup>33</sup>. A defined package of SRHR services for humanitarian settings is considered essential, such as the minimum initial services package (MISP) for acute emergencies and the WHO's high priority health services for humanitarian response (H3) package for protracted crises<sup>34</sup>. The global health community is urged to clearly and urgently advocate for SRHR in conflict, stressing that it should not be treated as optional<sup>35</sup>.

A *Lancet* letter on "Genocide in Gaza" criticises the moral and ethical failures of medical institutions for not publicly condemning violations of international law and human rights<sup>35</sup>. It notes that only a quarter of US medical specialty societies had made a public statement regarding Gaza<sup>35</sup>. There are also key principles suggested for rebuilding Gaza's health information system for a resilient future<sup>36</sup>. The WHO has deplored an Iranian attack on a major Israeli hospital (Soroka Medical Center), which largely put the 1200-bed facility out of operation<sup>36</sup>. WHO Director-General Dr. Tedros Adhanom Ghebreyesus also lamented the deaths of three Iranian Red Crescent Society health workers

following an Israeli airstrike on Tehran<sup>36</sup>. He called on all parties to protect health facilities, personnel, and patients, stating his signature slogan, "The best medicine is peace"<sup>37</sup>.

### **Bonn Climate conference & climate financing**

The Bonn Climate Conference is setting the stage for COP30, with key topics including adaptation, financing (specifically the "Baku to Belém" roadmap), the global stocktake, and the loss and damage fund<sup>38</sup>. The US's absence from the midterm Bonn climate talks could reshape negotiations and bring further uncertainty to donor funding<sup>38</sup>. The Tax Justice Network advocates for reasserting "tax sovereignty" to unlock trillions for climate finance<sup>39</sup>. They argue that taxing extreme wealth and recovering corporate taxes from profit-shifting can cover countries' climate finance responsibilities and provide billions for public services<sup>39</sup>. A report found that \$2.6 trillion in tax revenue is available annually by applying a minimal wealth tax (1.7% to 3.5% on the richest 0.5% households) and recovering dodged corporate taxes<sup>40</sup>. This sum, equivalent to 2.4% of global GDP, could cover most climate finance estimates<sup>40</sup>. The report highlights that 61% of countries have "endangered" or worse levels of tax sovereignty, and 19% have "negated" tax sovereignty, missing out on significant tax revenue<sup>40</sup>. Factors weakening tax sovereignty include unfit global tax rules, exploitative tax treaties, colonial legacies, and the influence of extreme wealth<sup>41</sup>.

The Global Climate & Health Alliance has called for strong ambition at the UNFCCC SB62 UN Climate Change Conference in Germany, demanding concrete, measurable, and accountable action on phasing out fossil fuels and investing robustly in community protection<sup>42</sup>. The "Baku-to-Belém Roadmap to \$1.3 Trillion" in climate finance by 2035 is seen as risking the entrenchment of climate injustice and increased debt burdens in the Global South if it lets wealthy countries off the hook<sup>43</sup>. External debts in developing countries are at record highs, with repayment costs exceeding repayment capacities in two-thirds of them<sup>44</sup>. For example, African governments paid around 17% of their revenues on debt servicing in 2023, the highest levels in decades<sup>44</sup>. This fiscal constraint means Global South countries may lack the necessary funds for essential climate action, potentially prioritising other areas like healthcare or education<sup>44</sup>. The Inter-American Development Bank (IADB) has proposed an innovative plan to use public money to back renewable energy loans in the developing world, potentially generating tens of billions in new investment and providing the bulk of the \$1.3 trillion annual climate finance promised by 2035<sup>45</sup>. Discussions are also underway regarding the structure of a Fossil Fuel Non-Proliferation Treaty<sup>46</sup>. Climate negotiations in Bonn began with a dispute over the inclusion of Article 9.1 of the Paris Agreement, which pertains to the provision of public finance from developed to developing countries, leading to a 17-hour clash<sup>47</sup>.

### **More on Planetary Health**

Scientists warn that at the current rate of emissions, the world has only two years left of its carbon budget to meet the international target of 1.5°C warming<sup>48</sup>. An analysis by an international team of 60 leading climate scientists, updated annually, provides this sobering assessment<sup>48</sup>. The pace of human-caused warming has doubled since the 1980s, reaching nearly half a degree Celsius (0.27°C) per decade<sup>49</sup>. Furthermore, a new study suggests that climate models showing low sensitivity to greenhouse gases do not align with satellite measurements, implying that future warming is likely to be worse than currently anticipated unless society takes action<sup>49</sup>.

A new report reveals that the world's largest banks pledged \$869 billion to fossil fuel firms in 2024<sup>50</sup>. Two-thirds of the biggest 65 banks increased their fossil fuel financing by \$162 billion from 2023 to 2024, despite the worsening climate crisis and their own environmental commitments<sup>51</sup>. Four of the five largest fossil fuel financiers in 2024 were American companies: JPMorgan Chase, Bank of America, Citigroup, and Wells Fargo, with Mizuho Financial of Japan ranking fourth<sup>52</sup>.

Rampant climate misinformation is turning the crisis into a catastrophe, according to a new report from the International Panel on the Information Environment (Ipie)<sup>52</sup><sup>53</sup>. The report, which reviewed 300 studies, found that false and misleading information from fossil fuel companies, right-wing politicians, and some nation-states is obstructing and delaying climate action<sup>53</sup>. Climate denialism has evolved into campaigns aimed at discrediting solutions, and online bots and trolls significantly

amplify these false narratives<sup>53</sup>. The UN special rapporteur on human rights and climate change has called for the criminalisation of misinformation and greenwashing by the fossil fuel industry<sup>54</sup>. Brazil, set to host the upcoming COP30 climate summit, plans to rally nations behind a separate UN initiative to crack down on climate misinformation<sup>54</sup>.

A study suggests that a flight tax could raise €100 billion to address the climate crisis and ease the financial burden on poorer countries<sup>55</sup>. A levy on airline tickets, starting from €10 on short-haul economy flights and rising to €120 for long-haul business class, could generate approximately €106 billion annually<sup>55</sup>. Research has also led to an improved conceptual framework (ClimHB) for assessing health system resilience to climate change, drawing lessons from Bangladesh and Haiti<sup>56</sup>. This framework emphasizes the population as an active participant on the demand side, complementing the supply side of healthcare services<sup>56</sup>. Finally, a report by the Special Rapporteur on human rights in the context of climate change clarifies states' international human rights obligations and businesses' responsibilities to phase out fossil fuels and related subsidies within the current decade<sup>57</sup>. It stresses the need for an urgent "defossilization" of economies for a just transition that protects climate, nature, water, food, and health for present and future generations