

# IHP news 835 : On ‘reimagining’ partnerships

( 20 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,

As a considerable chunk of the global health community (*quoting a colleague here*) is rather occupied **‘reinventing, reimagining & rethinking’ global health**, many of our current “leaders” seem to have their own idea on how to ‘reinvent’ the world.

Anyway, like most people I have very little impact on those “high-level” decisions, so let me just focus in this intro on an issue where we – in the global health community - might just have a tiny bit of leverage: international football 😊. The backdrop: the **FIFA world cup for club teams**, which has kicked off in the US, among others with an aging Messi.

Earlier this week, **Tedros** sent a merry tweet, celebrating **WHO’s continued partnership with FIFA**: “@WHO is happy to continue partnering with @FIFACOM to promote physical activity and health among the fans of the @FIFACWC in the United States and around the world. Let’s #BeActive and **bring your moves** to stadiums as you celebrate your team’s goals. ...”

I don’t know about you, but when it comes to the ‘moves’ of FIFA boss Gianni Infantino over the past few years (*and I’m not just talking about his [deep love for private jets](#) here*), you gotta wonder about the merits of this partnership. Make no mistake, I certainly agree with Tedros that football is a wonderful sport (*there was a time that I missed it every day, not being able to play anymore due to knee issues*), and can boost your physical activity and health in the process (*well, except for your knees, ankles & [brain](#) 😊*). But seriously: **FIFA?**

**Football’s “[sugar problem](#)”** is just one of the many problematic (public health related) issues around this 2025 World Cup (*with CDH scholars rightfully arguing **FIFA should drop soda giants as sponsors***). Fans in some stadia also face [dangerous conditions](#) due to heat and lack of water; in an awkward encounter Trump [asked the Juventus squad for “their views on transgender players”](#); and more in general this new World Cup is so obviously about making even more money for FIFA that you’d be blind not to see this. My empathy for overpaid football stars is fairly limited, but even they deserve proper holidays. Most importantly, though, as a **Guardian op-ed** argued, **“[Authoritarian-friendly FIFA fest shows why next year’s World Cup must be boycotted](#)”**: “*The Club World Cup is being staged across the US as citizens from 12 countries are banned and masked agents demand people’s papers based on the color of their skin.*” It’s clear that Gianni “BFF of Donald & some other crooks” Infantino doesn’t have any problem with this, but frankly, dr Tedros: is this really the partnership you want WHO to have?

It's time to 'reconsider' this partnership. As next year, chances are it will feel even less appropriate.

And come think of it, this year's **H2O Summit** (19-20 June) in Geneva is themed "[Reimagining partnerships and building back public trust in global health](#)" 😊.

Kristof Decoster

## Featured Article

### When Care Becomes a Privilege, not a Right: The Silent Suffering of Refugee Women to Access Quality Healthcare in Egypt

Sameh Mikhail Farag

**"Do we have any right to quality healthcare, or is it only for others? We feel like we are left behind..."**

Sulaifa's voice trembled as she spoke, her eyes filled with quiet resilience and deep sorrow. A Sudanese refugee and a single mother, she had fled to Egypt after conflict shattered her home, taking the life of her husband and leaving her alone to care for her four children.

I met Sulaifa during a community refugee meeting while working with a humanitarian NGO in Egypt. She sat among other women, each carrying their own stories of struggle and survival. But when she spoke, her words echoed the unspoken fears of many. She had escaped war, seeking safety, only to find herself in another battle - one for dignity, health and survival.

Like many refugee women, she found herself caught in a system that promised care but often turned its back on those who needed it most. [Access to quality healthcare](#) felt like a privilege rather than a basic right. Was she not worthy of the same care as others? Her question lingered in the air, unanswered. And in that silence, the weight of exclusion was felt by all.

#### **A growing refugee population facing healthcare barriers**

Egypt has long been home to a diverse population of refugees and asylum-seekers. It is considered one of the most significant places of refuge throughout world history, particularly for people from Sudan, South Sudan, Syria, Eritrea, and Yemen.

As of August 2024, according to the [United Nations High Commissioner for Refugees](#) (UNHCR), over **800,000 refugees and asylum-seekers** are registered in Egypt. This is nearly **three times** the number from a year earlier, due to escalating conflicts across its borders. This number does not include the thousands of **undocumented migrants** who also seek refuge and stability in the country. Many of these refugees and migrants live in **densely populated urban areas**, with limited access to resources and often in poor conditions, which further [exacerbates their vulnerability to health risks](#).

Refugees, migrants, and asylum seekers in Egypt face high costs, legal barriers, and limited healthcare access. Language and cultural challenges worsen untreated conditions, while an overstretched system and lack of insurance make secondary and tertiary care inaccessible.

Although [primary healthcare services in Egypt](#) are sometimes accessible through [UNHCR](#) and International Organization for Migration ([IOM](#)) partnerships, legal restrictions and lack of formal integration into the health system often leave refugees and migrants with [limited access to comprehensive care](#). For example, accessing treatment for [chronic illnesses](#) or [mental health services](#) is particularly difficult for refugees. Additionally, [language differences](#) and a lack of culturally sensitive healthcare options create additional barriers. For instance, refugees who speak different languages may struggle to communicate with healthcare providers, leading to [misunderstandings or inadequate care](#).

### **Current policies and challenges & constraints**

UNHCR has partnered with Egypt's [Ministry of Health and Population \(MOHP\)](#) to provide free primary healthcare services to registered refugees and asylum-seekers. This collaboration focuses on maternal and child health, immunizations, and emergency care through public health facilities in urban areas. While these efforts are significant, chronic health conditions and specialized care remain largely unaddressed.

In addition, refugees in remote areas face severe healthcare challenges due to poor infrastructure, long travel distances, and financial barriers. Unlike in urban centers where there is some UNHCR and MOHP support, rural refugees struggle with inadequate services and a lack of inclusive policies. [A 2024 WHO report](#) highlights that under-resourced rural healthcare facilities further limit access to essential treatment. Despite WHO initiatives, significant gaps in specialized and secondary care persist, putting many refugees at serious health risk.

It's also important to acknowledge Egypt's own constraints. The country hosts one of the largest refugee populations in Africa while dealing with its own economic and healthcare struggles. Expanding services to refugees requires financial and structural resources that are already stretched thin.

### **Way forward**

Yet, there are cost-effective solutions that could be explored, such as integrating refugees into existing healthcare programs rather than creating parallel systems. More in general, a comprehensive approach is needed that includes expanding healthcare services beyond primary care, integrating refugees into national health programs, and enhancing support for specialized and mental health services. A refugee-inclusive health policy, investment in rural healthcare, and strengthened partnerships between humanitarian organizations and Egypt's health sector could bridge these gaps.

Sulaifa's story is not an isolated one. Like her, thousands of refugees in Egypt continue to wait for answers. Until Egypt's healthcare system becomes more inclusive, their struggle for dignity and survival will persist.

On the author:

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## Highlights of the week

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

Very disappointing meeting, on many fronts.

#### A few reads published ahead of the Leaders' summit

When there were still some expectations....

[Prime Minister Carney announces Canada's G7 priorities ahead of the Leaders' Summit](#)

[BBC – Five things to watch](#)

And via **Toronto University's** [G7 information centre](#) :

- John Kirton: [The Kananaskis Summit's Priorities, Prospects and Propellers](#)

“What are priorities, prospects and propellers for the Kananaskis Summit's performance? **There are ten priorities, across a wide array of fields.** Seven come from Canada's Prime Minister Mark Carney as the summit host and three have been thrust upon it by US president Donald Trump. **The prospects** are that the Kananaskis Summit will produce a significant performance on them overall. **It will be propelled by** the members' very strong shock-activated vulnerability, multilateral organizations' failure in response, G7 members globally predominant and internally equalizing capabilities, their core common principles, their leaders' adequate domestic political support, and, above all, the value they place on their G7 club at the hub of a growing network of global summit governance....”

*No comment.*

#### G7 summit – joint statements, analysis, ....

[Backgrounder: Prime Minister Carney Concludes 2025 G7 Leaders' Summit](#)

“G7 deepened co-operation with **joint statements in the following six areas:**

**“Securing high-standard critical mineral supply chains that power the economies of the future.** Driving secure, responsible and trustworthy AI adoption across public and private sectors, powering AI now and into the future, and closing digital divides. Boosting cooperation to unlock the full potential of quantum technology to grow economies, solve global challenges and keep communities secure. **Mounting a multilateral effort to better prevent, fight and recover from wildfires,** which are on the rise around the world. Protecting the rights of everyone in society, and the fundamental principle of state sovereignty, by continuing to combat foreign interference, with a focus on transnational repression. Countering migrant smuggling by dismantling transnational organized crime groups. “

- See also [G7 Chair's summary](#).
- And via [IISD - G7 Agrees to Deepen Cooperation on Critical Minerals Supply Chains](#)
- Via [The Globe and Mail](#) (gated): “ **sobering perspective .... on how little emphasis #Canada has placed on #Africa at the current #G7 summit** vs. previous times it has played host. **"Africa largely sidelined at G7 summit, despite multiple wars and massive aid cuts" “**

## Oxfam reaction to the 2025 G7 Summit

<https://www.oxfam.org/en/press-releases/oxfam-reaction-2025-g7-summit>

**“Oxfam is deeply concerned by the outcomes of the G7 Summit in Kananaskis. At a time when urgent global crises demand bold and united action, the summit fell short of delivering the leadership the world needs. “**

**“Twenty-three years ago, the 2002 G8 Summit in Kananaskis marked a moment of ambition, where leaders committed to an Africa Action Plan and development cooperation.** Returning here as the G7, that spirit of global solidarity and cooperation was painfully absent. .... **This G7, by stark contrast, is instead pursuing the largest aid cuts in its history at a time of rising global need. With a planned 28% reduction by 2026 compared to 2024,** these cuts are not just a policy failure but put the lives of millions of people at risk, especially those already facing hunger, poverty, and ever-worsening effects of climate change....”

“... Although progress has been made in striking strategic partnerships with the Global South for critical minerals and renewable energy supply chains, it shouldn't serve as a smoke screen to the current climate crisis. Climate finance and fossil fuel phase out must be prioritized as countries work towards a just transition that benefits everyone.....”

## Global Issues - Biggest-Ever Aid Cut by G7 Members a Death Sentence for Millions of People

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

Oxfam view ahead of the G7 summit (from late last week): “ .... **G7 countries are making deliberate and deadly choices by cutting life-saving aid, enabling atrocities, and reneging on their international commitments ...** Low and middle-income countries face reduced aid, rising debt, and trade barriers — a perfect storm that threatens development and recovery. **The Group of Seven (G7) countries, which together account for around three-quarters of all official development**

assistance, are set to slash their aid spending by 28 percent for 2026 compared to 2024 levels. It would be the biggest cut in aid since the G7 was established in 1975, and indeed in aid records going back to 1960, reveals a new analysis by Oxfam ahead of the G7 Summit in Kananaskis, Canada.”

PS: “.... **While G7 countries cut aid, their citizen billionaires continue to see their wealth surge.** Since the beginning of 2025, the G7 ultra-rich have made \$126 billion, almost the same amount as the group's 2025 aid commitment of \$132 billion. **At this pace, it would take the world's billionaires less than a month to generate the equivalent of the G7's 2025 aid budget....”**

**“By taxing the super-rich, the G7 could easily meet their financial commitments to end poverty and climate breakdown, whilst also having billions in new revenue to fight inequality in their own countries. “The world is not short of money. The problem is that it is in the hands of the super-rich instead of the public. Rather than fairly taxing billionaires to feed the hungry, we see billionaires joining government to slash aid to the poorest in order to fund tax cuts for themselves,” said Behar. Oxfam is calling on the G7 to urgently reverse aid cuts and restore funding to address today's global challenges. .... Oxfam is also urging the G7 to support global efforts led by Brazil and Spain to raise taxes on the super-rich, and to back the call from the African Union and The Vatican for a new UN body to help manage countries’ debt problems.”**

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

Just a few more days till this Replenishment meeting. As a reminder: ***“Gavi's high-level pledging summit, to be co-hosted by the European Union and the Gates Foundation, seeks to raise at least US\$ 9 billion from our donors to fund our ambitious strategy to protect 500 million children, saving at least 8 million lives from 2026–2030, protect our world from the threat of pandemics, and protect communities from conflict, climate change and other global challenges.”***

### Bond - The Gavi replenishment – a turning point for funding health multilaterals?

Alex Runswick <https://www.bond.org.uk/news/2025/06/the-gavi-replenishment-a-turning-point-for-funding-health-multilaterals/>

*“For more than two decades, Gavi, the Vaccine Alliance has been one of the most cost-effective investments in global health. “*

***“..... So how have we approached this replenishment? A very welcome difference with this campaign has been the focus on demand from implementing countries. The UK’s long term support for the Lusaka Agenda, and belief that priorities of national governments are key, fits well with the fact that Gavi’s new strategy aims to be country-led and country-responsive. ....”***

***“At Results UK, we have worked with our partners in ACTION Africa and the Gavi CSO constituency to ensure that the voices of affected communities are not only heard, but are at the forefront of the replenishment campaign. There have been letters to UK High Commissions from in - country civil society organisations, advocacy directly from implementing country Health Ministers to David Lammy and letters from African parliamentarians to their counterparts in the UK. ...”***

*“... At the time of writing, we don’t know yet what the UK pledge to Gavi will be. We are also hearing messages from the FCDO that they want to change the way replenishments are done, and even the way global health institutions are structured. Many in the sector will have sympathy with these views. However, we have to do this from a position of strength and commitment to ODA, not fear of political repercussions and right-wing populism. ....”*

## GAVI - From Advance Market Commitments to Day Zero Financing: an A-to-Z of Gavi’s financial tools

<https://www.gavi.org/vaccineswork/advance-market-commitments-day-zero-financing-z-gavis-financial-tools>

Resource. “Through innovative financing, Gavi seeks to deliver “more money for health, and more health for the money”.”

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

The **Final draft** was published. This section also has some **early reactions/assessments & other updates** related to FfD4.

### Final Draft of the Compromiso de Sevilla - FFD4 Outcome Document

<https://financing.desa.un.org/ffd4/outcome>

“The co-facilitators of the outcome document of the Fourth International Conference on Financing for Development present to the co-chairs of the FFD4 Preparatory Committee their **final revised text of the Compromiso de Sevilla**. It reflects the co-facilitators best efforts to arrive at consensus and reflects a balanced, ambitious, and action-oriented outcome document. **They believe that the implementation of the outcome document will lead to the reform of the international financial architecture, address the cost of borrowing, and scale up investment to close the financing gap for sustainable development.....”**

- See also [UN News – Ahead of UN summit, countries finalise landmark ‘Compromiso de Sevilla’](#)

PS: “**Co-facilitators of the outcome document – Mexico, Nepal, Zambia and Norway** – hailed the agreement as an ambitious and balanced compromise that reflects a broad base of support across the UN membership..... .... **“It recognizes the \$4 trillion financing gap** and launches an ambitious package of reforms and actions to close this gap with urgency” .....

Indeed: the development financing gap is [now estimated at US\\$4.2 trillion annually — up from US\\$2.5 trillion before the COVID pandemic](#).

