

# IHP news 833 : On Mo Ibrahim, Tedros & Bill in Africa

( 5 June 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,

*Yes, yes, I know -you're all probably keeping half an eye on [the ongoing 'Big Beautiful breakup'](#), but this is a serious newsletter, so I'll refrain from commenting : )*

Last weekend featured both **World No Tobacco Day** and an [Ibrahim Governance weekend](#) in Morocco, this year focused on the timely topic of 'Financing the Africa we want'. Mo Ibrahim's FT op-ed, '[Africa must invest in itself](#)' is well worth a read. And we certainly recommend [Tedros' opening remarks](#), as they clearly display the new times (both the good & bad), and what it will require to really make progress in very difficult times.

This week, **Bill Gates is also visiting Africa**. You probably know by now that on Monday he "[announced that the majority of the \\$200 billion he plans to donate over the next 20 years will be spent in Africa.](#)" I certainly see a role for the Gates foundation to mitigate some of the current aid cuts, while doing so in a more structural way aligning with AU and country plans (*as seems to be the idea*). Yet, welcoming Gates' billions **for the next decades**, even if the "foundation will partner with nations putting people's health first", only makes sense in my view if the AU (and African leaders in general) at the same time start advocating forcefully for [global tax justice/reform and everything that goes with it](#) – which implies that with time, Gates & other billionaires should thus be 'taxed away'. While [not everybody seems to agree](#), **we really can't afford billionaires anymore, for so many reasons – including political and ecological ones**. If a post-SDG agenda ever sees the light, it should surely also include 'Sunsetting billionaires' (*or 'Mars-setting' for a few of them*). In other words, I don't think 'sunsetting the Gates Foundation' should feel like an endless 'Rolling Stones farewell tour' 😊. Anyway, you don't have to take this from me, **Mukesh Kapila** wrote a far more sophisticated article on the issue, "[The philanthropy of Bill Gates must be approached with caution](#)".

Meanwhile, as the latest AI models seem to have [borrowed a leaf or two from](#) the Big Con man himself, Donald Trump (*arguably in [a League of his Own](#) when it comes to corruption - the Champions League, no less*), I can imagine that in quite a few nightmares of leaders of multilateral institutions and other top leaders these days, the scenario pops up to offer Donald a Trump Tower or two (and/or a luxury plane), in exchange for coming back to the organization, [continued US involvement](#) or some other 'benign transactionality'. (*I suspect Gianni Infantino also spooks around in a few of these leaders' nightmares on Trump, sort of "co-starring" 😊*)

Anyway, we ain't seen nothing yet from the Donald, I'm afraid, and so I think talk of '[peak Trump](#)' is a bit premature.

But enough about Trump, we'd like to end this week's intro with [a quote from Alex Evans](#) (focusing on the UK, but with far broader relevance) on 'global resilience'. *"... Look how many of the risks we face are international. Tariffs. Pandemics. Extreme weather. Financial crises. War in Europe. All issues where global cooperation is essential; all issues where authoritarian populism makes us more vulnerable. And make no mistake, **global cooperation is in bad shape**. ... All of which suits leaders like Trump and Farage just fine. But **the rest of us have to make the case for collective action to manage global risks**. Not just defence spending. Not just aid to fragile states. Not just climate action. Not just pandemic preparedness. **All of it.**"*

Enjoy your reading.

Kristof Decoster

## Featured Article

### Corruption in South Africa's Past, Present and Future: Visualizing a Systemic Illness in the Healthcare System

Rinila Haridas

There is a sickness. It spreads quietly. It manifests in boardrooms, ministries, meetings and homes. It threatens healthcare, the economy and social futures of countries. Its name is corruption.

This **art-based op-ed** explores this disease through both analysis and art—specifically, a painting to visualize corruption as a systemic illness in the healthcare system embedded in South Africa's past, present and potential future. This piece, serving as a conceptual backdrop, depicts a timeline of corruption starting from colonialism and its rigid structures on the left side of the painting to today's chaotic and fragmented nature of power and governance in the middle, and finally, toward a hopeful vision of civil society engagement on the right side. The framing of corruption as an illness within a complex healthcare system is strengthened by the artwork to allow for abstract thinking, concerning systemic, structural issues in South Africa.

Transparency International defines corruption as ["abuse of entrusted power for private gain"](#). Like many countries, South Africa's corruption is not just a governance issue—it's a public health crisis or 'disease' that embeds itself in the system, spreading and harming, fatal for the most vulnerable if not treated. As outlined by [the South African Bill of Rights](#), healthcare services are a human right for all citizens. Yet, the disproportionate effects of this disease combined with a foundation of underfunding, healthcare privatization, increased medication and supply prices, [lacking adequate reporting systems](#)/oversight and [inequitable resource distribution](#) have turned healthcare access and quality into a **privilege rather than a right**. The healthcare system is akin to a complex organism and the disease of corruption erodes its 'bodily' functions of healthcare access and quality. The state must take steps to realize this right through community perspectives ([bottom-up approaches](#)) and increased governance cohesiveness. How did this organism acquire this disease (of corruption), what is its current health status and how can it be healed? ....

To read the **full op-ed**, see [IHP](#).

On the author:

***Rinila Haridas** (HBS, MPH) is a public and global health professional | Clinical research, project management, non-profit leadership, community health across Canada and internationally | Health equity, health systems and working for and with marginalized populations.*

## Highlights of the week

### World No Tobacco Day (31 May)

#### World No Tobacco Day: Unmasking the Appeal: Exposing Industry Tactics on Tobacco and Nicotine Products

**“On World No Tobacco Day, the World Health Organization launched two new publications on flavours and flavour accessories calling on governments to urgently ban all flavours in tobacco and nicotine products, including cigarettes, pouches, hookahs and e-cigarettes to protect youth from addiction and disease. This year's World No Tobacco Day campaign highlights the manipulative tactics of the industry from product designs to attractive flavours, and glamourized marketing that hide the true dangers of tobacco and nicotine products.”**

- See WHO - [WHO calls for urgent action to ban flavoured tobacco and nicotine products](#)

#### Reuters - Global crises disrupt effort to get millions to quit smoking, report says

<https://www.reuters.com/business/healthcare-pharmaceuticals/global-crises-disrupt-effort-get-millions-quit-smoking-report-says-2025-05-30/>

**“The COVID-19 pandemic, climate change and wars have combined to hamper global governments' plans to reduce tobacco use, derailing efforts to get an estimated 95 million people to stop smoking, a report endorsed by 57 campaign groups said on Friday.”**

**“Governments had planned to reduce smoking rates among people over 15 by 30% between 2010 and 2025 as part of an action plan tied to global sustainable development targets agreed in 2015. But the timeline to achieve the goal was extended an extra five years in 2024 as other priorities pushed countries to divert resources away from implementing a World Health Organization treaty on tobacco control signed by 168 countries. .... "This ... delay represents an estimated 95 million additional tobacco users, who would otherwise have quit by 2025," said the report, submitted to the U.N. Economic and Social Council, which oversees global sustainable development.”**

“While governments have succeeded in reducing the number of smokers, the failure to hit the 30% reduction target means that **1,207,800,000 people are still smoking globally**, instead of the target of 1,112,400,000, based on a **Reuters calculation** using smoking rates and population figures provided in the report. .... **Published by Action on Smoking and Health Canada and endorsed by the Campaign for Tobacco Free Kids, Cancer Research UK and others**, the report warned the delays could result in millions of additional deaths from tobacco use if sustained.”

And a link:

- **World Bank (Data blog)** - [World No Tobacco Day: Understanding tobacco use through the data](https://www.worldbank.org/data/blog/world-no-tobacco-day-understanding-tobacco-use-through-the-data)

By H Kasiwase et al.

## Run-up to FfD4 in Seville (+ debt, tax reform/justice, ...)

**Devex Pro - What is Financing for Development 4 and why is it a big deal?**

<https://www.devex.com/news/what-is-financing-for-development-4-and-why-is-it-a-big-deal-110110>

(gated) “As the **Fourth International Conference on Financing for Development** approaches, **Seville could define the next decade of development finance — with critical debates on debt, tax, trade, and aid on the table.**” “This conference might be the most anticipated of the year among development professionals — in part due to its infrequency, but also for what it is meant to achieve: **FfD is where countries establish a norm-setting agenda for the next 10 years of development finance.....**”

PS: the conference is also expected to produce **the Seville Platform of Action** at the end of the conference.

**Devex Pro - Calls for overhaul of global debt architecture intensify ahead of FfD4**

<https://www.devex.com/news/calls-for-overhaul-of-global-debt-architecture-intensify-ahead-of-ffd4-110240>

(gated) “Experts warn that without reform, the world’s poorest countries will keep paying the highest price.”

**“The world’s poorest countries are spending more on debt service than on health and education combined — and they’re doing so with few effective options to restructure that debt. With the Fourth International Conference on Financing for Development, or FfD4, around the corner, a growing coalition of experts, advocates, and policymakers is pushing for a rethink of the international debt system — one that better reflects today’s financial realities, expands debtor**

**agency, and creates fairer terms for restructuring.** During a Devex Pro briefing on Tuesday, experts on sovereign debt expressed their frustration with the current system. **The G20 Common Framework, which is the international community’s main tool for addressing sovereign debt distress, was described as inadequate and underutilized....”**

### **IBON - Demanding accountability, reparations, and structural transformation: A primer on the Fourth International Conference on Financing for Development**

<https://iboninternational.org/download/demanding-accountability-reparations-and-structural-transformation-a-primer-on-the-fourth-international-conference-on-financing-for-development/> “....

**This primer outlines the thematic issues that the Fourth International Conference on Financing for Development (FfD4) need to address. It also offers recommendations, including from broad civil society, towards new commitments** that affirm positive elements from previous conferences (Monterrey, Doha, and Addis Ababa) and abandon existing structures, policies, and mechanisms that only reinforce colonial legacies.”

“The title reflects **three key messages that IBON International would like the FfD process to address, if it were to advance a new international financial architecture**—accountability across governance structures and towards the global South; reparations for the legacies of colonisation and the continuing neocolonial paradigm; and support for structural transformation that is anchored on people-centered solutions and development.”

### **ECDPM (Commentary) - Beyond continuity: Rethinking the EU’s offer to the Global South at FfD4**

K Karaki; <https://ecdpm.org/work/beyond-continuity-rethinking-eus-offer-global-south-ffd4>

“Last week, the [Council of the EU adopted the EU’s formal position](#) ahead of the **Fourth International Conference on Financing for Development (FfD4)**, which will take place in Seville later this month. The Council Conclusions highlight a strong commitment to multilateralism and sustainable development amid a complex and rapidly evolving global landscape. **Despite some promising elements, the EU’s position falls short of [offering a fundamentally new approach](#) to development finance that reflects geopolitical, economic and fiscal realities.**”

Quote: “.... **Recommitting to the target of allocating 0.7% of gross national income to official development assistance (ODA), while politically important, is widely seen as unachievable in today’s fiscal climate.** Many partner countries in the Global South are aware of this reality, and continued reference to it, without credible delivery, risks deepening mistrust. ... **FfD4 could have provided an opening for a more honest, transparent and pragmatic dialogue with partner countries, focused on what the EU can realistically offer and how limited public resources can be deployed most effectively. Instead, the EU’s position reiterates aspirational targets.**”

The comment concludes: “... **FfD4 offers an opportunity not simply to restate values and broad principles, but to redefine what European leadership in development finance looks like – based on realism, partnership and results.** “

## FT – Debt is crushing the developing world

<https://www.ft.com/content/29a0f7fa-1871-4012-a730-48717fc61ecb>

**J Stiglitz**; “There is an **urgent need to rethink financial structures** that are failing billions of people.”  
Op-ed ahead of the publication of the **Jubilee Commission report** (on 20 June).

A few excerpts:

“... **Some have claimed that the debt problem in the developing world is dissipating, but in fact the situation in many low- and lower-middle-income countries (LLMICs) has become deeper and more entrenched.** While these countries may not be defaulting on their debt contracts, they are defaulting on development. Strapped for cash, governments are diverting precious public resources away from education, health, infrastructure and climate adaptation to service debts contracted earlier, when global financial conditions were more favourable.....”

“.... **Recent data from the UN’s trade and development body Unctad** reveals that 54 countries spend over 10 per cent of their tax revenues on interest payments alone. The average interest burden for developing countries, as a share of tax revenues, has almost doubled since 2011. More than 3.3bn people live in countries that now spend more on debt service than on health, and 2.1bn in countries that spend more on debt than on education. This is not a path to sustainable development — **this debt is a roadblock. Meanwhile, borrowing costs are rising sharply.** Debt contracted in the aftermath of the 2008 financial crisis, when interest rates plunged to near zero, is now being rolled over at far higher interest rates. Even as spreads have eased since the pandemic and outbreak of war in Ukraine, **the cost of rolling over debt in today’s capital markets remains prohibitively high for many LLMICs....”**

“.... Still, **without the multilateral development banks, things would be much worse: there is a hidden bailout occurring, with money flowing from the MDBs providing the hard currency poor countries are then using to finance repayments to the private sector, rather than true development objectives.** The imperative could not be clearer. **We need a systemic response** — and that begins with acknowledging the crisis. Pope Francis showed precisely the kind of leadership that is lacking among stakeholders, both on the debtor and creditor sides. His call for a jubilee year that prioritises debt justice is not merely symbolic. It reflects an urgent need to rethink the structures that are failing billions of people. To that end, he asked Martin Guzmán and me to **create a Jubilee Commission**, convened at the Pontifical Academy of Social Sciences and composed of leading economists, legal scholars and development practitioners, that I have the honour of chairing. **On June 20, we will present our report, offering a blueprint for resolving this crisis — based on the principle that debt sustainability must not come at the cost of human development.** There is growing consensus among experts: **current debt policies in many developing countries are serving financial markets, not the people.** This threatens to condemn entire nations to a lost decade — or worse. A lost decade or more for some of the poorest and most vulnerable is something the world can ill-afford.”

