

IHP news 839 : Catching up on the past two weeks in 'G/global health'

(25 July 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 promised, here's your 'all you can read' **catch-up issue on the past two weeks in [G/global health](#)** (10-25 July). It's a heavy one, and I'm sure you'll agree with me - after hopefully going through it - that a weekly newsletter is still a more sensible idea 😊.

Anyway. In this "double issue" we first zoom in on the [IAS 2025 conference on HIV science](#) in Kigali with among others an update on PEPFAR, of which [the future by all means is still very uncertain](#)). Then we move on to the [High-Level Political Forum on the SDGs](#) in New York. Official aim of this year's HLPF: ['fast-tracking action on the SDGs'](#). Perhaps closer to the truth, UN SG Guterres [declared](#) at the **launch of the 2025 SDG report**: *"We are in a global development emergency"*. Nevertheless, Guterres' routine "four horsemen speechwriter" was probably enjoying some well-deserved holidays, as later this week the UN SG also saw ["the sun rising on a clean energy age"](#). 😊

Sadly, Trump 2.0 is still anything but keen on the SDGs, this week among others pulling out of UNESCO, [due to its "outsized focus on the SDGs"](#). In Trump 2.0's "post-truth" terms, the rationale went like this: *"...UNESCO works to advance divisive social and cultural causes and maintains an outsized focus on the UN's SDGs, a globalist, ideological agenda for international development at odds with our America First foreign policy"*.

On a more cheerful SDG note, the Belgian in me noticed with some joy (*certainly this week, as we also celebrated the nation's holiday on 21 July*) that you can now ["Smurf your voice"](#) : that's right, the iconic blue characters, teaming up with UNICEF and Paramount Pictures, are **leading a campaign** that encourages children and grownups everywhere to **'speak up' for a better world**. High time moreover, as today's world is full with Gargamels. And unlike in the Smurf movies, they seem to be winning (*and yes, the fact that Papa Smurf has joined "the dark side", doesn't help*).

As you'll notice, this issue also has a number of important **global health governance & funding** reads (*including an IHME study on a ['new era of global health austerity'](#)*) as well as a bunch of **Planetary & One Health** updates & publications (*the past two weeks featured among others [a landmark \(ICJ\) climate ruling](#) and a [Lancet One Health Commission](#)*). We also already flag a [global child vaccination report](#) (by WHO/UNICEF), a [new PMNCH strategy](#) , the announcement of [the Lancet Global Health Commission on anti-corruption in health](#) , the first issue of the [Lancet Primary Care](#), ... among much other news, reports & updates.

And then there's **Gaza**, of course. As somebody [called](#) it on Bluesky, *"An extreme public health crisis that is being normalised and in the process destroying the world's soul"*.

Last week in Colombia (16 July), [The Hague Group announced unprecedented measures to halt the Gaza genocide](#), going way beyond the “tough statement” of [the UK and 26 other countries](#) on Monday. As for the latter, Starmer, [Von der Leyen](#) & co still seem to think that just “smurfing up” will suffice to stop a genocide. And let’s not get into some of their fellow leaders for whom even that seems too much asked on most days (*such as Germany’s current ‘Chef Smurf’*).

Given the EU’s largely pathetic response to what’s been happening in Gaza over the past 650 days (and counting), and worse, with some EU countries even actively facilitating the endless list of mass crimes, by now the ‘**EU Global Health strategy**’ has a distinct ‘post-truth’ feel about it. Indeed, it’s now clear for pretty much everybody on the globe that [some lives are valued more than others by ‘Team Europe’](#), no matter how lofty the rhetoric.

(ps: above paragraphs I write with due respect for how Israeli people feel about the also horrific & nihilist attacks by Hamas on 7 October 2023, and their hostages)

In other, fortunately more mundane news, on Tuesday, [World Brain Day](#) was celebrated. As some of you will know, ‘brain fog’ has been my middle name since a few decades, and so as long as my sorry brain allows it, I fully agree with the motto “**Brain health for all (ages) is our shared goal....**”
(ps: was great to see new [research in the Lancet Public Health](#) pointing out that even 7000 daily steps can already reduce cognitive decline.)

In the same vein, **let’s root for “brain-healthier” leaders - soon**. They’re sorely needed in the polycrisis era. So that they actually start “smurfing up” about the right things, and even more importantly: take real action to do [something substantial](#) about them.

Enjoy your reading.

Kristof Decoster

Highlights of the week

Read of the week

Plos GPH - Representation, activism, health promotion, and communication: The role of art in advancing global health and social justice

Mark Donald C. Reñosa et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004761>

By a number of Emerging Voices from various cohorts.

“This viewpoint advocates for the inclusion of art in global health discourse and practice. We explore four areas in which art can be leveraged to improve global health: (1) to amplify disenfranchised voices, (2) to advance social justice activism, (3) to strengthen communities and individuals, and (4) to improve global health communication. Drawing on community-driven art

initiatives, we argue for an inclusive approach that respects diverse cultural perspectives and uplifts marginalized voices. Emphasizing interdisciplinary collaboration and ethical engagement, our framework invites global health discourse and practice to integrate art in order to foster empathy, challenge systemic inequities, and envision sustainable futures. **By centering art, we seek to enrich the global health discipline with insights and transformative potential grounded in human experiences, cultural diversity, and shared humanity."**

IAS 2025 on HIV science in Kigali (13-17 July) & other HIV updates

<https://www.iasociety.org/conferences/ias2025>

With some coverage and analysis of the conference last week in Rwanda's capital.

Lancet Letter - Recommitting to global solidarity: introducing the Kigali Call to Action

M Chola et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01427-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01427-8/fulltext)

Authors « initiated the [Kigali call to action](#), a global petition launched ahead of the 13th International AIDS Society Conference on HIV Science to urge governments, multilateral organisations, philanthropic actors, private sectors, and civil society to recommit to five core principles to revive the HIV response and restore global solidarity....."

Check out what these **five key principles** are.

IAS - Takeaways from IAS 2025

[IAS](#);

With **7 major themes**. "The impact of funding cuts Africa at the centre Lenacapavir, the magic word The growing toolbox of long-acting options Strides and setbacks in paediatric and adolescent care bNAb breakthroughs (i.e.: Broadly neutralizing antibodies (bNAbs)) Harnessing technology (IAS 2025 sessions showcased communities and programme implementers increasingly drawing on technology for delivery of accessible, efficient and person-centred HIV and other health services...."

Devex check-up: with some key themes on IAS 2025

[Devex](#);

Andrew Green listed the **two main conversations** in Kigali:

“After decades of painstaking research and development, scientists are confident that **they have the tools to help end the AIDS epidemic. Those innovations were the talk of the International AIDS Society’s scientific conference** this week in Kigali, Rwanda. Particularly, the six-month [injectable prevention tool, lenacapavir](#), which received an official [World Health Organization](#) recommendation during the conference. That comes alongside other prevention tools, including a daily oral pill, a vaginal ring, and a monthly pill that is currently in Stage 3 clinical trials. Experts say **there’s now an opportunity to dramatically slow the spread of the disease**, while getting more people living with HIV on lifesaving treatment, which makes it virtually impossible to transmit the virus once they get it to an undetectable level.”

“The other conversation that dominated the conference was the question of who is going to provide the funding to make sure these innovations reach the people who need them. The Trump administration’s cuts to U.S. support for the global AIDS response [threaten to capsize efforts](#) to actually take advantage of many of these tools, including lenacapavir..... “

Devex - US aid cuts overshadow HIV research advances

<https://www.devex.com/news/us-aid-cuts-overshadow-hiv-research-advances-110507>

“The world is equipped with many of the tools that could help bring the HIV epidemic to an end, but U.S. funding cuts threaten their rollout to the people who need them the most.”

Devex - Why ‘integration’ has become a ‘dirty word’ in HIV programming

<https://www.devex.com/news/why-integration-has-become-a-dirty-word-in-hiv-programming-110540>

“ In light of international aid cuts and ideological reform, **there are concerns that people at high risk of contracting HIV will be forced into overcrowded public health systems and may face stigma.**”

Aidsmap - US funding cuts cause immediate drops in numbers testing and on HIV treatment

<https://www.aidsmap.com/news/jul-2025/us-funding-cuts-cause-immediate-drops-numbers-testing-and-hiv-treatment>

“Cuts in US funding for HIV programmes have already led to declines in testing and treatment starts in several countries, research presented last week at the [13th International AIDS Society Conference on HIV Science \(IAS 2025\)](#) in Kigali shows. Longer-term reductions in donor funding could lead to 10.8 million extra HIV infections and 2.9 million extra deaths by 2030, modelling suggests....”

Science Insider – Countries to budget more for HIV/AIDS measures as U.S. withdraws aid

<https://www.science.org/content/article/countries-budget-more-hiv-aids-measures-u-s-withdraws-aid>

Re **two reports** published just before the IAS conference. **“South Africa plans modest spending increase, but shortfalls will limit prevention and treatment.”**

« ...In the wake of deep cuts in foreign assistance made by President Donald Trump’s administration, **at least 25 countries expect to increase their domestic budgets for efforts to treat and prevent HIV infection and AIDS, according to a new report from the United Nations.** Separately, the government of South Africa, the country with the world’s highest number of HIV infections, last week announced a concrete plan to help fill the funding gap. But a close look at that plan suggests the country will still have to massively scale back its response to its epidemic—a harbinger of what many other countries will likely face.”

“I just can’t see how they’re going to make it up,” says **Jennifer Kates, director of the Global Health & HIV Policy Program at the nonprofit KFF and co-author of a separate HIV funding report issued on 10 July.** Kates notes that some of the countries affected are also scrambling to compensate for the loss of other forms of humanitarian assistance. This funding “crisis” could reverse “decades of progress,” warns **the Joint United Nations Programme on HIV/AIDS (UNAIDS), which like KFF released its report on 10 July, on the eve of an international AIDS conference in Kigali, Rwanda.** The U.N. report foresees “increased mortality, a surge of new HIV infections, and the development of [drug] resistance to the most commonly used treatment regimens.”....”

PS: « **Many eyes are on how South Africa responds, because it has both a relatively strong economy and an outsize HIV/AIDS burden.** Of the estimated 40.8 million people in the world living with HIV in 2024, 7.8 million reside in South Africa. **The country had a \$2.56 billion budget for HIV in 2022, more than 80% of which came from its own resources, UNAIDS says. But 18%—\$460 million—came from PEPFAR.** “The entire global HIV response hinges on what South Africa does,” says **Jirair Ratevosian, former chief of staff at PEPFAR who now is a global health security researcher at Duke University.....**” « ... Ntobeko Ntusi, head of the country’s Medical Research Council, estimates as much as 70% of the PEPFAR funding expected so far this year has been halted. **The government’s new increase in domestic spending on its HIV/AIDS response adds roughly \$33 million. The sum, half of what its health department requested, is “disappointing,”** Ntusi says, though he’s hopeful it will help attract other funding from philanthropists, corporations, and other donors. **The government also committed \$22 million over the next 3 years to support research, including clinical trials, a response to the suspension or termination of nearly \$400 million in grants and contracts to South Africa—most related to HIV—by the U.S. National Institutes of Health.** »

« **The 25 other countries that say they plan to increase their budgets next year expect to add a combined \$180 million of their own money to their HIV/AIDS responses,** says **Deepak Mattur, a health economist at UNAIDS who tracks such funding. None is increasing its HIV budget by more than 15%.** “These countries are never going to fill the gap, because the gap in PEPFAR-supported countries collectively is huge,” Mattur says.....”

« ... **UNAIDS says \$21.9 billion a year, \$3.2 billion more than current global spending on HIV, would be needed to meet its goal of ending AIDS as a “public health threat” by 2030 through testing, treatment, and prevention.** The new report **maps out the needed increases in domestic spending: 40% for low-income countries, 86% for lower middle, and 20% for upper middle.** But even if those ambitious targets are hit, this “would leave a funding gap of about a third, which would need to be filled by continued global solidarity,” the report says.....”

HPW - PEPFAR Spared for Now – But US Spending on Global Health Programs Still Face Cuts

<https://healthpolicy-watch.news/pepfar-spared-for-now-but-us-spending-on-global-health-programs-still-face-cuts/>

“Relief swept through delegates at the International AIDS Society (IAS) conference in Kigali, Rwanda, as news broke that the US Senate had moved to shield the President’s Emergency Plan for AIDS Relief (PEPFAR) from proposed budget cuts. Late Tuesday, the US Senate agreed to exempt the flagship HIV program from a planned \$400 million reduction, which had been included in a \$9.4 billion rescission package put forward by President Donald Trump. The rescission package seeks to claw back federal funds from various programs, including approximately \$900 million in global health allocations. While the full package still awaits a final vote in both chambers of Congress, and amendments may yet emerge, the bipartisan removal of the PEPFAR cut marks a significant policy reversal. Under US budget law, Congress had 45 days to reappropriate the allocations, and that window closes on Friday (18 July).....”

PS: **“While the Senate’s move was met with applause, experts cautioned that broader risks remain. Jirair Ratevosian, PEPFAR’s chief-of-staff under President Joe Biden, told an IAS press briefing that the US administration had yet to justify the rationale for these cuts, raising concerns about the politicization of budgetary decisions. The Trump administration had claimed that PEPFAR funds were being spent in Russia, an assertion that was disproved as no allocations have been made to Russia since 2012. This clarification was instrumental in building bipartisan support for PEPFAR’s protection. Still, the future of the program remains uncertain. With PEPFAR now under the US State Department, decisions on implementation will be shaped by the PEPFAR Scientific Advisory Board and other external advisors. Updated frameworks are expected to guide how and where services are delivered, though details remain limited. “Unfortunately, it’s not over,” Ratevosian said. “We have to take today’s victory, celebrate, and then wake up tomorrow ready to keep fighting.”.....”**

Related links:

- NYT - [Congress Agrees to Claw Back Foreign Aid and Public Broadcast Funds](#)

“President Trump’s request to claw back \$9 billion in congressionally approved spending passed despite objections from Republicans who said it abdicated the legislative branch’s power of the purse.”

- Devex: [Senate blocks \\$400M cut to PEPFAR, but it's a shell of its former self](#)

“The U.S. Senate removed a proposed \$400 million funding cut to the country’s flagship HIV/AIDS program from President Trump’s multibillion-dollar rescissions package.”

“.... This does not mean PEPFAR has been fully restored. Many of its projects have been terminated by the Trump administration, and it is still operating under a waiver that limits its ability to fund prevention activities. In addition, the U.S. Agency for International Development, which implemented many of the PEPFAR projects, has been dismantled, and the State Department, which inherited USAID’s global health programs, just experienced mass layoffs. Nonetheless, activists took the withdrawal as a sign that U.S. lawmakers are still willing to defend

PEPFAR and might even protect it from the \$1.9 billion cut to the program that the administration has proposed for the 2026 fiscal year.....”

WHO recommends injectable lenacapavir for HIV prevention

<https://www.who.int/news/item/14-07-2025-who-recommends-injectable-lenacapavir-for-hiv-prevention>

“The World Health Organization (WHO) released today **new guidelines recommending the use of injectable lenacapavir (LEN)** twice a year as an additional pre-exposure prophylaxis (PrEP) option for HIV prevention, in a landmark policy action that could help reshape the global HIV response. The guidelines are being issued at the 13th International AIDS Society Conference (IAS 2025) on HIV Science, in Kigali, Rwanda.....”

PS: Do check out some **other WHO recommendations** at IAS 2025.

Lancet HIV – Lessons for long-acting lenacapavir: catalysing equitable PrEP access in low-income and middle-income countries

S Lynch, M Kavanagh et al;

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(25\)00161-4/abstract](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(25)00161-4/abstract)

“Sharonann Lynch, Matthew Kavanagh, Agrata Sharma, and their co-authors **outline a ten-point framework that should be adopted to accelerate individual and epidemiological impact** — even at this time of extraordinary uncertainty — **using long-acting lenacapavir as a potentially transformative HIV prevention tool.**”

“.... **Our suggested strategies** aim to bring the price forward, set ambitious rather than mediocre targets, overcome patent barriers, deliver within public health systems, optimise and simplify delivery, set policy toward access for all, target funding, stop criminalisation, and future-proof access by building access provisions into research processes.....”

Forsaken - Barred from Rwanda

Andrew Green; <https://theforsaken.substack.com/p/barred-from-rwanda>

“**The Rwandan government did not grant me media accreditation** to attend a key international AIDS conference this week.”

Devex – An HIV care plan

<https://www.devex.com/news/devex-newswire-the-rif-ax-officially-comes-down-at-the-us-state-department-110495>

From the start of the conference. “**The International AIDS Society** conference kicked off in Kigali on Sunday, with U.S. foreign aid cuts to HIV programming looming large.”

“But PEPFAR’s Dr. Ingrid Katz tried to reassure the audience that the **Trump administration hasn’t abandoned the initiative**. “I think it’s worthwhile saying to this audience that Secretary [of State Marco] Rubio supports PEPFAR — that this administration supports PEPFAR and the work that we do, and we will continue to do,” she said. She added that PEPFAR has been “incredibly fortunate to be very well funded in a very long-standing way,” which created a “very powerful ecosystem.” She said PEPFAR has for years been working to transition countries to take more ownership of their HIV responses, and that work will “very intentionally” continue. “Our goal — in the context of PEPFAR — is to continue to invest in those best, most efficient and effective practices that really render the results that countries are seeking,” she said.”

“Conversations in Kigali also focused on ways to fill in the gaps left by aid cuts, including the increased role many hope philanthropy will play. Yogan Pillay, who leads the [Gates Foundation’s efforts to strengthen TB and HIV program delivery](#), said the **foundation’s strategy around tackling the HIV response is shifting**. “The foundation just had a rethink of our strategy, and we think that AI is not going to solve all our problems, for sure, but we think [it has] a specific role to play, and we need to really innovate around it, as well as self-care,” he said. Pillay explained to my colleague Sara Jerving that **self-care in the HIV context** includes providing information and support to both HIV positive and negative individuals around easy access to products such as pre- and post-exposure prophylaxis, condoms, antiretroviral treatment, and treatment for sexually transmitted infections. **Self-care in both prevention and treatment will be a big component of the foundation’s strategy moving forward**, Pillay added.....”

ViiV Healthcare and Medicines Patent Pool extend voluntary licensing agreement to enable access to long-acting injectable HIV treatment

<https://medicinespatentpool.org/news-publications-post/viiv-healthcare-and-medicines-patent-pool-extend-voluntary-licensing-agreement-to-enable-access-to-long-acting-injectable-hiv-treatment>

“Agreement allows generic manufacturers to develop, manufacture and supply long-acting injectable cabotegravir for treatment (CAB LA) in 133 countries. It builds on the voluntary license for CAB LA for HIV pre-exposure prophylaxis (PrEP), enabling increased access to innovative long-acting injectables for HIV treatment.””

Politico - HIV prevention gets an AI upgrade

[Politico;](#)

“Artificial intelligence chatbots could help with the introduction of a twice-yearly shot that can help prevent HIV, experts said at the International AIDS Society conference on HIV science in Rwanda on Monday. How so: Chatbots that answer people’s questions on sex, health and other issues; help them self-test and interpret results and then connect them with health providers for prevention and treatment options are being tested in countries like South Africa to increase HIV prevention and treatment.”

“We see these tools as demand-generation engines,” said Sarah Morris, chief product officer at Audere, a Seattle-based digital health company that’s been involved in creating and testing such chatbots.....”

- And via Devex: [With friends like these...](#)

“When the Rwandan minister of health was called to the stage at the International AIDS Society conference in Kigali, whistles — not the good kind — punctuated the air, and protesters poured down from the bleachers chanting: “We will not be erased.” They were angry not just over the U.S. cuts to HIV programming, but also at how organizations seemingly kowtowed to Trump’s agenda....”

“Specifically, the administration dictated the end of programming that included elements of diversity, equity, and inclusion. **But a good amount of HIV programming is aimed at high-risk populations, such as LGBTQ+ individuals and sex workers.** Instead of pushing back, many organizations acquiesced, said Yvette Raphael, co-founder of Advocacy for Prevention of HIV and AIDS in South Africa. **“Many organizations in this room — we saw you removing transgender,”** she said. **“We saw you sell us out for funding.””**

“The protesters rejected the idea of integrating targeted HIV services for high-risk groups into overburdened health systems. Micheal Ighodaro, executive director of Global Black Gay Men Connect, told the audience that **its communities — including gay men, African women, and transgender people — built the global HIV response.** “Many of you in this room have jobs because of us,” Ighodaro said. **“You try to take us out — how dare you.”**

Lancet Comment - Global HIV targets: a roadmap to 2030 and beyond

Global Task Team on 2030 HIV Targets Writing Group;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01449-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01449-7/fulltext)

“...In 2024, UNAIDS convened the Global Task Team on 2030 HIV Targets to bring together stakeholders from affected communities, governments, civil society, academia, UN agencies, and other development partners to identify the most relevant and important 2030 targets for reaching the overall incidence and mortality reduction goals, while aiming to reduce the number of targets according to their relevance and measurability. In March, 2025, the Task Team released these 2030 targets to guide the next global AIDS strategy. They provide a framework for global accountability for the HIV response across governments, communities, donors, and others engaged in the HIV response and for strengthened systems across health and other relevant sectors. The targets are expected to be adopted by member states at the 2026 UN High-Level Meeting on HIV/AIDS.....”