### Devex – US abandons Financing for Development conference

<https://www.devex.com/news/us-abandons-financing-for-development-conference-110321>

**“The Trump administration's withdrawal sets the stage for the broader U.N. membership to approve a declaration for formal adoption in Spain.”**

« The Trump administration on Tuesday withdrew from United Nations negotiations on a global pact to finance the world body's Sustainable Development Goals, **rejecting calls for increased lending by development banks and asserting that the text improperly seeks to usurp the existing governance role of international financial institutions.....**”

**« The withdrawal, while not surprising, set the stage for the broader U.N. membership to approve a declaration for formal adoption at the Fourth International Conference on Financing for Development, FfD4, scheduled to take place in Seville, Spain, from June 30 to July 3.”**

PS: « ..... **Development advocates said the outcome, while not nearly as ambitious as they had hoped, nevertheless offered a path forward on development finance.** “The FFd outcome is a good reflection of the state of multilateral cooperation,” said Minh-thu Pham, the co-founder of Project Starling. “The rest of the world is rapidly adapting and showing it can and will move on.” “This was a great outcome for the global south,” she added, noting that the **final declaration included commitments to triple development bank lending, an increase in overseas development assistance, and a U.N. process for addressing shortcomings in the international debt architecture.** “Basically, this outcome shows the resolve of the rest of the world to move forward with or without the U.S.” ....”

**Tax Justice Network - US ignored as Sevilla ‘financing for development’ outcome is adopted by consensus**

<https://taxjustice.net/press/us-ignored-as-sevilla-financing-for-development-outcome-is-adopted-by-consensus/>

Assessment Tax Justice Network. **“Notable progress on international tax and transparency principles but EU, UK water down ambition and block negotiations of urgently-needed debt convention.”**

**Eurodad – Ambitious UN Financing for Development outcome derailed by global north**

[https://www.eurodad.org/ambitious\\_un\\_financing\\_for\\_development\\_outcome\\_derailed\\_by\\_global\\_north](https://www.eurodad.org/ambitious_un_financing_for_development_outcome_derailed_by_global_north)

**(18 June) “The *Compromiso de Sevilla* falls short of the ambition needed to address the worsening debt and climate crises, poverty and inequalities in the global south.”**

“... One of the clearest examples of global north obstruction in the run-up to the outcome document was on **debt architecture reform**. Despite strong calls from civil society and many global south countries for a meaningful intergovernmental process towards a UN Debt Convention, **the final language retains the intergovernmental process but strips it of ambition. What remains is a vague promise of engagement with creditors - including the Paris Club - and a Working Group, now co-convened by the UN Secretary-General, IMF, and World Bank, to promote voluntary principles on sovereign borrowing and lending.**”



“... On **international development cooperation**, the outcome document has failed to meet even the minimum expectations for credible progress, in a context of dramatic negative impacts of recent aid cuts....”

“... In spite of efforts to weaken text on **international tax cooperation**, Sevilla’s outcome **does include several important sections on tax and transparency.** ...”

## **Eurodad - EU and UK block UN-led debt reform in Financing for Development outcome document**

[Eurodad](#);

From earlier this week (14 June): “.... A **group of high-income countries - including the EU and UK - are stopping the global south from having a say in sovereign debt reform by blocking a key paragraph in the outcome document of the [UN Financing for Development](#) process**, according to sources close to the talks. **The paragraph would commit governments to launching an intergovernmental process at the UN aimed at addressing long-standing gaps in the international debt architecture. It would also give global south countries an equal seat at the table in talks on resolving the debt crisis for the first time.** “

“.... During the past six months, when negotiations ahead of the conference have taken place, **countries including Small Island Developing States (SIDS), members of the Africa Group, and Pakistan and Brazil have called for the creation of a UN Framework Convention on Debt.** This initiative is seen as a critical step towards ensuring fair and transparent debt resolution mechanisms for deeply indebted nations that are struggling to provide public services and tackle the impacts of the climate crisis. **Leading creditor countries—most notably the EU and UK—are opposing these proposals, advocating instead for maintaining the current system in which high-income countries control decision-making.** The EU has reportedly made the **paragraph on sovereign debt reform a "red line,"** focusing its efforts on diluting or removing the reference entirely....”

## **Guardian – Starmer urged to attend UN summit and back plans to tackle global debt crisis**

<https://www.theguardian.com/world/2025/jun/16/starmer-urged-to-attend-un-summit-back-plans-to-tackle-global-debt-crisis>

**“Charity leaders want PM to attend FfD4 conference amid claims UK and US among countries blocking reforms.”**

**“More than 80 charity leaders and campaigners have written to Keir Starmer urging him to attend a UN global development conference and back plans to reduce the debt payments made by poor countries.** World leaders including the French president, Emmanuel Macron, and the Canadian prime minister, Mark Carney, and the European Commission president, Ursula von der Leyen, are expected at the Financing for Development conference – known as FfD4 - in Seville later this month. **The campaigners claim that in negotiations between participating countries, the UK, together with others including the US, has blocked proposals for a new UN intergovernmental process to tackle the debt crisis in the global south.....”**

## Devex - What happened at the last FfD conference, and what has changed since?

<https://www.devex.com/news/what-happened-at-the-last-ffd-conference-and-what-has-changed-since-110305>

Interesting background on FfD3: “A decade after FfD3, the world’s promises on development finance have unraveled. And as the world gathers in Seville, Spain, for FfD4, the stakes are higher than ever before.”

“Ten years ago, delegates at the 2015 International Conference on Financing for Development agreed: the world needed a better way to pay for development. For three days, they negotiated in Ethiopia’s capital — and the night before the conference ended, the Addis Ababa Action Agenda was born. Countries should mobilize domestic resources, the delegates said, and enhance tax systems to do so. Private sector investment should be multiplied, too — and with the right kinds of investments, aid dollars could go from “billions to trillions” across the globe. Back in 2015, official development assistance was at an all-time high, and delegates felt like countries were closer than ever to contributing 0.7% of their gross national income to ODA. They recommitted to doing so — and for Mahmoud Mohieldin, the United Nations special envoy on financing the 2030 Agenda, the moment felt like “peak collaboration” on sustainable development.”

“But while Addis succeeded in elevating financing for development on the international agenda, its core promises remain largely unmet. Illicit financial flows — from tax evasion to money laundering — have continued to drain domestic resources from the global south. Foreign direct investment has dwindled to its lowest levels since 2005. And ODA, of course, is crumbling, with the world’s seven richest countries poised to slash foreign aid spending by 28% next year.....”

Do read on.

## Devex - A response by OECD’s Carsten Staur to civil society open letter of June 3

<https://www.devex.com/news/a-response-by-oecd-s-carsten-staur-to-civil-society-open-letter-of-june-3-110289>

From earlier this week. “The chair of the OECD’s Development Assistance Committee responds to an open letter from the DAC CSO Reference Group, clarifying DAC’s mandate and role in international development cooperation.”

Some links:

- [FfD4 Outcome Document Under Silence Procedure: Response by the Civil Society FfD Mechanism](#)

(From earlier this week - 12 June) Civil society: “The current draft, if adopted as is, would represent a missed historic opportunity to realign the international financial architecture with principles of fairness, inclusivity, and accountability. The stakes are too high for compromise language to be endorsed in New York.....”

## More on Global Health Governance & Financing

### Devex - Will UNAIDS sunset by 2030?

<https://www.devex.com/news/will-unaid-sunset-by-2030-110326>

**“Under a new model, the UNAIDS secretariat will operate with fewer than half of the staff it has now, and downsize its country offices. But by the end of 2027, it is expected to present a plan that could close down the secretariat by 2030.”**

“.... The [report](#) presents **UNAIDS’ new operating model**, which reflects UNAIDS’ ongoing restructuring amid significantly reduced donor funding and calls for changes within the joint program and the broader U.N. system. **The new model is described as “agile and flexible to absorb further change” and is expected to take effect by January 2026.** During this period, the UNAIDS secretariat will operate with [less than half](#) of the staff it has now, downsize its country offices, and deprioritize a significant number of its current activities. **But by the end of 2027, UNAIDS is expected to undergo another major transformation, one that could lead to the closure of its secretariat....”**

**“.... the UNAIDS secretariat is forced to reduce its staff by 55% and move a significant portion of the remaining positions outside of Geneva.** A detailed **organizational chart**, seen by Devex, shows that the **majority of staff will be working in Johannesburg, Nairobi, Bangkok, and Bonn. Only 20 people will be left in Geneva**, including some members of the executive office and governance team, a senior adviser on data, and two members of the resource mobilization team, including its director. Teams working on communications and partnerships will all be based in Johannesburg....”

**“.... The secretariat is massively scaling down its country presence, too. It will have eight country offices**, most will be staffed by three to five people, **except for the office in Ethiopia, which will serve as a liaison office with the African Union**, with seven employees, including one admin support and one driver/clerk. **Ten country offices will downsize**, leaving only one senior coordinator integrated into the U.N. Resident Coordinator’s Office in the country. This includes countries such as the Philippines, where there’s growing concern about rising HIV cases. **Meanwhile, 11 multicountry offices — nine located in sub-Saharan Africa — will provide support to a total of 29 countries....”**

### Devex - Is WHO’s restructuring process fair? Some staff aren’t so sure

<https://www.devex.com/news/is-who-s-restructuring-process-fair-some-staff-aren-t-so-sure-110317>

**“Some staff fear WHO is prioritizing longer-term staff to avoid paying bigger separation pay and question whether this would result in the kind of WHO the world needs. But WHO said it is committed to fairness in the ongoing process.”**

“PS: “.... Some staffers fear WHO is prioritizing longer-serving staff **to avoid paying higher indemnities**, and question whether this would result in the kind of WHO the world needs....”

## Spain strengthens global health leadership with increased support to WHO

<https://www.who.int/news/item/13-06-2025-spain-strengthens-global-health-leadership-with-increased-support-to-who>

“The Spanish Agency for International Development Cooperation (AECID) and the World Health Organization (WHO) today signed a new agreement and contribution of €5.25 million to support key WHO initiatives. .... This year, Spain’s commitment to global health entered a new chapter as it returned to the WHO Executive Board for the 2025–2028 term, nearly two decades since its last membership. This renewed engagement is supported by the country’s new Global Health Strategy, launched on 27 May 2025.

## P4H - Spain launches global health strategy to drive equity and resilience worldwide

<https://p4h.world/en/news/spain-launches-global-health-strategy-to-drive-equity-and-resilience-worldwide/>

“Spain has unveiled its Global Health Strategy 2025–2030 to strengthen global health equity, tackle climate-related health threats, and lead in research, innovation, and health governance.”

“The Government of [Spain](#) has introduced the [Spanish Global Health Strategy 2025–2030](#), a comprehensive roadmap to reinforce its international commitment to equitable, inclusive, and sustainable global health. **Developed by the Ministries of Foreign Affairs and Health, the strategy prioritises human rights, social justice, and multilateral cooperation**—lessons learned from the COVID-19 pandemic and the global climate crisis.”

- For more, see [Spanish Global Health strategy](#). Among others with **6 strategic objectives**.

## Tim Schwab - The taxpayer cost of Big Philanthropy

<https://timschwab.substack.com/p/the-taxpayer-cost-of-big-philanthropy>

“If billionaire philanthropists follow through on their "Giving Pledges," they could reap more than \$500 billion in tax breaks. Isn't it time to end taxpayer subsidies for oligarch philanthropists?”

## Al Jazeera (column) - Sorry, Mr Gates, your billions won't save Africa

T Mhaka ; <https://www.aljazeera.com/opinions/2025/6/13/sorry-mr-gates-your-billions-wont-save-africa>

“No amount of foreign aid can fix what **bad governance and political impunity** continue to destroy.”

## Lancet Letter – Open letter in support of WHO

Ivana Bozicevic, M McKee et al on **behalf of 479 WHO Collaborating Centres**;  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01174-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01174-2/fulltext)

“... WHO has a crucial role in responding to unprecedented global health challenges, but is currently encountering considerable operational challenges. A **rapid survey conducted by WHO reported that 80% of WHO country offices experienced disruptions in at least one programmatic area due to**

**reductions in official development assistance.** The most severely affected areas include humanitarian aid, health emergency preparedness and response, public health surveillance, and basic health service delivery. Malaria and neglected tropical diseases; vaccination programmes; tuberculosis care; maternal and child health; family planning; occupational health; emergency, critical, and operative care; and outbreak detection are all undermined. **Despite these obstacles, WHO is supporting the most severely affected countries to transition from aid dependence to sustainable domestic financing....”**

“... Public health concerns demand coordinated national and international responses. The COVID-19 pandemic and large-scale outbreaks of Ebola virus and mpox highlight that health security is a collective responsibility. Any threat to collective global action, sustained investment in health, and strong technical leadership risks allowing local health problems to escalate into global crises. **As current directors, past directors, and members of WHO Collaborating Centres, we fully support WHO in carrying out the constitutional mandate, and call on everyone—including member states, donors, partners, and other stakeholders—to continue investing in WHO to promote health and safety while helping vulnerable populations worldwide.....”**

### Statement on the first joint GPEI-Gavi Board Meeting

<https://www.gavi.org/news/media-room/statement-first-joint-gpei-gavi-board-meeting>

**“On 19 June 2025, the Boards of the Global Polio Eradication Initiative (GPEI) and Gavi, the Vaccine Alliance will convene to discuss their shared priorities:** delivering a polio-free world, building stronger immunization and health systems to protect all children from vaccine-preventable diseases and strengthening our collective health security. Led by Board Chairs Professor José Manuel Barroso (Chair, Gavi Board) and Dr. Chris Elias (Chair, Polio Oversight Board of GPEI), **the meeting will aim to deepen the understanding of each other’s priorities, approaches and timelines; prioritize opportunities for enhanced collaboration, especially in the world’s most fragile settings; and, ultimately, agree to develop an integrated plan of action with clear goals, deliverables and monitoring frameworks that will advance the joint priority of reaching all children with life-saving vaccines.** Representatives from key donor and implementing countries, civil society organizations, Rotary International, the US Centers for Disease Control (CDC), UNICEF, World Health Organization (WHO), and the Gates Foundation will also be in attendance.....”

### UNITAID - Executive board affirms Unitaids’ vision for a changing global health landscape

<https://unitaid.org/news-blog/executive-board-affirms-unitaids-vision-for-a-changing-global-health-landscape/>

**“Unitaid’s 46th Executive Board meeting concluded this week during a pivotal moment in global health. Above all, one message rang clear: the organization is entering a new era, one shaped by today’s global health realities and a renewed commitment to country-led solutions.”**

“... To meet this challenge, **Unitaid is strengthening its approach to better support country-driven priorities.** Marking the **midpoint of its 2023–2027 strategy**, the Board initiated a review of its implementation, starting with a reflection on prioritization principles to ensure Unitaid’s interventions continue delivering maximum value amid ongoing structural and geopolitical shifts. **The Board also reviewed the 2024 Key Performance Indicators report**, which highlighted Unitaid’s growing reach – now extending to an estimated 320 million people – and underscored the strength

of its results framework. **According to independent analysis by Cambridge Economic Policy Associates (CEPA), every dollar invested in Unitaid generates approximately 46 dollars in public health benefits, making it a highly effective investment."**

"The organization is **focused on three strategic principles – efficiency, integration, and sustainability** – which were echoed throughout Board discussions and are reflected across Unitaid's portfolio:...."

### **WHO - HeRAMS: An assessment of the risks associated with health systems' reliance on external aid**

<https://www.who.int/publications/m/item/herams-assessment-health-systems-reliance-external-aid-2025-05>

**"The Health Resources and Services Availability Monitoring System (HeRAMS) Initiative** plays a critical role in strengthening health systems globally by supporting countries in the standardization and continuous collection, management, analysis, and dissemination of core information on the availability of and accessibility to essential health resources and services. .... **This report assesses the risks associated with health systems' reliance on external aid.** It introduces **a risk index derived from HeRAMS data, enabling comparisons at subnational, national, regional, and global levels** to support decision-makers involved in aid reprioritization in understanding where health systems are most vulnerable. **The report is based on data reported in HeRAMS up until 21 May 2025....."**

**PS:** cfr tweets: **"Among the most affected: Cox's Bazar (Bangladesh - 100%), Somalia (100%), and Afghanistan (98.8%) stand out with the highest proportion of high-risk districts — areas heavily dependent on external support, making them particularly vulnerable as funding declines."**

**" More importantly, the data highlights significant variability in exposure — not just between countries, but also at the subnational level.** This highlights the importance to consider international as well as local-level disparities in any ongoing prioritization and response planning..."