## Tax Justice Network - Financial secrecy rocks democracies, Financial Secrecy Index finds

<https://taxjustice.net/press/financial-secrecy-rocks-democracies-financial-secrecy-index-finds/>

**“Countries supplying the most financial secrecy are shifting towards autocracy, the Tax Justice Network’s latest update to its ranking of the world’s biggest enablers of dark and dirty money reveals. Countries topping the financial secrecy ranking have worsened their scores with democracy-monitoring watchdogs, including the US which ranks first again and was downgraded this year by the Polity Project from a democracy to an anocracy. ....”**

**“The developments among the top-ranking countries demonstrate the long-known risks of financial secrecy to democracies, and make more alarming the Tax Justice Network’s exposing of EU countries’ “Jekyll-and-Hyde”-like enabling of financial secrecy. .... A deeper evaluation of the tax transparency and cooperation instruments that EU countries adopted and scored favourably for on the ranking in the past reveals that most EU countries are deliberately operating less transparently and less cooperatively towards lower income countries, at times entirely negating the international instruments they ratified. The Tax Justice Network’s ranking reveals that over half (56%) of EU countries are using an overlooked backdoor in international law to shield non-EU countries’ tax evaders from accountability, negating their legal commitments to help collect unpaid taxes from other countries’ tax evaders hiding finances within their borders, and making it easier than previously believed for dark and dirty money to circulate and circumvent the rule of law. EU countries were found to be not exercising the backdoor towards each other and are regularly assisting each other deal with one another’s tax evaders.....”**

**“EU countries’ “Jekyll-and-Hyde”-like enabling of secrecy makes them financial transparency leaders on paper and some of the world’s biggest suppliers of financial secrecy in practice, potentially carrying risks to democracy in and outside the EU.....”**

### **Debt Justice - Debt and austerity driving authoritarianism across Global South countries, new report warns**

<https://debtjustice.org.uk/press-release/debt-and-austerity-driving-authoritarianism-across-global-south-countries-new-report-warns>

**“Global debt and austerity policies are fuelling the rise of authoritarianism across the Global South, according to a new report from Debt Justice and the Institute of Political Economy, Sri Lanka. Governments constrained by debt and IMF-imposed austerity are increasingly unable to respond to the demands and needs of people. In the face of growing discontent, governments are responding by repressing protest and implementing authoritarian measures that undermine democracy.....”**

- Full report: [How the global debt system is undermining democracy and fuelling authoritarianism across Global South Countries](#)

### **Run-up to G7 Leaders’ summit in Kananaskis (Alberta, Canada, 15-17 June)**

**Globe & Mail – With U.S. science in crisis, G7 researchers mount a candid defence**

<https://www.theglobeandmail.com/canada/science/article-with-us-science-in-crisis-g7-academies-mount-a-candid-defence/>



The [Ottawa Declaration](#) was released by the national science academies of the G7 whose leaders are set to meet in Canada later this month.

[“Against the backdrop of global restrictions on scientific freedom, and not least in light of recent political developments in the United States, the science academies of the G7 countries have today jointly published the Ottawa Declaration. The document stresses the importance of academic freedom, institutional autonomy, the integrity of research, research security, and the responsible conduct of research in support of the public good. The Ottawa Declaration is a result of the Science 7 Summit, which took place in the Canadian capital on 7 and 8 May. ....”](#)

### Devex – Canadian beacon

<https://www.devex.com/news/devex-newswire-global-finance-summit-tests-leadership-in-seville-110223>

**“Canada could maintain development spending under the new government despite mounting fiscal pressures, downplaying speculation of aid cuts as other donors slash budgets.**

**“There’s no suggestion about the need to do cuts,” a senior Canadian official told Devex Editor-in-Chief Raj Kumar at the Hamburg Sustainability Conference, even while acknowledging “we’re in a world of huge pressures.” Canadian Prime Minister Mark Carney's decision to keep a separate minister for international development signals commitment, while other governments merge portfolios. Canada recently consolidated fragmented development programs after years of “artificial” divisions between geographic and multilateral teams. The reorganization brings together everything from multilateral development bank relations to peace operations under one roof.”**

**“.... With the U.S. engagement declining, middle powers are now “the incremental money.” The official noted that countries such as Canada and Spain have an opportunity to use their funding influence to drive U.N. consolidation.”**

**“Canada’s G7 presidency priorities include private capital mobilization and infrastructure development — two areas where the new prime minister, who formerly served as governor of the Bank of Canada and the Bank of England, has extensive experience. Carney has also ordered a rapid foreign policy review that the official said will focus on “practical, action-oriented approaches” while strengthening alliance relationships amid growing global instability.....”**

### Science ( Policy Forum ) – A global minerals trust could prevent inefficient and inequitable protectionist policies

<https://www.science.org/doi/10.1126/science.adv9841>

**“Critical mineral supply and demand require global coordination to reduce market volatility and conflict risk.”**

**“With critical minerals likely to generate considerable discussion at the meeting of G7 countries this month, we propose a Global Minerals Trust to address these challenges, incentivize cooperative resource management for the green transition, and disincentivize the formation of cartels. The Trust would serve as a neutral steward or broker ensuring fair prices for both mineral suppliers and consumers, discouraging a rush toward inefficient new mines, and supporting developing countries with technical assistance to sustainably expand mineral industries.”**



## Replenishments GAVI & Global Fund: updates

See also the **section ‘Trump 2.0’** for some more updates in this respect.

### Groundup - Global Fund is \$6-billion short and may have to cut life-saving programmes

<https://groundup.org.za/article/global-fund-6-billion-short-may-have-to-cut-life-saving-programmes/>

“US has cut funding and it’s not clear if other donors will meet their pledges.”

“... **Numbers** from The Global Fund show that as of 17 May, it had a shortfall of over \$6-billion for the grant cycle of 2023-2025, which means that **about half of the money pledged by national governments has not yet been received**. More than **\$4-billion of the shortfall is from the United States**. There is also a lack of clarity from other donors whether their pledges will be **honoured**....”

### Lancet (Comment) – The Gavi Leap: radical transformation for a new global health architecture

S Nishtar; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01177-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01177-8/fulltext)

“.... When I joined Gavi just over a year ago, I began a radical transformation of the organisation to embrace new ways of working that would prepare us to deliver the goals of our next 5-year strategic period (2026–30), known as Gavi 6.0. **At the centre of the Gavi Leap, as we call this process of transformation, are four principles that I believe have broader relevance for our global health peers and partners as we seek to remake the global health landscape**, and restore confidence and optimism in the ability of global health institutions to reshape the world for the better.”

They are: **“Country centricity, self-reliance, focused mandates for global health institutions, finite lifespans for operational global health entities”**

Nishtar elaborates on how these four principles are already being applied by GAVI, and reckons they could also be good blueprint for the broader global health architecture (reform).

### Devex - Gavi’s board has approved Trump administration nominee Mark Kevin Lloyd to join its 28-member body.

<https://www.devex.com/news/trump-administration-official-mark-kevin-lloyd-joins-gavi-board-110214>

**“Adding a board member could be perceived as a sign for future U.S. engagement** with the organization that provides vaccines to lower-income countries.”

“....Lloyd is assistant to the administrator for the Bureau of Conflict Prevention and Stabilization and **assistant to the administrator for global health at the U.S. Agency for International Development, where he’s tasked with leading the agency’s global health programs**. Under the Biden

administration, Dr. Atul Gawande held the Gavi board seat while also serving as USAID assistant to the administrator for global health.....”

**“... The Trump administration's addition of a board member could be perceived as a sign for future U.S. engagement, and possibly future funding disbursements, to the organization. .... ”**

**“There are five seats on the board reserved for government donor countries, of which Lloyd now holds one. Board members provide input into the development of Gavi’s policies and the management of its operations.....”**

And a few links:

- [IFFIm returns to market with £300 million 3-year bond to support global vaccine programs](#)

**“The International Finance Facility for Immunisation (IFFIm) Company has successfully priced a £300 million, 3-year fixed-rate bond to support global immunisation programs.** Today’s transaction represents a remarkable return to the Sterling market after three years, and it now stands as IFFIm’s largest GBP benchmark bond. Proceeds from the bond will support Gavi, the Vaccine Alliance and its programming to deliver routine immunisation in low-income countries and respond to infectious disease outbreaks and emergencies. .... **IFFIm remains a critical innovative financing tool for Gavi.** Since 2006, IFFIm has provided US\$ 6.2 billion in funding—accounting for one-sixth of Gavi’s overall programmatic expenditures....”

- **Nigeria Health Watch** - [Gavi Funding Cuts Could Be Africa’s Moment of Reckoning for Vaccine Financing](#) (among others focusing on **Nigeria & Kenya**).
- [KFF – The Trump Administration’s Foreign Aid Review: Status of U.S. Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria](#) ( As of 29 May)

## Gates in Africa

### HPW - Gates to Direct Majority of \$200 Billion Pledge to Africa

<https://healthpolicy-watch.news/gates-to-direct-majority-of-200-billion-pledge-to-africa/>

**“Philanthropist Bill Gates announced on Monday that the majority of the \$200 billion he plans to donate over the next 20 years will be spent in Africa. The focus will be “on partnering with governments that prioritise the health and wellbeing of their people”,** Gates told government leaders, diplomats and partners **during an address at the African Union headquarters in Addis Ababa, Ethiopia.** “By unleashing human potential through health and education, every country in Africa should be on a path to prosperity – and that path is an exciting thing to be part of,” Gates said....”

**“He called on primary healthcare (PHC) to be prioritised,** emphasizing that this “has the greatest impact on health and wellbeing.” “

PS: **“Gates singled out Ethiopia, Rwanda, Zimbabwe, Mozambique, Nigeria, and Zambia for showing bold leadership** that harnesses innovation, from expanding frontline health services to deploying advanced tools against malaria and HIV, and safeguarding PHC.....”

“.... **Gates also spoke about the transformative potential of artificial intelligence**, noting its relevance for the continent’s future. Drawing a parallel to the continent’s mobile banking revolution, he said that **“Africa largely skipped traditional banking and now you have a chance, as you build your next generation healthcare systems, to think about how AI is built into that.”**

- Related: [African Union - AUC Chairperson received Mr. Bill Gates, Chair of the Gates Foundation](#)

“.... **The visit aimed to strengthen collaboration between the AU and the Gates Foundation. Discussions centered on boosting Africa’s health systems, expanding local vaccine and medicine manufacturing, and enhancing food security.** The Chairperson raised concerns about global aid cuts and unfulfilled climate finance pledges; concerns Mr. Gates shared, noting Africa’s unfair treatment in climate discussions despite its minimal emissions. He pledged to advocate for sustained international aid and deeper partnerships. **Both the Chairperson and Mr. Gates reaffirmed the urgent need for global solidarity, fair trade, debt relief, and investment in African-led innovation, governance, and resilience.....”**

**Mukesh Khapila - The philanthropy of Bill Gates must be approached with caution**

<https://www.mukeshkapila.org/the-philanthropy-of-bill-gates-must-be-approached-with-caution/>

**“The humanitarian credentials of Bill Gates are not in doubt but his philanthropic endeavours require careful scrutiny because of his outsized influence on public policy.”** Raising a number of very valid points.

**P Singer - Bill Gates spends \$200 billion: Readers respond**

[\*\*\*Peter Singer\*\*\*](#);

**“Last week, I published a blog on how Bill Gates should spend \$200 billion as he sunsets his foundation by 2045.** My overarching point was that during the past 25 years the Gates Foundation had achieved results at scale, and **in the next 20 years it should pivot to achieving *sustainable* results at scale. I proposed five specific ideas—investing in local manufacturing, redesigning Gavi and the Global Fund, supporting local innovators and entrepreneurs, scaling innovative finance, and reforming the WHO—framed by a focus on long-term sustainability.** Overall, the blog resonated, and **readers offered thoughtful insights.....”**

With an overview of this feedback by readers. A few **excerpts & quotes**:

**“re point 2. Redesign Gavi and the Global Fund:** This was the most debated recommendation.....”

With among others Singer’s view : **“.... I am in favour of sunseting, but with two caveats.** First, there are a set of low-income countries, particularly those engulfed in conflict, that will not be able

to mobilize domestic resources for even very cost-effective interventions like vaccines. It makes sense to support these countries, but ideally with no single donor providing more than say 10% of the costs which could be borne regionally. Second, the sunseting should be gradual. With the Gates Foundation's 20-year timeline, it may make sense to sunset GAVI and Global Fund over a 10-year period, constantly monitoring and encouraging domestic financing along the way..... **A 10-year sunseting plan which ends up with domestic support of vaccines and HIV, malaria and TB drugs in most countries and support for very low-income countries embedded in regional bodies — all linked to local manufacturing — would be a good outcome.**"

Re point five: "... At the same time, I can see a clear path within the member-state governance of WHO for the Gates Foundation to help WHO become more results-focused....."

PS: Singer : ".... **One limitation is that most of these responses come from commentators in the global North. This week Bill Gates is visiting Africa.** He "affirmed the Gates Foundation's commitment to partnering with African countries on their development priorities" and announced that "the majority of the Gates Foundation's future funding [i.e. \$100 billion over 20 years] will go towards addressing the challenges in Africa." Those are the right messages, and that's the right place to get more feedback, especially on sustainability....."

## More on Global Health Governance & Financing

### HPW – WHO Urges 'Sin Taxes' to Offset Aid Cuts, as Trump Submits 'Rescission Proposal' to US Congress

<https://healthpolicy-watch.news/who-urges-sin-taxes-to-offset-aid-cuts-as-trump-submits-rescission-proposal-to-us-congress/>

Here we focus on the **WHO town hall meeting on TB**. For the rescission, see the section 'Trump 2.0'.

**"Governments have been advised to impose 'sin taxes' on tobacco, alcohol and other unhealthy products to offset the severity of cuts to official development assistance (ODA),** World Health Organization (WHO) Director General Dr Tedros Adhanom Ghebreyesus told a tuberculosis meeting on Thursday. In the past few months, I have spoken to many ministers, and the impact on their programmes of the sudden cuts in official development assistance is severe," Tedros told a WHO Town Hall meeting on tuberculosis. ... **The WHO's advice to countries trying to raise domestic resources to offset the cuts is to start immediately with the "sin taxes" while, in the longer-term, implementing social health insurance and community-based health insurance,** Tedros added."

### Virtual launch of Global Public Investment campaign (29 May)

End of last week, the GPI campaign was launched.

Check out Winnie Byanyima's [remarks at the launch](#).

Including: 'GPI is an idea whose time has come....' 'Debt justice. Tax justice. Intellectual property justice. And global public investment. That's why the global public investment network so strongly

champions and **works closely in alliance with the campaigns for tax justice and debt justice....**  
These are interconnected struggles and the people who work on the three are vital allies.....”

### **Alliance for HPSR - Sustaining coverage in the face of health financing cliffs: meeting report, Geneva, Switzerland, 4-5 March 2025**

<https://ahpsr.who.int/publications/i/item/sustaining-coverage-in-the-face-of-health-financing-cliffs>

Important **meeting report**. “As countries face growing health financing cliffs due to declining external aid and mounting domestic fiscal pressures, the risk of reversing hard-won health gains is increasing—especially in low- and middle-income countries. To respond to this urgent challenge, **the Alliance for Health Policy and Systems Research and WHO’s Department of Health Financing and Economics convened a technical meeting in March 2025**. Bringing together national policy-makers, development partners and experts, the meeting explored strategies to sustain essential health service coverage, identified country needs for data and policy support, and co-developed a research and learning agenda to guide future financing transitions. **Key discussions** highlighted the **importance of aligning external funding with national priorities, integrating health financing into broader economic governance, and addressing the tension between immediate responses and long-term reform.**”

### **An Africanist Perspective - How should development practice (and institutions) approach the coming reforms in the aid sector?**

**Ken Opalo**; [https://www.africanistperspective.com/p/how-should-development-practice-and?r=1xc3o9&utm\\_campaign=post&utm\\_medium=web](https://www.africanistperspective.com/p/how-should-development-practice-and?r=1xc3o9&utm_campaign=post&utm_medium=web)

**One of the reads of the week.** “The past is gone. And there are lots of reasons not to mourn for its reinstatement.”

### **TGH – As Foreign Aid Lags, Regional Health Agencies Come to the Fore**

by Nelson Aghogho Evaborhene and Afifah Rahman-Shepherd;

<https://www.thinkglobalhealth.org/article/foreign-aid-lags-regional-health-agencies-come-fore>

**“Regional organizations are well positioned to harmonize disease surveillance systems and serve as hubs for knowledge.”**

With focus on the **various regional organisations ( from EU, ASEAN, AU, ....)** and their increasing role in **global health security**. And what needs to happen “ to solidify their role as indispensable pillars of global health security.”