“The resulting framework includes 16 topline targets and 50 second-tier indicators (a reduction from more than 70 targets for 2025) and is organised under six objectives: access to good-quality HIV treatment, scale-up of effective primary prevention, ending discrimination by upholding HIV-related human rights, ensuring a community-led response, integrating HIV with other services, and ensuring sustainable financing for the HIV response. Several of the 2025 targets remain essential to achieving the global 2030 goals and are unchanged. This includes the 95–95–95 targets for HIV testing, treatment, and viral suppression cascade, which is central to reducing AIDS-related mortality and preventing HIV infections, and targets to reduce stigma and discrimination, gender inequality and violence, and punitive legal and policy environments. The Global Task Team reaffirmed the central role of communities and civil society in shaping and delivering HIV services. While retaining the importance of sustaining and expanding lifelong access to HIV treatment and high population-level viral suppression, the new 2030 targets place greater emphasis on three areas.....”

“First, HIV prevention. Second, community-led service delivery. Third, integration of HIV interventions with other services.....”

PS: **“Mathematical modelling suggests that attaining the 2030 targets will have transformative impacts, including averting an estimated 2.9 million new HIV infections and 1.3 million AIDS-related deaths between 2025 and 2030.** This would require reaching almost 40 million people living with HIV with lifesaving treatment, reaching 20 million people with antiretroviral-based primary prevention, and ensuring all people receive discrimination-free services. **The number of people living with HIV globally is predicted to peak at an estimated 40 million in around 2028 and then start declining as people living with HIV age, setting an epidemic trajectory of steadily declining new infections and establishing sustainable systems for decades to come. To achieve the new 2030 global targets, an estimated US\$21.9 billion will be required annually, a considerable reduction from the previously estimated costs of \$29 billion to reach the 2025 targets.** The savings are due to lower prices for antiretroviral medicines and opioid agonist therapy commodities, alongside greater efficiency from more strategically targeted, risk-based interventions...”

NYT – A Venerable AIDS Activist Returns to Battle

<https://www.nytimes.com/2025/07/14/health/south-africa-aids-hiv-trump-funding-cuts.html>

“Zackie Achmat, once at the center of South Africa’s push for lifesaving H.I.V. treatment, has come out of retirement as U.S. funding cuts and his own government’s inertia revive old fears.”

HLPF in New York (14-23 July): re the SDGs

<https://hlpf.un.org/>

UN News – UN forum to spotlight health, gender equality, and oceans in 2025 push for sustainable development

<https://news.un.org/en/story/2025/07/1165381>

“As the deadline for the 2030 Agenda looms, ministers, experts, and civil society leaders from around the world will convene in New York next week for a high-level UN forum to fast-track action on the Sustainable Development Goals (SDGs).”

With **five things** to know.

Including: (1) **It’s all about accelerating action:** “The HLPF is the United Nations’ main platform for tracking global progress on the Sustainable Development Goals. It meets each year to review countries’ efforts, share solutions, and push for faster action to meet the 2030 targets. The **2025 forum is convening under the theme: Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda for Sustainable Development and its Sustainable Development Goals leaving no one behind.**

“This reflects a growing sense of urgency. With the 2030 deadline fast approaching, the forum will emphasise practical, data-driven strategies to close implementation gaps— particularly in the face of intersecting global crisis including climate change, inequality, and economic instability.”

UN News - 'A compass towards progress' – but key development goals remain way off track

<https://news.un.org/en/story/2025/07/1165388>

(14 July) **“Global life expectancy increased by an astonishing five years between 2000 and 2019. And then since the COVID-19 pandemic, it slid backwards by almost two.** More than 110 million children have entered school since 2015 – but by 2023, 272 million children still had no access to the classroom. The UN’s key **Sustainable Development Goals Report** launched Monday by [Secretary-General António Guterres](#), chronicles both [progress and setbacks](#) – showing that the world has made significant advances but is **still drastically off-track to achieve its development goals by 2030.**”

“...Ten years after this commitment, the agenda is facing increasingly strong headwinds, including a \$4 trillion funding shortfall for the developing world and increasing geopolitical tensions which are undermining multilateralism. “The problem is that the Sustainable Development Goals do not include the instruments that would be necessary to make them happen,” Mr. Guterres said.”

“In light of these challenges, **only 18 per cent of the SDGs are on track to be met by 2030.** Around 17 per cent are experiencing moderate progress. But over half of the goals are moving too slowly – and 18 per cent of the goals have gone backwards. **“We are in a global development emergency, an emergency measured in the over 800 million people still living in extreme poverty, in intensifying climate impacts and in the relentless debt service,”** the Secretary-General said.....”

UN News - Salvaging SDGs still possible, but countries must act now: Guterres

<https://news.un.org/en/story/2025/07/1165449>

“Citing new global agreements on pandemic preparedness, ocean protection and development financing, UN Secretary-General António Guterres said on Monday that recent “signs of momentum” show multilateralism can still deliver. Addressing ministers at UN Headquarters in New York, he called for urgent action to rescue lagging Sustainable Development Goals (SDGs) amid war, inequality and fiscal strain.”

UN News - UN forum affirms stronger commitment to achieve sustainable development

<https://news.un.org/en/story/2025/07/1165486>

The High-Level Political Forum on Sustainable Development (HLPF) concluded on Wednesday following a week and a half of substantive discussion between Member States, civil society representatives and UN agencies. **At the end of the conference, Member States adopted a Ministerial Declaration by a vote of 154-2-2, with the United States and Israel voting against the document and Paraguay and Iran abstaining.** “

“This year, the forum focused on five of the SDGs: good health and wellbeing, gender equality, decent work and economic growth, life below water and partnerships..... “

“... In the ministerial declaration, Member States said that time is running out to achieve the SDGs, which remain severely off track. According to the Secretary-General’s report on the Goals, which

was released on the first day of the HLPF, **only 18 per cent of the SDGs are on track to be achieved by 2030**, with over half making progress that is too slow. “

“While the ministerial declaration addressed each of the five SDGs in the spotlight at the forum, **Member States particularly emphasised the role of poverty in impeding sustainable development and the worsening climate crisis that is threatening all aspects of the development agenda.** The declaration called both of these issues some of the “greatest global challenges” that the world faces.”

“**In keeping with SDG 16**, which underlines the role that institutions like governments must play in promoting peace, Member States also affirmed that **strong governance and partnership is essential to realising peace as a prerequisite for development.** “We recognise that sustainable development cannot be realised without peace and security, and peace and security will be at risk without sustainable development,” it stated.”

2025 HLPF Thematic Review Expert Group Meeting: meeting summary for SDG 3

https://sdgs.un.org/sites/default/files/2025-03/HLPF%20EGM%20infocus%20SDGs%202025_SDG%203_summary_FINAL_0.pdf

(from 25 Feb) **SDG 3 Expert Group report**, which fed into this year’s SDG3 review discussions – “**This year, SDG 3: “Ensure healthy lives and promote well-being for all at all ages” is undergoing in-depth review**”.

- And a link: UN News - [UN’s Guterres declares fossil fuel era fading; presses nations for new climate plans before COP30](#)

See also the Guardian - [World on brink of climate breakthrough as fossil fuels ‘run out of road’, UN chief says](#)

“António Guterres says ‘sun is rising on a clean energy age’ as 90% of renewable power projects cheaper than fossil fuels.... The world is on the brink of a breakthrough in the climate fight and fossil fuels are running out of road, the UN chief said on Tuesday, as he urged countries to funnel support into low-carbon energy.....”

Global Health Governance & Financing

Lancet World Report – What will Pope Leo XIV do for health?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01523-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01523-5/fulltext)

“Pope Francis was viewed as relatively progressive. **His successor, the first American pope, is now in a unique position to influence global health.** Sima Barmania reports.”

Re abortion, LGBTQ rights, the ecological challenge, HIV, and much more.

Devex – WHO projects up to 40% cut in health aid in 2025

<https://www.devex.com/news/who-projects-up-to-40-cut-in-health-aid-in-2025-110564>

“This will hit many low-income countries heavily reliant on external aid for their health, and risks further increasing the likelihood of people spending their own money for health. **However, there are ways countries can boost their domestic health spending.**”

“Health aid is projected to decline by up to 40% in 2025 compared to 2023 levels, from over \$25 billion to around \$15 billion, according to estimates from the [World Health Organization](#), presented earlier this month during the [Asian Development Bank](#)-hosted INSPIRE forum. This is even below the health ODA funding in 2015, which was over \$18 billion.....”

“... **“This means ... countries need to spend more on health. Full stop. They need to prioritize domestic public spending on health,”** said Kalipso Chalkidou, who holds an expanded role at WHO as director of governance, financing, economics, primary health care, and universal health coverage....”

PS: Re some of the solutions suggested in this article: “.... **the challenge is scaling their use.** “The problem I think we have is one of scale,” Chalkidou told Devex. **“The scale of the solutions, it’s just like orders of magnitude lower than the scale of the gap that we’re perceiving.”**”

Lancet (Comment) - The potential gains of replenishing the Global Fund

Joseph L Dieleman; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01448-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01448-5/fulltext)

Comment linked to a new [Lancet \(modelling\) study – The case for optimal investment in combating HIV, tuberculosis, and malaria: a global modelling study](#) (by T B Hallett et al)

“...With 5 years remaining to meet this goal, and with the Global Fund to Fight AIDS, Tuberculosis and Malaria seeking funding for programmes in 2027–29, establishing what can be achieved through continued investment in combatting these diseases is crucial. **We aimed to estimate the potential for impact by analysing the funding landscape and epidemiological situations of these three diseases, the costs of key programmes, and the extent of possible future progress in the countries eligible for Global Fund support.**”

“**The total resource needs for the three diseases were estimated to be US\$140·6 billion in 2027–29. We calculated that \$111·3 billion (79%) of this need could be met from domestic financing (\$69·7 billion), the Global Fund (\$18·0 billion), and other external donors (\$23·6 billion).** Optimal use of these available resources could save 23 million lives and avert 400 million cases and new infections during 2027–29. For every \$1·00 invested, there could be up to \$19·00 in intrinsic health value created or \$3·50 in direct economic benefits.”

Dieleman: “... In this challenging context, **the Global Fund to Fight AIDS, Tuberculosis, and Malaria is undergoing its eighth replenishment to amass funds to continue its life-saving work between 2027 and 2029. To support this replenishment, Timothy B Hallett and colleagues made the empirical case for sustained investment.** In their **global modelling study in *The Lancet***, they show

that “the potential for historic achievements in the global response to HIV, tuberculosis, and malaria is within reach” and conclude that “continued investments to combat HIV, tuberculosis, and malaria could yield enormous health gains and a high return on investment”. The models that led Hallett and colleagues to these conclusions show that 23 million lives could be saved and 400 million cases and new infections across the three diseases could be averted from 2027 to 2029 with sustained global health investments from domestic governments and foreign development partners. **These investments could reduce inequality in life expectancy by an estimated 7%, free up resources for primary health care, and yield \$60.0 billion in increased economic activity.”**

“...The biggest weakness of any empirical project such as this one is the assumptions that need to be made to generate estimates. This work relies on possible, but overwhelmingly optimistic assumptions. Cuts from key international development partners have already undercut the possibility that non-Global Fund donors will maintain their 2023 levels of contributions. Moreover, the authors’ models assume optimal allocation of resources and large gains in technical efficiency for HIV, tuberculosis, and malaria programmes in most low-income countries—meaning the authors assume that countries’ ability to convert financial resources into health gains will be more efficient than ever. **Although these gains are possible, there is no reason to believe they are likely. Among these optimistic assumptions, the authors also make many realistic assumptions. One is that governments of low-income countries will continue to spend their own resources on health and in particular on HIV, tuberculosis, and malaria. They estimate that this spending will lead to \$69.7 billion of the \$140.6 billion needed to meet SDG 3.** This amount is nearly four-times greater than the replenishment goals of the Global Fund and, in an era of cuts to development assistance for health financing, remains the most important source of health financing.....”

“The conclusion that global health funding is imperative for meeting the global health SDGs is clearly laid out by Hallett and colleagues. Development partners are not expected to maintain 2023 funding levels of development assistance for health, and health programme efficiency is unlikely to greatly improve, but **these realities make the Global Fund's replenishment more important than ever.** Hallett and colleagues make this argument empirically—they show that successful replenishment and ongoing support for global health can lead to reductions in mortality, increase life expectancy, and produce economic gains....”

CGD (Brief) - How Gavi 6.0 Can Take a Bigger Leap

J M Keller et al ; <https://www.cgdev.org/publication/how-gavi-60-can-take-bigger-leap>

CGD advocacy ahead of the **GAVI Board meeting (22-25 July).**

Key recommendations: “Gavi 6.0 should prioritize a dual mandate: Stabilize core vaccine budgets in the poorest countries; Transform the financing model over time through a radically simplified “New Compact Envelope Financing” approach, with country-led prioritization, domestic financing of top priority vaccines, and a single Gavi cash envelope to cover additional vaccines and technical assistance.”

“Gavi can generate cost savings of ~\$2.5 billion without compromising its core mandate by: Cutting direct funding to non-Gavi-eligible middle-income countries, and offering alternative forms of high-leverage support; Scaling back Secretariat expenses; Securing vaccine price reductions; Reducing funding for the African Vaccine Manufacturing Accelerator; Decreasing overall country allocations with an incremental rollout by eligibility phase....”

Nature (Editorial) – Help save 2 million lives: close the vaccine funding gap

https://www.nature.com/articles/d41586-025-02270-x?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=15861551

“Gavi, the vaccine provider for the world’s poorest people, **needs an extra US\$3 billion** to protect infants and other vulnerable groups. **More donors must step up.**”

Global Policy- Progressive Rhetoric, Regressive Reality: The IMF's Tax Advice to 125 Countries, 2022–2024

Alexandros Kentikelenis, Thomas Stubbs; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70052>

“The International Monetary Fund (IMF) has faced scrutiny over the alignment between its public rhetoric and actual policy advice vis-à-vis progressive taxation. **This article analyzes the IMF's tax recommendations to 125 countries between 2022 and 2024**, drawing on a novel dataset of 1049 tax reform proposals extracted from Article IV surveillance reports. **While the IMF has publicly endorsed progressive taxation to reduce inequality and support fiscal sustainability, our findings reveal a disconnect between these statements and on-the-ground advice. High-income countries** were more likely to receive progressive tax guidance, whereas **low- and middle-income countries** were disproportionately advised to implement regressive measures, such as increases in value-added taxes and environmental taxes. Progressive tools like wealth and capital gains taxes were rarely recommended, and when they were, advice was concentrated in high-income contexts. **This pattern suggests that IMF tax policy advice continues to reflect orthodox priorities, emphasizing revenue mobilization over equity, and thereby undermining the Fund's professed commitment to inclusive economic policies.**”

FT - Cuts in western aid deadlier for Africa than Covid, charity warns

<https://www.ft.com/content/79f2f00a-a692-4248-a319-8833265af34c>

“**Wellcome chief** says ‘abrupt’ policy change by US and others will have ‘huge’ health impact.”

“.... **Røttingen said the sudden funding crisis had driven home the need to reform global health provision and in particular the way donor countries often imposed ways of working on recipient countries.** The southern African nation Malawi had to create 56 strategic plans for the health sector in part to fit different donor requirements, he said. **The funding shortfall could not be made up by Wellcome, one of the world’s biggest biomedical charities, since its £37.6bn endowment and £1.5bn annual expenditure were geared to biomedical research rather than health delivery,** Røttingen said. **But the organisation wanted to play an important role in public health advocacy. Wellcome was organising five “regional dialogues” in Africa, Latin America, the Middle East, Europe and North America to propose reforms for public health,** he said. “We need to handle the urgent needs but we shouldn’t land prematurely on bigger reforms that do not take a longer term perspective on where we need to go,” said Røttingen, a Norwegian public health expert who has led Wellcome since last year. **He added that middle-income countries such as South Africa and Nigeria were ready to take on more responsibility for operational spending, with local health workers replacing more expensive western staff....** In this way it should be possible to deliver HIV programmes for much less than the costs incurred by western donor agencies, he said. **International**

donors could then focus on funding infrastructure, innovation, research and development, though the world's 40 or so poorest countries would still need aid to deliver basic healthcare."

BBC - Africa to be hit hard as UK foreign aid cuts revealed

<https://www.bbc.com/news/articles/c1wpr39zg5xo>

"The government has revealed details of its plans to cut foreign aid, with support for children's education and women's health in Africa facing the biggest reductions."

"The government said in February it would slash foreign aid spending by 40% - from 0.5% of gross national income to 0.3% - to increase defence spending to 2.5% after pressure from the US. **A Foreign Office report and impact assessment show the biggest cuts this year will come in Africa, with less spent on women's health and water sanitation with increased risks, it says, of disease and death....**"

- For more detail on this **FCDO Impact assessment**, see [the Guardian – UK's aid cuts 'will hit children's education and raise risk of death'](#)

Global Health Insights - Getting the orchestra to play in tune: reforming the global health architecture

Peter Singer; [Peter Singer](#);

"..... **Over the past 15 years, three major initiatives have tried to improve the global health architecture: IHP+, SDG3 Global Action Plan (GAP), and the Lusaka Agenda.** All these have some version of these **three goals: strengthen primary health care; strengthen country leadership and domestic finance; better coordinate the multilateral agencies.**"

"Each initiative tends to become the flavour of the month (or 3 years), weakening the earlier one, without really building upon it. And **yet each has unique lessons that should be combined.** IHP+ **promoted Universal Health Coverage and showed the value of country-based teams.** SDG3 GAP **showed the value of ongoing monitoring.** The Lusaka agenda showed the value of leveraging the funds and elevating country demand....."

"**I was the executive lead on SDG3 GAP. Here is what I learned** — and how it can apply going forward....."

"**Structural changes** like merging or closing agencies could only happen from outside the agencies. They are never popular. I don't know of any UN agency that has been closed. One current candidate would be UNAIDS.... .. Another structural change could be to integrate Gavi and Global Fund into regional political bodies (such as the African Union) over a 10 year period. Such integration could be linked to regional manufacturing and public health. The regional Gavi and Global Fund "nodes" could be networked globally but not part of the same organizational structure."

"... **Functional alignment could be improved through ongoing monitoring.** In SDG3 GAP we developed a survey completed by the top public official in health in countries asking how well multilaterals followed country priorities and how well they coordinated with each other. **such**

accountability mechanisms are now being developed through Africa CDC and WHO AFRO regional office..... “

“Most recently, the Wellcome Trust is commissioning five regional dialogues on the global health architecture. This will provide a forum for ongoing discussion. It’s an opportunity to combine the lessons of the earlier initiatives. ... It’s too early to know what it will yield, but I **hope it leads to action. Perhaps it could lead to structural changes. But at a minimum its should lead to better functional alignment.....”**

Tim Schwab – It's time to confront oligarch media

<https://timschwab.substack.com/p/its-time-to-confront-oligarch-media>

“As **Bloomberg's Billionaire Index** mysteriously erases \$150 billion from its oligarch ledger, we are once again confronted with the **perils of billionaire influence over journalism.**”

“.... In the highly imperfect world in which we live, **Forbes and Bloomberg are the best—and, as far as I know, only— sources of oligarch wealth estimates.** But “ **Can we really count on oligarch-owned media to help us follow the money?**”

“.... A few weeks ago, I did a deep dive into the hundreds of billions of dollars in tax breaks that oligarchs are positioned to take through philanthropy. My analysis required me to know the **estimated fortunes of the world's wealthiest people.** Like other researchers, reporters and scholars working on extreme wealth, I **had to decide whether to use Forbes or Bloomberg's estimates. I went with Forbes.** This was in part because **Bloomberg—almost unbelievably—does not include its billionaire owner in its index.** This editorial decision effectively erases from Earth more than \$100 billion. (That’s Forbes estimate of Michael Bloomberg’s wealth, which puts him among the twenty richest people in the world.) To put it mildly, **anyone trying to understand billionaire power is being given extremely misleading—I’d say dishonest—information from Bloomberg.....”**

Do read on (re estimates of Gates’ wealth).