### **WHO - Joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All: Report**

<https://www.who.int/publications/i/item/WHO-DGO-EVL-2024.9>

**"The joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) (2019-2024)** assessed efforts to align agency actions, strengthen country-level engagement, and accelerate progress toward health-related SDG targets. **It highlighted that while the GAP achieved some success in areas like primary health care and sustainable health financing, gaps in inter-agency coherence and coordination hindered its full potential.** By revealing these challenges, the evaluation provides actionable insights for refining strategies and better meeting local health priorities. "

### **BMJ GH – Private finance and the threat to global health**

B M Hunter et al ; <https://gh.bmj.com/content/10/6/e019726>

**“The expansion of private finance in global health is pronounced.** There are fundamental contradictions at the heart of this change, between the health concerns of the poorest communities and the financial returns of wealthy investors. The global health community needs to do more to learn about how private finance works and to challenge common fallacies and false narratives. **Advocacy must be strengthened for existing alternative models of financing and governance, including debt justice and tax justice initiatives.”**

## TGH - Global Health Governance in the Age of AI

E Banin; <https://www.thinkglobalhealth.org/article/global-health-governance-age-ai>

“National security agencies and tech regulators are rapidly developing governance for AI and biotechnology.”

“...Yet, as biothreats evolve, **the global health community remains largely sidelined, underfunded, outpaced, and absent from the forums shaping next-generation biosecurity.** “

## BMJ GH – Diaspora as partners: strengthening resilience of health systems and communities amidst aid volatility

Alaa Dafallah, Sophie Witter (ReBUILD for Resilience Consortium);  
<https://gh.bmj.com/content/10/6/e019622>

“Global aid volatility threatens health systems and communities in low- and middle-income countries (LMICs) and aid-dependent fragile settings, disrupting critical essential services and programmes. **Diaspora financial, human and social capital represent critical resilience capabilities for communities and health systems in LMICs and aid-dependent fragile settings.** Harnessing diaspora capabilities for resilience of health systems and communities requires recognition, integration and evidence-based action. **The shifting aid landscape necessitates a reimagining of health financing and global health partnerships, where diaspora are key partners.**”

## Global Cooperation Institute (Report) - Circular Cooperation

J Glennie; <https://globalcooperation.institute/circular-cooperation/>

Important report. **“The document introduces Circular Cooperation as an innovative model of international collaboration, adapted to the interconnected challenges of today’s world.** This proposal breaks with the traditional “donor” and “recipient” logic, typical of vertical, horizontal, and triangular cooperation, and **promotes an approach based on shared responsibility, mutual respect, and the co-creation of solutions.”**

“A system is proposed in which all countries, regardless of their level of development, contribute and benefit, recognizing the diversity of experiences and knowledge. **Circular Cooperation is linked to broader transformations in thinking about global development, particularly with Global Public Investment, which shares its fundamental principles: all contribute, all benefit, all decide.** The document **concludes with concrete proposals for applying Circular Cooperation in cooperation initiatives across different sectors,** as well as **in the narratives** that will define the future of the planet, driving more equitable, effective, and transformative international cooperation.”



## Devex - How the Aid Transparency Index rose from the dead

<https://www.devex.com/news/how-the-aid-transparency-index-rose-from-the-dead-110280>

“After a seeming cancellation, the Publish What You Fund project has rejiggered its funding model. The Aid Transparency Index is back, and it’s got a new business model.”

“... It [looked to have been canceled for 2026](#), after its publishers, United Kingdom-based nonprofit [Publish What You Fund](#), announced they had not been able to secure funding. But Gary Forster, CEO of PWYF, said that after the index was canceled, approaches from the organizations involved led to a rethink of the business model. The index was funded in 2024 by IATI, which stepped in, [somewhat reluctantly](#), after the index lost its largest funder for the first decade of its existence, the [William and Flora Hewlett Foundation](#). But when it came to the 2026 edition, IATI decided not to renew its commitment, blaming “financial constraints.” ...”

“However, after conversations with several of the organizations featured in previous editions, PWYF has changed course and announced that the Aid Transparency Index will be published as a paid-for service, allowing any eligible organization to apply and be independently assessed and ranked. The index previously featured 50 of the largest and most influential aid donors, but will now only include those donors that provide financial support. Those participating will receive an accreditation mark recognizing their level of transparency and engagement in the process. The index will be free to read....”

## Trump 2.0

Including ongoing GH impact, coping strategies, ...

## FT - More than 13mn people in Africa could catch malaria owing to proposed US cuts

<https://www.ft.com/content/b5a1d178-6823-4227-8f2d-81a66edbd71e>

“Lancet study underscores fears over potential impact of President Trump’s plan to nearly halve funding in 2025.”

“Scientists project that full funding of the President’s Malaria Initiative (PMI) would stop more than 13mn people on the continent contracting the mosquito-borne disease in 2025, but Donald Trump’s administration proposes to nearly halve its budget....”

PS: “The PMI, which was launched 20 years ago under President George W Bush, has invested more than \$9bn via the US Agency for International Development. Congress appropriated about \$800mn for it last year alone, but the Trump administration proposes to cut its annual budget by 47 per cent....”

- The Lancet study - [Estimating the potential malaria morbidity and mortality avertable by the US President's Malaria Initiative in 2025: a geospatial modelling analysis](#)



- Related Lancet Comment - [Reinforcing resilience: confronting the consequences of global malaria aid cuts in Africa](#) (by Yap Boum & Ngozi Erundu)

**Concluding:** “...The Article by Symons and colleagues sounds a crucial alarm: drastic funding cuts are both disruptive and deadly, and urgent action is needed to mitigate their impact. **Yet, with strategic vision and political will, Africa has an opportunity to emerge stronger—less dependent on volatile donor funding and more empowered to lead its own fight against malaria and other endemic diseases.**”

PS : “ The Global Fund to Fight Aids, Tuberculosis and Malaria, which relies on the US for a third of its resources, urged the Trump administration to continue the PMI’s long-running support for efforts to tackle the disease. “Together, PMI and the Global Fund account for 93 per cent of external financing for malaria — a vital lifeline for countries with limited fiscal space,” said Peter Sands, the fund’s executive director. “Domestic investments are growing, and malaria programmes are strengthening health systems — but global solidarity remains essential to avoid losing ground.”

### **BMJ – Trump’s “big beautiful bill” could lead to 16 000 extra deaths a year, say researchers**

<https://www.bmj.com/content/389/bmj.r1250>

**“Cuts outlined in the Trump administration’s One Big Beautiful Bill Act could leave 7.6 million more people uninsured, force an extra 1.3 million people to go without the medications they need, and lead to more than 16 000 additional deaths a year, a study has shown.”**

**“Researchers from Harvard Medical School** used studies of Medicaid coverage, as well as the House of Representatives’ Budget Committee savings estimates and analyses carried out by the Congressional Budget Office, to **estimate the impact of the cuts included in the 18 May version of the bill to Medicaid**, the US government’s health insurance programme for people with low incomes. The bill includes the introduction of work requirements to stay enrolled in the programme, increased bureaucratic hurdles for enrolment, and restricts the taxes states can impose on providers, among other changes. **The paper, published in the Annals of Internal Medicine**, has estimated that if the 18 May version was enacted 1.9 million people would lose their personal physician, while 1.2 million more people would “incur medical debts ....” .... **“An updated version of the bill was published on 22 May, however the researchers said the Medicaid proposals are similar and so their findings remain relevant.** The bill has been passed by the House of Representatives and will now face the Senate.”

### **Science - Congress shows first signs of resisting Trump’s plans to slash science budgets**

<https://www.science.org/content/article/congress-shows-first-signs-resisting-trump-s-plans-slash-science-budgets>

**“House panel rejects cuts to agricultural research, and Senators express doubts about cuts to NIH and forest research.”**

### **Guardian - 'I don't want my boy to be positive': pregnant women face sky-high viral loads as cuts hit HIV care in Africa**

<https://www.theguardian.com/global-development/2025/jun/16/i-dont-want-my-boy-to-be-positive-pregnant-women-face-sky-high-viral-loads-as-cuts-hit-hiv-care-in-africa>

**"As the withdrawal of US funding disrupts treatment and halts crucial research in South Africa, clinics fear the resurgence of mother-to-child transmission of the virus."**

### **Guardian - No, South Africa's HIV care is not 'under control'. To pretend so recalls the dark days of Aids denialism**

Y Raphael et al; <https://www.theguardian.com/global-development/2025/jun/18/south-africa-hiv-aids-health-system-donald-trump-funding-cuts>

**"It is not just Trump's funding cuts that have led the country to a health crisis. The real collapse comes from a lack of political courage to act."**

### **HPW - US Judge Rules 'Racist' Cancellation of NIH Grants Null and Void**

<https://healthpolicy-watch.news/racist-cancellation-of-nih-grants-is-null-and-void-us-judge-rules/>

**"The Trump administration's cancellation of hundreds of National Institutes of Health (NIH) grants "represents racial discrimination", and were null and void, ruled United States District Court Judge William Young on Monday. This follows the cancellation of some 2,100 NIH research grants valued over than \$12bn based on their links to "diversity, equity and inclusion" or "gender ideology", since Donald Trump assumed office in January...."**

**"... The federal government intends to appeal the ruling."**

### **NYT – South Africa Built a Medical Research Powerhouse. Trump Cuts Have Demolished It.**

<https://www.nytimes.com/2025/06/17/health/south-africa-medical-research-trump.html>

**"The budget cuts threaten global progress on everything from heart disease to H.I.V. — and could affect American drug companies, too."**

Quote: "The U.S.-based pharmaceutical industry has not spoken out about the targeting of South Africa, and executives at several companies declined to be interviewed for this article."

### **HPW - Public Health Experts Unsure if RFK Jr's Focus on Big Food Will Yield Results**

<https://healthpolicy-watch.news/public-health-experts-unsure-if-rfk-jrs-focus-on-big-food-will-yield-results/>

“While many public health experts have criticised United States Health Secretary Robert F Kennedy Jr for undermining vaccines, several think his focus on chronic illness and big food has potential – although they are sceptical of whether he will employ proven methods to improve citizens’ health.”

- And via [Devex](#) – [on foundations](#)

“President Donald Trump’s “big, beautiful bill” is back — **but this time, the Senate Finance Committee has excluded a tax hike on foundations.**”

“**The bill** — which is in line with a multitude of Trump’s campaign promises — **was passed by the House of Representatives last month.** There were **two provisions in that bill that affected the aid sector:** A so-called nonprofit killer clause that would allow the secretary of the Treasury to strip an organization of its tax-exempt status if he deemed it to be supporting terrorists, and an increased excise tax on foundations’ net investment income. The former provision was dropped from the bill, **but the latter was retained.** As a result, foundations were slated to see their excise tax — currently at 1.39% — rise to as much as 10% depending on their assets. **After passing in the House of Representatives, the bill headed to the Senate — which created a version of the bill that struck the excise tax provision earlier this week.** Now, the legislation will make its way to the Senate floor, and if it passes there, it will be reconciled with the House version before being sent to the president’s desk. But that process is unlikely to be a smooth one.....”

- Via [Politico](#): re the rescission bill (& PEPFAR)

“**The real test for President Donald Trump’s bid to convince Congress to claw back money it previously asked his administration to spend is coming in the Senate.** The House passed Trump’s rescission bill last week by a vote of 214-212. Of the \$9.4 billion the bill would return to the treasury, \$900 million is earmarked for global health, including \$500 million for the President’s Emergency Plan for AIDS Relief. ... House GOP leaders had to provide assurance to supporters of the program in their caucus that the administration would retain both treatment and prevention programs if the rescission goes through. PEPFAR has a \$4.8 billion budget. Trump has asked Congress to cut it to \$2.9 billion starting in the fiscal year that begins Oct. 1. **What’s next? Republican senators are discussing whether they can amend the House rescission bill – despite the complicated mechanics for doing so.....**”

## HIV

### Lancet Comment – Be brave: women and girls need to remain at the centre of the HIV response

K Dunaway, S Harman et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01232-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01232-2/fulltext)

“**2025 marks a turning point in the HIV response. Experts are suggesting a projected 24% decrease in HIV funding over the next year** in the context of reductions to international aid by several governments, extensive cuts to the US Agency for International Development, and withheld funds for the US President's Emergency Fund for AIDS Relief (PEPFAR). **These cuts are likely to lead to an estimated 4·43–10·75 million new HIV infections and 0·77–2·9 million HIV-related deaths in low-**

income and middle-income countries (LMICs) by 2030. .... if predictions are correct **women and girls will be disproportionately affected by disruptions and cuts to HIV programmes and be at increased risk of HIV-related deaths...**"

"... Cuts in funding are expected to be the leading cause of these unnecessary deaths. **An additional factor is whether UN agencies and governments will forego HIV programmes for women and girls in order to hold on to funding or to convince states to reinvest in HIV services.** At a time when the US Government is cracking down on mentions of gender ideology and attacking diversity, equity, and inclusion programmes, a **gendered focus on HIV is likely to be discarded by some decision makers.** There is a risk that the needs of women and girls and the gendered determinants of HIV will be overlooked and traded out of the global response to align with donor interests. Over the years, several women-led organisations have adjusted their strategic documents and research approaches to maintain funding eligibility, often by softening or omitting references to gender, sexuality, and rights. With the current political and financial climate, there is a growing concern that such pressures will become even more pervasive. **UN agencies and governments responding to their own HIV epidemics must resist such regressive steps and keep women and gender equality at the forefront of the global response...."**

PS: "When considering the High-Level Panel's recommendations on the operating model for UNAIDS, **states and philanthropic donors must recognise that HIV is a gendered pandemic.** The upcoming Global AIDS Strategy 2026–2031, which is currently out for consultation and expected to be announced by UNAIDS in the coming weeks, **must institutionalise gender equality and equity through clearly defined accountability mechanisms.** Deprioritising women and girls is a clear danger to successful HIV responses around the world...."

Guardian - 'HIV-ending' drug could be made for just \$25 per patient a year, say researchers

<https://www.theguardian.com/society/2025/jun/17/hiv-ending-drug-lenacapavir-manufacture-cost-per-patient-gilead>

"As regulator prepares to approve lenacapavir in the US, campaigners are urging the manufacturer, Gilead, to make it 'available and affordable for all who need it'."

"A drug with the potential to "end the HIV pandemic" will launch in the US this week – as a **new study reveals it could be sold for 1,000 times less than its possible price tag.** .... The company has not yet made the price of the drug public, but it **has been estimated reported** that it is likely to be on par with current preventive medications at about \$25,000 (£18,400) a year. As a treatment for people already living with HIV, it costs **about \$39,000 annually.** **It could, however, be made for only \$25 (£18.40) a year – including a 30% profit margin – analysis from the University of Liverpool and others suggests...."**

- Related: [UNAIDS urges Gilead to drop price of new HIV prevention shot](#)

"In a **research paper published in The Lancet HIV this week,** experts found that **generic lenacapavir could cost \$35-\$46 per person-year.** This could fall to \$25 per person-year for a committed demand of five to ten million people within the first year, bringing pricing in line with or lower than current oral PrEP...."