### **Global Policy - Rebuilding Legitimacy for Global Governance: The Case for a New Independent Commission**

By **Andy Sumner, Stephan Klingebiel and Arief Anshory**

**Yusuf**; <https://www.globalpolicyjournal.com/blog/03/06/2025/rebuilding-legitimacy-global-governance-case-new-independent-commission>

“The global landscape of development cooperation is fracturing. The promise of the 2030 Agenda and the pursuit of the Sustainable Development Goals is giving way to geopolitical tensions. The international order is no longer merely under strain; it is in disarray. Amid this uncertainty, **the idea of convening a new Independent North–South Commission (INSC) has re-emerged in the German government’s coalition agreement and potentially in the UK’s proposal for a ‘global conference’**. We argue that **the time has come to imagine a new independent commission**. A new INSC could offer a credible response to today’s fragmentation by providing a structured space for international dialogue grounded in fairness, feasibility, and forward-thinking. **But such a commission must be different in tone, structure, and ambition from the high-level panels of the past.**”

### **BMJ Opinion – A reset of international development for the UK requires a principles-based approach**

<https://www.bmj.com/content/389/bmj.r1132>

“A reset of the global aid system must be guided by key principles to respond to current challenges and rebuild global solidarity, argue **Martin McKee and Kent Buse.**”

“In autumn 2025, David Lammy, the British foreign secretary, will convene a major conference that will contribute to what he has described as “a long overdue conversation about the future architecture of aid.” **We propose eight principles** that will enable the UK to shape the global debate.....”

Including: “....Finally, the UK must innovate its development finance. In a constrained fiscal environment, tools like blended finance, development bonds, and targeted taxation on harmful commodities or digital giants can supplement traditional aid budgets...”

### **CGD (blog) - Which Countries Will Be Hit Hardest by the US Remittance Tax?**

H Dempster et al; <https://www.cgdev.org/blog/which-countries-will-be-hit-hardest-us-remittance-tax>

“President Trump’s “big, beautiful bill,” which [has passed the House of Representatives](#), includes a **3.5 percent tax on remittances, money migrants send home to family and friends. The tax will apply to an estimated 40 million [non-US citizens](#)—green card holders, temporary workers, and undocumented immigrants—and will affect millions more. Remittances are a crucial source of household income and economic stability for low- and middle-income countries. Indeed, for many of these countries, the impact of the remittance tax will far outweigh the [impact of aid cuts](#).**”

- See also Devex – [What a 3.5% tax on remittances could do to the developing world](#)

“As development aid shrinks, the U.S. **proposal to tax remittances could cut off critical support to low-income countries and deepen global inequality.**”

“If passed by the U.S. Senate, the tax will be a thorn in the side of one of the most valuable financial flows from the U.S. to low- and middle-income countries, especially impacting hard-to-reach parts of countries that typically struggle to access government-controlled development assistance.....”

## G20 - Africa Day Reflections Anchor Opening of Third G20 Development Working Group Meeting

<https://g20.org/track-news/16235-2/>

**“Minister in the Presidency for Planning, Monitoring and Evaluation, Ms Maropene Ramokgopa, officially opened the Third G20 Development Working Group (DWG) meeting on 25 May 2025. Held in Zimbali, KwaZulu-Natal, the opening coincided meaningfully with Africa Day – offering a symbolic backdrop for the Minister’s reflections on the continent’s developmental trajectory and its leadership within global multilateral platforms.”**

**“...The three-day meeting brought together representatives of G20 Member States, invited countries, and international organisations for comprehensive deliberations on key global development issues. Central themes included accelerating progress toward the Sustainable Development Goals (SDGs), strengthening the provision of global public goods, and addressing persistent structural inequalities..... Delegates engaged in in-depth discussions aligned with the DWG’s 2025 priorities: combating illicit financial flows, enhancing domestic resource mobilisation, expanding inclusive social protection systems, and aligning development finance more effectively with the SDGs.....”**

PS: **“The outcomes of the meeting will feed into the G20 Development Ministerial Meeting, scheduled to take place in Mpumalanga from 24 to 25 July 2025, following the 4th DWG meeting from 21 to 23 July 2025.....”**

## The Conversation – Development finance in a post-aid world: the case for country platforms

R Calland; <https://theconversation.com/development-finance-in-a-post-aid-world-the-case-for-country-platforms-257994>

**“With the Trump administration slashing US Agency for International Development budgets and European nations shifting overseas development aid budgets to bolster defence spending, the world has entered a “post-aid era”. But **there is an opportunity to recast development finance as strategic investment: “country platforms”.**”**

**“Country platforms are government-led, nationally owned mechanisms that bring together a country’s climate priorities, investment needs and reform agenda, and align them with the interests of development partners, private investors and implementing agencies. They function as a **strategic hub**: convening actors, coordinating funding, and curating pipelines of projects for investment. Think of them as the opposite of donor-driven fragmentation. **Instead of dozens of disconnected projects driven by external priorities, a country platform enables governments to set the agenda and direct finance to where it is needed most. That could be renewable energy, climate-smart agriculture, resilient infrastructure, or nature-based solutions.....”****

**“Country platforms are a current fad. They were the talk of the town at the 2025 Spring meetings of multilateral development banks in Washington DC. Will they quickly fade as the next big new idea comes into view? Or can they escape the limitations and failings of the finance and development aid ecosystem? **The Independent High Level Expert Group on Climate Finance**, on which I serve, is striving to find new ways to ramp up finance – both public and private – in quality and quantity. **I agree with those who argue that country platforms could be the innovation that****



**unlocks the capital urgently needed to tackle climate overshoot and buttress economic development.”**

**PS: “The model is already being tested. More than ten countries have launched their platforms, and more are in the pipeline.....”**

## **CGD (blog) - Development in the Age of Populism**

Rachel Glennerster, Indermit Gill and Danny Quah, <https://www.cgdev.org/blog/development-age-populism>

“Economic theory suggests that trade liberalization yields win-win outcomes in the aggregate for all. Yet the gains derived from liberalization have not been evenly distributed... .. Some people have suffered losses even as most have prospered, and some countries have not played fairly in the market for goods, services, assets, and ideas. .... **Populism generates tensions not just within but across nations.** Such tensions harm the mechanisms that connect people to the meaningful, and productive jobs that best match their abilities. These disruptions damage growth and development in the most profound sense—by depriving people of the dignity that comes from gaining control over their economic, social and ecological circumstances....”

“**How can development economics meet this moment?** This is, in fact, a session title from ABCDE—an annual conference scheduled this year for July 22 to 25 and organized by the World Bank in conjunction with the Center for Global Development and the Lee Kuan Yew School of Public Policy. ABCDE aims to assess the developments during the last decade, analyze the causes, and adjust our approach to economic progress.....”

## **Decolonize Global Health**

### **Medical Anthropology Theory - The Donors are Everything': Precarity and the Political Economy of Global Health Science**

J Parker; <https://www.medanthrotheory.org/mat/article/view/9272/12890>

“**Based upon an ethnography of two biomedical, scientific research institutes in Uganda funded primarily by donors in the Global North, this article examines the political economy of knowledge production in global health science.** Specifically, I use the **concept of precarity** to illustrate the ways in which funding instabilities for scientific research shape the making of knowledge. I do this **at three levels: the macro level of funding institutions, the meso level of research institutes, and the micro level of individual projects.** Through analysing the experiences of researchers in these institutional environments, **I elucidate the ways in which the political economy of global health science—particularly short-term, grant funding—constrains and enables knowledge production.** I thus argue that for many scientists the priority of renewing or obtaining funding supersedes that of conducting research that is closely tied to local issues. Whilst I do not contend that the latter is unimportant to scientists, **this article highlights the existential precarities fomented by the possibility of not being funded and argues that they play a substantial role in influencing the foci of global health science research projects, thus alienating them from the needs and interests of the people they are intended to benefit.**”

## HHR - Reclaiming Sexual and Reproductive Rights Through a Decolonial Lens

Tlaleng Mofokeng ( United Nations Special Rapporteur on the right to health);

<https://www.hhrjournal.org/2025/05/26/reclaiming-sexual-and-reproductive-rights-through-a-decolonial-lens/>

Concluding: “.... A decolonial lens is not a rejection of human rights or reproductive justice frameworks but a complement to them. Combining these three frameworks offers a way to transform the institutions, narratives, and power relations that continue to shape who has access to health, and on what terms. It confronts the historical and structural forces that shape reproductive experiences and disparities across contexts and calls for health policies and systems to actively dismantle these structures, not merely treat their symptoms.”

## Trump 2.0

### Science Insider – Trump’s proposed budget details drastic cuts to biomedical research and global health

<https://www.science.org/content/article/trump-s-proposed-budget-details-dramatic-cuts-biomedical-research-and-global-health>

Re the budget request for 2026. “CDC takes a bigger hit than expected; support for international HIV, malaria, TB, and vaccine efforts zeroed out.”

“**The Department of State request** would cut funding for global health programs by 62%, from \$10 billion to \$3.8 billion. That includes a **proposed 30% reduction in funding, to \$2.9 billion, for the President’s Emergency Plan for AIDS Relief (PEPFAR)**, one of the world’s largest anti-HIV programs, notes Jirair Ratevosian, a health policy specialist at Duke University and a former PEPFAR chief of staff. **The United States will move to wean countries from PEPFAR support**, the request states: “PEPFAR will embark on this responsible off-ramp by supporting countries to plan and execute the transition of HIV services to sustainable domestic financing and systems.....”

“Funding for the President’s Malaria Initiative would be reduced by nearly 45%, to \$424 million. The request zeros out U.S. funding for Gavi, the Vaccine Alliance, which receives some \$300 million this year, as well as \$1.7 billion annually for the Global Fund to Fight AIDS, Tuberculosis and Malaria.....”

- See also Devex - [Trump budget request and rescission plan slashes global health funding](#)

With some info on **both 2024/2025** (rescission plan) and **2026** (budget request).

Re **2026** : “The proposal provides more detail on the administration's plans for foreign aid, which would amount to an 85% drop in spending if everything the government asks for is granted by Congress.” “Gone are development, humanitarian, and global health funds; they are replaced by “America First” accounts focused on “strategic investments” such as repatriations and countering China.....” “ This includes zeroing out funding for Gavi and cuts to PEPFAR and the President’s Malaria Initiative. It also slashes support for family planning, reproductive health, neglected tropical diseases, and nonemergency nutrition.”

See also [Devex](#): “A \$31 billion reduction plus \$21 billion in rescissions **would shrink foreign aid to just 0.03% of GDP.....**”

**Re the rescission: “Overall, the White House is asking the U.S. Congress to rescind \$9.4 billion in previously enacted funding. This includes \$900 million for global health programs, including \$400 million for the U.S. President’s Emergency Plan for AIDS Relief, or PEPFAR, according to Sen. Patty Murray, a Democrat from Washington. The package would claw back funds previously approved by Congress for fiscal years 2024 and 2025. This would include aid money already cut by the Department of Government Efficiency. If Congress passes the package, those cuts would be codified into law. Global health and advocacy organizations are calling on Congress to step in.....”**

PS: “Separately, the Trump administration also has a fiscal year 2026 budget request that [excludes](#) funding for [Gavi, the Vaccine Alliance](#) — the leading international organization tasked with providing vaccines to lower-income countries that has helped vaccinate more than half the world’s children against infectious diseases. **The White House noted in its justification for its exclusion that Gavi “reports a reserve of over \$7.0 billion in its most recent statutory financial statements.”** “Per organizational best practice, and as mandated by our Board, Gavi always keeps 9 months operational buffer as cash to ensure we are stable financially and able to fulfill commitments we have made to countries. Any other amounts held in Gavi accounts are spoken for,” a Gavi spokesperson told Devex. “Given high demand for Gavi programmes, expenditure for our current strategic period – Gavi 5.0 – will fully utilise all available funding allocated for this period. Fully delivering Gavi 6.0 will require US\$ 9 billion in new donor funding.” ....”

PS: “....The White House’s request doesn’t include an allocation for [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#), but it wrote there’s still flexibility for the Trump administration to contribute. “Should the Administration decide to provide contributions to the Global Fund in FY 2026, it would ensure the United States is only contributing its fair share by leveraging \$1 from the United States for every \$4 from other donors, doubling the current 1:2 matching pledge,” it wrote. **This would mean that the U.S. could only cover a maximum of one-fifth of the agency’s total funding as opposed to [one-third](#) in previous years.....**”

PS: “Even bipartisan favorites such as the [Millennium Challenge Corporation](#) and multilateral partners such as [UNICEF](#), [UNDP](#), and multilateral development banks face major cuts....”

- And Devex – Trump’s \$9.4B rescission package targets ‘woke’ and ‘wasteful’ aid

<https://www.devex.com/news/trump-s-9-4b-rescission-package-targets-woke-and-wasteful-aid-110233>

“Trump’s rescission package would pull billions of dollars in funds already approved by the U.S. Congress.”

**“The package — which would claw back funds previously approved by Congress for fiscal years 2024 and 2025 — includes aid money already cut by DOGE, the budget-slashing Department of Government Efficiency. Until now, the Trump administration has tried to sidestep lawmakers by eliminating those funds itself — but if Congress passes the package, those cuts would be codified into law....”**

- Related link: NYT - [Trump Budget Eliminates Funding for Crucial Global Vaccination Programs](#)

**“The Trump administration’s proposed budget for the coming fiscal year eliminates funding for programs that provide lifesaving vaccines around the world, including immunizations for polio.”**

**“[The budget](#), submitted to Congress last week, **proposes to eliminate the Centers for Disease Control and Prevention’s global health unit, effectively shutting down its \$230 million immunization program: \$180 million for polio eradication and the rest for measles and other vaccine-preventable diseases.** The budget plan **also withdraws financial support for Gavi**, the international vaccine alliance that purchases vaccines for children in developing countries....”**

**PS: “The Global Measles and Rubella Laboratory Network**, which comprises more than 700 labs in more than 150 countries, **is at risk of imminent closure**, precipitated by the Trump administration’s decision to stop funding it. **So is the W.H.O.’s National Public Health Support Network**, which monitors immunization for polio, measles and other diseases in India....”

**PS: The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)**, which supplies H.I.V. treatments in developing countries, **fared somewhat better than expected.** In January, [the Trump administration halted disbursement](#) of funds from the program. [The State Department later issued waivers](#) to allow treatments to resume but did not restore funding for H.I.V. prevention. **The 2026 budget proposes just under \$3 billion for the program, less than half its previous funding.** On Tuesday, the Trump administration also asked Congress to approve clawbacks of \$9.4 billion from programs, including PEPFAR, that were already authorized for 2025.....”