Global Policy - The Business of Pandemic Intelligence: Implications for Global Health Governance

Katerini Tagmatarchi Storeng; <https://onlinelibrary.wiley.com/doi/full/10.1111/1758-5899.70050>

“During the Covid-19 pandemic, tech startups emerged as important providers of pandemic intelligence, leveraging diverse data sources and advanced computational methods to advise public policy on disease spread and response strategies. **This article presents a case study of two tech startups, Airfinity and BlueDot, situating their rise within the increasing private-sector influence in a domain traditionally dominated by the World Health Organization (WHO) and its national public health agencies.** It examines how these firms established epistemic authority through the integration of proprietary data, artificial intelligence and novel expertise, enhancing their scientific credibility and gaining access to key global and national policy arenas and public-sector contracts. **The article discusses how the emergence of a commercial market for pandemic intelligence dilutes the WHO's authority within global disease surveillance and raises concerns about outsourcing essential public health insights to the private sector. Further, it explores how the business of pandemic intelligence transforms public health data into commercial products, challenging norms**

that posit equity and public purpose as basis for the digital transformation of the public health sphere. This analysis contributes to ongoing debates about the technology sector's expanding influence over public health and policy, highlighting the growing role of private power in global governance.”

SSM Health Systems - USAID withdrawal and the erosion of development assistance for health: Considerations for health system leadership in LMICs

Kabir Sheikh, Helen Schneider; [SSM Health Systems](#);

“This commentary examines, the implications of a declining DAH landscape for health systems in low- and middle income, countries (LMICs). The loss of donor support not only creates significant funding gaps but also removes certain benefits that donors have provided - such as sustained financing for high-impact vertical programs (e.g. immunization and disease control) and coordination functions. At the same time, **the reduction in DAH may alleviate some longstanding distortions,** including the fragmentation caused by vertical initiatives and the internal “brain drain” of talent into donor-funded projects, opening opportunities for countries to reclaim leadership. The immediate challenge for health system leaders is to mitigate service disruptions through short-term measures, while pursuing long-term strategies to increase domestic health investment and strengthen system-wide capacities. **We emphasize the need for renewed commitment to the principles of country ownership and alignment - now driven by domestic stewardship rather than donor conditionality.** In a changing global context, new arrangements that complement national efforts are needed to ensure that global solidarity and support for shared health goals persist despite a reduced role for traditional aid....”

FT - Trump left a power vacuum at the UN. China saw an opportunity

<https://www.ft.com/content/e289023c-a7ac-4b6d-ab45-908ce4163b12>

(gated) “Beijing makes concerted effort to **place officials and push its agenda in Geneva,** say western diplomats.” **Some excerpts:**

“.... China has stepped up attempts to fill the vacuum, particularly in the Swiss diplomatic hub of Geneva, multiple officials and diplomats told the Financial Times. **This has included increasing its personnel footprint, building voting coalitions, and in some cases, financial contributions to entrench its position in a city called the “kitchen of global diplomacy”,** with more than 450 international bodies. **Agencies of particular interest to China** include the International Telecommunication Union (ITU), which sets global communications standards, **and the World Health Organization (WHO),** according to western officials....”

“.... China has been particularly proactive around the overhaul, known as the UN80 Initiative, which could include department mergers and significant streamlining of operations. One senior western official briefed on internal UN discussions said **China was expanding its presence in “the institutions of the multilateral world order . . . and then using that influence to slowly turn them to their own world view””**

“... Lu Xiaoyu, a professor at Peking University and former UN consultant, said China supported “necessary and equitable” UN reforms under the UN80 Initiative. He said Beijing advocated for “stronger representation for the global south, respect for national sovereignty, and a multilateral

order”. “With the potential merging of development agencies under UN80, **China is well positioned to expand its influence in the field of international development,**” he said, adding that as the second-largest contributor to UN peacekeeping, it is likely to gain more senior appointments there...

And a quote: “..... **This year, China pledged \$500 million to the WHO over five years. Part of this voluntary funding is expected to involve secondment opportunities for Chinese technical and advisory staff...**”

HPW - Controversial WHO Regional Director Placed on Indefinite Leave

<https://healthpolicy-watch.news/controversial-who-regional-director-placed-on-indefinite-leave/>

“Saima Wazed, the World Health Organization’s (WHO) controversial regional director for the South East Asia Regional Office (SEARO), is on indefinite leave from Friday (11 July) – four months after Bangladesh’s Anti Corruption Commission (ACC) filed two cases against her for fraud, forgery and misuse of power. WHO Director General Dr Tedros Adhanom Ghebreyesus notified staff in a brief internal email that Wazed would be on leave from Friday and that WHO Assistant Director-General Dr Catharina Boehme would “serve as the Officer in Charge” in Wazed’s place. Boehme would reach the SEARO office in New Delhi on Tuesday, 15 July, Tedros added.....”

Lancet Global Health (Financing) – The potential impact of reductions in international donor funding on tuberculosis in low-income and middle-income countries: a modelling study

R A Clark et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00232-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00232-3/fulltext)

Check out the – sobering - findings.

BMJ GH - Who funds the WHO Foundation? A transparency analysis of donation disclosures over the first 3 years of its operation

N Maani, J Colin et al ; <https://gh.bmj.com/content/10/7/e018932>

“ This analysis sought to examine the transparency and patterns of donations received by the WHOF based on the Foundation’s own disclosures. Since its launch until the end of 2023, the Foundation disclosed total donation receipts of US\$82 783 930 overall, of which US\$39 757 326 (48%) was characterised as anonymous donations over US\$100 000. The proportion of anonymous donations over US\$100 000 increased year on year, alongside named donations from charitable foundations such as the Bill and Melinda Gates Foundation, social media companies, medical device companies, banking/finance and pharmaceutical companies. The largest proportion was earmarked for ‘WHO Foundation Operational Support’. The WHOF was assessed a ‘B’ transparency rating for the first reporting period, falling to a ‘D’ (less than 50% of donations by value disclosed) in the 2022 and 2023 calendar years.”

Conclusions “This analysis finds that current levels of donor transparency are low, potentially exposing the WHOF—and by extension the WHO—to risks of perceived reputational damage or

undue influence. These risks are assumed for financial contributions that, to date, have been relatively modest and follow donor, rather than WHO, priorities.”

Devex - African countries need debt relief, says former Mauritius president

<https://www.devex.com/news/african-countries-need-debt-relief-says-former-mauritius-president-110478>

“The changing geopolitical situation means **now is the time for indebted African countries to raise their voices and demand relief**, says former president of Mauritius Ameenah Gurib-Fakim.”

“A group of former African leaders is growing louder in its push for collective relief from private, bilateral, and multilateral creditors as some of the world’s poorest countries struggle to meet crippling debt burdens. **The African Leaders Debt Relief Initiative** launched earlier this year in Cape Town, South Africa, on the sidelines of the G20 finance ministers’ meeting. With it came the **Cape Town Declaration**, which calls for comprehensive debt restructuring and efforts to lower the cost of capital for highly indebted countries. The group is chaired by former Nigerian President Olusegun Obasanjo, and includes former presidents from Senegal, Malawi, Tanzania, Ghana, and Mauritius, and a former prime minister of Ethiopia.....”

Lancet - Tracking development assistance for health, 1990–2030: historical trends, recent cuts, and outlook

A E Apeagyi, J Dieleman et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01240-1/fulltext?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01240-1/fulltext?rss=yes)

New IHME study.

Implications of the findings: “All available evidence suggests that the future availability of DAH will be reduced. For low-income countries, for which DAH is a major source of health sector funding, these cuts require an urgent response. **Immediate strategising about how the health sector will be funded is crucial as, all else being equal, recipient governments are very likely to be unable to cover most of the gap left by global donors. As we enter an era of global health austerity, it is more imperative than ever that we seek to augment DAH contributions and increase efficiency in their use.**”

- For some key messages of this new Lancet article, see for example [Barron’s - Global Health Aid Sinks To 15-year Low In 'Era Of Austerity'](#)

“Sweeping foreign aid cuts led by the United States will cause international health funding to plummet to the lowest level in 15 years, a study said Wednesday, **warning the world has entered a new "era of global health austerity."** “ “ “...The new study published in the prestigious Lancet journal also pointed to recent steep aid cuts announced by the UK, France and Germany. **After reaching an all-time high of \$80 billion in 2021 during the Covid-19 pandemic, the total amount of global health aid will sink to \$39 billion this year, the US-led team of researchers estimated. That would be the lowest level since 2009. Such a dramatic change will result in the world entering a new "era of global health austerity", the authors of the study warned....**”

“Sub-Saharan African countries such as Somalia, the war-torn Democratic of Congo and Malawi will be hit worst because most of their health funding currently comes from international aid, according to the study.....”

- **Related** [Lancet Comment - New horizons for DAH amid the storm clouds](#) (by Rachel A Nugent)

Lancet GH - Global, regional, and national health-care inefficiency and associated factors in 201 countries, 1995–2022: a stochastic frontier meta-analysis for the Global Burden of Disease Study 2023

Amy Lastuka, C Murray et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00178-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00178-0/fulltext)

“We extracted data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2023 and the Financing Global Health 2024 project to estimate health spending inefficiency using a non-linear stochastic frontier meta-analysis model designed to assess health-adjusted life expectancy (HALE). This model produced a frontier that represents the **best possible HALE for a given level of health spending**. Inefficiency scores were measured as the distance between a country's HALE and the frontier at that country's level of spending.....”

“The relationship between health spending and HALE was positive for all levels of spending, although health spending inefficiency existed in most countries. Globally, health spending inefficiency decreased from 1995 to 2019, increased considerably in 2020 and 2021 due to the COVID-19 pandemic, and recovered substantially in 2022. We found decreasing returns to additional health spending, with the cost of one additional health-adjusted life-year varying from US\$92 (95% uncertainty interval 43–239) per capita for a country spending \$100 per capita to \$11 213 (8031–57 754) per capita for a country spending \$5000 per capita. **More efficient spending was associated with better governance, having a higher percentage of health expenditure from the government, infrastructure that facilitates access to and delivery of health care, and higher uptake of preventive care measures.**”

Interpretation: “Expanding government-provided health-care coverage would decrease the inefficiency of the health-care system. Countries should also focus on strengthening democracy, building infrastructure, and increasing the use of, and access to, preventive care.”

Devex - EU seeks major boost to development in budget amid ‘Europe First’ shift

<https://www.devex.com/news/eu-seeks-major-boost-to-development-in-budget-amid-europe-first-shift-110522>

“The EU’s draft budget calls for a 75% increase to its Global Europe fund — but flexibility and strategic autonomy may come at the cost of development priorities.”

“.....Meanwhile, across the Atlantic, could the [European Union](#) be going in the opposite direction of the United States on foreign aid? Maybe. For weary aid advocates, though, a “maybe” is still probably better than a “no.” **The EU yesterday unveiled the first draft of its next seven-year budget, which commits \$2.3 trillion, up from the \$1.4 trillion in the current budget**, my colleague

Jesse Chase-Lubitz writes. **Out of that total, \$232 billion will go to Global Europe, the main tool for the EU's external action, including its development finance.** This is a big uptick from the current budget, which allocates \$92.3 billion.....”

“€200 billion for Global Europe — a staggering 75% increase — shows that the EU wants to play a bigger role on the global stage,” says Alexei Jones of the [European Centre for Development Policy Management](#). But here’s where that “maybe” part comes in. The final tally likely won’t be reached until December 2027, and **a lot could change before then.** As Jones notes, the development budget is historically prone to “major cuts” during negotiations.....”

- Related: [CGD – Big Money, Big Questions: The EU’s External Budget Proposal for 2028–2034](#) (by M Gavás et al)

“The European Commission’s proposed amounts are big and bold, signalling a recognition of the required scale of investment to foster stability and prosperity in the EU’s neighbourhood and beyond. External funding is set to increase significantly, from EUR 110 billion to EUR 200 billion—not including support set aside for Ukraine. However, **while the proposals attempt to strike a balance between EU values and strategic interests, they reflect a clear move away from traditional development principles to a model in which direct European interests and the promotion of the European private sector is prioritised.** The European Commission’s intention is to explicitly use the EU’s external funding instruments to pursue a more strategic agenda. Flexibility is the name of the game, but the balance with predictability and accountability is precarious. **The proposed Global Europe instrument rationalises and dramatically simplifies EU external action. But it also raises concerns about development effectiveness, migration cooperation as leverage, and transparency and accountability....”**

PS: **“What happens next?** The first shot has been fired in **what will be a protracted and complex negotiation process.** The EU Council (i.e. the member states) will now develop its position, typically by trimming down the Commission’s proposed figures, while the European Parliament will seek to protect and expand funding for its priority areas. Undoubtedly, as with previous MFF cycles, the budget for external action is likely to face significant pressure, and final allocations may well fall below the Commission’s ambitions. Key battles lie ahead over how much funding will be earmarked for the EU’s strategic interests, what conditions will apply, and whether a careful balance can be struck between flexibility and accountability.”

- Related: [ECDPM Brief - A companion guide to the Global Europe instrument proposal](#)

“On 16 July 2025, the European Commission unveiled its eagerly anticipated proposal for the next EU long-term budget – the multiannual financial framework (MFF) for 2028-2034 – introducing a new Global Europe instrument. **In this guide, Alexei Jones unpacks the core features of the instrument, highlighting what is new, what is at stake and what to watch for in the upcoming negotiations on the 2028-2034 MFF.**”

- And Eurodad’s view - [Blueprint for EU budget threatens Europe’s role in global development](#) (press release)

Lancet (Comment) - USAID defunding: an investment call for low-income and middle-income countries

Sylvia Kiwuwa-Muyingo et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01398-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01398-4/fulltext)

- Comment linked to a [new study in the Lancet - Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis](#)

“The aim of this study is to **comprehensively evaluate the effect of all USAID funding on adult and child mortality over the past two decades and forecast the future effect of its defunding.**” “In *The Lancet*, a **retrospective impact evaluation and forecasting analysis by Daniella Medeiros Cavalcanti and colleagues** provides an assessment of progress in all-cause and age-specific child mortality in LMICs over two decades of USAID funding, and projects scenarios without USAID funding from 2022 to 2030.....”

Nature Africa (Comment) – Breaking the cycle of neglected diseases

<https://www.nature.com/articles/d44148-025-00218-x>

“As international funding is depleted, **African countries must step up or risk letting old threats return.**”

“... **Our recent analysis, covering 55 member states, commissioned by the African Union, finds 28 AU member states reported having functional NTD programmes, with only ten countries (36%) receiving some local government funding.** Of these, Tunisia is the only country with an NTD control programme fully funded from domestic resources. **Most of the countries (six) commit less than 10% of domestic health funding to NTDs. The remaining 18 countries (64%) rely heavily on external donors.....**”

“Already [funding cuts](#) have led to staff layoffs, and the suspension of drug distribution campaigns, impacting more than 142 million people in 26 countries. There is now a danger of drugs expiring in warehouses, and the end of Water, Sanitation and Hygiene (WASH) projects, many of which were USAID-supported. **This moment also presents an opportunity for African nations to reclaim agency over their NTD agendas as per WHO NTD Roadmap [3rd pillar](#), for driving country ownership and leadership for NTD control programmes indefinitely.....**”

Project Syndicate - Realizing the Potential of Country Platforms

Pepukaye Bardouille and Sara Jane Ahmed; [Project Syndicate](#):

“While there is no silver bullet for development, **country platforms can help advance complex investment agendas**, particularly where institutional gaps in delivery or coordination are hampering progress. **If they are to meet this potential, however, policymakers must get the fundamentals right.**”

“...the term typically refers to **frameworks whereby developing countries take the lead in setting priorities for climate action and sustainable development, and coordinating with multilateral development banks (MDBs), donors, and the private sector to mobilize the necessary financing.**”

CGD – The End of Development Cooperation?

<https://www.cgdev.org/publication/end-development-cooperation>

Speech by Masood Ahmed. Well worth a read – on some of the trends he discerns for the future. With five ideas in particular.

Global tax justice

Eurodad - UN Tax Convention – joint inputs by over 100 civil society organizations and trade unions to the negotiations starting in August 2025

[Eurodad](#);

“The next round of negotiations of a UN Framework Convention on International Tax Cooperation will take place in New York from 4-15 August. In June, the UN published three key documents for consultation on 1) the Convention, 2) an early protocol on taxation of services, and 3) an early protocol on dispute prevention and resolution. In response, the Global Alliance for Tax Justice drafted three joint submissions for all workstreams, outlining civil society's expectations for the upcoming negotiations.”

Guardian - Tax on AI and crypto could fund climate action, says former Paris accords envoy

https://www.theguardian.com/environment/2025/jul/17/tax-ai-crypto-climate-action-paris-accords-envoy-energy-technology?CMP=share_btn_url

“Laurence Tubiana urges governments to consider levies on energy-hungry technology.”

“Governments should consider taxing artificial intelligence and cryptocurrencies to generate funds to deal with the climate crisis, one of the architects of the Paris agreement has said. **Laurence Tubiana, the chief executive of the European Climate Foundation** and a former French diplomat, is **co-lead of the Global Solidarity Levies Task Force**, an international initiative to find new sources of funds for climate action by taxing highly polluting activities including aviation and fossil fuel extraction. **She said cryptocurrency should certainly be taxed, and levies on AI should be considered.”**

““That could be a first step – again, it’s the same rationale [for AI as taxing cryptocurrency], because they use a lot of energy,” she said. “Crypto seems to be something which is not regulated at all, and of course it’s a concern, from the financial stability element.” The equivalent of Poland’s annual energy consumption is expended each year just on generating bitcoin, one of the leading cryptocurrencies. AI also consumes vast resources, resulting in IT companies scrabbling to secure electricity supplies in locations around the world. **Taxing AI could prove tricky, Tubiana conceded, as companies might try to shift the location of their datacentres.** Although there was likely to be “pushback” against taxing cryptocurrencies, particularly from the US, where Donald Trump is an enthusiastic supporter of the technology, she said **central bankers had expressed an interest.....”**

Tax Justice Network (Briefing) – Corporate Tax Abuse: The Elephant in the Room of Business & Human Rights

https://taxjustice.net/wp-content/uploads/2025/07/BHR_taxation_ireland_kenya_2025.pdf

“As the UN moves toward a Convention on International Tax Cooperation, a new film and briefing show how taxation must be incorporated into the Business & Human Rights agenda. “

UHC & PHC

Lancet Primary Health Care – First issue

[https://www.thelancet.com/issue/S3050-5143\(25\)X0002-9](https://www.thelancet.com/issue/S3050-5143(25)X0002-9)

Check it out 😊.

Starting with the Editorial - [A better future through primary health care](#).

Lancet Primary Care – How major international development organisations operationalise primary health care: a thematic content analysis of strategy documents

Luke Allen, Faraz Khalid et al;

<https://www.sciencedirect.com/science/article/pii/S3050514325000147>

“Despite consensus around the need to prioritise primary health care (PHC), misaligned interpretations of this concept have real-world consequences for implementation. **Here, we analysed how 30 major international development organisations operationalise PHC in their corporate strategy documents through thematic content analysis.** The findings reveal that **despite high-level endorsement for PHC, fewer than half of the reviewed documents explicitly mentioned PHC.** Among those that did, PHC was conceptualised in varying ways: as a service delivery platform, level of care, bundle of interventions, or whole-of-society approach to health. From these conceptualisations, **three different interpretations of PHC emerged—namely, the intended whole-of-society approach to health, strong or high-quality primary care, and selective or basic primary care.** Integral components to PHC, including empowered people and communities and multisectoral action, were largely absent. **These findings highlight the opportunities and urgency for improved alignment across international organisations to support a consistent approach aligned with the original vision of PHC.**”

Health Research Policy & Systems - Understanding policy commitments for universal health coverage: a framework for analysis

Andréa Williams & Jesper Sundewall; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01370-4>

“UHC, as a political commitment, developed as part of the Sustainable Development Agenda in 2015 and, more recently, at the United Nations High-Level meeting on UHC in 2019. A policy commitment to UHC means translating the broad vision of UHC into nationally appropriate, locally relevant health policies. The aim of this work is to develop an analytical framework for describing the key features of UHC to assess how UHC is conceptualised and translated at the national health policy level.”

“We analysed purposively collected documents on UHC and conducted case studies of relevant health policies in three countries: South Africa, Botswana, and Kenya.....”

“We propose a framework that includes five components we consider central to a UHC approach, namely: population coverage, healthcare service provision, health financing, health equity, and leadership and governance. The framework was applied to health policies in three countries in Africa (Botswana, Kenya, and South Africa) to test its relevance and applicability. Analysing policy commitments for UHC is central to understanding how countries are translating the broad aspiration into action. Our framework provides a useful tool by breaking down UHC into five core components and proposes questions to guide how policy commitments can be identified.”