## Devex – FDA approves new HIV prevention tool, though access questions linger

A Green; <https://www.devex.com/news/fda-approves-new-hiv-prevention-tool-though-access-questions-linger-110327>

Must-read analysis. **“The Food and Drug Administration has approved lenacapavir for use in the United States. But will it reach the communities around the world that need it most?”**

“How quickly it will reach the communities in low- and middle-income countries, where the vast majority of the [1.3 million annual new HIV infections](#) are happening, is another issue. **Advocates worry that [Gilead](#), the company that holds the patent to lenacapavir, will set a price that will limit its distribution, even as researchers contend that an annual supply can be produced for as little as \$25 per person.** Those worries about cost have been exacerbated by U.S. cuts to global HIV prevention efforts, which have raised new questions about who will pay for lenacapavir.....”

PS: **“Advocates have been looking to FDA approval as a critical first step in a process of securing access for communities in the global south.** .... Countries are also waiting on guidelines from the [World Health Organization](#), a process that [has already started](#). And other efforts have been underway for months to facilitate access as quickly as possible.....”

**“Gilead [announced in October](#) that it had reached agreements with six generic manufacturers to produce and market versions of lenacapavir to 120 low- and middle-income countries.** And in December, the [President’s Emergency Plan for AIDS Relief](#), or PEPFAR, and the [Global Fund to Fight AIDS, Tuberculosis and Malaria revealed plans](#) to [reach 2 million people](#) with lenacapavir over three years.....”

PS: **“For the 120 LMICs that qualify to purchase generics, Gilead has [announced plans](#) to sell lenacapavir at a nonprofit price until the generic versions become available.....”**

“The Gilead spokesperson would not confirm either price, but Hill said there are **reports that the company plans to initially sell an annual supply of lenacapavir for \$150 to \$200 per person in the 120 qualifying countries.** Meanwhile, South Africa [pays \\$40](#) for a year’s supply of oral PrEP per person.

... Hill anticipates that the generic versions could be available within two years, and the price could begin to fall quickly thereafter. But only if there are commitments from donors and governments to purchase the lenacapavir at a larger scale than exists at the moment..... There are now questions about whether PEPFAR will even maintain its December commitment to reach 2 million people with lenacapavir, alongside the Global Fund, the [Gates Foundation](#), and the [Children’s Investment Fund Foundation](#). .... **Even without PEPFAR’s assurance, [the Global Fund has pledged](#) to move forward with purchasing and distributing the doses for 2 million people.** The Global Fund did not reply to a request for comment. .... **The Gates Foundation has also maintained its commitment, with a particular focus on supporting generic manufacturers to make sure they have a ready market for their versions of lenacapavir.”**

PS: **“.... Ratevosian also said it is too early to write off U.S. support for expanding access to lenacapavir.** While the Trump administration’s fiscal year 2026 budget request does call for [a \\$1.9 billion cut to PEPFAR](#), it also [specifically highlights](#) lenacapavir as a priority intervention.

- Related: Science – [Will long-lasting HIV preventive be a game changer—or a missed opportunity?](#)

*(another must-read analysis from K Kupferschmidt)* “FDA’s approval of lenacapavir comes at a time when global health cuts could stall its rollout.”

“... Until generics arrive, Gilead will provide the drug at no profit in low-income countries. **Middle-income countries such as Brazil or Peru, which have large HIV epidemics and were sites in the big lenacapavir trials, will not have access to generics, however....**”

“... In **December 2024, the Global Fund**, a partnership that finances programs to fight AIDS, malaria, and tuberculosis, announced that together with PEPFAR it would aim to start 2 million people in low- and lower middle-income countries on lenacapavir within 3 years. **The effort is supported by the Children’s Investment Fund Foundation and the Gates Foundation.** The **proposed cut to PEPFAR threatens those plans but may not derail them.** **Trump’s budget proposal specifically mentions the introduction of “a twice-a-year HIV prevention injection,”** a contrast to earlier White House language suggesting PEPFAR would no longer support PrEP. “That is a really strong signal that they are interested in this,” says Jirair Ratevosian, a former chief of staff at PEPFAR. “I think that is a huge window of opportunity that we need to drive a truck through basically.” “

“The Global Fund faces uncertainty about money from the United States, its No.1 donor, as Trump looks to reduce contributions. But **its commitment to getting 2 million people on lenacapavir stands, says Hui Yang, the fund’s head of supply operations.** Expanding access early, she adds, is important because it will show generic manufacturers there is a market and a demand. **The Global Fund will likely focus on a small number of countries that already have a PrEP program and have some experience with long-acting injectables,** Yang says. **Concentrating on them could help show donors and governments the impact lenacapavir can have,** Warren says. “We have to prove that lenacapavir can actually bend the curve of new infections, and I believe it can.” ...”

“.... Gilead is now pursuing approvals in Europe and elsewhere. Meg Doherty, director of **the Global HIV, Hepatitis and STIs Programmes at the World Health Organization (WHO),** said the group would launch new guidelines on using lenacapavir as PrEP on **14 July at an international HIV conference in Kigali, Rwanda.** “These guidelines will provide critical recommendations for countries on how best to bring this scientific breakthrough to the communities that need it the most.” **WHO “prequalification” of the drug would follow soon after the European Medicines Agency’s decision on lenacapavir,** she said. “By bringing together guidelines and prequalification—two often separate but critical processes—we are ensuring that when the first doses of lenacapavir reach low- and middle-income countries, both the WHO regulatory clearance and the clinical guidance are ready.”

## PPPR

### HPW - Mistrust, Trump and Multilateralism: Key Ingredients of the Pandemic Agreement ‘Recipe’

<https://healthpolicy-watch.news/mistrust-trump-and-multilateralism-key-ingredients-of-the-pandemic-agreement-recipe/>

Recap of a **meeting (/webinar)** convened by the Geneva Graduate Institute’s Global Health Centre, the Pandemic Action Network (PAN) and the Global Preparedness Monitoring Board (GPMB) from Tuesday. “The discussions reflected both on the process of reaching on the agreement and on the road ahead.”

On the latter: ... **WHO legal officer Steven Solomon said that the PABS annex had to be completed by 17 April 2026 if it was to be passed by next year's WHA. "If you're counting days, that's 300 days. If you're counting weeks, that's 43 weeks and three days," said Solomon. An Intergovernmental Working Group (IGWG), which still needs to be set up, will manage the next phase of negotiations."**

**"The South Centre's Viviana Muñoz-Tellez said the two next steps – negotiating PABS and implementation – would determine whether the agreement enables global collaboration...."**

### **Independent Panel for Pandemic Preparedness & Response (report) - Financing pandemic prevention, preparedness and response: Invest now or pay a heavy price in the future**

[https://live-the-independent-panel.pantheonsite.io/documents/financing\\_pandemic-readiness\\_final/](https://live-the-independent-panel.pantheonsite.io/documents/financing_pandemic-readiness_final/)

(6-pager) "..... A new report by the [The Independent Panel for Pandemic Preparedness and Response](#) warns that international support is faltering just when the world needs it most. Major donors are pulling back, and aid-dependent systems are straining under compounding crises: climate change, conflict, and rising disease threats.... today, in 2025, global health financing is fragmented and shrinking...."

**"The Panel urges a bold reimagining of Pandemic Financing - moving beyond patchwork models to a resilient, integrated system. It calls for \$10–15B in new annual international funding and a surge capacity of up to \$100B. As leaders face the choice to repair a broken system or build a better one, the time to act is now - 📌 Invest now or pay later."**

PS: also with some suggestions on **supporting a real transition to greater domestic spending.**

### **Lancet Letter – Africa's role in the WHO Pandemic Agreement**

N A Evaborhene; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01122-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01122-5/fulltext)

**"The adoption of the WHO Pandemic Agreement in May, 2025, marks a historic, if imperfect, milestone in global health governance. For African countries, which bore a disproportionate burden during the COVID-19 pandemic, the treaty's commitments to equity, capacity-building, and fair access to countermeasures offer long-overdue recognition of long-standing demands. However, these commitments risk remaining aspirational unless they are backed by robust, locally driven implementation strategies."**

**".... To shape the treaty's trajectory and safeguard continental interests, African governments should act decisively and in concert. At the national level, countries should begin developing implementation strategies that align treaty commitments with local priorities. These strategies should include enacting legislative frameworks to facilitate public–private partnerships, investing in infrastructure for local vaccine and diagnostic manufacturing, and creating incentives to retain and expand a skilled health workforce. Ministries of Health, in collaboration with science and technology departments, should ensure these efforts are not siloed but integrated into broader development**



and health security agendas. **Regionally, the African Union and the Africa Centres for Disease Control and Prevention should coordinate a unified African position in the upcoming IGWG negotiations.** This coordination requires not only diplomatic alignment, but also technical preparedness. A **continent-wide task force**—comprising of legal, scientific, and policy experts—should be convened immediately to draft model provisions, anticipate contentious clauses, and support member states with negotiation briefings. ....”

**“Africa's bargaining position should also be grounded in domestic investment.** International solidarity, although vital, cannot be the only strategy. Fiscal space is limited, yet targeted spending—particularly on regulatory harmonisation, technology adaptation, and knowledge transfer—can lay the groundwork for treaty compliance and, more importantly, sovereign health capacity. .... **To ensure accountability, civil society and academic institutions should be engaged to monitor national commitments and regional negotiations.....”**

## Geneva Graduate Institute (Global Health Centre) - Governing Pandemics Snapshot (issue 6)

<https://www.governingpandemics.org/gp-snapshot>

“..... many steps on the Pandemic Agreement still remain to be completed, and thus will not be open for signature for at least another year, as negotiations continue on contentious issues around an Annex on the Pathogen Access and Benefit-Sharing System (PABS). **This sixth issue of the Governing Pandemics Snapshot explores the tradeoffs that were made in a final agreement and the steps remaining for it to be ready for parties’ signature, setting off the countdown for it to enter into force. We also look at the implications of the final text on other critical issues, including: prevention measures and One Health, technology transfer, and governance issues under the Pandemic Agreement as well as the amended International Health Regulations.”**

## Mpox

### HPW – Mpox Vaccine Manufacturer Urged to Drop Price Amid Huge Shortfall in Africa

<https://healthpolicy-watch.news/with-only-half-africas-mpox-vaccine-needs-financed-manufacturer-is-urged-to-drop-price/>

From **Africa CDC’s** briefing last week.

**“There is only enough funding for around half the mpox vaccine doses that Africa needs, with Sierra Leone and Uganda particularly short of vaccines, according to Dr Ngashi Ngongo, the Africa Centres for Disease Control and Prevention (Africa CDC) mpox lead. The continent needs 6.4 million doses to address the multiple outbreaks, but money still needs to be raised to pay for 3.5 million doses, Ngongo told a media briefing on Thursday.”**

“... Sierra Leone requested 280,000 doses but has only received 50,000, while Uganda has received half of what they requested. These countries, along with the Democratic Republic of Congo (DRC), account for 86% of all Africa’s current mpox cases.....”



**“The non-profit consumer advocacy organisation Public Citizen this week urged Bavarian Nordic to lower its price for the mpox vaccine known as MVA-BN to help alleviate the shortage.**

**“MVA-BN’s [high price of \\$65 per dose](#) threatens to further strain budgets and impede the response in Africa,” wrote Public Citizen’s Peter Maybarduk in an [open letter](#) to Bavarian Nordic CEO Paul Chaplin.** The US paid around \$55.35 for the MVA-BN – almost \$10 less per dose less than UNICEF – according to a Public Citizen [report on the mpox vaccine shortfall](#) published this week. Since 2022, when the World Health Organization (WHO) declared an mpox emergency and 2024, Bavarian Nordic has seen “a 523% increase in cumulative revenue from MVA-BN compared to the previous three years,” the report notes.....” “....“Increased sales and long-term stockpiling agreements with high-income countries should give Bavarian Nordic more flexibility to lower MVA-BN’s price.”

**“In his letter, Maybarduk noted that “even the remaining doses ‘available’ under UNICEF and Bavarian Nordic’s one million dose supply agreement require additional funding before they can be deployed” .....**”

### **Lancet Editorial – The mpox response: African leadership, global responsibility**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01284-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01284-X/fulltext)

**“.... An Incident Management Support Team, led by the Africa CDC and the WHO Regional Office for Africa, continues to manage the response. It has implemented a continental response plan, deploying vaccines, strengthening surveillance and testing, and coordinating infection prevention and control efforts. However, it is operating under incredibly complex circumstances, with multiple concurrent outbreaks of different mpox clades, a worsening cholera epidemic, widespread poverty, and continuing conflict in DR Congo and other countries. An African-led response is best placed to understand these challenges, but Africa cannot act alone. How the WHO Pandemic Agreement—yet to be ratified by member states—might affect the mpox response remains to be seen, although its core goal to promote global cooperation is a critical one.....”**

**The editorial concludes: “The mpox PHEIC therefore represents a major test for global health post-COVID-19 in a new era of collapsing multilateralism and heavily constrained health financing. The strengthening of African public health institutions and capabilities over recent years—including the Africa CDC—has helped guide a unified regional response, but the outbreak is of global concern and demands global attention. Yet, repeated PHEIC declarations have failed to elicit commensurate support or even attention from the international community. It is hard to envisage a similar degree of complacency and indifference to human deaths and suffering had the outbreaks been occurring in the Global North. The recent surge in cases and the continuing shifts in the disease's epidemiology show both that too little has been done thus far to control mpox, and that this is a mutable and fluid situation that could further change again, widening and deepening its impact. “**

## **Commercial Determinants of Health**

### **BMJ Opinion - Football can't ignore its sugar problem**

<https://www.bmj.com/content/389/bmj.r1200>

“Soda giants have exploited the world’s most popular sport for commercial gain, and **FIFA has an opportunity to lead by example by dropping them as sponsors of the 2025 Club World Cup**, write **Chris van Tulleken and Carlos A Monteiro.**”

## **Plos GPH - Transforming trade for vaccine equity: Policy gaps and barriers**

Toby Pepperrell, Meri Koivusalo, Liz Grant, Alison McCallum;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004012>

“... **The pandemic revealed vaccine equity as a unifying health need, and international trade as a Commercial Determinant of Health.** We explored where policy action could reshape trade relationships, identifying recommendations for vaccine equity within stakeholder literature pertaining to Free Trade Agreements (FTAs)....”

“.... **Overall, our research shows how the current trade paradigm has produced and sustained vaccine inequity. We propose potential pathways for action but highlight the importance and urgency of more fundamental change in negotiation and implementation of FTAs.** New technologies will be crucial for the global response to emerging, neglected, and non-communicable diseases that are vaccine-preventable or -modifiable. **Multilateral organisations must, therefore, prioritise the right to health above FTAs, including through TRIPS waivers on Essential Technologies.**”

## **NCDs**

### **Peter Singer - Noncommunicable Diseases UN resolution without GLP-1 (“obesity”) drugs is useless**

[Peter Singer](#)

Read why, according to Singer.

## **Global cervical cancer elimination forum: advancing the call to action**

<https://www.who.int/news-room/events/detail/2025/06/17/default-calendar/global-cervical-cancer-elimination-forum-2025>

“**The Global Cervical Cancer Elimination Forum took place in Bali, Indonesia, from 17 to 19 June 2025.** Building from the success of the **Forum's initial meeting in Colombia**, this key event brought together governments, non-governmental organizations, the private sector, academia, activists and other stakeholders, to drive progress in cervical cancer elimination. **Cervical cancer remains a significant health challenge, particularly in low- and middle-income countries.** Without intensified efforts, **annual deaths from cervical cancer could reach 410,000 by 2030.** The 2025 Forum is a critical opportunity to galvanise action, share innovations, and strengthen commitments to eliminate cervical cancer and protect future generations from this deadly disease.”

- See also **GAVI - [Global leaders unite to accelerate cervical cancer elimination efforts](#)**

“Governments, donors, multilateral institutions, the private sector and partners today **announced significant policy, programmatic and financial commitments to eliminate one of the most preventable cancers. ....** At the **2nd Global Cervical Cancer Elimination Forum, hosted in Bali, Indonesia, from 17–19 June**, leaders **announced a wave of new investments and policy pledges to expand access to HPV vaccination, screening and treatment** – bringing the world closer to making cervical cancer the first cancer to ever be eliminated.”