## **KFF - Administration Releases Additional Details of Fiscal Year 2026 Budget Request**

<https://www.kff.org/global-health-policy/fact-sheet/administration-releases-additional-details-of-fiscal-year-2026-budget-request/>

Resource (as of 4 June). **KFF’s read-out on how global health programs fare.**

## **Guardian – Trump’s new ‘gold standard’ rule will destroy American science as we know it**

C Delawalla et al ; [https://www.theguardian.com/commentisfree/2025/may/29/trump-american-science?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/commentisfree/2025/may/29/trump-american-science?CMP=Share_iOSApp_Other)

**“The new executive order allows political appointees to undermine research they oppose, paving the way for state-controlled science.”**

## **Science - ‘Devastating.’ NIH cancels future funding plans for HIV vaccine consortia**

<https://www.science.org/content/article/devastating-nih-cancels-future-funding-plans-hiv-vaccine-consortia>

**“Researchers decry agency’s decision just as new leads reinvigorate search for long-sought vaccine.”**

Related:

- Science – [NIH funding policy deals new blow to HIV-related trial networks](#)

“Halt to foreign “subawards” disrupts ongoing global studies and has researchers scrambling to fulfill ethical obligations to trial volunteers.”

As a reminder: “....US National Institutes of Health (NIH) [policy announced on 1 May that bans ‘foreign subawards’](#) , which are [funds that a US grant recipient can give to an international collaborator](#) to help complete a project. Since the policy was disclosed, NIH employees have been forbidden from issuing grants involving such awards, according to internal documents that *Nature* has obtained. As a result, funding will abruptly cease for dozens, if not hundreds, of ongoing trials of experimental drugs and treatments. The change puts thousands of trial participants, as well as the scientists running the trials, in limbo.....”

- Nature News - [NIH grant cuts will axe clinical trials abroad — and could leave thousands without care](#)

“US agency’s new policy could abruptly end studies of infectious diseases and cancer, leaving researchers scrambling for funds.”

### Science Insider - National Academies, staggering from Trump cuts, on brink of dramatic downsizing

<https://www.science.org/content/article/national-academies-staggering-trump-cuts-brink-dramatic-downsizing>

“Plan for slashed units and mission to be presented at governor’s meeting next week.”

### Stat Plus – The shrewd startup founder who led DOGE’s cost-cutting at HHS

(gated) <https://www.statnews.com/2025/06/02/brad-smith-doge-little-known-architect-67-billion-hhs-cuts/>

“Brad Smith is the little-known architect of \$67 billion in cuts.”

### KFF - U.S. Global Health Legislation Tracker

<https://www.kff.org/global-health-policy/fact-sheet/u-s-global-health-legislation-tracker/>

Resource. “This tracker provides a listing of global health-related legislation being considered by the 119th Congress (Jan. 3, 2025 – Jan. 3, 2027). Currently, there are 19 pieces of legislation related to global health....”

### Impact Metrics Dashboard

<https://www.impactcounter.com/dashboard?view=table&sort=title&order=asc>

By now well-known (dire) resource, by **Brooke Nichols & Eric Mookley**. **“This dashboard visualizes the human impact of US funding changes for aid and support organizations. ”**

## **Stat - The U.S. slashed HIV/AIDS funding. Here is how countries that relied on it might adapt**

[Stat](#);

Recommended read. “.... In more than a dozen countries, the U.S. accounted for the majority of HIV/AIDS financing, sparking [due to the cuts now ] a global health crisis. **But in Thailand, even before the abrupt withdrawal of support, the country managed to fund 91% of its own response. Of all the developing countries that relied on PEPFAR, Thailand is the “best example” of how local health officials have taken ownership of their HIV/AIDS response, said Jaime Azcona, director of equitable financing at the Joint United Nations Program on HIV/AIDS.** In his latest story, STAT contributor and former intern Simar Bajaj writes about **how Thailand can serve as an example of how low- and middle-income countries can develop a more sustainable response. ...”**

## **Stat News - 10.9 million people would lose health insurance under Trump’s tax cut bill, CBO projects**

[Stat](#);

“Medicaid cuts, Obamacare reforms contribute to **savings that pay for lower taxes.**”

**“House Republicans’ tax bill would lead to nearly 11 million people losing insurance, providing a key source of savings to help finance President Trump’s tax cuts, according to projections that nonpartisan congressional scorekeepers published Wednesday.** The official projections from the Congressional Budget Office give Democrats ammunition to attack Republicans for taking insurance from low-income voters to pay for tax cuts that disproportionately benefit the rich. Most Republicans say the bill only takes insurance from those without jobs who are able to work and that pregnant women, children, people with disabilities, and frail seniors will not be affected. ...”

## **Lancet Letter - US disinvestment threatens progress on violence prevention**

Lindsay Stark et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00909-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00909-2/fulltext)

**“Amid widespread concern about the global consequences of recent US funding cuts, violence prevention and response remain under-discussed.**Nearly one in three women worldwide—approximately 736 million—have been victim to physical or sexual violence from an intimate partner, non-partner, or both at least once in their lifetime. Most of this violence begins early, with nearly one in four young women who have been in a relationship being victim to violence between age 20 years and 30 years. Similarly, estimates suggest that 1 billion children aged 2–17 years—more than half of the world's children—have seen some form of violence or neglect each year. **These figures are only available because of decades of investment in rigorous, population-based research to measure violence, document its impacts, and identify ways to prevent and respond to it.**”

**“Recent disinvestments by the current administration from the Centers for Disease Control and Prevention, which provided technical support for the Violence Against Children and Youth Surveys (VACS), and the dismantling of the United States Agency for International Development that has historically funded the Demographic and Health Surveys (DHS), mean that we are losing our most crucial data sources on violence against women and children. Without these surveys, governments, practitioners, researchers, advocates, and donors lose essential tools to identify needs, track progress, and evaluate prevention strategies. The USA's withdrawal from and defunding of WHO also affects global capacity to ethically collect data on the prevalence of violence and formulate evidence-based services, programmes, and policies.....”**

## Some final WHA78 analysis

### Dispatch from Geneva: Co-benefits in Action at the World Health Assembly

Sandro Demaio; [via Substack](#) ;

Written from the halls and sidelines of the 78th World Health Assembly in Geneva. “In this special edition of *Antidote*, I’m sharing three standout insights from the WHA week that show how co-benefits are being recognised, debated, and — most importantly — acted on.”

Re: (1) Heat and health: Cooling cities, strengthening societies; (2) Food systems: Nourishing people and planet; (3) Intergenerational action: Designing for the long term.”

### People’s Dispatch - Global South reiterates support for Palestine at World Health Assembly

<https://peoplesdispatch.org/2025/05/29/global-south-reiterates-support-for-palestine-at-world-health-assembly/?ref=peoples-health-dispatch.ghost.io>

**“At the 78th World Health Assembly, Palestinian representatives called on member states to halt arms deliveries to Israel and review ties with the occupying power.”**

- See also **Geneva Health Files - [Countries Vote in Support of Palestine at World Health Assembly, as Humanitarian and Health Crises Worsen in Gaza](#)**

Re “.... **all the different discussions and decisions made on Palestine at the recently concluded World Health Assembly.** This piece has been authored **by Ben Verboom**, a Canadian global health researcher, and a Lecturer at Queen Mary University of London. ....”

“Palestine loomed large at the recently concluded World Health Assembly. Two items on the agenda at the Assembly focused specifically on the health situation in the occupied Palestinian territories, both of which attracted heated debates, votes, and concluded with the adoption of measures in favor of Palestine. Two further measures – one proposing to notify Palestine to the International Health Regulations (IHR) regime, and another, in favour of flying the flags of non-member Observer States such as Palestine at WHO headquarters – were also adopted following roll-call votes....”



## Devex – WHO adopts first-ever global strategy on traditional medicine

<https://www.devex.com/news/who-adopts-first-ever-global-strategy-on-traditional-medicine-110227>

“WHO’s new strategy on traditional medicine seeks to bridge ancient healing practices with modern scientific standards — **but not without controversy.**”

“More than [80%](#) of the world’s population relies on traditional medicine — yet until now, there’s been no global framework to guide its integration into modern health systems. That changed last month at the [World Health Assembly](#), where [World Health Organization](#) member states adopted a long-awaited strategy to bring traditional, complementary, and integrative medicine, or TCIM, into the mainstream — while navigating deep divisions over how to balance cultural respect with scientific rigor. These divisions were evident in the [final text](#), which strikes a careful balance between meeting the standards of evidence-based science and respecting traditional knowledge handed down over thousands of years. The strategy affirms WHO’s support for “personalized care” and cultural preferences, while also making clear that it “consistently refutes any claims that are not supported by scientific evidence.” ....”

“... While there was strong support from most countries in Asia, Africa, and Latin America, there was pushback from European countries, particularly on defining what constitutes evidence, said Tido von Schoen-Angerer, a physician and president of the Traditional, Complementary, and Integrative Healthcare Coalition....”                      Interesting analysis.

PS: “.... Last month, WHO also [launched the first-ever TCIM dashboard](#), allowing policymakers and researchers from around the world to access real-time data on regulatory frameworks, financing, research, and safety monitoring.”

## PPPR

### Lancet Comment -The Pandemic Agreement is a milestone: now it is time for action in national capitals

Helen Clark & Ellen Johnson Sirleaf; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01178-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01178-X/abstract)

Addressing more in detail the question: “**What must happen next as the Pandemic Agreement moves towards ratification?**”

“In this Comment, the Co-Chairs of The Independent Panel summarize their views (see also a number of recently published [policy briefs](#)) where **they stress that it's time for national capitals to now lead the multisectoral work to prepare implementation of the Agreement.** ”

### International Journal of Infectious Diseases (Editorial) - From Reaction to Resilience: The WHO Pandemic Agreement as a Blueprint for Global Health Equity

Z Hassan, E Torreele et al ; [https://www.ijidonline.com/article/S1201-9712\(25\)00168-7/fulltext](https://www.ijidonline.com/article/S1201-9712(25)00168-7/fulltext)

“The WHO Pandemic Agreement outlines a new architecture for global solidarity in times of crisis using several core provisions that, if effectively implemented, could significantly improve future pandemic preparedness and response ([Table 1](#)). **While many commitments remain “voluntary” and “on mutually agreed terms”, it represents a foundational shift away from fragmented global responses and towards a legally backed, accountable, and inclusive structure that aspires to institutionalize the hard lessons learned from COVID-19.** It reflects a critical recognition that health equity and timely access to countermeasures during an emergency cannot be left to geopolitical and commercial power dynamics. **Here, we highlight some of the prominent elements of the agreement and discuss outstanding challenges.....”**

## Mpox

### Science insider – Explosive mpox outbreak in Sierra Leone overwhelms health systems

<https://www.science.org/content/article/explosive-mpox-outbreak-sierra-leone-overwhelms-health-systems>

**“Rapid transmission through sexual networks raises fears of wider spread in the region.”**

Quote: “....Anderson says he now agrees transmission in Sierra Leone seems linked primarily to sexual networks, but he still worries other, unknown modes of transmission play a role—and that future mpox outbreaks may be even bigger. “Over the next 5-10 years, I think this could very well become a much larger and more global problem,” he says. Kindrachuk fears the disease could spread to Sierra Leone’s neighbors. “We could see very rapid geographic expansion of Ilb if we don’t really try and get things under control quickly,” he warns. Indeed, the National Public Health Institute of Liberia reported over the weekend that the country is experiencing an mpox surge, with 69 recent cases.....”

### Science – African countries fall far short of mpox vaccination targets

<https://www.science.org/content/article/african-countries-fall-far-short-mpox-vaccination-targets>

**“Continent faces a shortage of doses and distribution challenges.”**

“.... In September 2024, Africa CDC and the World Health Organization (WHO) jointly issued an mpox “continental preparedness and response plan” that called for vaccinating [10 million](#) people in Africa within 6 months. An updated version of the plan, issued in April, narrowed who should be offered the vaccine and scaled back the target [to 6.4 million](#) people by August. **But according to a 29 May WHO situation report, only [720,000](#) people in seven African countries have received mpox vaccines.** Doses are scarce, vaccination teams are short on health workers and transportation, and identifying who might have been exposed to the mpox virus and should get the vaccine first is a challenge.....”

**“...The supply of vaccines, though tight, is improving. So far, 11 African countries have received nearly 1.3 million doses of a vaccine called modified vaccinia Ankara (MVA) and 50,000 of one**

**dubbed LC16m8.** This week, after months of negotiation, **Japan sent the DRC another 1.5 million doses of LC16m8.** That vaccine, however, is more difficult to administer than MVA—it requires a special bifurcated needle that is repeatedly jabbed into the skin—and is a live but weakened virus that copies itself after injection. For safety reasons it cannot be used in pregnant people or people who have immune systems compromised by HIV or other factors. **The administration of former U.S. President Joe Biden pledged to donate up to 1 million doses of MVA from its stockpile,** but only about half of that amount has arrived, Boum says. **UNICEF also promised up to 1 million doses of MVA, but that effort, too, has fallen short.** UNICEF told *ScienceInsider* it did provide more than 500,000 doses to nine countries....”

**“Countries are struggling to get the doses that are available into arms. ....”**

PS: “...For all steps of the effort, “We are still highly dependent on donation,” says Placide Mbala, an mpox researcher at the DRC’s National Institute of Biomedical Research. Africa CDC is “pushing” its member countries to “mobilize domestic resources,” Boum says, and hoping African companies can soon produce mpox vaccines at more affordable prices. **Bavarian Nordic, the manufacturer of MVA,** in December 2024 announced **a licensing agreement with the Serum Institute of India** to produce doses for India, and said it “continues to explore additional opportunities to establish partnerships” with African manufacturers. **Kamal-Yanni (People’s Medicine Alliance) is not satisfied. “The company doesn’t want to share the technology, and therefore, they monopolize the market.”** For now, the DRC is stretching its vaccine supply by only giving people one of two recommended doses of MVA, and Boum says it’s also considering a **“dose-sparing”** strategy endorsed by WHO that would give people two shots of one-fifth the normal dose of the vaccine. “We really have to do more and better with less,” Boum says.”

## Cholera

### Africa CDC - African Leaders, Africa CDC, and Partners Unite in Bold Drive to Fight Cholera

<https://africacdc.org/news-item/african-leaders-africa-cdc-and-partners-unite-in-bold-drive-to-fight-cholera/>

**(5 June) “Call to action urges accelerated investment, cross-border coordination, and vaccine access to eliminate cholera by 2030.”**

“ In a historic demonstration of political resolve and continental unity, **twenty African Union (AU) Member States affected by cholera convened on 4 June 2025 for a high-level virtual meeting, following a call by the Africa Centres for Disease Control and Prevention (Africa CDC)** and under the leadership of H.E. Hakainde Hichilema, President of Zambia and AU Champion on Cholera. ... The meeting brought together ten Heads of State and Vice-Presidents—.... Global health partners, including WHO, UNICEF, Gavi, the Global Fund, and others, also participated to forge a united front in the fight against cholera.”

- See also **Cidrap News** - [African countries endorse coordinated plan to battle cholera outbreaks](#)

PS: **“A need for more oral cholera vaccine:** Ramping up oral cholera vaccine production in Africa was also a major topic. Jean Kaseya, MD, MPH, Africa CDC’s director-general, said **Africa needs 54 million doses of oral cholera vaccine (OCV) each year, but receives barely half of that amount.** “This gap is unacceptable,” Kaseya said. “Urgent action is needed to scale up local production and secure supply.” ..... At Africa CDC’s regular weekly briefing today, Ngashi Ngongo, MD, PhD, MPH, leader of Africa CDC’s mpox incident management team, said **Africa currently has three OCV manufacturing projects, which will require \$150 million to scale up.....”**

- See also [Cidrap News - Africa CDC convenes emergency committee to tackle cholera outbreaks](#)

(30 May) From last week. **“An emergency consultative group from the Africa Centres for Disease Control and Prevention (Africa CDC) is meeting today to discuss a wider continental approach to battling cholera outbreaks in the region, an approach that has been helpful in addressing mpox—another infectious disease that is affecting multiple countries....”** “Cholera cases in Africa have risen sharply this year, with illnesses on track to pass totals recorded in 2023 and 2024. ...”