Lancet Health Policy - Surgical health policy 2025–35: strengthening essential services for tomorrow's needs

Dmitri Nepogodiev et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00985-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00985-7/abstract)

“Progress towards The Lancet Commission on Global Surgery's 2030 targets has been too slow and too patchy, particularly in low-income and middle-income countries. The unmet need for surgery has continued to grow, reaching at least 160 million operations per year. Ensuring high-quality surgical care remains a crucial global challenge, with 3·5 million adults dying after surgery each year. The COVID-19 pandemic exposed the fragility of surgical services long undermined by chronic underfunding, workforce shortages, and under-resourced infrastructure. However, The Lancet Commission on Global Surgery inspired a new generation of surgeons to engage with policy, and several countries have developed national surgical plans, although most remain unfunded. Advancements in surgical data science have allowed health systems to identify priorities for improvement. Preserving this infrastructure is important, especially during periods of uncertain global health funding. The next decade requires urgent change to prevent economic instability and armed conflict from forcing surgery down the global health agenda. Reframing surgery as an essential service that saves lives, strengthens health systems, and fosters economic productivity could unlock much needed investment. Sustained progress requires integration of funding both within hospital infrastructure and across care pathways. Such holistic approaches would reinforce entire hospital systems, which are essential to national security and wellbeing.”

PPPR

HPW - New Body Adopts Intense Timetable for Final Pandemic Agreement Talks

<https://healthpolicy-watch.news/new-body-adopts-intense-timetable-for-final-pandemic-agreement-talks/>

“Intense negotiations lie ahead for World Health Organisation (WHO) member states to conclude the missing part of the Pandemic Agreement, after a brief respite since the agreement was adopted by the World Health Assembly in May. A new body, the Intergovernmental Working Group (IGWG), met for the first time this week, and chose Brazil’s Ambassador Tovar da Silva Nunes and the UK’s Dr Mathew Harpur as co-chairs. The IGWG also adopted a tight schedule to achieve its key task: negotiating an annex to the pandemic agreement on a pathogen access and benefit sharing (PABS) system...”

“... Member states have until 10 August to submit proposals on what they want to see in the annex, which will flesh out Article 12 of the agreement. According to Article 12, the IGWG needs to develop provisions to govern the PABS System, “including definitions of pathogens with pandemic potential and PABS materials and sequence information, modalities, legal nature, terms and conditions, and operational dimensions”. “

“Aside from the PABS system annex, the IGWG will also prepare the ground for the Conference of the Parties that will govern the pandemic agreement, and the terms of reference for a coordinating financial mechanism, which will help defend countries against outbreaks and pandemics.”

PS: **“... An informal IGWG meeting is planned for 12 September, with the next formal meeting from 15-19 September....” “ The IGWG Bureau, the administrative body overseeing the talks, is also compiling a list of experts to assist with negotiations. These will also be circulated to member states.”**

PS: **“... Speaking at the conclusion of the first IGWG meeting, WHO outgoing Assistant Director-General Dr Mike Ryan described the annex as the “core” and “engine house” of the pandemic agreement....”**

FT - US rejects World Health Organization pandemic response measures

<https://www.ft.com/content/478955b0-83ec-4c1b-abf0-1b81dcd98622>

“Decision could hamper global co-operation for future health crises.”

- See also [Reuters – US rejects WHO pandemic changes to global health rules](#)

“The United States has rejected amendments adopted in 2024 by members of the World Health Organization to its legally binding health rules aimed at improving preparedness for future pandemics following the disjointed global response to COVID-19. The Department of State and Department of Health and Human Services said in a statement they had transmitted on Friday the official U.S. rejection of the amendments to the International Health Regulations, which were adopted by consensus last year.”

“The amendments introduced a new category of "pandemic emergency" for the most significant and globally threatening health crises in an effort to shore up the world's defenses against new pathogens. "Developed without adequate public input, these amendments expand the role of the WHO in public health emergencies, create additional authorities for the WHO for shaping pandemic declarations, and promote WHO's ability to facilitate 'equitable access' of health commodities," the U.S. statement said. "Terminology throughout the 2024 amendments is vague

and broad, risking WHO-coordinated international responses that focus on political issues like solidarity, rather than rapid and effective actions," said the statement, **jointly issued by Secretary of State Marco Rubio and Secretary of Health and Human Services Robert F. Kennedy Jr.....**"

- And via Stat – [HHS' move against the WHO: a line in the sand, or political theater?](#)

"What it means that HHS rejected WHO's regulatory amendments: Health secretary Robert F. Kennedy Jr. announced Friday that the U.S. has rejected amendments made last year by WHO members to the organization's International Health Regulations. Kennedy claimed that the amendments give WHO "unprecedented power" and could enable "global medical surveillance of every human being.... An HHS press release noted that the IHR amendments are binding for the U.S., even after the country's withdrawal from WHO. **But Lawrence Gostin, an international health law expert from Georgetown, said the move was effectively political theater. The U.S. had already signaled it wouldn't accept the amendments when President Trump signed the executive order to withdraw from the WHO. On top of that, the WHO has no power to enforce the regulations, which establish the responsibilities of WHO and its members during global health events or emergencies.** During the Covid pandemic, there were "daily violations of the IHR," Gostin told STAT's Helen Branswell. **Not being party to the IHR amendments runs counter to U.S. interests,** he added. "We want other countries to rapidly detect and respond to infectious diseases that are novel and [could] turn into pandemics," he said. "That's exactly what we've always wanted. We want scientific sharing of information.""

HPW – WHO's Tedros: US Rejection of International Rules on Health Threats is Based on 'Inaccuracies'

<https://healthpolicy-watch.news/who-head-us-rejection-of-international-rules-on-health-threats-is-based-on-inaccuracies/>

"The United States' decision last Friday to reject amendments to the International Health Regulations (IHR) – aimed at improving the global response to disease outbreaks – is based on "inaccuracies", according to the Director General of the World Health Organisation (WHO)."

""We regret the US decision to reject the amendments adopted by consensus by the World Health Assembly in 2024 – including by the US, as the US played an active role in developing and negotiating those amendments together with other countries," said Dr Tedros Adhanom Ghebreyesus. **Member states "have the right to decide whether or not to adopt and, subsequently, implement amendments to the IHR",** added Tedros....."

".... This criticism of the IHR Amendments is part of the narrative of Project2025, the Trump administration's governing blueprint published by conservative think-tank the Heritage Foundation before the 2024 US elections."

"... In response, Tedros said he wished to "correct inaccuracies stated by Secretary Kennedy and Secretary Rubio". Tedros noted that the 2024 amendments "were proposed, negotiated and adopted by member states, based on the learnings from the COVID-19 pandemic" and "are not about empowering WHO, but about improving cooperation among member states in the next pandemic. In addition, said Tedros, the "amendments are clear about member states' sovereignty" and that the WHO "has never had the power to mandate lockdowns, travel restrictions or other such measures", but "member states have the power to do so if they see the need". The US officials also

claimed that the amendments “create additional authorities for the WHO for shaping pandemic declarations, and promote WHO’s ability to facilitate “equitable access” of health commodities”, and “fail to adequately address the WHO’s susceptibility to the political influence and censorship – most notably from China – during outbreaks”. However, Tedros said that “risk communication is an essential part of any emergency response, as populations need to be informed in a timely way”

Lancet Letter – The costs of ratifying and implementing the Pandemic Agreement

C Wenham & R Katz; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01368-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01368-6/fulltext)

“As the main text of the WHO Pandemic Agreement has been adopted, attention must now turn to a key, and as yet insufficiently addressed, dimension: the costs associated with ratification and implementation. Understanding these costs is not merely a technical exercise—it is central to ensuring the agreement can be operationalised equitably and effectively, particularly across a highly unequal global health landscape. Moreover, the WHO Constitution states that each member state will need to take action regarding the acceptance of the agreement within 18 months...”

They conclude: “Without a clear picture of the total costs involved, there is a real risk of underestimating the scale of investment needed to enable full and fair participation in the pandemic prevention, preparedness, and response ecosystem. Not addressing this risk early on will limit the ability of the agreement to deliver on its aims to prevent, prepare for, and respond to pandemics in a way that is guided by equity.”

BMJ GH - Estimating the historical impact of outbreak response immunisation programmes across 210 outbreaks in low and middle-income countries

Dominic Delport et al; <https://gh.bmj.com/content/10/7/e016887>

- Coverage via Cidrap News – [Lifesaver: Study shows vaccine campaigns cut deaths by nearly 60 per cent](#)

« **Emergency vaccination campaigns have slashed deaths from major infectious disease outbreaks by nearly 60 per cent since 2000**, according to a new study published this week. **The study, conducted by Gavi, the Vaccine Alliance, in collaboration with Australia’s Burnet Institute, and published in the authoritative British Medical Journal (BMJ) Global Health**, analyzed 210 outbreaks across 49 low-income countries over a 23-year period.”

“It found that rapid vaccine deployment during outbreaks of cholera, Ebola, measles, meningitis and yellow fever, had led to estimated reductions in illnesses and deaths of nearly 60 per cent on average. For diseases like yellow fever and Ebola, the impact was even more dramatic: yellow fever deaths dropped by 99 per cent, while Ebola fatalities fell by 76 per cent.”

« **The results highlight not only the effectiveness of emergency vaccination, but also the critical role of preparedness and speed in response to emerging threats. “For the first time, we are able to comprehensively quantify the benefit, in human and economic terms, of deploying vaccines against outbreaks of some of the deadliest infectious diseases,”** said Sania Nishtar, CEO of Gavi.....”

Lancet Microbe -Pathways to an Intergovernmental Panel on Pandemics: lessons from the IPCC and IPBES

Colin J Carlson et al ; [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(25\)00106-5/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(25)00106-5/fulltext)

« In this Personal View, **we explore proposals for an Intergovernmental Panel on Pandemics and assess potential pathways to its creation.** Learning lessons from the Intergovernmental Panel on Climate Change (IPCC) and the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) might help national governments and international organisations to chart a course through important decisions about format, governance, operations, scientific scope and process, and ability to recommend policies that make the world safer.....”

Lancet Comment – Unifying forces to strengthen pandemic preparedness: a call for a Global Pandemic Risk Observatory

V Dzau et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01489-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01489-8/fulltext)

« ... **The world needs an integrated mechanism that assesses real-time, evolving risk, captures cross-border or cross-sectoral vulnerabilities, and provides integrated analysis that can inform anticipatory action and mitigate future threats.** Crucially, there is a need to transition from static assessments **to dynamic, anticipatory systems** that are capable of detecting early warning signals and guiding coordinated, adaptive responses.....”

“As members of the GPMB or the GPMB Secretariat, we call on global leaders to establish a Global Pandemic Risk Observatory. This Observatory would function as an integrated, independent, and enduring body that could synthesise existing tools, foster collaboration across sectors and regions, and deliver actionable intelligence to inform decision making, drive investment, and strengthen global accountability. It would serve as a central mechanism to consolidate and align analyses from diverse entities, offering a comprehensive and forward-looking view of pandemic risks. **It would not replace existing tools but build on them, enhancing coherence, reducing duplication, and fostering a culture of accountability and continuous learning. The Global Pandemic Risk Observatory would serve as a trusted source of information for policy makers, funders, and the public.** It would integrate existing monitoring systems with upstream risk drivers such as One Health, environmental degradation, conflict, land use, and socioeconomic fragility. Through horizon scanning, scenario modelling, and transparent data-sharing, the Observatory could support decision makers across governments, the private sector, and civil society. **The panel outlines the proposed Observatory's key features.....** «

PS : **« For the Observatory to have lasting impact, it should be embedded within a multilateral framework that confers legitimacy, ensures accountability, and promotes uptake of its recommendations.** While independence is essential to maintain scientific rigour and neutrality, it must not imply isolation from global governance structures. **As with the Intergovernmental Panel on Climate Change—convened under the UN through the World Meteorological Organization and the UN Environment Programme—the Global Pandemic Risk Observatory should be anchored in an intergovernmental or treaty-based process.** This would provide the continuity and political weight needed to sustain its work over time, while safeguarding its scientific objectivity. **Financial sustainability will be crucial.....** »

Telegraph - The 7-1-7 plan is supercharging pandemic response. The UK never signed up

<https://www.telegraph.co.uk/global-health/science-and-disease/7-1-7-supercharging-pandemic-response-uk-never-signed-up/>

“From Thailand to South Sudan, dozens of countries use 7-1-7 to boost outbreak response and expose unexpected bottlenecks delaying action.”

“...While individual governments and the World Health Organization (WHO) have a slew of frameworks meant to evaluate weaknesses in health security (including long-running inquiries), developing a simple metric to quickly measure real-world performance has proven elusive. Then came a new concept: 7-1-7. And in the four years since its inception, countries using it say it's become a critical tool to focus minds, identify shortcomings, and boost accountability. ... The idea is to track how response teams perform in the early stages of an outbreak – be it Ebola or salmonella. The numbers correspond to three targets: to detect a new threat within 7 days, to notify the WHO and public within 1 more day, and to launch a response within the subsequent 7 days. The metric is meant to spotlight where bottlenecks are – whether that's an outdated email, staffing shortages or inadequate training – so teams on the ground can fix them before the next disease flare-up, and prevent outbreaks spiralling into epidemics. So far around 35 countries have formally signed up to the 7-1-7 framework, including South Sudan, Brazil and Thailand.....”

“Bar interest from a handful of state-level disease control units in America, 7-1-7 has been more widely picked up by low- and middle-income countries, said Amanda McClelland, the senior vice president of the ‘Prevent Epidemics’ team at Resolve to Save Lives, the global health non-profit that developed the concept.....”

- Related: [BMJ GH \(Practice\) - Implementing the 7-1-7 target to improve epidemic preparedness and response in Uganda](#)

AMR

Guardian – Superbugs could kill millions more and cost \$2tn a year by 2050, models show

<https://www.theguardian.com/society/2025/jul/20/superbugs-could-kill-millions-more-and-cost-2tn-a-year-by-2050-models-show>

“Superbugs could cause millions more people to die worldwide and cost the global economy just under \$2tn a year by 2050, modelling shows. A UK government-funded study shows that without concerted action, increased rates of antimicrobial resistance (AMR) could lead to global annual GDP losses of \$1.7tn over the next quarter of a century.....”

“The research, by the [Center for Global Development](#) thinktank, found the US, UK and EU economies would be among the hardest hit, prompting accusations that recent swingeing aid cuts are self-defeating.....”

Telegraph - Major UK project to tackle AMR closed by aid cuts

[Telegraph](#)

“Government shutters major UK aid programme to tackle antimicrobial resistance.”

“The Fleming Fund, a major British programme that helps tackle antimicrobial resistance in the developing world, has been forced to close because of the government’s aid cuts, The Telegraph can reveal. **The £265 million programme – named after Alexander Fleming the British scientist who discovered penicillin – was established in 2015 in response to a landmark UK study which found resistant infections would kill 10 million people every globally year by 2050.** The fund was designed to tackle drug resistance at its source and support experts in hundreds of laboratories in developing countries that face the greatest threat from AMR.....”

Lancet Comment - Integrating gender and equity commitments in the revised global action plan on antimicrobial resistance

Deepshika Batheja et al;

<https://www.sciencedirect.com/science/article/pii/S0140673625013777?via%3Dihub>

“... As GAP undergoes revision in 2025–26, we suggest human health priority areas to explicitly integrate gender and social determinants of health equity aligned with the 2015 GAP objectives....”

Health emergencies

Cidrap News – Africa CDC warns of exponential mpox spread in Guinea

<https://www.cidrap.umn.edu/mpox/africa-cdc-warns-exponential-mpox-spread-guinea>

Africa CDC update from yesterday.

“As African countries continue to grapple with multiple mpox outbreaks involving different clades and transmission patterns, officials from Africa Centres for Disease Control and Prevention (Africa CDC) today said Guinea’s outbreak is escalating exponentially, showing similar signs to a recent surge in Sierra Leone. “

“Countries in West Africa were affected later than hot spots in central Africa such as the Democratic Republic of the Congo (DRC), Uganda, and Burundi. Unlike those countries, more recently affected locations in West Africa have seen outbreaks mainly involving clade 2 viruses, including the one that triggered global spread.....”

“Boum said health officials are encouraged by continued declines in some of the region’s high-burden countries, including the DRC, Uganda, and Sierra Leone, which account for a large but declining percentage of all cases (currently 74%). Overall, countries are seeing improvements in test

coverage, meaning most suspected cases are tested, which he said gives outbreak responders a clearer picture of how the outbreak is evolving.”

“However, Boum said the virus continues to pop up in new countries, most recently Gambia and Mozambique, and that Africa CDC is concerned about upward trends in multiple other spots, including Nigeria, Liberia, Kenya, and Ghana. For example, Boum said cases in Kenya are spreading beyond the initially affected coastal areas as the country enters its final stages of vaccination planning.”

Re the vaccines: “.... Delivery of all earlier mpox vaccine deliveries has now been completed, following allocation planning, Boum said, emphasizing that **the region has no more doses to distribute. Though 800,000 doses are available from mpox vaccine manufacturer Bavarian Nordic, the region and its partners, including UNICEF, have no funding to buy and deploy them, partly due to cutbacks in global health spending.** Africa CDC has estimated that **3.4 million doses are needed to meet the current demand.** Countries with smaller outbreaks such as Mozambique and Liberia want the vaccine, which would be ideal to help control outbreaks while case numbers are still low, he said. Officials are considering ways to make the most of the scarce supplies, including fractional dosing, to help control outbreaks faster.”

HPW – Cholera Surges in DRC Amid Floods and Conflict, But Mpox Cases Continue to Drop

<https://healthpolicy-watch.news/cholera-surges-in-drc-amid-floods-and-conflict-but-mpox-cases-continue-to-drop/>

Africa CDC update from last week. “**The Democratic Republic of Congo (DRC) has seen a 30% increase in cholera cases over the past week, largely as a result of flooding and conflict, according to the Africa Centres for Disease Control and Prevention (Africa CDC).** Deaths have almost doubled, with 124 people dying in the past week in comparison to 65 deaths the previous week.” “**Vaccination against cholera is at a low 7%, in part due to the inaccessibility of areas and the lack of vaccines, according to Professor Yap Boum, Africa CDC’s deputy head of mpox....**”

“.... **Mpox cases continue to fall across Africa, with almost three-quarters of cases in the DRC, Uganda and Sierra Leone.** However, Boum said that **several people infected with mpox died as a result of being infected with other diseases at the same time, most notably measles.** “This has re-emphasised the **decision that we’ve taken to focus on integration [of disease control and prevention],**” he added.....”

“**Ethiopia has used its polio vaccination campaign to also screen for mpox, reaching more than 22 million people, which “is a very good example of leadership and integration”,** said Boum.”

“.... **Mpox testing coverage has also improved, reaching 55,5% of suspected cases in the past week in comparison to 39% in previous weeks.**”

“Boum also reported that, in **the past week, the African Union has signed a Memorandum of Understanding (MOU) with the United Arab Emirates (UAE) to “strengthen health systems and expand healthcare access across Africa”**”

HPW – Chikungunya Outbreak Spreads from Indian Ocean Islands, Posing Global Risk

<https://healthpolicy-watch.news/who-warns-of-global-risk-of-mosquito-borne-chikungunya/>

“A large outbreak of the mosquito-borne virus, chikungunya, is spreading rapidly from three Indian Ocean islands to Africa, while parts of South East Asia are also experiencing outbreaks, warned the World Health Organization (WHO) on Tuesday... Dr Diana Rojas Alvarez, WHO lead on arboviruses, told a Geneva media briefing on Tuesday.”

“She warned that a large global outbreak 20 years ago affecting about half a million people also started in the Indian Ocean islands, and urged health authorities to be on alert. “Just like 20 years ago, the virus is now spreading further to other countries such as Madagascar, Somalia and Kenya, and there has been an epidemic transmission also occurring in South East Asia – in India, Sri Lanka, Bangladesh and more,” she added.....”

“... ““It is still not too late to prevent further transmission and the spread of the virus,” said Alvarez. “We are calling for urgent action to prevent history from repeating itself. There is no particular treatment for chikungunya, so people need to avoid mosquito bites.” Key preventive measures include the use of insect repellent, wearing long-sleeved clothing and trousers, installing screens on windows and doors and removing standing water from containers like buckets, tyres and flower pots that are mosquito breeding grounds, she explained. Two chikungunya vaccines have received regulatory approvals in several countries, but have not yet been recommended for global use as there is not enough information about their efficacy yet. However, the WHO and external expert advisors are reviewing vaccine trial and post-marketing data in the context of global chikungunya epidemiology to inform possible recommendations for use.”

“The WHO’s Strategic Advisory Group of Experts (SAGE) on immunisations will meet in the next few weeks to advise the global body on the vaccines, said Alvarez.”

Lancet Infectious Disease (Newsdesk) - Africa to integrate cholera and mpox response

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00425-6/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00425-6/abstract)

“The Incident Management Support Team model that has guided the mpox response will be leveraged to coordinate and accelerate cholera control across Africa. Esther Nakkazi reports.”