“... **The Global Strategy for the elimination of cervical cancer sets clear targets for 2030:** 90% of girls fully vaccinated with the HPV vaccine by age 15; 70% of women screened with a high-performance test by age 35 and again at 45; and 90% of women identified with cervical disease receiving appropriate treatment. Progress across all three pillars is essential to achieve and sustain elimination.....”

“... **The Bali forum builds on momentum from Cartagena, Colombia, where nearly US\$ 600 million was committed last year to scale up efforts.** 194 countries have adopted [WHO’s global strategy to eliminate cervical cancer](#), and [75 countries globally](#) have adopted the single-dose HPV vaccination schedule , which expands access to the vaccine to even more girls and saves costs. **Vaccination coverage is also improving:** in Africa, first dose coverage rose from 28% in 2022 to 40% in 2023 – making it the region with the second-highest rate globally, and empowering millions of girls to protect their health and realize their potential. There is **increased vaccine supply** thanks to market shaping efforts by Gavi, the Vaccine Alliance; and **updated recommendations are helping to make cervical cancer screening and treatment more affordable.....**”

## Adolescent Health

**Lancet (Comment) – A community-based landmark trial to save the lives of pregnant adolescents and their newborns in sub-Saharan Africa**

E Hodnett; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00731-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00731-7/abstract)

Comment linked to a [new Lancet study – Community-based mentoring to reduce maternal and perinatal mortality in adolescent pregnancies in Sierra Leone \(2YoungLives\): a pilot cluster-randomised controlled trial](#)

## Human Resources for Health

**WHO calls for global expansion of midwifery models of care**

<https://www.who.int/news/item/18-06-2025-who-calls-for-global-expansion-of-midwifery-models-of-care>

**“Trusted midwives key to saving lives, improving health, and ensuring respectful care for women and newborns, says new guidance.”**

**“The World Health Organization (WHO) today released new guidance to help countries adopt and expand midwifery models of care - where midwives serve as the main care provider for women and babies throughout pregnancy, childbirth, and the postnatal period.....”**

**“The guidance promotes strong communication and partnership between women and midwives, and offers proven health benefits for both women and their babies. Women who received care from trusted midwives are statistically more likely to experience healthy vaginal births and report higher satisfaction with the services they receive. .... The new guidance provides practical tools and real-life examples to help countries structure a transition toward midwifery models of care. ...”**

**PS: “Despite progress, maternal and newborn deaths remain unacceptably high—particularly in low-income and fragile settings. Recent modelling suggests that universal access to skilled midwives could prevent over 60% of these deaths, amounting to 4.3 million lives saved annually by 2035....”**

### **Africa CDC - Africa Makes Encouraging Progress Towards Community Health Worker Deployment**

<https://africacdc.org/news-item/africa-makes-encouraging-progress-towards-community-health-worker-deployment/>

**“In 2017, African Union Heads of State and Government made a strategic commitment to strengthen the health workforce by training and deploying two million community health workers to help close the gap in healthcare provision. Eight years down the line, Africa has managed to deploy half of the intended target. Preliminary findings from the Continental Survey on Community Health Worker Programmes—conducted jointly by Africa CDC and UNICEF and released on the sidelines of the 78th World Health Assembly in May—show that progress is being made. “We have 1,005,007 community health workers already deployed. That means we have achieved 50% of the target in just eight years,” said Dr Ngashi Ngongo, Principal Advisor to the Director General of Africa CDC and Continental Incident Manager for the Mpox response in Africa. “What lies ahead is that, in the remaining five years, African Union Member States need to recruit, train, and deploy the remaining one million. That’s why it is important for this survey to be conducted annually until 2030 to track progress,” he added.....”**

**PS: “In terms of financing, 61% of Member States have included some community health activities in their national budgets—covering training, salaries, deployment, and other recurrent costs. “The reality is that recurrent costs should be the responsibility of governments. Partners may support temporarily, but they cannot sustain programmes indefinitely,” he said. With external funding cuts, researchers anticipate that community health programmes in 38 countries could be severely affected. “That is of great concern to all of us,” he added.”**

**“While 49% of Member States have allocated government budgets to pay community health workers, the remuneration varies widely—from as little as \$10 to as much as \$300 per month, with a median of \$50.....”**

# Access to medicines, vaccines & other health technologies

## TGH – Africa's Shift From Aid Dependency

M Pate & P Duneton; <https://www.thinkglobalhealth.org/article/africas-shift-aid-dependency>

**“The future of African health systems will be driven by domestic investment and demand for regionally made drugs.”**

**“... with regional manufacturing high on the agenda at the Group of 20 (G20) Health Working Group last week in South Africa, global attention is turning to a truth many countries in Africa have long recognized: Health security cannot depend on distant suppliers and uncertain aid. This moment demands not only reflection, but also reinvention. Nowhere is this need more urgent than in the production of health products. ....”**

**“... To understand the scale of the challenge, consider this: Africa is home to 1.5 billion people but has just 600 health-product manufacturing sites.... .... this vast disparity leaves African nations more exposed to global supply-chain shocks and limits their ability to respond to local health needs with the speed, affordability, and self-reliance needed to ensure essential products are available when and where they're needed without depending on distant suppliers or uncertain aid. ....”**

**“... As more countries move away from aid dependency, Nigeria is demonstrating how political will, smart investment, and regulatory reform can begin to reshape the health manufacturing landscape. ....”** Listing then a number of recent initiatives.

**“... Through those initiatives, Nigeria is positioning as a regional supplier and demonstrating how countries can reduce import dependence and build health systems that are both resilient and self-reliant. ...”**

**“.... When countries are home to regional manufacturing hubs, they can produce health tools including oxygen, diagnostics, and medicines within integrated value chains—meaning that all stages of production, from sourcing raw materials and manufacturing components to assembling, quality control, and distribution, are connected and managed within the region. Those hubs strengthen regional supply chains that bolster countries' economies and allow them to better response to local needs. Turning this vision into reality, however, requires overcoming major hurdles that include high production costs, complex regulations, weak human capacity, limited financing, weak infrastructure, and uncertain demand. Advancing regional manufacturing will take coordinated action....”**

## Stat - Trump administration demands pharma companies begin drug price negotiations, a day after key deadline

[Stat](#)

**“The administration plans to set up a system for patients to buy drugs directly from pharma companies at lower prices.”**

## WHO, UNAIDS Urge Pakistan to Locally Produce HIV and TB Drugs After Indian Supply Disruption

<https://globaltbcab.org/tb-news/who-unaid-urge-pakistan-to-locally-produce-hiv-and-tb-drugs-after-indian-supply-disruption/>

**“Alarmed by Pakistan’s dependence on Indian-manufactured medicines for HIV/AIDS and tuberculosis (TB) treatment, global health agencies have called on Pakistani pharmaceutical firms to urgently initiate local production of these life-saving drugs. The World Health Organisation (WHO) and UNAIDS believe that the country’s heavy reliance on imported antiretroviral therapies (ARVs) and TB medicines poses a significant public health risk, particularly in the light of strained trade relations with India. In a high-level meeting involving the Drug Regulatory Authority of Pakistan (Drap), the Ministry of National Health Services, WHO, UNAIDS and other stakeholders, officials warned that most medicines for HIV/AIDS and TB currently being distributed under the UN and Global Fund-supported programmes in Pakistan are manufactured in India. With trade ties suspended, the continuity of care for thousands of patients now faces uncertainty....”**

## KEI - Human Rights Council (2025): Core Group circulates zero draft on access to medicines, vaccines, and other health products and the right to health

<https://www.keionline.org/40823>

**“On Friday, 13 June 2025, a bloc of countries known as the the Core Group (Brazil, China, Egypt, Indonesia, India, Senegal, South Africa and Thailand) circulated a draft resolution on “Access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” in advance of the 59th session (16 June to 9 July 2025) of the Human Rights Council (HRC).”**

## MSF welcomes Novo Nordisk’s commitment to supply South Africa with analogue insulin pens, but the price must come down to \$1 per pen

<https://msfaccess.org/msf-welcomes-novo-nordisks-commitment-supply-south-africa-analogue-insulin-pens-price-must-come>

**“We welcome access to analogue insulin pens as they are the standard of care, but for them to be available for everyone, they must be affordably priced at US\$1 – equivalent to 18 Rand – per pen, especially considering the cost of production for insulin pens is estimated to be as low as \$0.94 per pen, including a profit. ....”**

## UHC & PHC

### WHO - Global momentum on primary health care: Time to unite

<https://www.who.int/news/item/04-06-2025-global-momentum-on-primary-health-care-time-to-unite>

**“A major push to accelerate progress on primary health care (PHC) was emphasized at a side event during the seventy-eighth World Health Assembly in Geneva on 20 May 2025. .... Held at the Palais des Nations, the event titled “Implementing primary health care: Building momentum through the Global Coalition of Countries on PHC” was co-hosted by Kazakhstan, Brazil, Canada, Ethiopia, France, Hungary, and the World Health Organization (WHO). Moderated by Dr Suraya Dalil, Director of the WHO Special Programme on Primary Health Care (SP-PHC), the gathering highlighted the importance of a country-led coalition to drive sustainable PHC-oriented reforms.”**

**“... Timur Sultangazyev, First Vice Minister of Health of the Republic of Kazakhstan .... underscored the Coalition’s goal to provide high-level political leadership led by Member States, as well as sustained advocacy to mobilize global action and investment in PHC. He noted that 18 countries from around the world have already joined the Coalition, signaling growing global commitment. He extended an open invitation to all Member States and partners.....”**

### **Lancet Public Health (Viewpoint) - Universal health coverage in the context of migration and displacement: a cosmopolitan perspective**

Santino Severoni, et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00117-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00117-3/fulltext)

« In this Viewpoint, we review the unique health challenges faced by migrants and displaced people, as well as the limitations of current UHC policies and financing arrangements. **We propose a cosmopolitan approach to UHC, grounded in global solidarity and structured around four pillars: supranational financing, integrated cross-border care, harmonised legal frameworks, and long-term investment in inclusive health systems.** We also explore what this approach could mean practically for regional or global financing mechanisms and sources of funding, including progressive contributions and the integration of health into climate finance. Achieving equitable and effective UHC in a world shaped by mobility and crisis requires global thinking and collective action. **We call for a reimagining of UHC via a cosmopolitan approach, which offers a pathway to reframe health and wellbeing as a shared right and responsibility, transcending national borders.”**

## **Decolonize Global Health**

### **Plos GPH – The quest for equity in global health is underpinned by neocolonial discourses: A critical discourse analysis**

M Amri, J Bump et

al ;<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004663>

**“ We argue that decolonizing global health is not possible without interrogating its many power asymmetries. In this article we demonstrate one example, using a critical discourse analysis of a tremendously influential document, the final report of the World Health Organization’s Commission on Social Determinants of Health, *Closing the gap in a generation: Health equity through action on the social determinants of health*. This report brought mainstream attention to health inequities and the broader forces that underpin them. We reasoned that a flagship report focused on equity and the social determinants of health would be sensitive to the many power inequities in global health. Our critical discourse analysis reveals normative views that presume**



inequity, such as Euro-American-centricity and portraying countries of the global south as behind or inferior to those of the global north and requiring support. Also, we find that many country comparisons exclude rich countries, which hides the full extent of global inequity. By drawing attention to the inequities presumed in language, we illuminate the persistence of neocolonial ideas that accept rather than contest unfairness.”

### **BMJ GH (Editorial) - Academy, a battleground for justice: a call for prioritarian scholarship**

M Shrimme (Editor-in-chief); <https://gh.bmj.com/content/10/6/e020428>

“.... BMJ Global Health openly acknowledges the inherent contradictions and colonial residues within global health while simultaneously recognising that our response to this backlash cannot be resignation—or, worse, capitulation—but must be an **active and sustained commitment to prioritarian scholarship.**” “.... **“Prioritarianism**, as first defined by the late British philosopher Derek Parfit, holds that ‘Benefiting people matters more, the worse off these people are’. **By prioritarian scholarship, then, we mean scholarship that places the needs, perspectives and lives of the most structurally marginalised at the centre of knowledge production and academic inquiry....”**

### **BMJ GH - Why should we be concerned by internalised racism in global health?**

B Adhikari et al; <https://gh.bmj.com/content/10/6/e016740>

“**Internalised racism** refers to the adoption of negative beliefs about one’s own racial identity, often reinforcing racial and social hierarchies. **This study explores the concept, impacts and implications of internalised racism in global health.** It highlights how internalised racism reinforces epistemic injustice and contributes to health inequities, shaping both individual experiences and institutional practices. **Strategies to counter internalised racism** should begin with fostering self-awareness, encouraging reflection and creating spaces for open discourse in global health institutions and policies.”

### **Lancet (Letter) - Beyond deficit models in early childhood development science**

Gabriel Scheidecker, S Abimbola et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00625-7/fulltext?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00625-7/fulltext?rss=yes)

“.... **We appreciate the efforts of the Lancet Series, Early Childhood Development and the Next 1000 Days, to draw attention to the needs of young children in low-income and middle-income countries (LMICs).** In particular, we welcome the Series’ calls to address environmental factors such as climate change and pollution, to support children with developmental disabilities, and to work towards culturally responsive approaches. **Despite these advances, we are concerned that the new Series maintains, at its core, a deficit model, which can cause harm by misguiding interventions and promoting negative stereotypes about people living in poverty....”**

- Some related **tweets by authors:**

“For the first time, @TheLancet has published a critical paper on the science of Early Childhood Development (#ECD). As an interdisciplinary and international group of authors, we call on the ECD



field to move beyond the widespread use of deficit models....” **“We are concerned the new Lancet Series [Early Childhood Development & the Next 1000 Days] maintains at its core, a deficit model, which can cause harm by misguiding interventions & promoting negative stereotypes about people living in poverty... [&] reflect epistemic injustice.”**

## Conflict & Health

### Telegraph - Global conflict levels highest since end of Second World War

<https://www.telegraph.co.uk/global-health/terror-and-security/global-conflict-levels-highest-since-second-world-war/>

**“Report published by the Institute of Economics and Peace captures a world on the brink, with the current world order in flux.”**

**“A total of 59 active conflicts are currently raging in more than 35 countries – the most since 1945 – with 152,000 conflict-related deaths recorded in 2024, according to the 2025 Global Peace Index, an annual report on armed violence. The report published by the Institute of Economics and Peace (IEP) captures a world on the brink, with the current unipolar world order in flux.”**  
**“We’re ushering in a new age,” said Steve Killelea, founder and executive chairman of the IEP....”**

**“... The influence of the US, China and Russia on the world order is waning, according to the report, with mid-level powers becoming more active and influential within their regions due to their rising wealth. The number of countries wielding significant geopolitical influence beyond their borders has risen to 34, up from just six in the 1970s. Nations like Saudi Arabia, Turkey, India, the UAE, Israel, South Africa, Brazil, and Indonesia have emerged as prominent regional powers.”**

### Al Jazeera – UN cuts global aid plan as funding plummets

<https://www.aljazeera.com/news/2025/6/16/un-cuts-global-aid-plan-as-funding-plummets>

**“‘Brutal funding cuts leave brutal choices,’ says aid chief, as humanitarian appeal slashes and priorities refocused.”**

**“The United Nations has announced sweeping cuts to its global humanitarian operations, blaming what it described as the “deepest funding cuts ever” for a drastic scaling back of its aid ambitions. In a [statement](#) released on Monday, the UN Office for the Coordination of Humanitarian Affairs (OCHA) said it was now appealing for \$29bn in aid – down sharply from the \$44bn it had requested in December – and would refocus on the most critical emergencies under a “hyper-prioritised” plan.....”**