PS: “Ngashi Ngongo, MD, PhD, MPH, who leads Africa CDC's mpox incident management team and is principal advisor to the agency's director-general, said in an **Africa CDC statement** earlier this month that **lessons learned from the mpox response, especially the need for close collaboration with other partners, will now be applied to fighting cholera**, with an approach that focuses on **enhanced healthcare systems, heightened surveillance, and the local manufacturing of medical products such cholera vaccine....”** “Africa CDC has **managed the mpox response through an Incident Management Support Team (IMST)** jointly led by Africa CDC and the World Health Organization, working with 26 other partners, including UNICEF, the International Committee of the Red Cross, and Gavi, the Vaccine Alliance. **Though the approach has been successful, officials recognize that bringing cholera under control will require addressing root causes, such as improving water and sanitation and recognizing how insecurity and conflict worsen the events.....”**

**“Four main hot spots, some with conflict challenges:** At a weekly briefing yesterday, Ngongo said **though 20 African countries have reported cholera outbreaks this year, 4 of them account for 83% of cases and 92% of deaths: Angola, the Democratic Republic of the Congo (DRC), Sudan, and South Sudan.** He added that the **region's cholera situation remains highly concerning, especially in countries gripped by humanitarian crises and other infectious disease outbreaks.....”**

## AMR

**Cidrap News – Report highlights evidence, remaining data gaps on vaccines and antibiotic resistance**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/report-highlights-evidence-remaining-data-gaps-vaccines-and-antibiotic>

**“The Wellcome Trust last week released a new report on the role that vaccines can play in tackling antimicrobial resistance (AMR).** .... The report summarizes the findings from 11 Wellcome-funded research projects that aimed to fill critical evidence gaps on vaccines and AMR, particularly in **low- and middle-income countries.** A World Health Organization (WHO) modeling study published in 2024 estimated that vaccines could avert more than half a million deaths from drug-resistant

infections annually, cut AMR-related healthcare costs and productivity losses by billions of dollars, and reduce the number of antibiotics needed to treat infections by 2.5 billion doses annually. **The 11 projects looked at real-world data on how vaccines can combat AMR across different pathogens, settings, and research methods.** The report reveals that **the relationship between vaccination and its impact on AMR is "rarely straightforward." ....**"

### **Speaking of Medicine - Reimagining Antimicrobial Resistance (AMR) financing for Africa amid global funding crises**

Sherin Paul & Mirfin Mpundu; <https://speakingofmedicine.plos.org/2025/06/05/reimagining-antimicrobial-resistance-amr-financing-for-africa-amid-global-funding-crises/>

**Suggesting a number of innovative financing strategies for AMR.**

### **Cell (Trends in Microbiology)- Tracing epistemic injustice in global antimicrobial resistance research**

Phaik Yeong Cheah et al; [https://www.cell.com/trends/microbiology/fulltext/S0966-842X\(25\)00036-8](https://www.cell.com/trends/microbiology/fulltext/S0966-842X(25)00036-8)

**"This commentary explores whether there is epistemic injustice in global antimicrobial resistance (AMR) research – who sets priorities, who produces knowledge, and which types of knowledge are valued. We argue that epistemic injustice may have created blind spots in policy. Addressing this requires a commitment to diversity, equity, and inclusion."**

## **HIV**

### **UN News - AIDS still killing one person every minute as funding cuts stall progress**

<https://news.un.org/en/story/2025/06/1164111>

**"AIDS-related deaths have dropped to their lowest level since 2004, but progress remains precarious, with the disease still claiming one life every minute. The impact of funding cuts is severe, causing widespread disruption to HIV services and threatening hard-won gains. "**

**"More than 30 million people are receiving lifesaving treatment worldwide however, making the UN's AIDS response a "clear example of a multilateral success," said Amina Mohammed, UN Under Secretary-General on Thursday, as the General Assembly reviewed progress being made to end AIDS and prevent HIV infections...."**

### **Guardian - Breakthrough in search for HIV cure leaves researchers 'overwhelmed'**

<https://www.theguardian.com/global-development/2025/jun/05/breakthrough-in-search-for-hiv-cure-leaves-researchers-overwhelmed>

**“Exclusive: Melbourne team demonstrates way to make the virus visible within white blood cells, paving the way to fully clear it from the body.”**

**“A cure for HIV could be a step closer after researchers found a new way to force the virus out of hiding inside human cells. The virus’s ability to conceal itself inside certain white blood cells has been one of the main challenges for scientists looking for a cure. It means there is a reservoir of the HIV in the body, capable of reactivation, that neither the immune system nor drugs can tackle. Now researchers from the Peter Doherty Institute for Infection and Immunity in Melbourne, have demonstrated a way to make the virus visible, paving the way to fully clear it from the body.**

It is **based on mRNA technology**, which came to prominence during the Covid-19 pandemic when it was used in vaccines made by Moderna and Pfizer/BioNTech.....”

## More on NCDs

### Lancet Editorial – From innovation to impact in cardiovascular disease

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01182-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01182-1/fulltext)

This week’s **Lancet Editorial**. Concluding: “.... We will continue to champion research that challenges established frameworks, prioritises neglected populations, and spans the full spectrum from bench to community. **In the face of a global cardiovascular disease burden that remains alarmingly high and is increasingly borne by the world's poorest, only an approach rooted in both scientific excellence and implementation equity can ensure that innovation translates into impact.**”

### Nature Medicine (Comment) – The People-First Liver Charter

J V Lazarus et al ; <https://www.nature.com/articles/s41591-025-03759-8>

“Reducing the stigma and discrimination that people living with liver conditions experience requires rethinking how diagnoses, diseases, etiologies and circumstances are perceived — a shift that begins with the language used to name and describe them.”

And a link:

- Lancet Letter - [The relevance of WHO behavioural health insights](#)

“.... As behavioural scientists and public health professionals, we would like to highlight how **WHO Europe's Behavioural and Cultural Insights (BCI) unit** has contributed to putting the focus of disease prevention and control on the evidence generated by behavioural science in Europe and around the world; how its involvement and determination has led to resolutions signed by all countries to commit themselves to include behavioural sciences in public policy making; and how all of this work is about to crumble.....”

# Planetary Health

## FT – Fossil fuel spending to fall for first time since pandemic

<https://www.ft.com/content/35edc55a-3860-4d6e-9963-fc7067516b80>

“Decline is led by oil sector, where lower prices are forcing companies to reassess their plans, says IEA

## HPW - Only 21 Countries have Updated National Climate Action Plans – Few Actually Track Health Benefits

<https://healthpolicy-watch.news/only-21-countries-have-updated-national-climate-action-plans-few-actually-track-health-benefits/>

*“Most countries’ climate action plans refer to the health benefits of adaptation and mitigation strategies, such as reduced air pollution, but few actually track them. And as [World Environment Day](#) is observed Thursday, global climate commitments remain extraordinarily weak. “*

“Only 21 countries out of the 195 parties to the UN Paris Agreement have submitted updated national climate action plans (Nationally Determined Commitments) through the year 2035 – nearly four months after the plans were due. This according to the latest report by [Climate Action Tracker](#), which monitors submission of the reports to [UN Climate Change](#). Of those few countries that have submitted, most refer to the health benefits of mitigation strategies, such as reduced air pollution in general terms, while others make reference to health adaptation strategies. “

“But there continues to be a lack of clear tracking systems to monitor progress in achieving the desired health outcomes, according to a recent [analysis](#) by the Global Climate and Health Alliance (GCHA), a global network that mobilises the health community towards climate action.....”

## Guardian - ‘Half the tree of life’: ecologists’ horror as nature reserves are emptied of insects

<https://www.theguardian.com/environment/2025/jun/03/climate-species-collapse-ecology-insects-nature-reserves-aoe>

“A new point in history has been reached, entomologists say, as climate-led species’ collapse moves up the food chain even in supposedly protected regions free of pesticides .... The declines witnessed by Janzen – and [described by others around the world](#) – are part of what some ecologists call a “new era” of ecological collapse, where rapid extinctions occur in regions that have little direct contact with people.....”

PS: “Behind the steepening declines, a clear culprit is beginning to emerge: global heating.....”



## PIK - Encouraging findings on public acceptance of global climate policy

<https://www.pik-potsdam.de/en/news/latest-news/encouraging-findings-on-public-acceptance-of-global-climate-policy>

“Even though the topic seems to have slipped down the political agenda, comprehensive measures to combat global heating enjoy widespread public support around the world. **A study co-authored by the Potsdam Institute for Climate Impact Research (PIK) and published in the renowned journal Nature Human Behaviour now takes a scientific look at the acceptance of global climate policies.** The research team draws on surveys that it initiated around the globe specifically for this purpose. It shows that there is strong and genuine support for international carbon pricing, per capita reimbursement of revenues, and thus redistribution to poorer countries....”

PS: **“The reference point of the study – global carbon pricing with redistribution – is considered a long-term goal at best. Indeed, the only concrete plans currently on the table are “climate clubs” involving several countries, or climate agreements (“Just Energy Transition Partnerships”) between industrialised countries and individual nations in the Global South.** Regardless of the specific model, however, public acceptance will be a critical issue. The research team is confident that people in the wealthy Global North are willing to pay for climate protection in poorer countries....”

## BMJ Analysis - Need for planetary health perspective in guidance for complex interventions for climate and health

L Benton, A Haines et al ; <https://www.bmj.com/content/389/bmj-2024-083337>

« **Lorna Benton and colleagues** argue that including planetary health in guidance for researchers would help to prioritise effective responses to current environmental and human crises. »

“Implementation of climate change mitigation and adaptation policies is needed to protect and improve health ; Updated guidance is needed to assess the effects of climate related interventions on human health, equity, and prosperity in the near and long term ; **A planetary health lens, integrating human health and earth systems, can inform the evaluation of complex interventions by assessing (co-)benefits, trade-offs, and risks to vulnerable and affected populations.**”

## WHO - Health at the heart of national adaptation planning: a global review of national adaptation plans and health national adaptation plans: executive summary

<https://iris.who.int/handle/10665/381374>

8-page exec summary.

“.... **The World Health Organization (WHO) has conducted a global assessment of NAPs (59 NAPs1 ) and a sample of HNAPs (27 HNAPs2 ).** The aim was to **analyse the extent to which health is considered in national adaptation planning processes**, to highlight best practices and to provide recommendations for promoting comprehensive integration of health in these processes. **This**

summary outlines the key results. The full report, **Health at the heart of national adaptation planning. A global review of national adaptation plans and health national adaptation plans**, which will include best practices, case studies, topical deep dives and recommendations, is in preparation....”

## **Climate Change News - Treaty to protect seas short on support ahead of UN ocean conference**

<https://www.climatechangenews.com/2025/06/05/treaty-to-protect-seas-short-on-support-ahead-of-un-ocean-conference/>

“Once the High Seas Treaty enters into force, experts say it will boost the health of oceans and their role in tackling climate change.”

**“As governments head to a major UN ocean conference next week, the race is on to get enough countries to ratify an international treaty seen as crucial to meeting a goal of protecting 30% of the world’s seas by 2030 so that it can take effect within two years of its adoption in 2023.** So far, of the 60 states needed for that to happen, only 29 have ratified the agreement, known as **the High Seas Treaty** but formally titled **Biodiversity Beyond National Jurisdiction (BBNJ)**. The treaty aims to create rules for establishing marine protected areas (MPAs) in international waters....”

## **Nature Comment - Why we should protect the high seas from all extraction, forever**

C Roberts, J Rockström, M Lynas et al; <https://www.nature.com/articles/d41586-025-01665-0>

“Exploitation of the high seas risks doing irreversible damage to biodiversity, climate stability and ocean equity. A consensus must be built now to save them.”

**“As world ocean specialists and policymakers convene this week at the UN Ocean Conference in Nice, France,** we make a case for permanent protection of all international ocean waters from fishing, sea-bed mining, and oil and gas exploitation.....”

Related **tweet by Rockström**: “ Ahead of #UNOC3, my colleagues and I write in @Nature calling for the permanent protection of international waters from fishing, seabed mining, and oil and gas extraction.”

## **Resilience - Why it’s time for a new climate movement: Strategic adaptation for emergency resilience**

By **Rob Harrison-Plastow, Rupert Read**; <https://www.resilience.org/stories/2025-05-28/why-its-time-for-a-new-climate-movement-strategic-adaptation-for-emergency-resilience/>

**“... You are the #climatemajority.....” “This is what comes after protest: a movement, a wave built on action, not disruption.” “Time for Strategic Adaptation For Emergency Resilience (SAFER).”** Excerpts:

**“The Climate Majority Project is a home for those ready to step forward, not by blocking roads but by building what’s needed. There’s no single path forward, only the questions that help you find your own, along with everyone else: What does your place need? What are you good at? What brings you joy? What can you offer?”**

**“According to the Soviet writer Alexei Yurchak, revolutions happen in two stages:** the first stage is when everyone realises that something is wrong; the second stage is when everyone realises that everyone else realises it as well... That second stage is the opportunity presenting itself to us all at this moment.” “As soon as the false belief that each of us is alone in our deep, deep concern vanishes, the sense of relief and release will be palpable, and the #climatemajority will be heard loud and clear.”

**“The Climate Majority is already here. It’s you. It’s me. It’s all of us —** stepping forward with courage and care, finding joy in connection and standing up for what we believe in and what we love, together.”

## **Guardian – How the US became the biggest military emitter and stopped everyone finding out**

<https://www.theguardian.com/environment/2025/may/30/donald-trump-geopolitics-could-deepen-planetary-catastrophe-expert-warns>

**“Academic Neta Crawford** warns that if Donald Trump follows through on his threats of war, emissions will soar and the planet will pay the price.”

**“.... the climate impact of Donald Trump’s geopolitical ambitions could deepen planetary catastrophe, triggering a global military buildup that accelerates greenhouse gas emissions, a leading expert has warned. The Pentagon – the US armed forces and Department of Defense (DoD) agencies – is the world’s largest institutional greenhouse gas emitter, accounting for at least 1% of total US emissions annually, according to analysis by Neta Crawford, co-founder of the Costs of War project at Brown University.....”**

**“... The total military carbon footprint is estimated at about 5.5% of global emissions – excluding greenhouse gases from conflict and war fighting. This is more than the combined contribution of civilian aviation (2%) and shipping (3%). If the world’s militaries were a country, this figure would represent the fourth largest national carbon footprint in the world – higher than Russia. .... The global military buildup could be catastrophic for global heating, at a time when scientists agree that time is running out to avoid catastrophic temperature rises.”**

## **Project Syndicate – The Climate Challenge as a Development Opportunity**

Navroz K. Dubash; <https://www.project-syndicate.org/commentary/climate-as-development-model-by-navroz-k-dubash-2025-05>

**“Even if policymakers in developing countries see little value in pursuing large emissions reductions at the pace that climate advocates would like, climate-aligned development is still the best path forward. The key, both politically and economically, is to reframe the issue.”**

“... the climate challenge can be framed as a choice among alternative development pathways. In many cases, development choices are also climate choices, and in a world where being a low-carbon economy confers a competitive edge, the absence of structural lock-in could be turned into an advantage.....”