Africa CDC – Africa CDC Set to Launch Groundbreaking Knowledge Management Portal

<https://africacdc.org/news-item/africa-cdc-set-to-launch-groundbreaking-knowledge-management-portal/>

“A new initiative, soon to be launched by the Africa Centres for Disease Control and Prevention (Africa CDC), is set to enhance the management of knowledge on health issues and emerging diseases like mpox. This marks a significant step in transforming the continent’s public health landscape. The much-anticipated Africa Health Knowledge Management Portal has been designed as a dynamic and collaborative platform. It will serve as a central hub for health data,

knowledge, research, and policy insights. This will enable Africa CDC, its five Regional Coordinating Centres (RCCs), and African Union (AU) Member States to generate and access knowledge, and to transform resources into policy and public health action. **The portal is a flagship component of Africa CDC's broader knowledge management initiative...."**

"...The portal is set to be established at three levels: continental, regional, and Member State levels. It will be hosted by Africa CDC and will enable knowledge exchange at the continental level across all 55 Member States and other relevant stakeholders..... **"It's 'built with support from the Rockefeller Foundation and the Mastercard Foundation..."**

PS: **"What truly sets the portal apart is its commitment to fostering a culture of knowledge sharing.** Through **innovations** such as weekly Knowledge Hours, Knowledge Cafés, and curated Communities of Practice, Africa CDC aims to foster real-time exchange among public health practitioners, policymakers, and researchers....."

Trump 2.0

Including ongoing damage, with some more news on PEPFAR, and articles on coping/adaptation strategies (also in SSA),

Science Insider - Trump's plan to slash global health spending rejected by key spending panel

<https://www.science.org/content/article/trump-s-plan-slash-global-health-spending-rejected-key-spending-panel>

"... A key spending panel in the U.S. House of Representatives has signaled it sharply disagrees with President Donald Trump's proposals to cut or totally eliminate funding for prominent global health programs. The **Republican-led Committee on Appropriations** [today began to consider a 2026 spending bill](#) that instead calls for maintaining current funding for the President's Emergency Plan for AIDS Relief (PEPFAR) and an array of other efforts aimed at combating malaria, tuberculosis, and other diseases. But the bill supports the White House's call to eliminate U.S. funding for the World Health Organization (WHO) and United Nations (U.N.) programs. The measure, which doles out funding for the Department of State and national security programs, is **far from the last word on setting spending levels for the 2026 fiscal year** that begins on 1 October. But **global health leaders are heartened by what appears to be significant pushback to the administration's requests.** "It remains to be seen if these allocations will become law, but it's overall quite encouraging that there is still robust support for global health funding in the U.S. Congress," says **epidemiologist Chris Beyrer, who heads the Duke Global Health Institute....."**

NYT – U.S. Quietly Drafts Plan to End Program That Saved Millions From AIDS

<https://www.nytimes.com/2025/07/23/health/pepfar-shutdown.html>

"PEPFAR, the campaign to end H.I.V. globally, would morph into an effort to detect disease outbreaks and sell American products, according to documents obtained by The Times."

“The federal program to combat H.I.V. in developing nations earned a reprieve last week when Congress voted to restore \$400 million in funding. But that may be short-lived: **Officials at the State Department have been mapping out a plan to shut it down in the coming years. Planning documents for the President’s Emergency Plan for AIDS Relief**, obtained by The New York Times, **call for the organization to set a new course that focuses on “transitioning” countries away from U.S. assistance, some in as little as two years.** PEPFAR, as the program is called, would cease to exist as an initiative to provide medicines and services needed to treat and prevent the spread of H.I.V. in low-income countries. **It would be replaced by “bilateral relationships” with low-income countries focused on the detection of outbreaks that could threaten the United States and the creation of new markets for American drugs and technologies,** according to the documents.”

PS: “The **draft plan for shutting it down in coming years underscores ongoing tension between Congress, which has repeatedly indicated support for PEPFAR, and Trump administration officials who wish to sharply curtail or end it.**”

PS: “.... **this plan would require countries to spend significantly more of their own money on H.I.V. programs.** In countries that delivered on their pledges, the documents say, PEPFAR would continue to fund the purchase of some medications and pay some health worker salaries at a declining rate over three to five years. **Countries that are close to controlling their epidemics,** including Botswana, Namibia, South Africa and Vietnam, would see a shutdown within two years. **Nations that have high rates of H.I.V. infection and that now receive significant support,** including Kenya, Lesotho, Zambia, Zimbabwe and Angola, would be on a three-to-four-year timeline. **Countries with conflict, very low income levels or fragile states** would have five to eight years. They include the Democratic Republic of Congo, Haiti, Malawi, Mozambique, South Sudan, Tanzania, Uganda and Ukraine.....”

- For more detail, see [HPW - US Drafts Plan to Change PEPFAR’s Focus From HIV to Diseases that Could Threaten Americans](#)

“This is according to [a report in the New York Times](#) on Thursday, based on leaked planning documents that map out their **vision for PEPFAR’s transition in in the next few years.** “**It would be replaced by ‘bilateral relationships’ with low-income countries focused on the detection of outbreaks that could threaten the United States and the creation of new markets for American drugs and technologies,**” the newspaper reports.”

PS: “**This is in keeping with the focus of the Trump administration’s [first meeting](#) with African health leaders** after the US paused all foreign aid for 90 days in January. During the meeting between leaders of the US Centers for Disease Control and Prevention (CDC) and their counterparts in Africa CDC in March, the **US officials indicated that they were interested in African business opportunities for American companies.** Africa CDC official Dr Ngashi Ngongo told journalists after the meeting that the Trump administration “would like to see health more as a business, rather than something that functions on grants,” and is **interested in “exploring how can we go into a partnership that translates into health as a business”**”

HPW – Bloomberg Calls for RFK to be ‘Brought to Heel or Sent Packing’

<https://healthpolicy-watch.news/bloomberg-calls-for-rfk-to-be-brought-to-heel-or-sent-packing/>

“**United States (US)Health and Human Services (HHS) Secretary Robert F Kennedy Jr should be held accountable or fired,** according to **Mike Bloomberg,** the former mayor of New York, who has been

the World Health Organization's (WHO) Global Ambassador for Noncommunicable Diseases (NCDs) and Injuries since 2018. "

"Kennedy, who has no training in medicine or health, has long been the nation's foremost peddler of junk science and the crackpot conspiracy theories that flow from it," wrote Bloomberg in a hard-hitting [opinion piece](#) published on Tuesday. **"The greatest danger in elevating him to HHS secretary was always that he would use his position to undermine public confidence in vaccines, which would lead to needless suffering and even death. And so it has come to pass,"** said Bloomberg, **in one of the hardest-hitting critiques of Kennedy's six-month term from a global health leader....."**

Science – Exclusive: NIH suspends dozens of pathogen studies over 'gain-of-function' concerns

<https://www.science.org/content/article/exclusive-nih-suspends-dozens-pathogen-studies-over-gain-function-concerns>

"Trump executive order leads to pauses on U.S.-funded research into TB, influenza, COVID-19, and other diseases, dismaying some scientists."

"In response to White House concerns about allegedly risky research on viruses, bacteria, and other pathogens, the National Institutes of Health (NIH) has begun a crackdown on dozens of studies it was funding, *ScienceInsider* has learned.... "

CGD (blog) - Foreign Aid Rescissions and The Ongoing Crisis of Delivery

C Kenny; <https://www.cgdev.org/blog/foreign-aid-rescissions-and-ongoing-crisis-delivery>

"Last week, Congress passed a rescissions package clawing back nearly \$8 billion in funding for foreign assistance approved by lawmakers earlier this year. Aligning with an award termination process that fell particularly heavily on [development spending outside of health and humanitarian operations](#), the largest (absolute) cuts were to the Economic Support Fund and Development Assistance accounts—\$4.2 billion between them. Humanitarian Assistance accounts lost \$1.3 billion out of an initial \$5.9 billion budget, while global health was largely spared thanks not least to pushback from members of Congress: **a \$500 million cut from a \$9.5 billion base.** But **those numbers (still) underestimate the scale of the crisis facing US foreign assistance, where the immediate challenge is delivery, rather than dollars to spend....."**

P4H- South Africa's Treasury steps in after PEPFAR cuts, boosts HIV funding and health infrastructure

<https://p4h.world/en/news/south-africas-treasury-steps-in-after-pepfar-cuts-boosts-hiv-funding-and-health-infrastructure/>

"South Africa's Treasury has allocated R753.5 m (42.7M USD) to plug gaps in HIV/AIDS programmes following PEPFAR funding cuts, while new research investments and health infrastructure projects are underway."

“South Africa’s National Treasury has committed R753.5 million to mitigate the impact of the US-funded PEPFAR programme cuts, which threatened the country’s world-leading HIV/AIDS response. The emergency funds will support provincial service delivery, research, and medicine distribution. **Additionally, the Gates Foundation and Wellcome Trust pledged R200 million each for HIV and TB research, contingent on matched funding from the government.** The SA Medical Research Council will oversee these funds, aiming to sustain critical health research despite the funding shortfall.....”

The Conversation - ‘People who spent years saving lives are now struggling to survive’ – how we witnessed Trump’s USAID cuts devastate health programmes in Kenya

R Eastham et al ; <https://theconversation.com/people-who-spent-years-saving-lives-are-now-struggling-to-survive-how-we-witnessed-trumps-usaid-cuts-devastate-health-programmes-in-kenya-256250>

Focus on the situation in Kenya.

Guardian - Malaria ‘back with a vengeance’ in Zimbabwe as number of deaths from the disease triple

<https://www.theguardian.com/global-development/2025/jul/19/health-malaria-mosquito-deaths-zimbabwe-trump-usaid-cuts-disease-control>

“Withdrawal of USAID funds **threatens decades of progress, say experts, with cuts to research and shortage of mosquito nets** putting thousands at risk across the country....”

- See also [Africa CDC – Malaria Surge in Southern Africa](#)

“**Malaria is on the rise in southern Africa**, with several countries – including Botswana, eSwatini, Namibia and Zimbabwe – reporting new outbreaks, underscoring the ongoing challenges in eradicating the disease in Africa.....”

Devex – How economic resilience projects are helping HIV patients survive aid cuts

<https://www.devex.com/news/how-economic-resilience-projects-are-helping-hiv-patients-survive-aid-cuts-110397>

“PEPFAR cuts have left East African HIV clinics understocked and understaffed. In response, **one nonprofit is showing how economic resilience can keep care going.** »

Our World in Data – The Demographic and Health Surveys brought crucial data for more than 90 countries — without them, we risk darkness

<https://ourworldindata.org/demographic-health-surveys-risk>

“Cuts to US aid could end the Demographic and Health Surveys. This would leave a massive gap in our understanding of global health, mortality, and development.”

“... earlier this year, the United States government announced that it had terminated funding for the program, which was primarily covered by the US Agency for International Development (USAID). **This move cut off 23 surveys that were set up or ongoing, affecting the countries highlighted on the map.** In a new article, **Our World in Data** gives an overview of the DHS, what the termination of USAID funding means, and what can be done about it...”

As for the way forward:

“The first step is to resume funding for the surveys that were underway. This would prevent the waste of years of planning, coordination, and investment. **The second is restoring the program for the long term. Sustaining DHS operations has cost about \$47 million per year.** That’s a tiny fraction of most national or international budgets, less than many single aid programs. But it’s likely still a large burden for one philanthropic funder alone.... **This is a solvable problem, and many organizations have already started an effort to save it. More governments, foundations, and donors can join them and help secure this vital data source for the years to come....”**

SRHR

New PMNCH strategy launched as world faces perilous moment for women’s, children’s and adolescents’ health and rights

<https://pmnch.who.int/news-and-events/news/item/22-07-2025-new-pmnch-strategy-launched-as-world-faces-perilous-moment-for-women-s-children-s-and-adolescents-health-and-rights>

“.... PMNCH’s new 2026-2030 Strategy sets out the critical role that the Partnership must play in the tumultuous years ahead. The Strategy builds on PMNCH’s 20 years of experience and doubles down on its strengths: supporting and enabling grassroots partners and coalitions while simultaneously engaging actors at the highest political levels to champion WCAHW; putting evidence and advocacy tools into their hands; and connecting the dots between global, regional and national levels for more powerful and impactful advocacy. Guided by the power of communities, equity, and human rights, **the PMNCH 2026-2030 Strategy focuses on acceleration, advocacy, and accountability to advance WCAHW through to 2030, and in the post-2030 development agenda. It prioritizes uniting partners to make progress in three critical areas:**

- **Delivery of unmet commitments for WCAHW – including maternal and newborn health;**
- **Improvements to the health and well-being of adolescents; and**
- **Protecting and promoting sexual and reproductive health and rights (SRHR)..... “**

Related Lancet Letter - [The Partnership for Maternal, Newborn, and Child Health: 2026–30 strategy](#) (by Helen Clark & Rajat Khosla)

In difficult times, they conclude: “....Through its new 2026–30 strategy, PMNCH is doubling down on its strengths: supporting and enabling grassroots partners and coalitions to advocate for the most pressing needs of their communities. This strategy includes providing platforms for young people to voice their priorities and solutions to help build the future they deserve. Simultaneously, by engaging with actors at the highest political levels to champion WCAH, providing evidence and advocacy tools, and connecting the dots between global, regional, and national advocacy for more powerful impact, PMNCH is reinventing itself to meet this moment of crisis. Partnerships are more crucial than ever before to provide impetus for collective action—to push back against the anti-rights and anti-multilateralism movements, and to push forward to turn promises into progress.”

NCDs

International Journal for Equity in Health - How do World Health Organization technical officers working on noncommunicable diseases approach health equity?

Michelle Amri, J Bump et al ; <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02552-w>

Conclusions: “ The findings of this study demonstrate that WHO technical officers working on NCDs often possessed a limited understanding of health equity that resulted in little meaningful action to embed health equity considerations into programmatic and policy work. Evidently, WHO technical officers need to better navigate or contest industry interference and learn more about health equity as a concept and the links to NCDs. »

HPW - PAHO Warns of Massive Economic Losses Related to NCDs

<https://healthpolicy-watch.news/paho-warns-of-massive-economic-losses-related-to-ncds/>

“Massive economic losses are ahead for South America if it fails to address non-communicable diseases, according to [a report](#) launched on Tuesday by the Pan American Health Organization (PAHO).”

“Between 2020 and 2050, non-communicable diseases (NCDs) and mental health conditions are projected to cost South America more than \$7.3 trillion in lost productivity and healthcare spending that is primarily due to premature deaths, disability and reduced workforce participation,” PAHO director Jarbas Barbosa da Silva told a media briefing. “To put it in perspective, that is equivalent to the entire annual GDP of Latin America and the Caribbean lost to preventable and treatable conditions.”

“To reach these figures, Harvard University researchers developed an analytical model over the period 2020–2050 in 10 South American countries: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela. The report projects “massive economic losses for countries ranging from \$88 billion in Uruguay to \$3.7 trillion in Brazil”, said Barbosa, who described this as a “alarm bell situation”. “

“This is not just another health crisis. The escalated burden of NCDs and mental health conditions has become an economic emergency, perhaps the worst economic disaster in health, and people living with cardiovascular diseases, cancer, diabetes and chronic respiratory conditions are at the heart of this storm.”

Guardian - Smoking avatars and online games: how big tobacco targets young people in the metaverse

<https://www.theguardian.com/global-development/2025/jul/22/avatar-smokes-big-tobacco-children-metaverse-cigarettes-vapes-virtual-regulation-health>

“Cigarettes and vapes are being smuggled into virtual spaces beyond the reach of regulation, creating a new battleground for health campaigners.”

“... A report shared at the World Conference on Tobacco Control last month in Dublin set out multiple examples of new technologies being adopted to promote smoking and vaping, including tobacco companies launching digital tokens and vape companies sponsoring online games. It comes from a **monitoring project known as Canary – because it seeks to act as the canary in a coalmine – run by the global public health organisation Vital Strategies.....”**

Lancet Letter – Brain health for all ages: a global call to action

W Grisold et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01116-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01116-X/fulltext)

“The World Federation of Neurology represents 125 member societies globally and aims to foster brain health and quality neurology worldwide. The term **brain health has become an acknowledged term of crucial importance to countries globally. **WHO supports brain health through programmes linked to its 10-year intersectoral global action plan**, which is supported by all 194 member countries. The UN Economic and Social Council also recognises the importance of brain health and participates in **World Brain Day, hosted annually on July 22 by the World Federation of Neurology.**”**

“... A different approach to mitigate the burden of neurological disease might be needed. Instead of a top-down structure, we suggest an inverted pyramid that places patients, caregivers, and the public first. Knowledge of modifiable risk factors and prevention with widespread access to information has created an enlightened and empowered public to take control of their health. Next in importance are community health-care workers and primary caregivers, followed by politicians and specialist societies. As specialists and health-care professionals, we must capitalise on every available communication channel to communicate with the public, patients, and caregivers, and ensure they receive trustworthy, accurate, and actionable information on brain health. **Brain health for all ages is our shared goal, so let us all work together towards it....”**

Lancet Gastroenterology & Hepatology (Editorial) - World Hepatitis Day 2025: elimination at a critical juncture

[https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(25\)00237-7/fulltext?dgcid=tlcom_carousel1_whod_ed25_langas](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(25)00237-7/fulltext?dgcid=tlcom_carousel1_whod_ed25_langas)

“World Hepatitis Day is marked each year on July 28.”

“Funding for viral hepatitis has long been a problem, with limited support from major global donors; indeed, it is only in the past year that Gavi, the Vaccine Alliance, have resumed support for roll-out of hepatitis B birth-dose vaccination. Thus, **at the point where a stimulus is needed to alter the trajectory of progress towards elimination of viral hepatitis, recent reductions in funding for global health could not have come at a worse time.....”**

“... Although the [withdrawal of aid could push](#) leaders in low-income and middle-income countries (LMICs) to implement changes that reduce aid dependency in the long run, the brutal way in which cuts have been enacted has had an immediate, catastrophic impact and left an air of uncertainty. To this end, [WHO has recently issued operational guidance](#) to help to sustain priority services, and efforts are already being made to plug some of the gaps left by declines in funding—eg, the Africa Centres for Disease Control and Prevention, together with the World Hepatitis Alliance and the African Viral Hepatitis Action Group, [recently announced](#) the development of a capacity-building programme for hepatitis elimination and advocacy in Africa. But time is needed for countries to rethink priorities, reallocate resources, and plan for the future. Dedicated domestic funding will be necessary, and difficult choices must be made.....”

Still, “... headway is still being made: **work progresses towards a functional cure for hepatitis B, and the launch of a [new centre for real-world research](#) in hepatitis B in LMICs, with philanthropic funding from a foundation not previously involved with viral hepatitis, is a welcome development.** We cannot afford to fall into despondency; all stakeholders must pull together to ensure that efforts towards viral hepatitis elimination are not allowed to backslide further.”

- Related [Health Policy article – A 2024 global report on national policies, programmes, and progress towards hepatitis C elimination: findings from 33 hepatitis elimination profiles](#)
- And [Estimating the annual number of hepatitis C virus infections through vertical transmission at country, regional, and global levels: a data synthesis study](#)

George Institute (Policy brief) - Meaningful progress or empty promises? An analysis of how gender features in NCD action plans

<https://www.georgeinstitute.org/sites/default/files/2025-07/Analysis-how-gender-features-NCD-Action-plan-2025-TGI.pdf>

“With the **fourth HLM on NCDs approaching in September 2025**, we wanted to examine whether these commitments have been translated into policy at the national level. **This brief presents our analysis of integrated NCD plans developed by WHO Member States to determine how gender is included.** We did not analyse the implementation of these plans or real-world outcomes.....”

Lancet Editorial - Transformative advances in Crohn's disease management

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01522-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01522-3/fulltext)

This week's Lancet Editorial.

Concluding: “...These issues are of increasingly global importance. In 2021, an estimated 3·8 million people were living with IBD (inflammatory bowel disease), mostly in North America, Europe, and Oceania. But since the turn of the 21st century, incidence is rising in countries across Asia, South America, and Africa. The exact causes of this rise in IBD cases, including Crohn's disease, are not well understood, but observational studies suggest that **changes towards a so-called western lifestyle, including diet, together with genetic susceptibility, might contribute to the global increase in IBD.** What is clear is that **Crohn's disease and IBD are no longer a concern for only high-income countries.** Therapeutic progress for Crohn's disease has been life-changing for many people, enabling active lives without physical debilitation and pain, but an improved understanding of the disease is still needed for the growing global challenges ahead.”

- And via Devex: [Trans fat ban risks nutrition](#)

“The United Nations is gearing up to unveil a big declaration this September aimed at tackling noncommunicable diseases such as cancer, heart disease, and diabetes — many of which are linked to poor diets. **One major proposal? Wipe out all trans fats from global food systems.** Sounds healthy, right? Maybe not entirely.”

“More than 115 agrifood experts and government officials are raising red flags. In an open letter, coordinated by the [International Livestock Research Institute](#) in Nairobi and backed by the African Union’s animal resources bureau, they warn that a total ban on all trans-fatty acids could backfire — especially in lower-income countries. Why? Because it lumps together natural trans fats found in meat and dairy with the industrial kind found in food such as fried snacks and packaged baked goods. **Their message: Don’t throw the baby out with the bathwater. “The risk of a blanket commitment to eliminate all trans-fatty acids is that it unnecessarily discourages the consumption of highly nutritious dairy, meat and other animal-source foods,”** the letter says. **And that could hit lower-income countries hardest,** where these foods are already under-consumed and are often the best sources of essential nutrients and calories....”