PS: **“Brutal funding cuts leave us with brutal choices,” said undersecretary-general for humanitarian affairs and emergency relief coordinator, Tom Fletcher. “All we ask is 1 percent of what you spent last year on war. But this isn’t just an appeal for money – it’s a call for global responsibility, for human solidarity, for a commitment to end the suffering,” he added.**

- See also [UN News – Brutal cuts mean brutal choices warns UN relief chief, launching ‘survival appeal’](#)

## BMJ Editorial –Women bear a disproportionate burden of war

A Amin, P Allotey et al; <https://www.bmj.com/content/389/bmj.r1224>

**“Unseen toll of conflicts on sexual and reproductive health and rights.”**

**“Women bear a disproportionate and often overlooked burden of war. In today’s conflict zones, women are not only deliberately targeted through gender based violence but also suffer intensely from the collapse of vital systems that support their health and wellbeing. The consequences for their sexual and reproductive health and rights (SRHR) are catastrophic yet routinely sidelined in humanitarian responses. The complexities of different types of conflicts demand nuanced attention to the layered ways in which war devastates women’s bodies, autonomy, and futures.....”**

**“.... Having a defined package of sexual and reproductive health services for humanitarian settings is an essential step towards safeguarding continuity of care for women. The minimum initial services package (MISP) for acute emergency responses from the Interagency Working Group on Reproductive Health in Crisis and the World Health Organization’s high priority health services for humanitarian response (H3) package for protracted crises provide essential global guidance to prevent morbidity and mortality related to sexual and reproductive health. MISP is being widely implemented in humanitarian settings, albeit with varying degrees of success.....”**

The Editorial concludes: “... The global health community must speak with clarity and act with urgency. **The international community must stop treating SRHR in conflict as optional. ... .. Women and girls cannot wait for peace before their rights are respected.....”**

## Lancet Letter - Genocide in Gaza: moral and ethical failures of medical institutions

Helena Niu et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01173-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01173-0/fulltext)

**“The medical community has a moral and professional duty to speak out against these violations of international law and human rights. However, a recent study showed that only a quarter of US medical specialty societies have made a public statement in relation to Gaza. Similarly, in Australia and New Zealand, despite mobilisation of grassroots-advocacy, there has been inadequate and insufficient action from medical bodies.....”**

## Plos GPH (Opinion) - The Gaza health information system: Rebuilding for a resilient future

Nima Yaghmae et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004700>

With some key principles on how to do so.

## HPW - WHO Deplores Iranian Attack on Major Israeli Hospital – ‘Peace is Best Medicine’

<https://healthpolicy-watch.news/who-deplores-iranian-attack-on-major-israeli-hospital-peace-is-best-medicine/>

“The World Health Organization decried Thursday’s direct hit by Iran on one of Israel’s largest hospitals, Soroka Medical Center, which put the 1200-bed facility serving most of the country’s southern region largely out of operation. In an X post, [WHO Director General Dr Tedros Adhanom Ghebreyesus also deplored](#) the deaths of three Iranian Red Crescent Society health workers three days ago, following an Israeli airstrike on Tehran three days ago. ...”

“... .... **“We call on all parties to protect health facilities, health personnel and patients at all times,”** said Tedros, adding his signature slogan, **“The best medicine is peace.”**”

## Bonn Climate conference & climate financing

### Devex - Special edition: Before COP30 takes the spotlight, Bonn sets the stage

<https://www.devex.com/news/special-edition-before-cop30-takes-the-spotlight-bonn-sets-the-stage-110283>

**“The real work of COP30 starts in Bonn** — inside a script-writing session for the world’s biggest climate summit, minus the spectacle.”

**Topline items: “1. Adaptation .... 2. Financing Baku to Belém .... 3. Global stocktake** (Launched at COP28 in Dubai, the global stocktake, or GST, is the mechanism meant to assess how the world is doing on long-term climate goals;..... **4. Loss and damage fund.....”**

### Devex – The US is a no-show at Bonn climate negotiations

<https://www.devex.com/news/the-us-is-a-no-show-at-bonn-climate-negotiations-110301>

“The U.S. absence at the midterm Bonn climate talks could reshape negotiations, pushing other countries to step up as donor funding uncertainties loom.”

### Tax Justice Network- Reassert tax sovereignty to unlock trillions for climate finance

<https://taxjustice.net/press/reassert-tax-sovereignty-to-unlock-trillions-for-climate-finance/>

**“Taxing extreme wealth can cover countries’ climate finance responsibilities with billions to spare.”**

**“Applying a minimal wealth tax on the superrich and making multinational corporations pay the dodged taxes they owe can cover the majority of countries’ climate finance costs, and leave most with billions in tax revenue to spare towards public services. A new report by the Tax Justice Network – published today as the Bonn Climate Conference kicks off and publicly endorsed by renowned climate experts – finds that a major root of inadequate climate finance is not a lack of affordability but countries’ weakened tax sovereignty.”**

**“A total of \$2.6 trillion in urgently needed tax revenue is available to be raised by countries each year, the report finds, by applying a minimal wealth tax of 1.7% to 3.5% on the richest 0.5% households, and by recovering the corporate taxes unpaid by multinational corporations shifting profits into tax havens. The sum is equivalent to a whopping 2.4% of global GDP, and can cover most of the spectrum of climate finance estimates proposed by climate experts....”**

PS: **“... 61% of countries were found to have an “endangered” level of tax sovereignty or worse, meaning the amount of additional tax revenue they are failing to collect from their richest households and from tax cheating multinational corporations was equivalent to 5% or more of the amount of tax they collect a year. About a fifth of countries (19%) were found to have a “negated” level of tax sovereignty, the worst level, missing out on the equivalent of 15% or more of the tax revenue they collect annually.....”**

**“The report identifies several factors that have and are weakening countries’ tax sovereignty, include unfit global tax rules, decades-old exploitative tax treaties, colonial legacies and the influence of extreme wealth on public discourse and governments’ decision-making processes.....”**

### **Global Climate & Health Alliance - Bonn Climate Summit: Health Community Demands Ambition on Ending Fossil Fuel Dependence and Robust Investment in Protecting Communities**

<https://climateandhealthalliance.org/press-releases/bonn-climate-summit-health-community-demands-ambition-on-ending-fossil-fuel-dependence-and-robust-investment-in-protecting-communities/>

**“As the UNFCCC (United Nations Framework Convention on Climate Change) SB62 UN Climate Change Conference opens today in Germany – and ahead of this year’s COP30 Climate Summit, in Belem, Brazil – the Global Climate and Health Alliance demands that governments ensure the “just, orderly and equitable transition away from fossil fuels”, called for by countries at 2023’s COP28, is translated into concrete, measurable, and accountable action.”**

### **Climate Change News - A COP30 roadmap to inaction or ambition on climate finance?**

<https://www.climatechangenews.com/2025/06/13/a-cop30-roadmap-to-inaction-or-ambition-on-climate-finance/>

**“If it lets wealthy countries off the hook, the “Baku-to-Belém” roadmap risks entrenching climate injustice and increasing debt burdens in the Global South.”**

**“Government negotiators in Bonn will discuss in the coming two weeks how to put into practice an idea that emerged from the corridors of the COP29 climate talks: “the Baku to Belém Roadmap to \$1.3 Trillion”. This exercise, that aims to propose approaches for scaling climate finance flows for developing countries to over a trillion dollars per year by 2035, is due to be presented at COP30 in Brazil this November. The origins of its mandate offer insights into its perils – as well as its promise.”**

PS: **“... The Roadmap must not ignore that external debts are at record highs, with repayment costs now higher than capacities for repayment in two-thirds of developing countries, according to UNCTAD. In 2023, African governments paid around 17% of their revenues on servicing debts, the highest levels in decades, equalling 15% of African export earnings. By comparison, after the Second World War, inspired by the work of Keynes and others, it was decided to cap Germany’s debt repayments at 3% of its exports earnings, to allow recovery. In this context, Global South countries may lack the fiscal space to invest in essential climate action – or may prioritise other areas, such as healthcare or education.....”**

- Related: [Guardian – Bank unveils green loans plan to unlock trillions for climate finance](#)

**“IADB’s proposals involve lenders using public money to buy up renewable energy loans in poor countries.” “ An innovative plan to use public money to back renewable energy loans in the developing world could liberate cash from the private sector for urgently needed climate finance....”**

**“Avinash Persaud, a special adviser on climate change to the president of the Inter-American Development Bank (IADB), who developed the proposals, believes the plan could drive tens of billions of new investment in the fledgling green economy in poorer countries within a few years, and could provide the bulk of the \$1.3tn in annual climate finance promised to the developing world by 2035. “This could be an engine for green growth, and produce the trillions needed for climate finance in the future,” he told the Guardian. “It could be a transformation.” ...”**

## **Climate Change News – What could a Fossil Fuel Non-Proliferation Treaty look like?**

<https://www.climatechangenews.com/2025/06/17/what-could-a-fossil-fuel-non-proliferation-treaty-look-like/>

**“As climate negotiations get underway in Bonn, an initiative set up to work on a pact against fossil fuels is discussing its structure and ways to promote the phase-out of coal, oil and gas.”**

## **Devex – Climate negotiations in Bonn begin with familiar finance clash**

<https://www.devex.com/news/climate-negotiations-in-bonn-begin-with-familiar-finance-clash-110323>

**“Negotiators in Bonn reopened wounds from COP29, clashing over the inclusion of Article 9.1 — the Paris Agreement’s public finance provision — and threatening to derail momentum ahead of Brazil’s COP30.”**

“Negotiations at the midyear United Nations climate summit in Bonn, Germany, started off on the wrong foot as **delegates spent the first 17 hours brawling over whether to put an article on public finance on the agenda. The specific article that developing countries wanted on the agenda was Article 9.1 of the Paris Agreement, which refers to the “provision” of public finance — or bilateral government funding from developed to developing countries.....**”

## More on Planetary Health

**Guardian – Only two years left of world’s carbon budget to meet 1.5C target, scientists warn**

<https://www.theguardian.com/environment/2025/jun/18/only-two-years-left-of-world-carbon-budget-to-meet-15c-target-scientists-warn-climate-crisis>

“**The planet’s remaining carbon budget to meet the international target of 1.5C has just two years left at the current rate of emissions, scientists have warned**, showing how deep into the climate crisis the world has fallen. .... The analysis, produced by an international team of 60 leading climate scientists, is an **update of the critical indicators of climate change and is published in the journal Earth System Science Data**. It aims to provide an authoritative assessment, based on the methods of the Intergovernmental Panel on Climate Change, but **published annually** unlike the intermittent IPCC reports, the most recent of which was 2021.....”

- See also [PIK – Pace of Warming has doubled since 1980s](#)
- And AP - [Scientists warn that greenhouse gas accumulation is accelerating and more extreme weather will come](#)

“The report, which was published in the journal [Earth System Science Data](#), shows that **the rate of human-caused warming per decade has increased to nearly half a degree (0.27 degrees Celsius) per decade.**”

**Phys.org - Climate models with low sensitivity to greenhouse gases do not align with satellite measurements**

by Centre for International Climate and Environmental Research; <https://phys.org/news/2025-06-climate-sensitivity-greenhouse-gases-align.html>

“Climate models that give a low warming from increases in greenhouse gases do not match satellite measurements. **Future warming will likely be worse than thought unless society acts, according to a new study published in Science.....**”

**Guardian – World’s largest banks pledged \$869bn to fossil fuel firms in 2024, new report finds**

<https://www.theguardian.com/business/2025/jun/17/world-banks-fossil-fuel-finance-2024>

**“Two-thirds of the biggest 65 banks increased financing by \$162bn from 2023 to 2024, walking back climate promises.”**

**“... The world’s largest banks boosted the amount of financing given to fossil fuel companies last year, committing \$869bn to those involved in coal, oil and gas despite the worsening climate crisis and the banks’ own, fraying, environmental commitments, a new report has found. The report, compiled by a coalition of eight green groups, shows that while the amount loaned by big banks to fossil fuel firms had been declining in 2021, last year saw an abrupt reversal. Two-thirds of the world’s largest 65 banks increased their fossil fuel financing by \$162bn from 2023 to 2024.....”**

PS: **“Four of the five largest fossil fuel financiers last year were American companies, with JPMorgan Chase lending the most at \$53.5bn. Bank of America was second, followed by Citigroup. The Japanese bank Mizuho Financial was fourth, with Wells Fargo in fifth.....”**

### **Guardian - Climate misinformation turning crisis into catastrophe, report says**

<https://www.theguardian.com/environment/2025/jun/19/climate-misinformation-turning-crisis-into-catastrophe-ipie-report>

**“False claims obstructing climate action, say researchers, amid calls for climate lies to be criminalized.”**

“Rampant climate misinformation is turning the crisis into a catastrophe, according to the authors of a new report. It found **climate action was being obstructed and delayed by false and misleading information stemming from fossil fuel companies, rightwing politicians and some nation states.** The report, from the International Panel on the Information Environment (Ipie), systematically reviewed 300 studies.”

**“The researchers found climate denialism has evolved into campaigns focused on discrediting solutions, such as the false claims that renewable energy caused the recent massive blackout in Spain. ... Online bots and trolls hugely amplify false narratives, the researchers say, playing a key role in promoting climate lies. The experts also report that **political leaders, civil servants and regulatory agencies are increasingly being targeted in order to delay climate action.**”**

**“Climate misinformation – the term used by the report for both deliberate and inadvertent falsehoods – is of increasing concern. Last Thursday, the UN special rapporteur on human rights and climate change, Elisa Morgera, called for misinformation and greenwashing by the fossil fuel industry to be criminalised. On Saturday, Brazil, host of the upcoming Cop30 climate summit, will rally nations behind a separate UN initiative to crack down on climate misinformation. ....”**

### **Guardian - Flight tax could raise €100bn to tackle climate crisis, study finds**

<https://www.theguardian.com/environment/2025/jun/19/flight-tax-climate-crisis-airline-tickets-levy-environment>

**“Environmental group says adding levies to airline tickets would help ease financial burden on poor countries.”**

**“.... Analysis by the Dutch environmental consultancy CE Delft, commissioned by the Global Solidarity Levies Task Force, has shown that a levy on tickets that began at €10 on short-haul flights in economy, including domestic flights, rising to €30 on long-haul flights, and €20 for short-haul business-class tickets, rising to €120 for long-haul, would produce revenues of about €106bn a year.”**

## **Plos Climate - Improving an integrative framework of health system resilience and climate change: Lessons from Bangladesh and Haiti**

Valéry Ridde et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000512>

**“The analysis of health system resilience has advanced considerably, yet a wide range of conceptual frameworks continues to be employed.** The ClimHB conceptual framework, developed in 2019, combines two influential models: the Levesque model of healthcare access and the DFID’s resilience framework. It is designed to examine health system resilience in response to climate-induced events. What sets the ClimHB framework apart is its emphasis on the population as an active participant on the demand side, complementing the supply side represented by healthcare services and providers. The framework is defined by three key dimensions – exposure, sensitivity, adaptive capacity. Its dual focus on demand and supply highlights their dynamic interaction in shaping health system resilience. **A workshop and the World Café method refined the ClimHB framework by incorporating empirical data from Haiti and Bangladesh with findings from a literature review. The updated framework offers a dynamic perspective on resilience, focusing on the interconnected nature of its elements to guide decision-making across all levels of health systems....”**

## **Report (via Human Rights Council Fifty-ninth session 16 June–11 July 2025)**

<https://documents.un.org/doc/undoc/gen/g25/070/22/pdf/g2507022.pdf>

**The imperative of defossilizing our economies - Report of the Special Rapporteur on the promotion and protection of human rights in the context of climate change (Elisa Morgera)**

“The present report clarifies States’ international human rights obligations and businesses’ responsibilities to phase out fossil fuels and related subsidies within the current decade. The interlinked, intergenerational, severe and widespread human rights impacts of the fossil fuel life cycle, coupled with six decades of climate obstruction, compel urgent defossilization of our whole economies, for a just transition that is effective, human rights based and transformative in protecting the climate, nature, water and food on which life and health for present and future generations depend.”