## HPW - Five Hotspot Countries Are Key to Preventing Vehicle Pollution

<https://healthpolicy-watch.news/five-hotspot-countries-are-key-to-preventing-vehicle-pollution/>

“New research shows how 310 premature deaths and 230 new children’s asthma cases can be prevented every day over the next 15 years if governments act against polluting vehicles and accelerate the move to electric vehicles. Pollution from fossil-fuel vehicles is most lethal for two age groups, those above the age of 65 and those under five, a new [study](#) shows.”

“....Five countries, China, the United States, Indonesia, India, and Mexico, are estimated to have the most road transport-attributable cases for children and older people in 2023. .... “ “Among those who conducted the research are the International Council on Clean Transportation (ICCT) .... along with George Washington University and the University of Colorado Boulder. “

## Access to medicines, vaccines & other health technologies

### Devex – Ghana's Delese Mimi Darko appointed to lead African Medicines Agency

<https://www.devex.com/news/ghana-s-delese-mimi-darko-appointed-to-lead-african-medicines-agency-110242>

“This is a long-awaited appointment to the new specialized health agency of the African Union tasked with improving regulatory harmonization of medicines across the continent.”

PS: “AMA is the second specialized health agency of the African Union, after the [Africa Centres for Disease Control and Prevention](#). In 2022, Rwanda [was chosen](#) to host the new agency....”

### Reuters – Gilead commits to HIV prevention rollout for low-income countries despite funding uncertainty

<https://www.reuters.com/business/healthcare-pharmaceuticals/gilead-commits-hiv-prevention-rollout-low-income-countries-despite-funding-2025-05-30/>

“Gilead Sciences says it still plans to supply its twice-yearly injection for preventing HIV infection in low-income countries if it wins U.S. approval despite funding uncertainty over the Trump Administration’s pullback in aid spending.”

“... An FDA approval decision is expected by June 19 for lenacapavir, which proved to be nearly 100% effective at preventing HIV in large trials. If the Food and Drug Administration green lights the drug, and its view is seconded by the WHO, the shots could start to roll out early in 2026 to at least 2 million people in 18 low-income countries based on Gilead's agreement with the U.S. President's

**Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund**, a worldwide partnership targeting HIV, tuberculosis and malaria.” “**Gilead agreed to provide lenacapavir at cost for two-to-three years while six generic drugmakers, which were granted licenses to make the medicine for low-income countries, ramp up production....**”

PS: “... .. The **United Nations program on HIV/AIDS** earlier this month said many HIV prevention programs supported by PEPFAR were stalled, although services for pregnant and breastfeeding women were technically exempt from the cuts. .... **Peter Sands, executive director of the Global Fund, told Reuters the group intends to fund as much of the lenacapavir rollout as possible, but it will need to start slowly. .... Much will depend on the success of the Global Fund's effort to raise \$18 billion to fund its work from 2027-2029.** The U.S. is its largest donor, committing \$6 billion in the previous funding round. It is unclear what the U.S. may provide this round, or whether other big governments will step up.”

“.... **Gilead declined to comment on its manufacturing cost for lenacapavir, whose U.S. price is likely to be on par with current preventive medications at around \$25,000 per year.** ViiV Healthcare's Apretude, an injection given every two months, costs about 124.20 pounds (\$168) in low- and middle-income countries. **Mitchell Warren, executive director of the AIDS nonprofit AVAC, estimates the eventual annual cost at \$100-\$120.** The lower the price, the more people who could receive it, he said. .... **Warren said PEPFAR could still participate, and others may come forward. The Gates Foundation and the Children's Investment Fund Foundation are "actively involved in all of these conversations," he said, as is the Elton John AIDS Foundation....**”

## **Politico - Open drug pricing activists sign secrecy pacts with Big Pharma**

<https://www.politico.eu/article/open-drug-pricing-health-big-pharma-medicine-ngo-germany/>

**“Doctors Without Borders says it is forced to sign NDAs by some companies.”**

“A leading campaigner for drug price transparency has been forced into nondisclosure agreements with pharmaceutical companies when buying medicines for poorer countries. Documents seen by POLITICO reveal that **NGO Doctors Without Borders, also known as MSF, signed a confidentiality clause with German pharma company Bayer in a contract to buy contraceptives for distribution in lower-income countries.** The deal prevented MSF from disclosing the price it paid for the medicines. But it's not a one-off: **A top MSF official admitted the NGO had “reluctantly” signed NDAs with pharma companies on more than one occasion....**”

With also comments from Ellen 't Hoen & Tido.

## **The Collective – Trump 2.0: Potentially the worst development in three decades for access to medicines?**

<https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/deborah-gleeson/trump-2.0-potentially-the-worst-development-in-thr.html>

“Along with **Brigitte Tenni and Belinda Townsend**, Collective Member **Deborah Gleeson** breaks down the **consequences of Trump's 'reciprocal tariffs' for access to medicines.**”

Among others focusing **on India and Thailand**, “both critically important countries in terms of global access to medicines, where undue pressure from the Trump Administration could have significant ramifications...”

**“... Threatened with ‘reciprocal tariffs’ of 26% and 36% respectively, India and Thailand might understandably be tempted to cave to US pressure and make their laws TRIPS-Plus. And if Trump carries out his plan to introduce “major” tariffs on pharmaceuticals imported into the US, the pressure will ramp up significantly....” “ If we are to meet the Sustainable Development Goals and keep moving towards equitable access to medicines globally, it will be important for India, Thailand and all countries to resist US bullying and refuse to adopt stronger IP protections....”**

### **I-Mak - The Heavy Price of GLP-1 Drugs: How Financialization Drives Pharmaceutical Patent Abuse and Health Inequities for GLP-1 Therapies**

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

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

And a link:

- Stop TB - [\\$15.3 Million Unitaid Investment to Strengthen Community-Led Action on Drug-Resistant TB in 16 Countries](#)

**“The Stop TB Partnership, with support from Unitaid, will lead RESPECT (Reshaping People-Centric Empowered Community-led DR-TB Treatment), a new project aimed at mobilising and strengthening the role of TB-affected communities and civil society in increasing the demand for and uptake of drug-resistant TB (DR-TB) services and tools. RESPECT will leverage Stop TB Partnership’s Challenge Facility for Civil Society (CFCS) to increase community engagement and demand for DR-TB services and tools in Cameroon, Democratic Republic of Congo, India, Moldova and Pakistan, while also supporting national networks in their efforts to advocate for budgets and policies, promote literacy and stigma reduction initiatives, and conduct community-led monitoring using the Onelmpact solution for enhanced accountability. The Stop TB Partnership will be joined by REACH in India, DOPASI in Pakistan, DRAF TB in Cameroon, PAS Centre in Moldova, and Club des Amis Damien in the Democratic Republic of Congo as consortium partners to advance this important work at the country level....”**

# Conflict/War/Genocide & Health

## Lancet World Report – Health aid funding falls short as Gaza crisis deepens

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01181-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01181-X/fulltext)

**“Despite strong advocacy, donor funding for humanitarian relief and health in the occupied Palestinian territories remains critically low. John Zarocostas reports.** The humanitarian catastrophe unfolding in Gaza and worsening conditions in the occupied West Bank took centre stage at the 2025 World Health Assembly in Geneva, while crisis diplomacy took place at the UN Security Council in New York. **Yet despite high-level advocacy, donor pledges remain well below the funding needed for life-saving aid.....”**

## Lancet Perspectives - To be a distant witness

Mandip Aujla; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01183-3/fulltext?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01183-3/fulltext?rss=yes)

Book review of Omar El Akkad's new book ***One Day, Everyone Will Have Always Been Against This.*** Vital read.

## Lancet Correspondence – Sudan's tuberculosis response needs global support amid conflict

A M Al Zamel et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01119-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01119-5/fulltext)

**“As Sudan enters its third year of war, tuberculosis continues to pose a serious threat to public health amid systemic health-care collapse.** ... .. The humanitarian crisis has exacerbated risk factors for tuberculosis transmission, including overcrowding, malnutrition, and displacement, with more than 8.6 million people internally displaced since the conflict began. Moreover, the collapse of routine health services has resulted in over 70% of hospitals being non-functional, and 701 000 children missing basic vaccinations in 2023 alone.....”

**“... Despite these challenges, collaborative efforts are underway.** The Global Fund to Fight AIDS, Tuberculosis and Malaria and the UN Development Programme, in coordination with Sudan's health authorities, resumed medical supply deliveries to Darfur and other conflict-affected regions in late 2024, including medicines for approximately 13 000 patients with tuberculosis. Furthermore, the Sudanese Federal Ministry of Health is actively rehabilitating tuberculosis centres and expanding diagnostic capacity across several states. **Nevertheless, tuberculosis remains a neglected crisis in the broader humanitarian response. There is an urgent need for targeted funding, mobile diagnostics, treatment continuity in displacement settings, and integration of tuberculosis services into emergency health operations. The long-term risks of an uncontrolled tuberculosis epidemic—particularly multidrug-resistant tuberculosis—are far reaching and demand immediate global health attention.”**



## Reorienting frailty in clinical practice, public health, and policy: the *Lancet* Commission on Frailty

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01101-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01101-8/fulltext)

**“WHO's policy framework for healthy ageing from the World Report on Ageing and Health recognises frailty as the foremost geriatric syndrome in older adults and a key determinant of functional ability. Frailty poses a major public health challenge, with a substantial impact on the people living with it, their families, health-care systems, and social support services. However, frailty is a poorly understood condition globally. Without an adequate understanding of frailty and its causal pathways, policy makers cannot develop effective preventive strategies to reduce frailty prevalence and its associated burden. Moreover, there is an urgent need for pragmatic strategies to integrate public health approaches with wider health, social, and long-term care systems to improve the support for older adults living with frailty.....”**

“... To address knowledge gaps and to inform and develop effective public policy to prevent frailty, **The Lancet announces a new Commission on reorienting frailty in clinical practice, public health, and policy.** The Commission will be a scientific inquiry into frailty and will build on The Lancet's 2019 Series and 2013 Seminar on frailty. This Commission aims to globally reorient health care and public policy to prevent the development and progression of frailty across the life course, and to improve access to high-value, evidence-based care for older adults with frailty. To achieve this goal, the **work of the Commission will target four priority areas....”**

## Miscellaneous

### Nigeria Launches AI Scaling Hub in Collaboration with Gates Foundation to Accelerate Impact in Health, Education, and Agriculture

<https://fmcide.gov.ng/nigeria-launches-ai-scaling-hub-in-collaboration-with-gates-foundation-to-accelerate-impact-in-health-education-and-agriculture/>

**“The Federal Ministry of Communications, Innovation & Digital Economy and the Gates Foundation have announced the launch of the Nigeria Artificial Intelligence (AI) Scaling Hub, a new initiative to accelerate the responsible development and scale-up of AI-driven solutions that improve lives and expand opportunity across key sectors such as health, agriculture, and education. This was announced during the Scaling Hub MOU signing ceremony between the Federal Ministry of Communications, Innovation & Digital Economy and Gates Foundation, held in Abuja.”**

**“The Nigeria AI Scaling Hub is a multi-stakeholder initiative that will coordinate the scaling of mature AI solutions in the country. The hub will convene government agencies, private sector tech companies, academia, and development partners to support large-scale implementation of mature AI innovations. The Gates Foundation is supporting the Nigeria Scaling Hub with up to \$7.5 million commitment over a three-year period.....”**

## CGD (blog) – The Famine Early Warning System is Back Online. Its Warnings Are Dire

C Kenny; <https://www.cgdev.org/blog/famine-early-warning-system-back-online-its-warnings-are-dire>

**“FEWS NET, the US-financed famine early warning system, was one of the casualties of the US foreign assistance “pause.” The good news is that it has resumed operations. But what it has to report** is deeply concerning. “Starvation persists in Sudan and re-emerges in Gaza; South Sudan and Yemen also continue to face severe acute food insecurity emergencies... large-scale food assistance needs persist across East Africa, parts of West and Southern Africa, conflict-affected areas of the Middle East, Afghanistan, and Haiti.” ....”

**“Conflict, weather shocks and food inflation play the major roles. But in addition, the “uncertainty of trade relationships** has led to a downward revision in projections for global economic growth for the year, and there is concern that shifts in agricultural trade flows may place upward pressure on prices.” **And “freezes and ongoing reductions of donor funding are forcing cuts to food, nutrition, and agricultural assistance programs.” ....”**

## Guardian – Are there billions more people on Earth than we thought? If so, it’s no bad thing

J Kennedy; <https://www.theguardian.com/commentisfree/2025/may/31/earth-population-billions-decline-birthrate-west>

**“A study suggests the global population has been undercounted – but we shouldn’t let the overpopulation alarmists win the argument.”**

## Global health events

### (WHO’s) Alliance - Stronger roots, broader reach: research to improve vaccine uptake

<https://ahpsr.who.int/newsroom/news/item/28-05-2025-stronger-roots-broader-reach-research-to-improve-vaccine-uptake>

**“In February 2025, researchers and policy experts from six low- and middle-income countries gathered in Geneva alongside global experts for a three-day workshop to refine their [health policy and systems research studies aimed at improving vaccine uptake](#). .... The event brought together teams from Ethiopia, India, Indonesia, Nigeria, Pakistan and the Philippines. Each team is leading a country-specific study to understand how community dynamics, system design and national policies affect immunization coverage – and how these systems can be strengthened through evidence-informed strategies....”**

**“... At the heart of the workshop was a collaborative process to develop a shared meta-narrative for the programme – a unifying framework that connects the six projects across different thematic areas and country contexts. .... Ultimately, participants developed the metaphor of a growing tree.**

Deep community engagement and meaningful stakeholder relationships are **the roots**, providing stability and legitimacy. The evidence base serves as **the trunk**, supporting and strengthening decision-making. Policies and health system interventions form **the branches**, extending reach and adaptability. And **the canopy** represents the ultimate goal: improved vaccine uptake.....”

## IDS – Salzburg Statement calls for equity-centred transformation of global health science

<https://www.ids.ac.uk/news/salzburg-statement-calls-for-equity-centred-transformation-of-global-health-science/>

“In a landmark gathering aimed at redefining the future of global health, over 50 experts, practitioners, and advocates convened at the Salzburg Global Seminar in October 2024. The session, titled “Centring on Equity: Transforming the Health Science Knowledge System,” culminated in the release of the [Salzburg Statement on Equity-Centred Health Science Knowledge Systems](#), which was co-authored by IDS Fellow and seminar attendee [Erica Nelson](#). The statement calls for a fundamental shift in how health knowledge is produced, shared, and applied, emphasising the integration of diverse perspectives and the dismantling of systemic inequities. The statement, launched at the [World Health Assembly in Geneva on 24 May 2025](#), outlines five key principles for transforming health science knowledge systems.....”