Commercial determinants of health

HPW - Football is about health. Big Soda is not

L S Taillie et al ; <https://healthpolicy-watch.news/football-is-about-health-big-soda-is-not/>

“The [Kick Big Soda Out of Sport](#) campaign, led by global health advocates and organizations, is mounting an opposition to Big Soda’s sports sponsorships. As the 2025 Club World Cup games are being played across the U.S., **the Kick Big Soda Out movement is demanding FIFA end its partnership with Coca-Cola.** Over 350,000 people, alongside 97 health and environmental organizations have already pledged their support. “

New Political Economy - Centring exploitation in global political economy

Nick Bernards; <https://www.tandfonline.com/doi/full/10.1080/13563467.2025.2531013?src=exp-la>

“This article introduces a special issue on ‘Centring Exploitation in Global Political Economy’. The article and broader collection **argue for wider engagement with Marxist debates about**

'exploitation' as a way of grasping the continued importance of labour and work amidst the turbulent transformations of contemporary global capitalism. Engaging the problematic exploitation from this perspective demands enquiry into the concrete forms of relational activity through which value is created, circulated and accumulated. Or, **in short, it enjoins us to ask: How does some people's activity become other people's wealth?** The article moves on to argue that a **plural and dynamic view of exploitation is needed** in order to adequately grasp how these dynamics operate in past and present capitalism. It closes by considering questions around how the dynamics of exploitation are stabilised and reproduced through processes of racialisation and practices of statecraft."

BMJ – Precision public health must get political

<https://www.bmj.com/content/390/bmj.r1471>

"As the Precision Public Health Asia conference approaches, Kent Buse and colleagues caution that the specialty risks becoming a high tech fix for deeply political problems."

"...In the context of widespread embrace of artificial intelligence (AI) in health systems globally, precision medicine strives to deliver the right interventions to the right populations at the right time. But we must ask: right for whom, according to whose priorities, and for whose benefit? As it stands, precision public health risks becoming a technocratic fix to a deeply political problem. Without confronting the unequal distribution of power shaping health, big data, advanced computation, and AI, interventions risk reproducing and exacerbating the inequities they aim to solve...."

"Precision public health remains largely apolitical. It often focuses on data driven interventions without considering social, economic, political, legal, commercial, or other drivers of ill health. Its technical approach focuses on the science of genomic data, digital surveillance, predictive analytics, and targeted interventions. These tools can be powerful—but they are not solutions themselves. They can illuminate patterns of risk but are not able to transform the systems that generate them....."

"...Precision public health can help avoid society being lulled by technological ease as inequality festers. To realise its potential, we must pair precision with political analysis and action. This requires embedding equity, redistribution, and community voice into its praxis. Some people involved in precision public health recognise the importance of this, urging integration of data science with systems level thinking and equity focused governance. They emphasise the balancing of scientific innovation with public interest, ensuring that advances in genomics and digital tools support efforts to reduce inequalities and empower underserved communities. **To achieve this, precision public health must be built on five pillars....."**

Human Resources for Health

Lancet Planetary Health - Health workforce as a climate and health priority in nationally determined contributions

Jessica Clarke, Vanessa Kerry et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00166-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00166-4/fulltext)

“... **Nationally determined contributions (NDCs)**, submitted every 5 years under the Paris Agreement, are key climate policy instruments, with most including some reference to health. WHO has issued quality criteria to support the integration of health into NDCs, which recognises the health workforce as a crucial component. However, scarce analysis exists on how the health workforce is included. **We examine how the health workforce is incorporated into NDCs and provide recommendations for strengthening their inclusion.** We hope that this analysis will aid countries in preparing their updated NDCs for 2025 and beyond....”

Among the findings: “We found that **28 (14%) of 195 Parties have included the health workforce within their NDCs**, with no new inclusions within updated NDCs as of Feb 18, 2025. **This low percentage reflects an underestimation of the crucial role health workers play in building climate-resilient and sustainable health systems** and highlights a valuable opportunity to strengthen their inclusion.”

“... **As countries revise their NDCs for 2025, the health workforce should feature more prominently. NDCs should incorporate strategies that prioritise three key goals:** (1) strengthening health workforce capacity (including education, guidance, cross-sector engagement, and recruitment), (2) identifying and addressing health workforce challenges (such as health worker shortages and inequitable distribution), and (3) incorporating robust health workforce indicator....”

BMJ GH – Essential aid made fully visible: understanding the proCHW financing landscape analysing accessible donor data sources

C Baskin et al; <https://gh.bmj.com/content/10/7/e017453>

“**Professional CHWs (proCHWs)**, who are salaried, skilled, supplied and supervised, are essential for achieving Universal Health Coverage and other global health goals. Despite the growing recognition of proCHWs, **there is limited understanding of the global financing landscape for these workers. This study analyses the availability of data detailing the allocation of funding from major global development organisations for proCHWs.....**”

“... Previous research has quantified financial investments in community health worker (CHW) programmes but lacks differentiation between programmes aligned with WHO guidelines (professional CHW, proCHW) and those that are not. **This study aims to fill this gap by examining funding specifically allocated to proCHW programmes by eight major funders including: Bill & Melinda Gates Foundation, The Global Fund to Fight AIDS, Tuberculosis and Malaria, The World Bank Group, The US Agency for International Development, The President’s Malaria Initiative (PMI), the US President’s Emergency Plan for AIDS Relief, UK Foreign, Commonwealth and Development Office (formerly UK Department for International Development) and the Government of Canada.**”

Among the findings: “...**Only two organisations (The Global Fund and the PMI) provided partial data visibility of funding for proCHWs, while none fully disclosed specific funding amounts for proCHW programmes.....**”

With some recommendations.

BMJ GH – Costs and cost-effectiveness of integrated horizontal community health worker programmes in low- and middle-income countries (2015–2024): a scoping literature review

James O’Donovan et al ; <https://gh.bmj.com/content/10/7/e017852>

« Community health workers (CHWs) play a vital role in delivering primary health care in low- and middle-income countries (LMICs), addressing multiple diseases through horizontal programmes. Despite their effectiveness, there is **a US\$4.4 billion annual funding gap for professional CHW programmes**. Some countries have adopted these programmes, while others require stronger economic evidence to justify investments. **This study updates a 2015 review, critically examining the costs and cost-effectiveness of horizontal CHW programmes in LMICs....** »

Among the results: « CHW compensation varied widely, with a median monthly salary of US\$265 (range US\$3033 (\$148 (Ethiopia)–\$3181 (Malawi)); IQR US\$346 (US\$203–US\$549)). The most commonly reported cost metric was the annual cost per capita, with a median of \$6.02 (range: \$0.29–\$67.95). Sensitivity analyses were conducted in 29% of the scenarios, with six scenarios concluding CHW programmes were cost-effective. However, most did not conclude on cost-effectiveness or affordability, highlighting gaps in the evidence base. ...”

Global childhood vaccination report WHO/UNICEF

Global childhood vaccination coverage holds steady, yet over 14 million infants remain unvaccinated – WHO, UNICEF

<https://www.who.int/news/item/15-07-2025-global-childhood-vaccination-coverage-holds-steady-yet-over-14-million-infants-remain-unvaccinated-who-unicef>

(15 July) “In 2024, 89% of infants globally – about 115 million – received at least one dose of the diphtheria, tetanus and pertussis (DTP)-containing vaccine, and 85% -- roughly 109 million – completed all three doses, according to new national immunization coverage data released today by the World Health Organization (WHO) and UNICEF.”

“Compared to 2023, around 171 000 more children received at least one vaccine, and one million more completed the full three-dose DTP series. **While the gains are modest, they signal continued progress by countries working to protect children, even amid growing challenges.** Still, nearly 20 million infants missed at least one dose of DTP-containing vaccine last year, including 14.3 million “zero-dose” children who never received a single dose of any vaccine. That’s 4 million more than the 2024 target needed to stay on track with Immunization Agenda 2030 goals, and 1.4 million more than in 2019, the baseline year for measuring progress.....”

“... Access to vaccines remains deeply unequal: Data from 195 countries show that 131 countries have consistently reached at least 90% of children with the first dose of DTP vaccine since 2019, but there has been no significant movement in expanding this group. Among the countries that reached less than 90% in 2019, only 17 managed to increase their coverage rates in the past five years. Meanwhile, in 47 countries, progress is stalling or worsening. This includes 22 countries that achieved and surpassed the 90% target in 2019 but have since declined. ...”

“The data shows conflict and humanitarian crises can quickly erode vaccination progress. A quarter of the world’s infants live in just 26 countries affected by fragility, conflict, or humanitarian crises, yet they make up half of all unvaccinated children globally. Concerningly, in half of these countries the number of unvaccinated children has expanded rapidly from 3.6 million in 2019 to 5.4 million in 2024, underscoring the need for humanitarian responses to include immunization.....”

“Immunization coverage in the 57 low-income countries supported by Gavi, the Vaccine Alliance have improved in the past year, reducing the number of un- and under-vaccinated children by roughly 650 000. At the same time, signs of slippage are emerging in upper-middle- and high-income countries that have previously maintained at least 90% coverage. Even small declines in immunization coverage can dramatically raise the risk of disease outbreaks and place additional strain on already overstretched health systems.....”

- Coverage via [HPW: Global Immunization Rate Holds Steady at 85% – but Still Off Course from SDG Target](#)

“The global childhood vaccination rate in 2024 held steady with 85% of infants and children receiving three doses of the vaccine for diphtheria, pertussis and tetanus (DPT), used as a global benchmark for immunization rates overall. “

“In 2024 85% of infants around the world, about 109 million infants received three doses of the core vaccine, the DTP-containing vaccine that is the global marker for routine childhood immunization coverage,” said WHO’s Katherine O’Brien, head of Immunizations, Vaccines and Biologicals. She spoke to reporters just ahead of Tuesday’s publication of 2024 data on global vaccination rates by WHO and UNICEF, the UN children’s organization. The data, considered the most comprehensive in the world, tracks rates of childhood vaccination against 16 major diseases across 195 countries.”

“There’s both progress and pressing challenges in the data from 2024,” O’Brien said, noting that in absolute numbers 1 million more children received basic vaccinations in 2024, as compared to 2023. “At the same time, the latest estimates highlights a really concerning trajectory,” she added. “The world is currently off track for the SDG [2030 Sustainable Development Goal target] to halve the number of ‘zero dose’ children and achieve at least 90% global immunization coverage. “In 2024 nearly 20 million children missed at least one dose of DTP, and of these 20 million children, 14.3 million never received even a single dose of any vaccine.””

PS: “Conflicts throughout the world are eroding immunization progress. Children living in one of 26 countries affected by fragility, conflict or humanitarian emergencies are three times more likely to be unvaccinated compared to children who live in stable countries,” O’Brien said. “

- Related: [GAVI – 2024 global immunisation coverage estimates: understanding the picture in lower-income countries](#)

With (very detailed) **key takeaways**.

(More on) Access to medicines, vaccines & other health technologies

TWN - Health: Key HIV prevention drug could cost just \$25 a year, finds study

K Raja; https://www.twm.my/title2/intellectual_property/info.service/2025/ip250702.htm

“A new study published in the medical journal The Lancet has revealed that the drug lenacapavir – a long-acting injectable for HIV prevention – could be produced for as little as \$25 per person per year, potentially making it a “highly cost-effective intervention” in the fight against the HIV epidemic.”

“The study, supported by the Make Medicines Affordable (MMA) campaign, led by the International Treatment Preparedness Coalition (ITPC) and partners, used established methodologies to estimate the production cost of generic lenacapavir. The authors of the groundbreaking study projected the cost of the active pharmaceutical ingredient using quotes from well-established vendors for the key starting materials combined with the most efficient route of synthesis. They then factored in formulation, overhead, and packaging costs as well as a 30% profit margin, with 27% tax on profit to project the cost-plus pricing of the finished pharmaceutical product. According to the authors, the cost of mass-producing generic medicines can be estimated from the cost of the active pharmaceutical ingredient plus conversion to the finished pharmaceutical product with packaging. This approach has successfully predicted prices eventually achieved for generic medicines for HIV, tuberculosis, and several others, they pointed out.”

- Cfr the [Lancet preprint – Lenacapavir to Prevent HIV Infection: Updated Estimated Costs of Production for Generic Treatments](#) (by J Fortunak, Andrew Hill et al)

MedAccess, Unitaid, and CHAI announce new financing agreement with Synergy Gases Ltd to boost medical oxygen access in sub-Saharan Africa

[CHAI:](#)

“MedAccess, Unitaid, and the Clinton Health Access Initiative (CHAI) today announce a new volume guarantee agreement between MedAccess and Synergy Gases Ltd (Synergy) to expand access to affordable oxygen for medical use across sub-Saharan Africa. This agreement marks a major step forward for the East Africa Program on Oxygen Access (EAPOA)—the continent’s first regional initiative to increase the availability of medical oxygen.....”

“... The EAPOA is developing a regional network of liquid oxygen production facilities—known as air separation units—that are strategically positioned in Kenya and Tanzania to ensure medical

oxygen reaches underserved communities across the region. Funded by Unitaaid, with contributions from Canada and Japan, the program uses **a blended financing model that combines catalytic grant funding with market-shaping tools, such as volume guarantees,** provided by MedAccess where appropriate. CHAI leads the project in collaboration with PATH and the governments of Kenya and Tanzania.....”

WHO and UNODC release landmark report on contaminated medicines, urging action to protect patients from preventable harm

[WHO](#)

“The World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC) have jointly released a landmark report unveiling critical findings on the persistent and preventable threat of contaminated medicines which claimed the lives and compromised the health of countless patients, predominantly children, through the **ingestion of medicines with dangerously high levels of toxic chemicals.”**

“Over the past 90 years, at least 25 documented incidents of excipient contamination have resulted in more than 1300 deaths worldwide, many of them children. These incidents occur often due to systemic vulnerabilities in the global supply chain of pharmaceutical excipients, and they have disproportionately affected people in low- and middle-income countries (LMICs), where regulatory oversight and access to quality-assured medicines may be limited. Titled **“[Contaminated medicines and integrity of the pharmaceutical excipients supply chain](#)”, the report highlights a tragic and ongoing public health crisis: the contamination of medicines with industrial-grade toxic chemicals, notably diethylene glycol (DEG) and ethylene glycol (EG).....””**

Reuters Health - Hundreds of thousands of US taxpayer-funded vaccine doses may expire, lawmakers say

<https://www.reuters.com/business/healthcare-pharmaceuticals/hundreds-thousands-us-taxpayer-funded-vaccine-doses-may-expire-lawmakers-say-2025-07-23/>

“Hundreds of thousands of doses of mpox vaccine that the United States had promised to send to African nations are in danger of going to waste, dozens of congressional Democrats said in a letter to the U.S. State Department on Wednesday....”

Planetary Health

Lancet Comment - Connecting planetary boundaries and planetary health: a resilient and stable Earth system is crucial for human health

Samuel S Myersa, Andy Haines, J Rockström et al; [Lancet](#);

“The planetary boundaries and planetary health frameworks are fundamentally synergistic, yet they have, until now, remained largely disconnected. We propose a closer integration, built around four cornerstones.....”

“Today’s new Comment in The Lancet, co-authored by several highly active members of the **Planetary Health community**, speaks to how our field has matured through unprecedented and innovative collaboration. It calls for bold, integrated approaches to the growing health crisis driven by planetary destabilization. We’re striving to safeguard health, which can only be accomplished when humans are living within Earth’s boundaries..... **The commentary is a purposeful joining of the strengths of the Planetary Health framework with those of the Planetary Boundaries framework.** This strategic alignment (not a merger or establishment of any new frameworks) creates more space and opportunity for **examining how Earth system changes threaten human health across all nine, well-established Planetary Boundaries....”**

Guardian - ‘Keeping us hooked on fossil fuels’: how can we negotiate with autocracies on the climate crisis?

<https://www.theguardian.com/environment/2025/jul/18/climate-crisis-fossil-fuels-autocracies-authoritarian-countries>

Interesting analysis – with a view on the COP and beyond. “The **bulk of global greenhouse gas emissions come from countries that are not democratic, and many big oil and gas exporters are also authoritarian.**”

Devex - High stakes and uncertain plans as Brazil's Amazonian COP30 approaches

<https://www.devex.com/news/high-stakes-and-uncertain-plans-as-brazil-s-amazonian-cop30-approaches-110524>

“As Brazil prepares to host COP30 in the heart of the Amazon, logistical confusion and political headwinds threaten to overshadow its climate ambitions.”

“.... The 30th United Nations Climate Change Conference, or COP30, set to take place this November in the Amazonian city of Belém, was **pitched as a landmark opportunity to bring the world to the shrinking tropical rainforest.** But in addition to planning issues, COP30 will take place amid a **contentious domestic political landscape: Brazilian President Luiz Inácio Lula da Silva, a leftist leader known for his steadfast commitment to environmental protection, faces backlash from the right, who want to promote support for agribusiness — often at the expense of protecting forests and Indigenous communities.**”

“**With just four months to go, COP30 organizers seem to be scrambling.** A government-run housing portal for attendees that was expected in June is nowhere to be seen, the event’s top official has abruptly extended the formal negotiation schedule by three days, and there are rumors that a parallel “business COP” ecosystem is quietly taking shape in both Belém and over 2,000 miles away in Rio de Janeiro — raising questions about what exactly this COP will look like and where people should book their hotels.....”

“... **This year’s event is branded as an “implementation COP,” and Brazil has eschewed a single high-profile outcome in favor of pursuing an action “menu” of climate issues and solutions.** After three decades of climate COPs featuring various promises and declarations, Brazil is attempting to implement them all. And with geopolitics shifting, the coalition of emerging market countries

currently led by Brazil, known as BRICS, could have a unique opportunity to influence the future of global climate ambitions and action. But **with disputes over the agenda already surfacing at midyear pre-COP30 meetings in Bonn, Germany, last month, and a new climate finance push from the BRICS bloc gaining steam, COP30 is shaping up to be less of a single summit and more of a sprawling test of climate diplomacy under pressure.**"

Guardian - Healthy environment a human right, UN court says in landmark climate ruling

<https://www.theguardian.com/environment/2025/jul/23/healthy-environment-is-a-human-right-top-un-court-rules>

"A "clean, healthy and sustainable environment" is a human right, according to judges at the top court of the [United Nations](#)."

"The international court of justice (ICJ) delivered a landmark advisory opinion on Wednesday about countries' obligations to tackle climate change, and the consequences they may face if they do not. The non-binding opinion runs to more than 500 pages and is **seen as a potential turning point in international climate law. Enshrining a sustainable environment as a human right paves the way for other legal actions, including states returning to the ICJ to hold each other to account, as well as domestic lawsuits...."**

- See also **the Guardian** - [Nations who fail to curb fossil fuels could be ordered to pay reparations, top UN court rules](#)

"States must tackle fossil fuels, the world's top court has ruled, and **failing to prevent harm to the climate could result in them being ordered to pay reparations. In a landmark advisory opinion published on Wednesday, the international court of justice (ICJ) said **countries must prevent harm to the climate system and that failing to do so could result in their having to pay compensation and make other forms of restitution....**"**

- See also HPW – [States Have a Duty to Prevent Significant Harm from Climate Change, ICJ Rules in Landmark Verdict](#)

PIK - Data-based analysis confirms: Paris Agreement temperature limits increasingly out of reach

<https://www.pik-potsdam.de/en/news/latest-news/data-based-analysis-confirms-paris-agreement-temperature-limits-increasingly-out-of-reach>

"A new study involving researchers from the Potsdam Institute for Climate Impact Research (PIK) provides a purely data-based estimate of when the temperature limit set by the Paris Agreement – well below 2°C, striving for 1.5°C – could be exceeded, if human-induced global heating continues approximately linearly. This analysis, based solely on observed temperate data, supports the key findings of more complex climate models."

"According to an international team led by physicists Josef Ludescher from PIK and Armin Bunde from Justus Liebig University Giessen, **the 1.5 °C threshold could be crossed as early as 2025, and is very likely to be exceeded by 2040. For the well below 2 °C limit, the researchers estimate a 20%**

probability of exceeding the threshold as early as 2047 and an 80% chance of doing so by 2069. **The study, published in *Communications Earth & Environment*, is based entirely on observational temperature data.....**

“While climate models simulate the Earth system’s physical processes, this study provides an independent confirmation based on real-world measurements. This alignment highlights the urgent need for overshoot management, the researchers argue - measures to limit temporary overshoot of climate targets and return below critical thresholds as quickly as possible. The 1.5 °C limit is now seen as barely within reach. But the 2 °C limit could still be achieved, through deep global emissions cuts and protection of natural carbon sinks....”