## **Miscellaneous**

**UN News - Without urgent funding, global hunger hotspots are set to grow, UN warns**

<https://news.un.org/en/story/2025/06/1164441>



**“Sudan and South Sudan are among five global hunger hotspots of “highest concern”, trapped in a worsening cycle of conflict, climate shocks and economic decline. .... A new report released on Monday by the World Food Programme (WFP) and the Food and Agriculture Organization (FAO) also identified Palestine, Mali and Haiti as the other top-priority hunger hotspots, with a further seven countries likely to see worsening food security over the next five months.....”**

**“... The report identified that the main driver of hunger is conflict which is often compounded by climate and economic shocks. ....”**

### **Lancet Letter – Violence-related deaths in Nigeria: a public health crisis**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01019-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01019-0/fulltext)

Concluding: **“.... Reaching the Sustainable Development Goal on health remains impossible in environments plagued by chronic insecurity. The global health community needs to treat violence as a structural determinant of health rather than just a background variable, and should lead in naming, framing, and responding to this emergency. This response should include integrating violence-related mortality into health surveillance systems, mobilising targeted humanitarian support for displaced and malnourished populations, and prioritising the protection of health-care workers and coordinated security intelligence and action.”**

## **Global health governance & Governance of Health**

### **WHO headquarters leadership team**

<https://www.who.int/director-general/who-headquarters-leadership-team>

With an overview.

### **Devex - Opinion: A new development conference can't be just a Western echo chamber**

N A Afadzinu et al ; <https://www.devex.com/news/opinion-a-new-development-conference-can-t-be-just-a-western-echo-chamber-110311>

**« We are all for international development reform, as long as Western donors are not the only ones at the table.”**

**“U.K. Foreign Secretary David Lammy .... has proposed a new conference for the Western community on development and aid, with [the U.K. playing a leadership role](#). While it is encouraging to hear the U.K. foreign secretary call for reform of the international development system, these conversations are not completely new and reflect a pattern that has defined development for far too long: Western governments and institutions setting the agenda, determining the terms, deciding who gets a seat at the table, and excluding partners from the Majority World....”**

“... Lammy has previously spoken about the importance of [treating partners in the global south as equals](#) and about working together to reform the global financial system. These are important commitments. But if **they are to carry weight, they must be reflected not only in what is said, but in how things are done.** That includes how summits are convened, who shapes the agenda, and who holds decision-making power. Across the Majority World, movements, networks, and organizations are already questioning the status quo and leading transformative work. They are not waiting to be included in conversations; they are driving change....”

“... If the U.K. is serious about playing a “leadership” role, it should approach the upcoming FfD4 conference as an opportunity to listen and build partnerships by supporting proposals from LMICs to truly reform and democratize the international development system. ....”

### New Humanitarian – Beyond the reset: Five priorities for genuine humanitarian transformation

D Barter et al ; <https://www.thenewhumanitarian.org/opinion/2025/06/19/beyond-reset-five-priorities-genuine-humanitarian-transformation>

“**Values:** Shift from competition to ecosystem approaches ; **Systemic:** Integrate humanitarian, development, and human rights action ; **Global:** Restructure and reorient the UN; **National:** Establish and/or support locally led pooled funds ; **Funding:** Leverage influence, fund long-term, and share risks. “

### Project Syndicate - A BRICS+ Development Agenda for the Global South

F A Teixeira; <https://www.project-syndicate.org/commentary/brics-plus-should-adopt-shared-green-industrial-strategy-by-fernando-amorim-teixeira-2025-06>

“In the face of a fragmenting global economy, **Brazil’s BRICS+ presidency offers a historic opportunity to develop a model of cooperation attuned to the Global South’s development needs.** Despite member states' diverse perspectives, all should recognize the value of policy coordination.”

“**On July 6-7, Rio de Janeiro will host the BRICS+ Summit of presidents and heads of state.** With ten current member states and many others seeking to join, the BRICS+ brings together countries with diverse political, cultural, and civilizational outlooks, but which share a commitment to fostering South-South cooperation and pursuing a more equitable, multipolar global order....”

- PS: this week (17 June) a **BRICS Health ministers meeting** already took place in Brasilia, Brazil. The meeting concluded with a **Joint Declaration reaffirming the BRICS nations’ commitment to bolstering global health resilience and deepening their partnership with the World Health Organization.**

### Global Governance: a review of multilateralism and international organisations - Quasi-public Partnerships

Antoine de Bengy Puyvallée; [https://brill.com/view/journals/gg/31/2/article-p186\\_4.xml?ebody=full%20html-copy1](https://brill.com/view/journals/gg/31/2/article-p186_4.xml?ebody=full%20html-copy1)

“Global public-private partnerships (PPP s), where public and private sectors share decision-making, are central in global health governance. Research has focused on large, independent PPP s like Gavi and the Global Fund, but largely overlooked the institutional diversity of global PPP s and its consequences for the governance, accountability, and legitimacy of partnerships. To address this gap, **this paper examines the Emergency Medical Teams (EMT) Initiative, a partnership administered by the World Health Organization (WHO), responding to humanitarian health crises.** Through extensive qualitative research, the paper analyzes why the EMT Initiative became embedded within the WHO’s bureaucratic structure and explores the challenges and advantages of this hybrid arrangement for both the partnership and the WHO. **The paper theorizes the concept of ‘quasi-public’ partnerships, which are hosted by public agencies with dual accountability to their host organization and their partners.** It suggests that **these partnerships differ significantly from ‘quasi-private’ partnerships, which operate independently and are accountable to their own boards.”**

“... I suggest a **categorization of PPP s based on their institutional status**, distinguishing between ‘quasi-private’ partnerships operating as independent private organizations and ‘quasi-public’ partnerships hosted by an IO....”

### **International Affairs The Gates Foundation, global health and domination: a republican critique of transnational philanthropy**

Gwilym David Blunt et al; <https://academic.oup.com/ia/article/98/6/2039/6765178?login=true>

(from 2022) “ .... **This article uses the republican conception of domination as an analytical framework to precisely articulate concerns of justice raised by transnational philanthropy.** Using the **Bill and Melinda Gates Foundation and its role in global health as a test case**, it argues that transnational philanthropy is characterized by an asymmetric distribution of power, which is sufficient to produce dependence, and that is uncontrolled insofar as its use either rests on the will of powerful agents or on terms of social cooperation beyond contestation. This arbitrary character is particularly relevant to philanthropy because of its use of epistemic power to produce and legitimize knowledge. In short, transnational philanthropy is dominating...”

### **BMJ GH – Supporting local ownership of transition processes: a key pathway to sustaining the HIV response**

L M Murphy et al ; <https://gh.bmj.com/content/10/6/e018190>

“... **This analysis explores how to centre local leadership in transition processes to ensure long-term sustainability of HIV programmes, including moving from external to domestic financing.** Existing frameworks show broad consensus on the core elements required to examine readiness and support transition processes; however, many of these frameworks do not address how to ensure that transitions are locally owned. **An examination of HIV programmes in Vietnam and Zambia, supported by previous evidence, presented four specific lessons on promoting local ownership and local leadership of transition processes....”**

## CGD (blog) - Development Agencies Must Clarify Their Roles to Work Better Together. Here Are Three Ways to Start.

B Cichoka et al; <https://www.cgdev.org/blog/development-agencies-must-clarify-their-roles-work-better-together-here-are-three-ways-start>

“This blog draws on recent CGD research as well as forthcoming [work on agency effectiveness](#), to outline three practical pathways toward a more coordinated, resilient, and effective global development system.”

“In a world of increasingly limited concessional resources, **development agencies must decide where they can add the most value, based on a clear-eyed assessment of their strengths vis-a-vis others. They will need to actively rebuild trust in cooperation by playing bridging roles and advancing a credible, evidence-based case for the collective benefits of investing in countries’ self-reliance....**”

The **three pathways**: 1. Engage in mini-lateral, regional, or “bridging” activities; 2. Clarify comparative advantage and division of labour across actors; 3. Rebuild trust through a credible narrative and better evidence....

## Global health financing

### Plos GPH - Who pays for surgical care in the global south? A narrative review

Sanjay Kumar Yadav et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004781>

“For decades, surgical care was sidelined in global health policy, perceived as costly, complex, and secondary to communicable disease control. However, the past two decades have witnessed a **paradigm shift, with evidence highlighting surgery’s critical role in addressing nearly 30% of the global disease burden**. Landmark efforts like the 2015 Lancet Commission on Global Surgery and WHO Resolution WHA68.15 underscored that safe, timely, and affordable surgical care is indispensable to achieving Universal Health Coverage and the Sustainable Development Goals. Yet, despite increasing advocacy, a fundamental question remains inadequately addressed: who pays for surgical care in the Global South? **This narrative review explores the current landscape of surgical financing in low- and middle-income countries, examining domestic public funding, insurance-based models, donor assistance, diaspora contributions, and the persistent burden of out-of-pocket payments**. While some initiatives—such as India’s AB PM-JAY and organizations like Smile Train and KidsOR—illustrate scalable financing models, **most low- and middle-income countries still rely on fragmented, underfunded systems that lead to catastrophic health expenditures**. Moreover, **political neglect, lack of standardized surgical metrics, and low visibility within global health frameworks continue to hinder sustained investment**. The review further highlights the cost-effectiveness and economic benefits of surgical interventions, positioning surgery not only as a clinical imperative but also as a strategic investment in national development. Emphasizing the emerging concept of **value-based surgery**, it argues for integrating frugal innovations and systems-based approaches into health financing frameworks.”

## Devex op-ed - Global health is at a crossroads, emerging as a new asset class

N Skaljic; [Devex](#)

**“Investors have become a driving force in global health, seeing it as the next big asset class, while global south nations are pushing back against donor-driven models.”**

*This one is for the fans :* (

## UHC & PHC

### Lancet World Report –The Sanming model: reforming China's health system

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01285-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01285-1/fulltext)

**“One small city's bid to rescue its health finances has transformed the way health care is managed across China. Chris McCall report.”**

Excerpt: “...“A lot of people were complaining that it is very difficult to access health care because it is too expensive”, said **Winnie Yip, Professor of Global Health Policy and Economics at the Harvard TH Chan School of Public Health at Harvard University, who has [studied the Sanming model](#) extensively**. Many pilot reform schemes set up did not last, she said, but Sanming's approach was unique and its motivation for change was very high. “Sanming took a more systemic approach”, said Yip. **More than a decade on, the reforms that the Sanming Healthcare Reform Leadership Office pioneered are de facto national policy**. They are now part of a long debate about whether the future of China's health system lies with the private sector or greater state control...”

### Lancet Regional Health Americas - The termination of *Seguro Popular*: impacts on the care of high-cost diseases in the uninsured population in Mexico

[https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(25\)00088-2/fulltext?dgcid=raven\\_jbs\\_etoc\\_email](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(25)00088-2/fulltext?dgcid=raven_jbs_etoc_email)

By L Javier Cortez-Adamé et al.

### IDS - Research Working Paper 41: Financing Social Protection in Protracted Crises

<https://www.ids.ac.uk/publications/financing-social-protection-in-protracted-crises/>

**“This research examines the challenges and prospects of financing social protection in protracted crisis countries (PCCs), where political instability and complex emergencies intersect with under-resourced systems. Recognising the importance of domestic financing, the research focuses on the role of international public funding to support national systems and to contribute to filling the significant social protection financing gap.”**

# Pandemic preparedness & response/ Global Health Security

## Journal of Law, Medicine & Ethics - Legal Preparedness as a Foundation of Global Health Security

B M Meier et al ; [Journal of Law, Medicine & Ethics](#);

“The Global Health Security Agenda (GHSA) provides a foundation in global health law to support legal preparedness across nations. **This column examines the legal authorities necessary to meet the objectives of the GHSA Legal Preparedness Action Package and advance national law reforms to prevent, detect, and respond to public health emergencies.**”

## Planetary health

### Guardian - Nasa data reveals dramatic rise in intensity of weather events

[https://www.theguardian.com/world/2025/jun/17/nasa-data-reveals-dramatic-rise-in-intensity-of-weather-events?CMP=share\\_btn\\_url](https://www.theguardian.com/world/2025/jun/17/nasa-data-reveals-dramatic-rise-in-intensity-of-weather-events?CMP=share_btn_url)

“Extreme events such as floods and droughts are becoming more frequent, longer-lasting and more severe, study says .... **New data from Nasa** has revealed a dramatic rise in the intensity of weather events such as droughts and floods over the past five years. The study shows that such extreme events are becoming more frequent, longer-lasting and more severe, with **last year’s figures reaching twice that of the 2003-2020 average....**”

### Plos GPH –Planetary health for health systems: A scoping review and content analysis of frameworks

Nicole Redvers et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004710>

“Planetary health movements have advanced substantially within the last ten years with new frameworks and models being considered within health systems in varied contexts. **Despite advancements, there continues to be an overall lack of accessible and regional- or field-specific planetary health frameworks to inform health systems.** We therefore set out to **conduct a scoping review to identify current planetary health-related frameworks that have been developed for health systems.** ... We **identified six overarching categories within the planetary health-related frameworks** including: 1) health system and environmental impacts; 2) vision, advocacy, leadership, and communication elements; 3) key structural components for environmentally sustainable health systems; 4) climate resiliency and environmental sustainability of healthcare facilities and systems; 5) climate-resilient and sustainable technologies and infrastructure; and 6) evaluation and accountability mechanisms. ...”

## ODI (Expert Comment) - COP29's New Climate Finance Goal: Pivoting to implementation

L Pettinotti et al ; <https://odi.org/en/insights/cop29s-new-climate-finance-goal-pivoting-to-implementation/>

**“After three years of formal discussions, COP29 delivered a new climate finance goal. The New Quantified Collective Goal (NCQG) was set at \$300 billion a year by 2035 with the broader aspiration to enable \$1.3 trillion a year in climate financing in developing countries. One of the pitfalls of the previous \$100 billion goal was its lack of clarity. If the new goal is to avoid fuelling the same indignation and suspicion around how much is counted and its quality, there is a need to reach early agreement about what success looks like. To this end, we offer some ideas of what needs to be tracked to monitor progress implementation.....”**

## Guardian - Key crop yields could fall due to climate crisis even if farmers adapt, study finds

<https://www.theguardian.com/environment/2025/jun/18/crop-yields-climate-crisis-adaptation>

**“Researchers say average daily losses for every 1C the planet heats up could add to equivalent of not having.”**

**“Some of our critical staple crops could suffer “substantial” production losses due to climate breakdown, a study has found, even if farmers adapt to worsening weather. Rice, maize, soy, wheat, cassava and sorghum yields are all projected to fall by as much as 120 calories per person per day for every 1C the planet heats up, according to new research in Nature, with average daily losses that could add up to the equivalent of not having breakfast....”**

## Infectious diseases & NTDs

### The Lancet Infectious Diseases Commission: Vector-borne helminthiasis: a road map for current and future research to support control and elimination in sub-Saharan Africa

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00084-2/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00084-2/abstract)

**“This Commission focuses on the vector-borne helminthiasis onchocerciasis, lymphatic filariasis, loiasis, and mansonellosis, which are widely endemic across large and diverse landscapes in sub-Saharan Africa, affecting populations in some of the lowest-income countries. Onchocerciasis and lymphatic filariasis have long been recognised and prioritised as neglected tropical diseases (NTDs), with well established global elimination programmes, and are targeted for elimination as part of the WHO NTD road map for 2021–30. In contrast, loiasis and mansonellosis have largely been neglected, are not listed as NTDs, and have no large-scale control programmes.....”**



## Economist Impact - Dengue defence: prioritising actionable strategies for prevention

[https://downloads.ctfassets.net/9crgcb5vlu43/5FQlpPCPsemiTtrodzKMT4/f72649ed2e4af88c8f119623e307b2bc/Economist\\_Impcat\\_Report\\_Dengue\\_defence.pdf](https://downloads.ctfassets.net/9crgcb5vlu43/5FQlpPCPsemiTtrodzKMT4/f72649ed2e4af88c8f119623e307b2bc/Economist_Impcat_Report_Dengue_defence.pdf)

Report. “..... This report provides a **toolkit viewed through two lenses: six domains and five target areas** (referred to hereafter as the “6 strategic domains” and “5-S target areas”) to guide policymakers in creating and strengthening long-term policies and programmes for dengue prevention.”