## Global health governance & Governance of Health

### Devex Pro - Is the political environment in Brussels the worst ever for NGOs?

<https://www.devex.com/news/is-the-political-environment-in-brussels-the-worst-ever-for-ngos-110238>

(gated) “NGOs in Brussels are growing increasingly worried about pressure from MEPs which they say is threatening their ability to advocate for development causes. Nongovernmental organizations in Brussels, Belgium, are **increasingly coming under fire from right-wing politicians over their advocacy work**, with veteran development advocates describing the political environment in the de facto capital of the European Union as “the worst we’ve ever had.” ....”

### Plos GPH - Advancing gender equality in global health: What can we learn from successful gender integration across five UN agencies?

Johanna Riha et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004697>

“.... Despite recent attacks against multilateralism, the United Nations (UN) and its agencies remain strategically well-placed to provide direction and lead the agenda of gender equality in health, drawing on lessons from the past. Through a collaborative practice-based multi-agency study, **14 case studies from across five UN agencies were documented and analysed to identify what has worked institutionally and programmatically to promote gender equality in health over the last 25 years**. The outcomes observed reflected the different levels that UN agencies work at and

showcased the capabilities and strengths of the UN system in promoting gender equality in health through its operational functions, global agenda-setting work, and institutional processes and structures. In addition, across the case **studies five key factors - feminist civil society, robust evidence, leadership support and gender technical expertise, and institutional structures - consistently stood out as necessary elements to leverage opportunities and produce substantial and sustained advances in gender equality in health.** These findings offer important lessons of what to foster more of in multilateral and bilateral health organisations as we seek to continue advancing gender equality in health.”

## Devex – Open letter to OECD’s Carsten Staur, on a new development paradigm

By DAC CSO Reference Group; <https://www.devex.com/news/open-letter-to-oecd-s-carsten-staur-on-a-new-development-paradigm-110222>

“We are calling on the chair of the OECD's development assistance committee Carsten Staur to push for a transparent, inclusive, and democratic process to redefine international development cooperation. ... Our message comes to you as the Organisation for Economic Co-operation and Development meets at the Ministerial level on June 3-4, less than one month before the Fourth International Conference on Financing for Development, or FfD4, set to take place in Seville, Spain. It anticipates the new international development cooperation paradigm that the OECD’s Development Assistance Committee and its members will offer to the FfD4 outcome and follow-up. .... We urge you to listen to what global south countries are saying right now in the context of the FfD4 negotiations — and heed their calls. We strongly support the Group of 77’s call for FfD4 to strengthen and reinforce the norm-setting role of the U.N., to initiate a multilateral process to build consensus on a shared understanding of ODA parameters, and to develop a new framework that ensures equity, effectiveness, and accountability. Civil society remains deeply concerned by the lack of ambition and blockage of any real progress shown in the current negotiations, particularly by rich countries. Our long-standing call for a U.N. Convention on International Development Cooperation remains as relevant and urgent as ever. Such a convention would enshrine clear commitments, foster coherence, and anchor development cooperation in the principles of justice and mutual accountability. **In this moment when countries must commit to multilateralism, the DAC and its members must not stand in the way of an FfD4 outcome that empowers the U.N. to lead in setting global norms, fostering dialogue, and advancing coherence in international development cooperation.....**”

## Devex - Who’s funding the multilateral system?

<https://www.devex.com/news/who-s-funding-the-multilateral-system-110197>

“With over \$100 billion in annual funding available, the multilateral system serves as the primary implementer of the global development goals.”

(gated) “The multilateral system plays a pivotal part in the attainment of the global development agenda. Some, such as development banks, provide funding, while others, mainly the **United Nations** agencies, implement development and humanitarian activities. But regardless of their role, most multilateral organizations rely largely on funding provided by **Development Assistance Committee** member countries. **In this analysis, we look into how exactly the world’s largest bilateral donors funded the multilateral system in 2023**, which is the latest period to have **final data** from the **Organisation for Economic Co-operation and Development**.”

“We found that **in 2023, the United States provided \$27.5 billion** — \$5.2 billion in core contributions to multilaterals — unrestricted support for the organizations’ core activities, much of it mandated by treaty — and \$22.3 billion in what is known as bi-multi aid – bilateral support, delivered on behalf of the U.S. by the multilateral system. **That’s almost a quarter of the total funding, which is worth \$107.6 billion.**”

## **Health Policy – The second Trump administration: A policy analysis of challenges and opportunities for European health policymakers**

S Greer et al; <https://www.sciencedirect.com/science/article/pii/S016885102500106X#bib0027>

“The Trump administration presents European health with threats and opportunities. We analyse impacts of U.S. actions on health financing, resources, and governance. Cuts to US research, foreign aid, and WHO role create opportunities for Europe. US actions threaten health finance, research, governance, and supply chains. EU-European divergence could create risks.”

## **Devex – Trump administration pokes panda over UN population policy**

<https://www.devex.com/news/trump-administration-pokes-panda-over-un-population-policy-110232>

“**U.S. and China face off over population policy and aid cuts.** Washington poked the panda on Tuesday, **publicly criticizing the legacy of Beijing’s now-defunct one-child policy**, and triggering a sharp Chinese rebuttal accusing the United States of risking millions of lives with its steep aid cuts.”

“**Speaking at a meeting of the executive board of three United Nations agencies — the U.N. Population Fund, the U.N. Development Programme, and the U.N. Office for Project Services —** U.S. diplomat Jonathan Shrier urged the U.N.’s reproductive health agency to halt its partnership with China, saying “UNFPA should not be complicit in China’s population control.” .... **The remarks suggested that the Trump administration is keen to use the U.N. as a stage for its increasingly bitter public spat with China over a range of issues, from a blossoming trade war and determining responsibility for the COVID-19 pandemic....**”

## **CGD - Can We Benchmark Development Agencies on Impact?**

P Stadler, I Mitchell et al; <https://www.cgdev.org/blog/can-we-benchmark-development-agencies-impact>

“.... **Here, we put forward a potential framework for measuring the extent to which development agencies are utilizing high-impact approaches—moving beyond process evaluations toward outcome measurement.** By examining how agencies' largest programs align with evidence-based "smart buys" this approach could inform more targeted aid allocation both within agencies and in choices between multilaterals. **We propose piloting this methodology in selected sectors to test its feasibility before considering broader application, and we're actively seeking feedback and partners interested in collaborating on this initiative....**”

## UHC & PHC

### Vietnam's health ministry reveals roadmap toward free universal healthcare

<https://news.tuoiitre.vn/vietnams-health-ministry-reveals-roadmap-toward-free-universal-healthcare-10325050814544845.htm>

“Vietnam's Ministry of Health is drafting a plan to eliminate healthcare fees for all citizens, following a directive from Party General Secretary To Lam. **The initiative aims to introduce sweeping reforms that would make healthcare universally accessible and fully funded by the state**, according to Deputy Minister of Health Tran Van Thuan.”

### GAVI - In Nigeria, AI tools are changing how people access healthcare

<https://www.gavi.org/vaccineswork/nigeria-ai-tools-are-already-changing-how-people-access-healthcare>

“They live in your pocket, and they have all the time in the world: for some worried parents, talking to healthcare bots about immunisation may be just what the doctor ordered. “

### India's road to UHC

<https://www.drishtiias.com/daily-updates/daily-news-editorials/india-s-road-to-universal-health-coverage>

*“This editorial is based on **“The road to Universal Health Coverage in India”** which was published in The Indian Express on 30/05/2025. The article brings into picture the push for Universal Health Coverage through Ayushman Bharat, highlighting gaps like 400 million uninsured, and stresses the need to balance booming private healthcare with stronger public investment in primary care.”*

### The New Indian Express – Insurance premiums surpass health budget

<https://www.newindianexpress.com/nation/2025/Jun/02/insurance-premiums-surpass-health-budget>

“In a stark indicator of India's shifting healthcare landscape, individual health insurance premiums have now exceeded the combined central government allocation for the Department of Health and Family Welfare and the Department of Health Research. An analysis of annual reports from the Insurance Regulatory and Development Authority of India and corresponding Union Budget documents shows that while insurance premium collections briefly dipped in the immediate post-pandemic years (2021–22 and 2022–23), they have since surged past the national health budget.”

“Even when related spending by other ministries—such as Defence and Labour—is taken into account, **India's total public health expenditure remains low: just around 2% of the Union Budget and 1.5% of GDP, falling short of the 2.5% target set by the National Health Policy.** .... This trend signals more than a budgetary shift—it reflects a structural transformation in how healthcare is accessed and funded in India. Increasing reliance on private insurance points toward a market-

driven model where care is increasingly linked to ability to pay, raising serious equity concerns, particularly for the uninsured and underinsured.....”

### **Economic & Political Weekly - Effectiveness of PFHI Schemes in India Insights from the HCES 2022-23**

M Chaudhary et al;

[https://www.researchgate.net/publication/392215533\\_Effectiveness\\_of\\_PFHI\\_Schemes\\_in\\_India\\_Insights\\_from\\_the\\_HCES\\_2022-23](https://www.researchgate.net/publication/392215533_Effectiveness_of_PFHI_Schemes_in_India_Insights_from_the_HCES_2022-23)

« Publicly funded health insurance schemes play a crucial role in financing healthcare in India, especially for the hospitalisation needs of poor and vulnerable households. **Using the Household Consumption Expenditure Survey 2022–23, the enrolment, utilisation, and effectiveness of the scheme in reducing out-of-pocket and catastrophic health expenditures are examined.** While enrolment has increased over the years, **effective financial protection remains inadequate.** The evidence suggests the need to improve the implementation of these insurance schemes and strengthens the public healthcare delivery system to protect households from financial distress.....”

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

### **Geneva Health Files - EXCLUSIVE - "The Provisions of The Pandemic Agreement Are Very Clear on The Direction That The Agreement Wants Countries To Go": Egyptian INB Vice-Chair [The Files Interview]**

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

“In today’s edition we bring you a **wide-ranging interview of Egyptian Ambassador, Amr Ramadan, a vice-chair of the Intergovernmental Negotiating Body that established WHO’s Pandemic Agreement....”** One quote to provide you with a flavour:

“There was an idea that I actually managed to insert in the agreement, which is **the five-year review of its functioning.** You will find it in Chapter III/ Article 19, that **the Conference of the Parties shall regularly take stock of the implementation of the Agreement and review its functioning every five years,** and shall take the decisions necessary to promote its effective implementation. Should we feel that provisions are not working, we need to fix them. I know that an amendment to any agreement is a difficult, lengthy, and onerous process, but at least there is a provision to fix something if, in the future, we are not so happy.....”

### **The International Journal of Health Planning and Management (Editorial) - The Pandemic Agreement: What's Next?**

Tiago Correia, Marine Buissonnière, Martin McKee;

<https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.70000?campaign=wolearlyview>



**“... The Agreement's success will depend on sustained political will, robust accountability mechanisms, and meaningful national adoption.** Ongoing debates over the definition of ‘pandemic’ and the WHO's limited enforcement powers underscore the tension between multilateral cooperation and national sovereignty. **While the Agreement represents a significant step forward, it is not a panacea. Its promise lies in its potential to catalyse coordinated global action, but only if supported by genuine commitment and adaptive governance.** As the world faces future health threats, the Pandemic Agreement must evolve into a practical tool for resilience, equity, and collective security.”

### **Lancet Infectious Diseases (Review) - The (Re)-emerging And ePidemic Infectious Diseases (RAPID) Stigma Scales: a cross-outbreak scale development and psychometric validation study**

Amy Paterson et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00161-6/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00161-6/abstract)

« Reducing stigma during infectious disease outbreaks is crucial for delivering an effective response. However, no validated stigma scales exist for use across outbreaks, and outbreak-specific scales are developed too slowly to guide timely interventions. To enable more real-time monitoring and mitigation of stigma across outbreak contexts, **we developed and validated the (Re)-emerging and ePidemic Infectious Diseases (RAPID) Stigma Scales.** Field testing and psychometric validation were conducted in communities affected by Ebola disease in Uganda, mpox in the UK, and Nipah virus disease in Bangladesh. ... .. The RAPID Stigma Scales are validated tools for real-time assessment of stigma across outbreak settings, enabling responders to design targeted interventions to improve health outcomes and promote equitable care.....”

### **Annals of Global Health - Marburg Virus Disease: Pathophysiology, Diagnostic Challenges, and Global Health Preparedness Strategies**

<https://annalsofglobalhealth.org/articles/10.5334/aogh.4671>

By Delfin Lovelina Francis et al.

### **Nature News – Exclusive: Inside the thriving wild-animal markets that could start the next pandemic**

<https://www.nature.com/articles/d41586-025-01690-z>

**“Live-animal markets are a natural laboratory for viruses to evolve and spark deadly outbreaks, yet scientists lack support to study the risks they pose.”**

## Planetary health

Energy Research & Social Science - "I can't compromise the quality of my life I'm sorry": Privileged individuals in the United Kingdom show little willingness to change high-carbon lifestyles

S Duncan et al;

<https://www.sciencedirect.com/science/article/pii/S2214629625001951?via%3Dihub>

**"... two main themes: (1) The desire for personal choice, which includes the option of not changing one's behaviour, and (2) High-carbon lifestyles increase happiness.** Overall, our findings suggest that individuals with high SES are unlikely to reduce lifestyle-related emissions, or support policy to this effect, when it requires them to make direct changes to high-carbon behaviours. **To change high-carbon lifestyles of individuals with high SES, citizens should be supported in envisioning and creating pathways for sufficiency-focused lower-carbon lifestyles that can be desirable *and* fulfilling."**

## Covid

SS&M – Cultural context and pandemic preparedness: Reassessing the Global Health Security Index's predictive power during COVID-19

H Kim et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0277953625005702>

Among others, highlighting the importance of accounting for cultural differences. "Strong cultural norms enhanced public health resilience during the pandemic."

## Infectious diseases & NTDs

Philippines sees world's fastest rise in new HIV cases: DOH calls for public health emergency

<https://mb.com.ph/2025/06/02/philippines-sees-worlds-fastest-rise-in-new-hiv-cases-doh-calls-for-public-health-emergency>

**"Department of Health (DOH) Secretary Ted Herbosa has urged President Marcos to declare a national public health emergency over Human Immunodeficiency Virus (HIV),** warning that the Philippines now records the highest increase in new HIV cases in the world....."

UNAIDS supports countries to adopt differentiated service delivery approaches to HIV care

[https://www.unaids.org/en/resources/presscentre/featurestories/2025/june/20250605\\_HIV-care](https://www.unaids.org/en/resources/presscentre/featurestories/2025/june/20250605_HIV-care)

**UNAIDS has supported eight countries including Mali, Angola, Madagascar, South Sudan, Indonesia, Pakistan, Philippines and Thailand** to assess the strengths and weaknesses of their HIV care service delivery systems. If countries are to succeed in reaching the 95-95-95 HIV targets, their health systems must adopt rights-based, gender-sensitive, and people-centered models to reach the underserved populations and improve service quality. **One such model is the differentiated service delivery (DSD) approach**, which is designed to provide HIV services that are adapted to reflect the preferences and needs of people living with and vulnerable to HIV, while reducing unnecessary burdens on the health system.....”

## AMR

**BMJ GH - Substandard and falsified antibiotics are associated with antimicrobial resistance: a retrospective country-level analysis**

<https://gh.bmj.com/content/10/6/e017078>

By E M Maffioli et al.