HPW - Humanity Moves Into ‘Unknown’ as Warming Earth Transgresses Planetary Boundaries

<https://healthpolicy-watch.news/humanity-moves-into-unknown-as-warming-earth-transgresses-planetary-boundaries/>

“After 2024 became the warmest year on record, with temperatures rising 1.5 °C above pre-industrial levels for the first time ever, humanity is “moving into the unknown,” said Andy Haines, professor of environmental change and public health at the London School of Hygiene & Tropical Medicine. **“We are now above the Paris Agreement’s preferred target of 1.5° Celsius [above pre-industrial levels], and six of the [nine planetary boundaries](#) have already been transgressed,”** Haines said, **speaking in late May at an event on the margins of the World Health Assembly.** **“These environmental thresholds interact in ways we don’t fully understand, meaning we will encounter surprises, nonlinear changes, and tipping points with irreversible consequences in human lifetimes.”.....**

“.... The WHA session took place ahead of a long lineup of summer and autumn climate events climaxing in the [United Nations Climate Conference](#) in Belém, Brazil in November (COP 30).”

““We need to go further, faster, and fairer,” said UN Climate Change Executive Secretary Simon Stiell at the close of the [intersessional climate meetings in Bonn on 27 June](#), where delegations from around the world made only incremental progress on a range of thorny issues, from the weak-kneed national climate commitments [to a new goal on climate finance](#). This week, a [Global Climate and Health Summit](#) hosted by the Physiological Society and supported by Wellcome is taking place in London. That is to be followed by the more policy-focused [Global Conference on Climate and Health, 29-31 July, in Brasília, Brazil](#), hosted by the Government of Brazil, the World Health Organization, and the Pan American Health Organization (PAHO). The Brasília conference hopes to come up with a set of concrete inputs to the draft [Belém Health Action Plan](#) as well as a strategy for promoting health as a “core pillar of climate action” at COP30, taking place in [Belém](#), 10-21 November.

PS: “And on 1-2 November, just ahead of COP30, Beijing’s Vanke School of Public Health will commemorate the 10th anniversary of the Paris Agreement at its World Health Forum, with the theme : Climate Change & Health: Responsibility, Governance, and a Shared Future for Mankind,” notes Vanke Dean, Margaret Chan, former WHO Director General (2006-2017), who moderated the WHA side event in May. Under the guidance of Chan, who has continued to carry forward the climate message ever since leaving WHO in 2017, the Vanke School of Public Health, which is

part of Tsinghua University, has launched a new climate and health literacy initiative. The programme features two core courses on climate and health run by the [Global University Alliance](#), which recruits students from around the world for a six-month program. After completing the courses, students return to their universities and local communities to share their knowledge with peers. In 2024, the program reached students from more than 400 universities in 79 countries. **Vanke's World Health Forum in November will meanwhile bring together international organizations as well as government officials, academic experts, and industry leaders from around the world**, Chan told *Health Policy Watch*.....”

People's Health Dispatch - A climate of crisis at the World Health Assembly

Jan Wintgens; <https://peoplesdispatch.org/2025/07/17/a-climate-of-crisis-at-the-world-health-assembly/?ref=peoples-health-dispatch.ghost.io>

“At the 78th World Health Assembly, divisions over the Climate Action Plan exposed deeper rifts in global climate and health cooperation.” In-depth analysis.

IJHPM – Wellbeing Economies: A Harder but Still Important Health Advocacy Goal; A Response to Recent Commentaries

R Labonté; https://www.ijhpm.com/article_4761.html

Responding to 4 commentaries. Labonté starts off like this: *“Since my article, and the four commentaries on it, were written, the election of Trump’s second presidency has thrown the prior neoliberal capitalist global order into chaos. No one knows quite yet what the illiberal regime the new Trump administration is dictatorially imposing will become, apart from the USA losing its status as a democracy and joining the global and growing ranks of autocratic rulers. This bodes ill for the goal of advancing wellbeing economies, a point on which I think all four commentators would likely agree. But this does not negate the importance of powerful counter-narratives to what two astute political writers, Naomi Klein and Astra Taylor, describe as the rise of “end times fascism” in the USA, a reference to the role played by religious extremists supporting the new regime and their belief that it is heralding the return of the Messiah. We need a compelling (and readily grasped) “better times wellbeing economy” along the lines of buen vivir and eco-socialist economics referenced in my article.....”*

Lancet Comment - Chikungunya virus disease returns to Europe: a turning point for the global arboviral landscape

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01458-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01458-8/fulltext)

By A Zumla et al on behalf of the PANDORA-ID-NET Consortium.

Carbon Brief – Third of ‘slum residents’ in global south are exposed to ‘disastrous’ flood risks

[Carbon Brief](#);

“ One in three people in informal settlements in the global south live in floodplains and are at risk of a “disastrous flood”. That is according to a new study published in *Nature Cities*, which measures the flood risk of global-south populations living in “slums” – as defined by UN-Habitat....”

The Lancet One Health Commission: harnessing our interconnectedness for equitable, sustainable, and healthy socioecological systems

<https://www.thelancet.com/commissions-do/one-health>

“The evolution and sustenance of our planet hinges on a symbiotic relationship between humans, animals, and the environment that we share—we are interconnected. An expanding array of interlinked threats to humans, other animals, plants, and a myriad of other biotic and abiotic elements in our shared ecosystems has been generated. Health challenges such as climate change, antimicrobial resistance, non-communicable diseases, and food insecurity highlight the inextricable interconnections between human, animal, and ecosystem health and reveal the urgent need for a One Health approach to informing and implementing solutions. **The Lancet One Health Commission provides a cutting-edge appraisal of where One Health has come from, where it is now, and what a viable future should be.**”

By A S Winkler et al; [*The Lancet One Health Commission: harnessing our interconnectedness for equitable, sustainable, and healthy socioecological systems*](#)

Check out the **key messages** (in the Executive Summary).

With among others: (via <https://idw-online.de/en/news855706>)

“The Commission presents a clear agenda. **It calls for an international One Health governance structure, comparable to the Paris Climate Agreement.** National governments should enshrine One Health in legislation and strategies, reallocate budgets, and establish early warning systems for diseases at the human-animal-environment interface. **Equally important is a paradigm shift in economics – away from growth-only thinking towards models that prioritise well-being, sustainability, and equity.**”

Check out also the **two related Lancet Comments**.

Conflict & Health

Guardian - Large proportion of Gaza’s population is starving, WHO chief says

<https://www.theguardian.com/world/2025/jul/23/israel-gaza-starvation-humanitarian-groups-letter>

“**Tedros Adhanom Ghebreyesus condemns ‘man-made mass starvation’** as aid groups urge Israel to ease blockade.” (cfr the **WHO media briefing on Wednesday**).

See also HPW - [‘Mass Starvation in Gaza’, WHO Concurs With Aid Agencies](#)

- Related: [UN News - ‘Catastrophic birth outcomes’ in Gaza threaten a whole generation, warns UN agency](#)

“Pregnant women and newborns in Gaza face “catastrophic” conditions, including a dysfunctional healthcare system, psychological stress and food deprivation the **UN reproductive health agency (UNFPA)** reported on Wednesday.”

Guardian - Israel blocking aid from Gaza is creating ‘chaos and death’, say 111 humanitarian groups

<https://www.theguardian.com/world/2025/jul/23/israel-gaza-starvation-humanitarian-groups-letter>

“Humanitarian organizations from around the world are yet again calling for [Israel](#) to let humanitarian aid into [Gaza](#) in the face of increasing starvation and Israeli military attacks on Palestinians seeking aid. **A letter signed by 111 agencies including Doctors Without Borders, Oxfam International, and Amnesty International says that the Israeli government is blocking humanitarian organizations from effectively distributing life-saving aid.....**”

- For the full statement, see the Oxfam press release - [More than 100 organizations are sounding the alarm to allow lifesaving aid into Gaza](#)

PHM - The Hague Group: States announce unprecedented measures to halt the Gaza genocide at Bogotá conference

<https://phmovement.org/hague-group-states-announce-unprecedented-measures-halt-gaza-genocide-bogota-conference>

“In its joint statement the Hague group tackled the right to health violations against the Palestinian People, by closing the statement saying: “In recognition of the violations of the Right to Health, we call upon the UN Economic and Social Council (ECOSOC) to commission an immediate investigation of the health and nutritional needs of the population of Gaza, devise a plan to meet those needs on a continuing and sustained basis, and report on these matters before the 80th session of the United Nations General Assembly”.”

“.... In the most ambitious multilateral action since the start of Gaza genocide 21 months ago, a coalition of cross-regional states gathered in Bogotá has agreed to six coordinated diplomatic, legal and economic measures to restrain Israel’s assault on the Occupied Palestinian Territories and defend international law at large. Jointly convened by the governments of Colombia and South Africa as co-chairs, the **Emergency Conference of The Hague Group, brought together 30 states from Africa, Asia, Europe, as well as North America and South America to move beyond words of condemnation — and to take collective action grounded in international law.....**

“In the deliberations at the Bogotá conference, all 30 participating states unanimously agreed that the era of **impunity must end**— and that international law must be enforced without fear or favour through immediate domestic policies and legislation — along with a unified call for an immediate ceasefire. **To kickstart that process, 12 states from across the world — Bolivia, Colombia, Cuba, Indonesia, Iraq, Libya, Malaysia, Namibia, Nicaragua, Oman, Saint Vincent and the Grenadines, and South Africa — committed to implementing the six measures immediately through their domestic legal and administrative systems to break the ties of complicity with Israel’s campaign of devastation in Palestine — and set a date of 20th**

September, to coincide with the 80th UN General Assembly, for additional states to join them. Consultations with capitals across the world are now ongoing.....”

- Related: [PHM – A Comprehensive Primary Health Care Program for Palestine is needed: PHM's proposal to The Hague Group](#)

People’s Health Dispatch – Health groups call for prosecution of Israel’s medical blockade on Gaza

<https://peoplesdispatch.org/2025/07/15/health-groups-call-for-prosecution-of-israels-medical-blockade-on-gaza/?ref=peoples-health-dispatch.ghost.io>

“As infections surge and medicines run out, health organizations are calling for Israel’s medical blockade on Gaza to be prosecuted as a crime in international courts.”

Lancet Letter - The invisible health crisis of Gaza's externally displaced

David Tawfik et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01483-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01483-7/fulltext)

“Since the escalation of the conflict in Gaza in October, 2023, neighbouring countries have remained closed to Palestinian refugees, citing the long-term implications of any large-scale movement. Despite this reluctance to accept refugees, more than 115 000 Palestinians have managed to flee to Egypt. Although significant attention has been given to the conditions within Gaza, far less focus has been given to people displaced beyond its borders.....”

“The Egyptian Government has not formally granted people fleeing Gaza refugee status; instead, it allows most individuals to enter on short-term tourist visas that expire within weeks. Once these documents expire, individuals are left without valid residency or work permits, severely hindering their ability to access health care, medication, or basic preventive services. The result of such restriction is a growing population that is effectively barred from Egypt's formal health system and is forced to rely on charitable clinics or to forgo care altogether.....”

And a few links:

- HPW - [WHO Denounces Attacks on Gaza Staff Residence in Latest Israeli Offensive](#)

PS: “Meanwhile on Monday, 27 nations, including the United Kingdom, France, Switzerland and Australia, issued a tough statement [denouncing the repeated Israeli military killings around the food aid sites](#), and calling for an immediate cease-fire in Gaza.”

- Guardian - [Revealed: Harvard publisher cancels entire journal issue on Palestine shortly before publication](#)

Lancet Comment – Health systems in limited statehood: a new analytical lens for research and practice

Fouad M Fouad et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01403-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01403-5/fulltext)

« **We argue for the adoption of the concept of limited statehood, which is used in political science and virtually absent in global health literature, as a new analytical lens for global health systems research.** Limited statehood refers to areas where central authorities lack the capacity or willingness to enforce rules or provide public goods, and where governance relies on alternative mechanisms. This concept is relevant in contexts where existing classifications used by global institutions, such as fragile, conflict-affected, or violence-affected settings, do not fully capture the complexity of such environments.....”

« Crucially, **limited statehood is not a binary condition.** It exists along a spectrum, and even stable countries might have places where state presence is weak or delegated to other actors.... ... **The concept of limited statehood is instructive for examining health systems in such contexts. We identify four key dimensions** as priorities for analysis and action.”

Announcing the Lancet Global Health Commission on anti-corruption in health: a call for a novel approach

Dina Balabanova et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00215-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00215-3/fulltext)

In the new Lancet Global Health (August) issue.

“The Lancet Global Health has called for a decade of anti-corruption. Reaching this goal will require more than political will, demanding tools, solutions based on evidence and circumstance, and strategies to dismantle the structural roots of corruption.”

“The Lancet Global Health Commission on anti-corruption in health will respond to this challenge with a novel approach. Corruption is not merely a moral failure but a deeply embedded structural issue that requires evidence-based, context-specific solutions. We recognise that health systems are shaped by both formal rules and by informal networks, kinship ties, and political allegiances. Tackling corruption could involve high political and practical costs and might even worsen conditions in the short term. The Commission will move beyond punitive approaches to champion pragmatic, politically realistic solutions that build trust, strengthen institutions, and drive progress towards universal health coverage. The Commission will highlight the mechanisms linking corruption to health outcomes, making it harder for policy makers to ignore root causes. We will examine how governance structures, labour rights, and economic conditions interact with health policy. Our recommendations will address the incentives facing actors at every level—from rural clinics to global financial hubs—and promote the role of civil society in holding power to account....”

PS: “.... **We will measure our success not by the publication of a report, but by the movement we want to spark**—a movement that catalyses sustained action, fosters accountability and resilience, and ensures that health resources reach those who need them most.”

Miscellaneous

Annual letter Bloomberg Philanthropies

<https://www.bloomberg.org/annualreport/annual-letter/>

Among others **launching a new initiative to fight global lead poisoning.**

TGH - From Long Flu to Long COVID: A Brief History of Postviral Illness

<https://www.thinkglobalhealth.org/article/long-flu-long-covid-brief-history-postviral-illness>

“Despite centuries of examples, **long-term maladies after flu and other viruses remain absent from mainstream policy.**”

HSG - HSR2026 Symposium theme announcement

<https://healthsystemsglobal.org/news/hsr2026-symposium-theme-announcement/>

“We are pleased to announce the **theme for the 9th Global Symposium on Health Systems Research, HSR2026, that will take place in Dubai, November 2026.** It will be co-hosted by the Mohammed bin Rashid School of Government of the UAE and the Knowledge to Policy (K2P) Center at the Faculty of Health Sciences (FHS) at the American University of Beirut (AUB) in Lebanon.”

“The **theme of HSR2026 is Future-Focused Health Systems in a Changing World.**”

“HSR2026 will focus discussion around **four sub-themes: Politics and Polycrises** – Governance, financing and diplomacy in the face of conflict and changing global order; **Plurality and Partnerships** - Embracing diverse actors, sectors and care modalities; **Platforms and Participation** – Harnessing digital technologies and honoring social contracts; **Pathways and Planet** – Human-ecological concerns, and framing performance in a post-SDG era.”

Global health governance & Governance of Health

SSM Health Systems – Global health governance in transition: a time for new leadership, new ideas, new partnerships

G Bloom, L Husain & Minghui Ren;

<https://www.sciencedirect.com/science/article/pii/S2949856225000625>

Zooming in on the recent Africa CDC report on health financing for a new era.

“**This commentary argues against ‘business as usual’ thinking.** There is a need to change current approaches to reflect the changing nature of the global health sector and major economic and

geopolitical changes.....” ... The “ recent report by the [Africa CDC 2025](#) presents a plan for more domestic financing for health, which has been reviewed by a meeting of ministers and deputy ministers of health and senior government officials from across the continent and which secured support from a meeting of the African Union Assembly in early 2025. Key elements of this plan include the need for: (i) commitments by governments to formulate a financing strategy and ensure adequate funding of health services through a combination of sources; (ii) commitments from holders of debt and providers of health development assistance to support these services; (iii) measures to ensure the availability of low-cost drugs, diagnostic equipment and other health-commodities and increased capacity to produce these products locally; (iv) effective participation in global efforts to strengthen the response to potential pandemics and (v) increased use of digital technology to improve access to health care. **The remainder of this commentary explores the kinds of changes necessary to make this vision a reality. This section highlights priority issues that need to be addressed and [Section 4](#) outlines an approach to the challenge of building new governance arrangements that enable effective responses to these issues.....”**

Starting with: “ Do no harm – or as little as possible”

Devex - UK foreign secretary strengthens his push for aid reform

<https://www.devex.com/news/uk-foreign-secretary-strengthens-his-push-for-aid-reform-110536>

“David Lammy, the U.K. foreign secretary, has renewed calls for reform of the international aid system, saying that African leaders are fed up with "ping-pong" funding that they cannot rely on.”

“... He suggested that African leaders were not prioritizing development in their conversations. “I was with President Ruto [of Kenya] just two weeks ago,” he said. “He is not raising development with me. In fact, when they do raise development, they say, ‘We are sick of the ping-pong in Western democracies: one government comes in and takes one approach; another government comes in and takes a different one.’ They say, ‘We want trade, investment, jobs — the same things you want in your poorest constituencies.’ That is what they say to us.””

Devex – White House budget cuts harm UN programs it says it supports

<https://www.devex.com/news/white-house-budget-cuts-harm-un-programs-it-says-it-supports-110553>

“U.N. chief's reform initiative fails to stave off deeper U.S. funding cuts.”

« For weeks, the world body’s leadership has been plotting out plans for slashing funding and downsizing its work force by at least 20%. But the recent passage of a law clawing back more than \$1 billion in U.S. funding to the United Nations for everything from peacekeepers to human rights promotion and nutritional supplements for children in conflict zones has made it clear it will have to dig deeper. And it coincides with a State Department announcement on Tuesday that the U.S is withdrawing from UNESCO.....”

Among others: re **implications for UNICEF.**

« ... Peter Yeo, the president of the U.N. advocacy outfit the Better World Campaign, said that **the rescission cuts “core flexible funding” for organizations such as UNICEF and UNDP, undermining their ability to react quickly when crises arrive.”**

Devex Pro Insider: Is Russia the future of aid? And if not, what is?

<https://www.devex.com/news/devex-pro-insider-is-russia-the-future-of-aid-and-if-not-what-is-110490>

(gated) **“Russia establishes its own foreign aid agency**; exploring innovative solutions for development challenges; and examining optimal grantmaking strategies.”

“Russia has spotted an opportunity in the closure of USAID and decided that it’s time to step into the breach and launch its own international development agency.....”

Thread Thiru Balasubramaniam (re Politico Pro article on WIPO):

"HEALTH IS NOT WORLD IP AGENCY’S JOB, US SAYS: Good health and well-being, zero hunger, climate action. What do these goals have in common?" pro.politico.eu/news/cybercr...

"They all have nothing to do with intellectual property, the United States says. **The U.S. wants to purge all mention of the United Nations’ sustainable development goals (SDGs) from a draft work program for the World Intellectual Property Organization."**

“WIPO’s mandate is to promote the protection of intellectual property throughout the world. WIPO is not mandated to end poverty, promote good health or provide clean water,” a U.S. diplomat told WIPO’s annual general assembly on Jul. 9, which will run until Thursday."

"Developing countries have expressed alarm over the move. A statement from Namibia on behalf of the African Group said the SDGs “remain a shared and inclusive framework guiding international cooperation.”

Devex: Power vacuum

[Devex;](#)

“Aid supporters have long warned that if the U.S. retreats from foreign assistance, [China will be all too happy to fill the void](#) to boost its global standing. And **Democrats in the U.S. Senate just released a 91-page report to make that case. It’s not exactly a new argument — and critics say it’s an overhyped one — but **the report nevertheless makes some striking points, including that China will now surpass the U.S. as the largest bilateral assistance partner in 40 countries.****

“Within months, [China was] replacing the programs that we had funded for decades,” said Sen. Jeanne Shaheen, the top Democrat on the Senate Foreign Relations Committee, referring to the collapse of USAID.....”

- And via [Devex:](#)

“Republicans and Democrats in the House of Representatives laid out **vastly different visions of what America’s foreign policy should look like** in a hearing yesterday that examined the reorganization of the **U.S. Department of State**. It included **jabs by Republicans at global health spending**, as they questioned why the U.S. should keep pouring billions into HIV programs in Africa when those same governments often defy U.S. power at the **United Nations**. “These were some of the biggest recipients of PEPFAR,” said Rep. Brian Mast, “and they were giving the United States of America the least amount of support.” Mast added that if U.S. diplomats are not aware of that pattern, then they are “just being delusional” about the failures of America’s soft power. **Democrats were stunned. Rep. Brad Sherman summed up Mast’s view as: “People in Africa should die of AIDS until their government changes how they vote in the United Nations” — calling it one of the “most outrageous” things he’d ever heard.....”**

Journal of Epidemiology and Global Health - The Golden Age of Global Health is Over. What Follows?