## HPW - Yellow Fever ‘Spillover’ from Animals in Amazon Basin is Fueling Cases in the Americas

<https://healthpolicy-watch.news/yellow-fever-spillover-from-animals-in-amazon-basin-is-fueling-cases-in-the-americas/>

The region of the Americas has seen eight times the number of yellow fever cases this year, compared to the same period in 2024. The vaccine-preventable, viral, mosquito-borne disease has surged as cases “spillover” from animals, according to a Pan American Health Organization (PAHO) **rapid risk assessment**. Dense jungles in Colombia and Brazil have seen the most sylvatic – or “jungle” – yellow fever cases originating from an animal host....”

“... **Brazil, Bolivia, Colombia, Ecuador, and Peru** have reported 221 confirmed human cases of yellow fever, and 89 deaths. Brazil accounts for nearly half of these cases and deaths. These countries typically see jungle cases each year, but **the combination of increased spillover events and a persistent unvaccinated population has meant there is now a risk of urban outbreaks**. Almost all cases and deaths reported this year and last were in unvaccinated people.....”

“**PAHO has denoted the public health risk of yellow fever as high**, even though a single dose of the vaccine is enough to provide life-long protection. .... **Prior to the COVID-19 pandemic, vaccine rates in the 12 countries in the region prone to yellow fever were quite high, ranging between 57-100% in young children, according to PAHO. But rates have dropped to below the recommended 95% coverage in 10 out of the 12 countries with circulating yellow fever, leaving a “substantial proportion” of the population unprotected, according to PAHO. ....**”

## Nature Medicine (Perspective) –Strategies for shortening tuberculosis therapy

<https://www.nature.com/articles/s41591-025-03742-3>

“In the absence of effective patient-stratification approaches, tuberculosis (TB) treatment relies on overtreating most patients to ensure high cure rates. **Shortening treatment duration without compromising efficacy is therefore high on the agenda of the global TB community. While new and better drugs are certainly needed, we argue that innovative but rational treatment strategies, using both new and existing therapies, will help achieve this goal.** There is growing recognition that patient stratification, based on host and pathogen factors, is key to delivering the right drug regimen for the right duration. **In this Perspective, we review the current knowledge on the heterogeneity of TB disease and propose approaches to optimize treatment duration in distinct patient groups,**

**taking into consideration the realities of TB control globally.** We emphasize key insights that improve the understanding of bacterial vulnerabilities in patients with easy-to-treat and hard-to-treat TB, helping to reduce diagnostic uncertainties. We explore how the TB research community can integrate disease biology, pathology and symptoms, to rethink therapeutic strategies and reduce TB treatment duration.”

## **Africa CDC - Joint Action Plans Launched to Tackle Viral Hepatitis in Africa**

<https://africacdc.org/news-item/joint-action-plans-launched-to-tackle-viral-hepatitis-in-africa/>

“Considering the general decline in funding for research and development, **Africa CDC, in collaboration with the World Hepatitis Alliance (WHA) and the African Viral Hepatitis Action Group (AVHAG), has developed a capacity-building programme for hepatitis elimination and advocacy.**”

“It was **from one such gathering, held from 2 to 4 June 2025 in Gabon**, that joint national action plans were developed. These plans are currently co-led by local civil society organisations and viral hepatitis programme managers from five African Union Member States....”

## **WHO – Weekly epidemiological record**

<https://iris.who.int/bitstream/handle/10665/381650/WER10024-25-eng-fre.pdf>

On ‘**Skin health for all: update on skin neglected tropical diseases with a focus on Buruli ulcer and yaws.**’

## **Lancet Infectious Diseases (Comment) - Unified global action needed to tackle bedaquiline-resistant tuberculosis**

A Reuter et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00225-7/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00225-7/abstract)

« There has been remarkable recent transformation in the treatment of people with rifampicin-resistant and multidrug-resistant tuberculosis (RR/MDR-TB). On the basis of high-quality evidence, a **majority of individuals with RR/MDR-TB can now be treated with WHO-recommended, all-oral regimens. These recommended regimens all contain the diarylquinoline drug bedaquiline....**” “**Although access remains a major global challenge, so too is emerging bedaquiline resistance.** Naturally occurring mutations that render bedaquiline ineffective, coupled with ongoing transmission and ineffective therapy—due to limited access to baseline drug susceptibility testing (DST), limited drug supply, and inadequate social support—have all contributed to a rise in bedaquiline-resistant tuberculosis around the world....”

- Related [Lancet Infectious Diseases study - Treatment outcomes of bedaquiline-resistant tuberculosis: a retrospective and matched cohort study](#)

## NCDs

### Lancet Review - Cancer vaccines and the future of immunotherapy

O Pail et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00553-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00553-7/abstract)

« In this Viewpoint, we analyse cancer vaccine trials, the strengths and limitations of different vaccine approaches, and we discuss how the next generation of cancer vaccines can help improve patient outcomes and quality of life.”

## Sexual & Reproductive health rights

### Plos GPH - Association of remittances with skilled delivery in Uganda, 2019/2020

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004769>

By Chelsea Ducille et al.

## Access to medicines & health technology

### Vaccines – Strengthening National Regulatory Authorities in Africa: A Critical Step Towards Enhancing Local Manufacturing of Vaccines and Health Products

A Duga, J Kaseya et al ; <https://www.mdpi.com/2076-393X/13/6/646>

**“The World Health Organization (WHO) Global Benchmarking Tool (GBT) classifies regulatory systems into four maturity levels, with Maturity Level 3 (ML3) signifying a stable and effective regulatory environment. As of January 2025, eight African nations—Egypt, Ghana, Nigeria, Rwanda, Senegal, South Africa, Tanzania, and Zimbabwe—have attained ML3 status, marking a significant milestone in the continent’s regulatory landscape. ....”**

### Reuters - US pharma bets big on China to snap up potential blockbuster drugs

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-pharma-bets-big-china-snap-up-potential-blockbuster-drugs-2025-06-16/>

**“U.S. drugmakers turn to Chinese companies as they face patent expirations; Licensing deals accelerate while traditional mergers decline; Chinese biotechs are challenging Western peers, analysts say.”**

**“U.S. drugmakers are licensing molecules from China for potential new medicines at an accelerating pace, according to new data, betting they can turn upfront payments of as little as \$80 million into multibillion-dollar treatments. Through June, U.S. drugmakers have signed 14 deals potentially worth \$18.3 billion to license drugs from China-based companies. That compares with**

just two such deals in the year-earlier period, according to data from GlobalData provided exclusively to Reuters.....”

### **Stat – China, where obesity levels are low, becomes hotbed for weight loss drug trials**

<https://www.statnews.com/2025/06/17/weight-loss-drug-development-chinese-pharma-pursuit-next-obesity-blockbuster/>

“Government incentives and changing demographics fuel dozens of new drug candidates.”

### **Serum Institute of India signs a memorandum of understanding (MoU) with DNDi to advance the development of a new treatment for dengue in low- and middle-income countries**

<https://dndi.org/press-releases/2025/serum-institute-india-signs-mou-dndi-advance-development-new-treatment-dengue-in-lmics/>

“The collaboration aims to accelerate the development of an effective and affordable monoclonal antibody treatment for dengue caused by any of the four serotypes of dengue virus, in close cooperation with endemic countries, including Thailand, Malaysia, and Brazil. Despite the growing burden of dengue, there is still no specific treatment available.”

## **Human resources for health**

### **Plos GPH - The implementation of the Workforce Indicators of Staffing Needs (WISN) method to improve access to health workforce in selected South-East Asian countries**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004727>

By Sikhumbuzo A. Mabunda et al.

### **BMJ GH (Commentary) - The global health workforce crisis: are task-shifting strategies sustainable?**

S Anwar; <https://gh.bmj.com/content/10/6/e019264>

“**Task-shifting**, or delegating clinical responsibilities to less-specialised health workers, **has been widely implemented to address workforce shortages and has improved access and efficiency in many settings**. Successful examples, such as Nepal’s ASBA programme and task-shifting in HIV care in sub-Saharan Africa, demonstrate the potential of this strategy when supported by adequate training and infrastructure.”

**“However, concerns persist about the long-term sustainability, quality of care, and risk of reinforcing systemic weaknesses, particularly where task-shifting is used as a stopgap without addressing underlying issues. Sustainable task-shifting requires integration into national workforce planning, investment in structured training and supervision, fair remuneration, and strong regulatory frameworks to ensure quality and equity in healthcare delivery.”**

### **People’s Dispatch – Ghana nurses suspend nationwide strike after parliamentary intervention**

<https://peoplesdispatch.org/2025/06/16/ghana-nurses-suspend-nationwide-strike-after-parliamentary-intervention/?ref=peoples-health-dispatch.ghost.io>

“Nurses across Ghana had been on strike since June 2, 2025, demanding the immediate implementation of the 2024 Collective Bargaining Agreement.”

### **International Journal for Equity in Health - Fostering the growth and development of the female rural generalist workforce: a mixed methods study**

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02558-4>

By E Anderson et al.

## **Decolonize Global Health**

### **Global inequality**

<https://globalinequality.org/>

A new website dedicated to research and data on imperialism and inequality. Nice resource.

### **Review of International Political Economy - Liberal norms, colonial sediments: the case of OECD aid statistics**

<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2515143?src=exp-la#abstract>

By Anna Khakee et al.

## **Miscellaneous**

### **Devex – How restrictive laws and hostile politics harm global philanthropy**

<https://www.devex.com/news/how-restrictive-laws-and-hostile-politics-harm-global-philanthropy-110325>

**“A study covering 95 economies found that political behavior was one of the main factors governing cross-border giving.”**

“With global crises multiplying and government aid spending in sharp decline, eyes are increasingly trained on philanthropy to step up. Yet the **act of giving, especially across borders, is being hampered by tightening restrictions threatening to blunt its impact.** These are among the findings of Indiana University’s recently released [Global Philanthropy Environment Index 2025](#), a sweeping analysis that evaluates the legal, political, and economic conditions for philanthropy across 95 economies.”

**“While the majority of those countries maintain a generally positive philanthropic environment, there are risks: democratic backsliding, closing civic space, and the proliferation of “foreign agent” laws** have all had a role in shrinking financial flows between countries.....”

**“Spanning the period between 2021 and 2023, the report captures the state of global giving before a new wave of political and economic disruptions began to take hold.** The dismantling of [USAID](#) earlier this year has heightened philanthropic need, while several provisions of the Trump administration’s “big, beautiful bill” are [designed to undercut giving](#), including a proposed tax hike on foundations and a plan — [currently on hold](#) — to revoke the tax-exempt status of organizations the administration deems “terrorist-supporting.” “

**“The research found that the extent to which philanthropy flourishes or not is determined in large part by political forces,** a fact that was initially surprising, said Una Osili, co-author of the report and a professor and associate dean for research and international programs at Indiana University’s Lilly Family School of Philanthropy. **Prior to the previous report’s [release](#) in 2022, Osili said she and her team assumed that giving conditions would be positively correlated with economic growth.** If cross-border philanthropy was constrained, it was thought to be an unintended consequence of legislation aimed at deterring money laundering and terrorism. **Now, Osili said, it’s understood that the barriers are purposeful; the product of laws specifically aimed at limiting charitable transactions from other countries....”**

## **Science (Policy Forum) – Disappearing people: A global demographic data crisis threatens public policy**

<https://www.science.org/doi/10.1126/science.adx8683>

**“Collapsing international support for population data collection** is compromising government planning all around the world.”

**“.... As widely discussed at the United Nations (UN) Statistical Commission meeting in New York in March, fewer countries have managed to complete a census in recent years.** And even when they are conducted, censuses have been shown to undercount members of certain groups in important ways. Redressing this predicament requires investment and technological solutions alongside extensive political outreach, citizen engagement, and new partnerships.....”

## Stat - Private equity firm will finance Harvard research lab, in possible template for future

<https://www.statnews.com/2025/06/16/harvard-lab-to-be-financed-by-39-million-from-private-equity-firm-from-turkey/>

“As universities absorb federal cuts, **many are looking for alternative funding mechanisms....**”

## ODI Global - Gender equality and the climate crisis: where do international commitments stand?

[ODI](#);

“This briefing note examines pledges that bring together efforts to achieve gender equality and climate goals. We analyse outcomes from 2022 to 2024 across three forums: the Group of Seven (G7), a group of historic greenhouse gas emitters; the Group of 20 (G20), the world's largest economies; and the universal decisions made under the United Nations Framework Convention on Climate Change (UNFCCC) negotiations....”

## IDS - Grassroots projects provide more dignified alternative to food banks, research suggests

<https://www.ids.ac.uk/news/grassroots-projects-provide-more-dignified-alternative-to-food-banks-research-suggests/>

“A [new study](#) of innovative, grassroots food projects in cities across the world – filling the gap left by insufficient state support for those in food insecurity – **suggests that they provide more dignity and choice than standard foodbank models**. The projects all made efforts to replicate a regular shopping experience and to cater for diverse, local need. “

## Politico – Continental divide: Smaller Western European cities are better for your health

<https://www.politico.eu/article/small-western-european-cities-healthy-urban-design-index-mobility-green-space/>

“Climate-conscious urban design, easy access to public mobility and expansive green spaces have a huge impact on urban well-being.”

# Papers & reports

## WHO Bulletin – June issue

[https://www.ncbi.nlm.nih.gov/pmc/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+103%5BVolume%5D\)+AND+6%5BIssue%5D](https://www.ncbi.nlm.nih.gov/pmc/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+103%5BVolume%5D)+AND+6%5BIssue%5D)



Overview: In the editorial section, Kinda Alsamara and David Forbe explain the difficulty of translating “well-being” from English to Arabic. Ankita S Achanta and Ther W Aung ask how to manage the loss of publicly available research datasets.

- Editorial: [The difficulty of translating “well-being” from English to Arabic](#)

But do check out the whole issue.

### **WHO - Evidence gaps on unmet health and social care needs in the WHO African Region: research report**

<https://iris.who.int/handle/10665/381642>

“Published studies reporting the prevalence of unmet health or social care needs were available for only 15 of the 47 Member States of the WHO African Region at the time of this study. A meta-analysis of relevant publications yielded a prevalence of unmet needs for health and social care of 32% in those aged 40 years and older....”

### **International Journal for Equity in Health - Health-related SDGs in the national science agendas of Latin America and the Caribbean: a scoping review**

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02350-w>

By Martín Alberto Ragusa, et al.

### **Public Health - Medicalisation of public health: a narrative review**

<https://www.sciencedirect.com/science/article/pii/S0033350625002732>

Review article by A R Nunes.

### **Lancet Comment – Improving children's lives—the case for universality**

M Marmot; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01283-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01283-8/fulltext)

Among others making the case to **make school meals free to all**.