**TWN – WHO Releases Bibliography on Antimicrobial Resistance: A Vital Tool in a Global Health Battle**

<https://www.twn.my/title2/health.info/2025/hi250601.htm>

“The World Health Organization (WHO) has recently published a comprehensive bibliography of scientific publications on Antimicrobial Resistance (AMR) from its South-East Asia Region covering the period from 1990 to 2010 — a commendable and much-needed effort in the global fight against drug-resistant infections.....”

## NCDs

**UN Interagency Task force on NCDs - Task Force "an exemplar of the UN working as one" says new joint independent evaluation report**

<https://uniatf.who.int/about-us/news/item/16-05-2025-task-force-an-exemplar-of-the-un-working-as-one-says-new-joint-independent-evaluation-report>

*“A recently released independent report on the Task Force describes it as ‘an effective coordination mechanism and an exemplar of the UN working as one’, with the report highlighting its ‘high demand from both Member States and UN agencies’. .... At the global level, the evaluation found that the Task Force ‘contributes to building synergies among UN agencies on NCDs through working groups, joint programmes and the Health4Life Fund’ with the secretariat being ‘highly effective in convening Task Force members and coordinating its activities.’....”*

## Nature (News) – How a mysterious epidemic of kidney disease is killing thousands of young men

<https://www.nature.com/articles/d41586-025-01689-6>

**“Repeated damage from extreme heat over time** seems to be a leading factor causing kidneys to fail.”

## IJHPM - Finding the Right Balance: Challenges in Optimising the Promise of Complexity Research for NCD Best-Buys Implementation and Adoption; Comment on “Barriers and Opportunities for WHO ‘Best Buys’ Non-Communicable Disease Policy Adoption and Implementation From a Political Economy Perspective: A Complexity Systematic Review”

Pragati B Hebbar et al ; [https://www.ijhpm.com/article\\_4753.html](https://www.ijhpm.com/article_4753.html)

“... In this commentary we take forward the discussion on the NCD best-buys by comparing the findings of the article with one of the risk factors of tobacco use and its control in India. We reflect on the challenges in actualizing the promise of research methods and approaches while studying such complex interventions like the NCD best buys. The balance of studying complexity while still keeping the findings translatable at country levels.....”

## Plos Med - Community health worker–facilitated telehealth for moderate–severe hypertension care in Kenya and Uganda: A randomized controlled trial

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004632>

by M D Hickey et al.

## Guardian – Exercise ‘better than drugs’ after cancer treatment, international trial finds

<https://www.theguardian.com/society/2025/jun/01/exercise-better-than-drugs-after-cancer-treatment-international-trial-finds>

A bit ‘overhyped’ perhaps, this new research.

**“First clear evidence that structured exercise regime reduces risk of dying by a third and can stop cancer returning.”** “Exercise can reduce the risk of cancer patients dying by a third, stop tumours coming back and is even more effective than drugs, according to the **results of a landmark trial** that could transform health guidelines worldwide.”

“For decades, doctors have recommended adopting a healthy lifestyle to lower the risk of developing cancer. But until now there has been little evidence of the impact it could have after diagnosis, with little support for incorporating exercise into patients’ routines. Now a world-first trial involving patients from the US, UK, Australia, France, Canada and Israel has found that a

structured exercise regime after treatment can dramatically reduce the risk of dying, the disease returning or a new cancer developing. **The results were presented in Chicago at the American Society of Clinical Oncology (Asco) annual meeting**, the world's largest cancer conference, and published in the [New England Journal of Medicine](#).

## Social & commercial determinants of health

### Review of International Political Economy - Towards a theory of 'Big plastic'

Babet De Groot & Robert MacNeil;

<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2498424?src=exp-la>

**"This paper aims to shed light on the nature of the plastic industry's political power by developing the concept of Big Plastic.** To date, the nascent field of 'plastic political economy' has shied away from engaging fully with this neologism, typically using it as a throwaway term to note the sector's influence over governments, or simply rejecting it, noting that the disaggregated nature of the plastics supply chain means that the industry cannot be understood as a monopolised juggernaut similar to Big Oil, Big Pharma, Big Tech, or other highly consolidated sectors that have been assigned this descriptor. In contrast, **we argue that, properly understood, the concept has significant value in helping international political economy (IPE) scholars and environmentalists understand the nature of the industry's power, and how it might be challenged.** Drawing on Fuch's (2007) 'three faces of business power' framework, **we sketch a picture of an industry which, despite its heterogeneous supply chain, nevertheless acts to a considerable degree as a coherent political force, leveraging its extensive power at a structural, discursive, and instrumental level to defend the continuity of unmitigated plastic production and consumption."**

### BMJ GH - The intersection of the social determinants of health and antimicrobial resistance in human populations: a systematic review

<https://gh.bmj.com/content/10/5/e017389>

By A E Shutt et al.

### BMJ News – One million excess deaths linked to deprivation over a decade, Marmot tells conference

<https://www.bmj.com/content/389/bmj.r1147>

**"One million excess deaths were linked to deprivation between 2009 and 2020, Michael Marmot has told the Royal College of Physicians annual conference."**

"Speaking at a discussion on health inequalities, Marmot, professor of epidemiology at University College London and director of the Institute of Health Equity, said **differences in life expectancy between the most and least deprived areas widened in England from 2010.** Of the million excess deaths, Marmot calculated that **148 000 can be directly linked to austerity measures brought in by the coalition government in 2010.** **"Arguably, austerity killed 148 000 people. That was a pretty momentous political choice,"** he said....."

## **FT - The new nicotine hit that could save Big Tobacco**

<https://www.ft.com/content/7c1dac92-76bd-45cf-ae86-c3d1c94589dc>

“Industry leaders hope the rising popularity of nicotine pouches like Zyn will boost revenues. But will the high be fleeting?”

- Related: New Yorker - [Zyn and the New Nicotine Gold Rush](#)

## **Sexual & Reproductive health rights**

### **Critical Public Health - Advocating for an integrated healthcare model for women of reproductive age in low- and middle-income countries**

<https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2512842?src=>

By Lauren Stuart et al.

### **Health Communication - Theoretical and Practical Implications of Communication in Community Engagement for Maternal and Newborn Health: Middle-Range Theories Developed in a Realist Evaluation**

<https://www.tandfonline.com/doi/full/10.1080/10410236.2025.2512926>

By Sara Dada et al.

### **BMC Reproductive Health (Supplement) - Context matters: Real-world evidence and impact for better sexual and reproductive health in West Africa and the Middle East**

<https://reproductive-health-journal.biomedcentral.com/articles/supplements/volume-22-supplement-1>

Edited by Chaitali Sinha (IDRC), Anne-Marie Schryer-Roy (Independent), and Marie-Gloriose Ingabire (IDRC).

Read the accompanying blog [here](#).

## **Adolescent health**

### **BMJ Feature – Brazil’s teen pregnancy rate is plummeting: what can other countries learn from it?**

<https://www.bmj.com/content/389/bmj.r852>

“Teenage pregnancies in Brazil have been stubbornly high for decades, but a range of efforts to tackle this inequality are finally bearing results. Luke Taylor reports.”

## Access to medicines & health technology

**BMC Global & Public Health -Access to medicines and continuity of non-communicable diseases care for forcibly displaced populations: a call for rights-based, comprehensive responses**

[BMC Global & Public Health](#);

By Saleh Aljadeeah et al.

## Human resources for health

**IHP – Unemployment of Doctors in Kurdistan: A Ticking Time Bomb for Healthcare**

Goran Zangana; <https://www.internationalhealthpolicies.org/featured-article/unemployment-of-doctors-in-kurdistan-a-ticking-time-bomb-for-healthcare/>

**“Hundreds of doctors in the Kurdistan Region of Iraq (KRG) staged a demonstration on June 3, 2025, in front of the Council of Ministers’ office in Erbil and other cities, [protesting](#) the government’s failure to employ newly graduated doctors, delayed salaries for public sector doctors, and the Health Ministry’s refusal to facilitate professional progression despite doctors fulfilling all necessary requirements. This protest sheds light on a growing crisis that threatens both the region’s healthcare system and the future of its medical workforce.** It is also yet another example of the growing [dissatisfaction](#) of the medical profession with current government policies, not only in Iraq and Kurdistan but in many other settings around the world. The unemployment crisis in the KRG also has implications for global migration of healthcare workers exacerbating already severe inequalities of human resources for health across the world....”

**International Journal of Nursing studies Advances - The role of the nursing workforce in health system resilience during disasters: A scoping review of empirical studies**

Katherine Kruger et al; <https://www.sciencedirect.com/science/article/pii/S2666142X25000682>

**“Nurses are essential to resilient health systems, however, there is limited research examining the nursing workforce and its contributions to resilient health systems, particularly within disaster contexts. More targeted research on nursing workforce contributions to achieve resilient health systems is needed. “**



## BMJ GH (Commentary) - Autonomy and independence: a critical imperative for midwifery

G Zarbiv et al; <https://gh.bmj.com/content/10/6/e019184>

**“Midwifery autonomy and independence are distinct yet interdependent concepts that are both essential for high-quality maternal and neonatal care.** Many health systems support autonomy in theory but fail to ensure midwives can practice independently in reality. Advancing midwifery requires system-wide structural investment in regulation, education, association, practice, research and leadership to support both autonomy and independence. **Achieving midwifery autonomy and independence is a global imperative for equity, quality, and the advancement of evidence-informed policy and health system transformation.”**

## United Nations University (UNU) - The Evolving Digitalised Workforce in Healthcare

Claudia Abreu Lopes, Teresa Farinha, Johanna Riha;

<https://www.ispionline.it/en/publication/lonely-in-the-crowd-plugged-or-remote-208272>

**Chapter in ISPI report, “Lonely the Crowd: Plugged or Remote? Global Cities and the challenge of hybrid work”.**

**“.... a policy research article assessing how opportunities introduced by emerging digital technologies need to be balanced with mitigation of important risks.** As automation of routine tasks and AI-augmented decision-making may enhance efficiency and reduce administrative burden, such positive outcomes cannot be understood separately from the risks of potential job displacement, as well as the intensification of care extractivism that reproduces structures of gendered, racialised, and class-based hierarchisation and exploitation. The authors explore how the integration of AI technologies in the health sector, requires understanding the uniqueness of human labour and their capacity for adaptation. **To ensure that digital technologies complement, rather than replace, human expertise, several conditions need to be met, such as inclusive upskilling, equity-focused governance, and localised implementation strategies.”**

## Miscellaneous

### IISD - UNSG’s Report Calls for Multistakeholder Cooperation to Advance SDGs

<https://sdg.iisd.org/news/unsgs-report-calls-for-multistakeholder-cooperation-to-advance-sdgs/>

**“The report calls for countries to, inter alia: identify specific measures to break down barriers to coordinated policy implementation; develop strategic foresight capacities and integrate such foresight into decision making to adapt to future scenarios; and engage with parliaments, scientific institutions, civil society, supreme audit institutions, and peer review mechanisms to strengthen accountability mechanisms. It recommends leveraging networked multilateralism and digital solutions through the Global Digital Compact and facilitating anticipatory planning, foresight, and futures literacy in line with the Declaration on Future Generations.”**

**“The UN has released the Secretary-General’s analysis of barriers to advancing progress on the five Goals under review at the 2025 session of the UN High-level Political Forum on Sustainable Development (HLPF) – 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). “**

**“The report titled, ‘Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda for Sustainable Development and its Sustainable Development Goals for leaving no one behind,’ focuses on the theme of the 2025 HLPF. ....”**

### **SCMP – US steps up contest with China in Africa by focusing on ambassadors’ business deals**

<https://www.scmp.com/news/china/diplomacy/article/3312907/us-steps-contest-china-africa-focusing-ambassadors-business-deals>

**“New US commercial diplomacy strategy incorporates Trump administration’s ‘trade, not aid’ approach.”**

**“The US State Department has introduced performance metrics for American ambassadors in Africa to evaluate them based on the number of business deals they make as part of the US government’s new “trade, not aid” approach.....”**

PS: “While the “trade, not aid” rhetoric is not new, it marks a shift in US priorities in Africa, namely to boost trade and investment as a counterweight to China’s Belt and Road Initiative. But experts doubt the “trade, not aid” shift will match China’s influence without deeper investment and policy alignment with African priorities.....”

### **Devex - Aid cuts spark a rethink of African food systems rooted in agroecology**

<https://www.devex.com/news/aid-cuts-spark-a-rethink-of-african-food-systems-rooted-in-agroecology-109930>

**“With the dismantling of USAID and a shift away from traditional official development assistance, activists see a chance to reshape the future of African agriculture.”**

### **Economist (Briefing) – More and more parents around the world prefer girls to boys**

<https://www.economist.com/briefing/2025/06/05/more-and-more-parents-around-the-world-prefer-girls-to-boys>

**“The bias in favour of boys is shrinking in developing countries even as a preference for girls emerges in the developed world.”**

## Papers & reports

### **HP&P - How policy entrepreneurs solve local health problems in the global South: an exploratory study**

A T Mhazo, S Abimbola et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf033/8154099?searchresult=1>

With focus on Zimbabwe.

### **SS&M - Training clinicians to be organizers: Expanding professional identities through a year-long Climate Health Organizing Fellowship**

<https://www.sciencedirect.com/science/article/pii/S0277953625006094?via%3Dihub>

by J Shaffer et al.

### **International Journal of Social Determinants of Health and Health Services - What is the Association Between Economic Growth and Health Equity? A Cross-National Study of 83 Low- and Middle-income Countries**

Toby Freeman et al; <https://journals.sagepub.com/doi/full/10.1177/27551938251345969>

Among the findings: “.... increasing GDP may help reduce absolute inequities in infant and under-five mortality, but may increase relative inequities. Understanding drivers of the distribution of wealth and income to flatten the socioeconomic gradient in health are crucial to reducing health inequities.”

### **SS&M – How populist-aligned views are reflected in people’s accounts of the receipt of public health interventions: a systematic review of qualitative studies**

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625006434>

by K Conway-Moore et al.

### **SSM Health Systems - Conflicts and complexities around intellectual property and value sharing of artificial intelligence healthcare solutions in public-private partnerships: A qualitative study**

<https://www.sciencedirect.com/science/article/pii/S2949856225000455>

By H Alami et al.

## Tweets (via X & Bluesky)

### Kingsley Mohalu

**“It’s a disgrace that 70% of the \$650 million annual budget of @\_AfricanUnion is funded by Europeans.** When the foreigners fund us, they are ‘development partners’. Then tomorrow they are colonizers and imperialists. We have to be serious. It’s either we have an African Union and fund it, or we all go home”. **Blunt talk from @Mo\_IbrahimFdn Founder Mo Ibrahim at the Ibrahim Governance Weekend** in Marrakech, Morocco, in conversation with former African Union Commission President .”

### Ilona Kickbusch

Re: <https://www.dw.com/en/bill-gates-to-give-most-of-200-billion-fund-to-africa/a-72769394>

**“Will be interesting to see the governance established for these large sums** - decisions on priorities, distribution, involvement of African actors (countries, AU, Africa CDC etc.) oversight, transparency, accountability, cooperation with other actors. A new model could emerge.”

### Thoko Elphick-Pooley

**“..... the message in Addis was clear: the Gates Foundation is ready to stand with countries that prioritize primary health care.** Primary Health Care is how we ensure every person, regardless of income or geography, has a fair chance at a healthy life. It is often the first and only line of defence for millions. ....”