Derek Yach et al; <https://link.springer.com/article/10.1007/s44197-025-00443-5>

The paper “..... highlights the factors that have led to the decline—including funding cuts, political shifts, and emerging global crises—and **argues for a reimagined framework for global health going forward. Recommendations include diversifying funding, empowering regional coalitions, adapting new governance models, and defending the principle of health equity.** Without such reforms, the next era risks deepening global disparities in health outcomes.”

And a link:

- Bloomberg - [UK cuts World Bank funding by 10 % after slashing aid budget](#) (cfr the UK contribution to IDA)

Global health financing

Lancet GH (Comment) - No pain, no shame: turning crisis into opportunity during US funding cuts

Malabika Sarker et al; <https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2825%2900197-4/fulltext>

From the new August issue. Excerpts:

« ... Africa bears two-thirds of the global HIV burden and nearly a quarter of global tuberculosis cases, yet domestic health investment remains low. **For more than three decades, many governments in LMICs have underfunded health, with little accountability, relying on external aid and outsourcing care to foreign donors, which has fostered complacency.... ..** »

« ... **In many LMICs, military expenditure far outweighs investment in health.** One of the clearest actions that governments in LMICs can take is to increase the share of national budgets allocated to public health. **A modest shift, such as reallocating even 5–10% of defence spending, could greatly**

strengthen screening and treatment adherence programmes, and expand the community health workforce. Such reforms require political will, transparency, and public trust. **Even without new resources, governments could achieve considerable gains by improving efficiency.** An estimated 20–40% of health resources are lost due to inefficiencies, fragmented procurement, and corruption. Addressing these systemic issues is critical for maximising the impact of any investment. **For many LMICs, health has traditionally been viewed as a consumptive good**—something people desire for the immediate satisfaction or utility, rather than for any productive purpose. **This narrative needs to change; the LMICs should learn to view health as a productive good**—an essential resource that enables individuals to work, learn, and contribute meaningfully to economic and social development. »

« ... **Many LMICs are home to a growing class of wealthy individuals and thriving private sectors. Domestic philanthropy and private sector engagement** should be integral to a comprehensive national health financing strategy.”

Lancet Infectious Diseases (Newsdesk) - Debt crisis hinders infectious disease response

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00426-8/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00426-8/abstract)

“Rising debts and the need to repay them mean low-income and middle-income countries are unable to adequately fund health services and infectious disease responses. Talha Burki reports.”

P4H - High-level conference on health financing in Benin

<https://p4h.world/en/news/high-level-conference-on-health-financing-in-benin/>

“July 2025, representatives of governments, the private sector and technical and financial partners met in Benin for the first high-level conference on health financing in Africa, organized by the private health sector platform.”

“Benin’s private health sector platform has organized a high-level conference from July 10-12, 2025 on health financing in Africa. With the support of the Ministry of Health and the West African Federation of the Private Health Sector, and financial backing from the World Health Organization, PSI/ABMS and others, representatives of governments, the private sector and technical and financial partners met in Cotonou. **The central theme was “ Building resilient health systems: leveraging public-private partnerships for sustainable health financing”.** The main objective of the participants was to rethink health financing in Africa through innovative and solid public-private partnerships, thus laying the foundations for sustainable financing.....”

Devex: ADB eyes new health push

[Devex:](#)

“ The Asian Development Bank is cooking up a bold new health initiative — ExCITD, short for Ending Complex and Challenging Infectious and Tropical Diseases — to help wipe out malaria, tuberculosis, dengue, and more across the Asia-Pacific region. The plan? Use concessional loans, grant funding, and a whole lot of partnerships to turn disease elimination into an investment-

worthy mission.....”

Re the **ADB’s INSPIRE forum** from earlier this month.

“The effort comes as traditional aid dries up and countries graduate from support from big players such as Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. ADB’s Dr. Akihito Watabe says the pandemic was a wake-up call — countries realized they need more than just grants to upgrade their health systems. Experts say the funding gap is massive — \$80 billion to \$100 billion more is needed to wipe out malaria by 2040. Meanwhile, climate change could cost poorer economies a chunky \$20.8 trillion by 2050. But there’s hope in blended finance, writes Senior Reporter Jenny Lei Ravelo. “My definition of catalytic capital is grant funding that is not used in isolation, but instead it's leveraged 10x to 20x,” Edlund explains. He sees ExCITD as a chance to bring in country budgets, concessional loans, and even commercial investment — and there’s keen interest from the Global Fund, Gavi, and others.....”

Geneva Health Files - Carrots, Sticks, and Systems Change: Financing the Shift to Preventive Health

Ash Norman (Co-Founder & CPO, Rypple) et al; [Geneva Health Files](#);

“In our guest essay today, experts from Rypple, an organization working on improving health systems, argue that global healthcare is overwhelmingly "wired for treatment, not prevention". They question whether, in the context of the current fiscal crisis in global health (not just at the United Nations), such a model of emphasizing treatment more than prevention is sustainable at all....”

“As foreign aid contracts, the consequences are severe, underscoring the urgent need to rethink both short- and long-term strategies for building truly health-promoting systems. ... The WHO’s call for 'sin taxes' is a necessary move to boost domestic resources and curb harmful consumption amid rapidly dwindling funding, but it also raises vital questions about how these policies are designed and their broader impact. As many in this field have raised, a simplistic "one-size-fits-all" or "quick, blanket policy approach" risks missing critical considerations for the future, equity, and local context. Echoing the WHO’s Global Action Plan for the Prevention and Control of NCDs 2013–2020, which stresses that tax structures, earmarking, and equity safeguards must be tailored to each country’s context. The question is not just whether to implement a sin tax, but which one, and how it can be structured for optimal, equitable impact long term and thorough consideration of how it will be implemented. Governments must swiftly identify what works best for their context, demanding tools that deliver precise, data-driven insights to enable agile policymaking without sacrificing long-term sustainability and impact. This is where the concept of a comprehensive Health Incentivisation Policy offers a more nuanced and powerful pathway. Moving beyond simply penalizing unhealthy behaviors, the principles of this policy aim to fundamentally transform healthcare financing by levying taxes on entities that profit from preventable diseases – for instance, producers of sugar and ultra-processed foods. Crucially, the funds generated from these levies are not merely collected but reinvested to subsidize preventive health services, including exercise encouraging businesses, air quality improvement products, mental health applications, food products for health and more, thereby increasing accessibility to healthier choices and challenging market level levers. This approach embodies a "carrots and sticks" strategy, where the "stick" (taxation) on unhealthy products and services is paired with "carrots" (subsidies) for healthy alternatives....”

Devex - What is outcomes based finance — and where does it go next?

<https://www.devex.com/news/what-is-outcomes-based-finance-and-where-does-it-go-next-110477>

(gated) **“Outcomes-based finance is a growing field. A panel of experts tells Devex how to make the best use of it, and what the latest policy developments are.”**

“Outcomes-based finance is a relatively simple idea with some complex solutions. And it’s growing. Already, according to statistics published recently by the [World Economic Forum](#), outcomes-based finance is valued at \$185 billion. According to speakers at a recent Devex panel on the future of OBF in development, it’s an idea that’s destined for further growth.....”

HP&P - The effect of performance-based financing interventions on health worker motivation and job satisfaction: experimental evidence from six national pilots

Sneha Lamba et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf035/8196831?searchresult=1>

« .. All told, these results contain practically no evidence of an adverse effect of PBF on overall health worker motivation or job satisfaction and indeed suggest a beneficial impact in some country settings.....”

UHC & PHC

Plos GPH - Management capacity of primary healthcare facilities in low- and middle-income countries: A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004445>

By Harrison Ochieng, E Barasa et al.

Ethiopia Takes Bold Strides on Health Taxes to Drive Universal Health Coverage

<https://www.africa-newsroom.com/press/ethiopia-takes-bold-strides-on-health-taxes-to-drive-universal-health-coverage?lang=en>

“In a landmark show of political will and multisectoral collaboration, the Ethiopian House of Peoples’ Representatives (HPR), the Ministry of Health, and partners are spearheading one of Africa’s most promising health financing reforms. By embracing health taxes as a strategic tool, Ethiopia has started strengthening its national health system, curbing the rise of noncommunicable diseases (NCDs), and advancing its journey toward Universal Health Coverage (UHC). This momentous collaboration was showcased during a high-level training workshop held from 13 to 14 June 2025 in Adama, Ethiopia. The forum was jointly organized by WHO Ethiopia and the Ministry of Health, in partnership with the Inter-Parliamentary Union (IPU), and with generous financial support from the Government of Norway.....”

P4H - ADB Launches Regional Network to Accelerate Universal Health Coverage in Asia and the Pacific

<https://p4h.world/en/news/adb-launches-regional-network-to-accelerate-universal-health-coverage-in-asia-and-the-pacific/>

“The Asian Development Bank (ADB) has launched the UHC PEERS network to facilitate peer-to-peer learning and accelerate universal health coverage across Asia and the Pacific, enabling countries to share solutions for expanding health access and strengthening health systems.”

Health Research Policy & Systems -Assessing the potential for scaling evidence-based interventions in African health systems: A deliberate dialogue

Humphrey Cyprian Karamagi et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01369-x>

“The WHO Regional Office for Africa reviewed evidence-based interventions designed to enhance health systems outputs: access, quality, demand and resilience. Although there is eagerness to expand interventions, the extent to which they can be successfully scaled remains mostly unknown. This study evaluated their potential for scaling to enhance system outputs.....”

Plos GPH - Correlation between structural determinants and universal health coverage in 2010 and 2019: An analysis of the global burden of disease study

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004770>

By Orlando Luiz do Amaral Junior et al.

WHO (report) - Performance-based financing in the South-East Asia Region: A scoping review

<https://www.who.int/publications/i/item/9789290220565>

“This report reviews performance-based financing reforms and experiences in the WHO South-East Asia Region. The review highlights how this health financing approach interacts with broader health system challenges, emphasizing the need to integrate such approaches into the overarching health financing framework.....”

Plos GPH - Achieving universal coverage of childhood cancers in Ghana via the National Health Insurance Scheme: A stakeholder analysis

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004871>

By R Owusu et al (Ghana Health Technology Assessment Technical Working Group).

Pandemic preparedness & response/ Global Health Security

Stat Opinion - The U.S. must reconsider its decision to reject amendments to a global health treaty

Stephanie Psaki (U.S. coordinator for global health security at the Biden White House)

<https://www.statnews.com/2025/07/24/international-health-regulations-who-us-global-health-treaty-kennedy-rubio/>

“The updates reflected U.S. priorities — yet the Trump administration dismissed them”

Carbon Brief – Climate change is creating “new vulnerabilities” for pandemics, according to new research.

<https://www.carbonbrief.org/climate-change-is-creating-new-vulnerabilities-for-disease-pandemics/>

“The study, published in [Science Advances](#), investigates nine zoonotic diseases – infections transmitted from animals to people – with high potential to cause severe public-health emergencies. These diseases include the [Zika virus](#), [Ebola](#) and [Severe Acute Respiratory Syndrome](#) (SARS). Overall, the research finds that 9% of the planet’s land area is currently at “high” or “very high” risk of an outbreak of these diseases. The study authors find that higher temperatures, increased rainfall and water scarcity are “key drivers” of disease outbreaks.”

“However, the paper has received a mixed reception from other scientists. While one expert not involved in the study praises it for its novelty and rigour, another tells Carbon Brief that the research fails to capture some of the key drivers of zoonotic disease. They tell Carbon Brief that “this idea that you can do a one-size-fits-all global risk assessment is just untrue”.....”

GAVI – Nipah vaccines set to enter human trials

<https://www.gavi.org/vaccineswork/nipah-vaccines-enter-human-trials>

“Scientists are racing to combat one of the world’s deadliest viruses with two groundbreaking new vaccines.”

Africa CDC - New Roadmap to Strengthen Health Security in Central Africa

<https://africacdc.org/news-item/new-roadmap-to-strengthen-health-security-in-central-africa/>

“Africa CDC and strategic health partners operating in Central Africa have drawn up an outline of a joint 2026–2027 roadmap to strengthen health security in the Central African region.”

Stat - New study advances theory on why most U.S. bird flu cases have so far been mild

<https://www.statnews.com/2025/07/23/h5n1-bird-flu-immunity-boosted-by-previous-influenza-a-infection/>

“Researchers believe **immunity to an earlier virus** may play a role, but not everyone agrees.”

Planetary health

Science (Policy Forum) - The pursuit of 1.5°C endures as a legal and ethical imperative in a changing world

<https://www.science.org/doi/10.1126/science.ady1186>

“As the world nears 1.5°C of global warming, **near-term emissions reductions and adequate adaptation become ever more important** to ensure a safe and livable planet for present and future generations.”

Devex – Opinion: Why preventive diplomacy must be at the heart of climate action

M F Espinosa ; <https://www.devex.com/news/opinion-why-preventive-diplomacy-must-be-at-the-heart-of-climate-action-110504>

“A proactive approach to climate diplomacy, integrating foresight and cooperation, is crucial to avert climate-induced instability and reinforce global governance.”

UN News - Global demand for meat and dairy set to rise, but climate and nutrition gaps remain

<https://news.un.org/en/story/2025/07/1165401>

“Global demand for meat, dairy and fish is projected to climb steadily over the next decade, driven by rising incomes and urbanisation in middle-income countries.”

“However, persistent nutritional gaps and mounting environmental pressures reveal a complex path ahead, according to a new study by the UN Food and Agriculture Organization ([FAO](#)) and the Organisation for Economic Cooperation and Development (OECD) – an influential international policy forum. The [Agricultural Outlook 2025-2034](#), released on Tuesday, projects a six per cent increase in global per capita consumption of animal-source foods by 2034 – beef, pork, poultry, fish, dairy and other animal products. The trend is most pronounced in lower middle-income countries, where intake is expected to rise by 24 per cent, far outpacing the global average.”

HPW - Sand and Dust Storms are Taking a Rising Toll on Health and Economies

<https://healthpolicy-watch.news/sand-and-dust-storms-are-taking-a-rising-toll-on-health-and-economies-world-meteorological-organization/>

“In 2024, sand and dust storms affected 330 million people across 150 countries taking a toll on health and economies, according to a **new report** by the World Meteorological Organization (WMO).”

“While the annual mean dust surface concentrations was slightly lower in 2024 when compared to 2023, there were **big regional variations**. In the most affected areas, the surface dust concentration in 2024 was higher than the long-term 1981-2010 average. **WMO estimates that between 2018–2022 around 3.8 billion people or nearly half the world’s population were exposed to dust levels exceeding World Health Organization’s (WHO) annual safety threshold for PM10....**”

HPW - Billions Needed to Ensure Access to Clean Cooking Across Africa by 2040

<https://healthpolicy-watch.news/billions-needed-to-ensure-access-to-clean-cooking-across-africa-by-2040/>

“Achieving universal access to clean cooking across Africa will require \$37 billion in cumulative investment to 2040, or roughly \$2 billion per year, according to the roadmap laid out by the International Energy Agency (IEA) in its latest **report**.”

“The roadmap envisions that 60% of the energy for the newly connected households will come from liquefied petroleum gas (LPG) and the rest from electricity, bioethanol, biogas and advanced biomass cookstoves. Urban areas would be able to reach near-complete access by 2035 while rural access would expand steadily through the 2030s, should countries receive necessary support from the international community....”

““This new IEA report provides a clear, data-driven roadmap for every household across Africa to gain access,” said Fatih Birol, executive director, IEA.....”

UN News - Droughts are causing record devastation worldwide, UN-backed report reveals

<https://news.un.org/en/story/2025/07/1165447>

“Worldwide, some of the most widespread and damaging drought events in recorded history have occurred in recent years due to climate change and resource depletion. “

“This is according to a **new report** from the **UN Convention to Combat Desertification (UNCCD)**, the **U.S. National Drought Mitigation Center (NDMC)** and the **International Drought Resilience Alliance** on the global impacts of droughts from 2023 to 2025. “Drought is a silent killer. It creeps in, drains resources, and devastates lives in slow motion. Its scars run deep,” said UNCCD Executive Secretary Ibrahim Thiaw. “**This is not a dry spell,**” stressed Dr. Mark Svoboda, report co-author and NDMC Director. “**This is a slow-moving global catastrophe, the worst I’ve ever seen.** This report underscores the need for systematic monitoring of how drought affects lives, livelihoods, and the health of the ecosystems that we all depend on.””

Climate Change News – The Just Energy Transition Partnerships are faltering – fresh thinking is needed

<https://www.climatechangenews.com/2025/07/22/just-energy-transition-partnerships-are-faltering-fresh-thinking-is-needed/>

“The JETPs have the right idea on phasing out coal and boosting renewables, but are struggling as geopolitical tensions and Global South debt levels rise.”

“First announced at COP26 in 2021, the Just Energy Transition Partnerships (JET-Ps) were hailed as a breakthrough in the complex and ever-expanding world of climate finance. Finally, wealthy nations were putting real financial weight behind the idea that they should help facilitate energy transitions in the Global South, given their disproportionate responsibility for planet-heating emissions.....”

Global Policy - The Trojan Horse of Hybrid Governance: Corporate Power and Global Plastics Governance

Rob Ralston et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70060>

“This article examines the emergence of a hybrid institutional complex (HIC) in global plastics governance. By interrogating the structure, features, and contradictions of hybrid global plastics governance, we foreground the de facto orchestrator role of the UN Environmental Programme (UNEP) that promotes multistakeholder partnerships to redress plastic pollution and to realise SDG 12 on Responsible Consumption and Production. However, we contend that embedding voluntary, industry-led multistakeholder initiatives within and through the contested UN Global Plastics Treaty process risks entrenching corporate-friendly governance arrangements at the expense of more stringent governance and systemic transformation. We show how this governance model legitimises weak regulations, promotes voluntary governance that reinforces market norms, and sustains corporate dominance. We thus highlight tensions between procedural mechanisms and substantive sustainability objectives within global plastics governance. Ultimately, we contend that emerging hybrid plastic governance may reinforce, rather than transform, the unsustainable status quo.”

- Related: [The Guardian – ‘Total infiltration’: How plastics industry swamped vital global treaty talks](#)

“Petrostates and well-funded lobbyists at UN-hosted talks are derailing a deal to cut plastic production and protect people and the planet.”

Lancet Planetary Health -A call for evidence-based adaptation: mitigating the rising global health burden of extreme heat

Tiantian Lia et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00165-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00165-2/fulltext)

“This collection of papers focus on heat adaptation, encompassing a broad spectrum of research—from macro-level urban planning and socioeconomic policy modifications to community-level behavioural interventions, early warning system design, and evaluations of intervention efficacy. The collection aims to generate robust scientific evidence and methodological innovation to reinforce

population health adaptation under climate change. The key contributions of the collection include the establishment of a comprehensive metric system for heat adaptation that targets climate-related health risks, advancement of early warning models and tools, and implementation of scenario-based assessments and projections of health adaptation strategies under future climatic scenarios. The collection reflects a distinctly global outlook....”

Global Policy - An Evolutionary Perspective on the Implementation of the United Nations Sustainable Development Goals

Matthieu Pitteloud et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70061>

“... Apart from structural and financial barriers, **human behavioral reluctance to implement the SDGs is a major challenge. We narratively reviewed and analyzed such behavioral barriers from an evolutionary perspective.** One potential explanation of the reluctance to implement the SDGs might be **evolved behavioral predispositions that are not consistent with modern, indirectly perceivable threats such as pandemics and climate change.** Furthermore, **human cooperative behavior did not evolve for long-term cooperation on a global scale.** To improve the implementation of the SDGs, it is **necessary to develop strategies that are consistent with evolved human behavioral traits.**”

“... In fact, goals should be consistent with regional and culturally feasible steps and with evolved human behavioral features, such as short-term and individual incentives, and peer-group influences. Prestige bias and conformity bias might be used purposefully in public campaigns to create spillover effects to achieve behavioral change at the population level and initiate a collective action. Extreme solutions might tend to fail in application, while moderate recommendations might have a better chance for success. At the international level, different approaches might be applied for high-income countries and low-income countries in order to be more successful in achieving their goals. Trade-offs and feedbacks of adaptations to new policy environments should be documented in order to learn and improve implementation.....”

ODI - Climate-responsive social protection: A primer for philanthropy

A McCord et al ; <https://odi.org/en/publications/primer-climate-responsive-social-protection-and-philanthropy/>

“This primer by Global Risks and Resilience sets out the range of challenges that climate change presents for poor and vulnerable people in the Global South and **the ways that philanthropy can support social protection systems to respond to these needs.**”

Africa CDC – Climate Change and Health: Strategic Framework 2025

<https://africacdc.org/download/climate-change-and-health-strategic-framework-2025/>

From early July. In case you missed this.

UN News - Deadly floods show need for faster, wider warnings, UN agency says

<https://news.un.org/en/story/2025/07/1165455>

“From the Himalayas to rural Texas, deadly floods this month have killed hundreds and exposed dangerous gaps in early warning systems, **the UN’s weather agency warned, linking the devastation to rapid urbanization, land-use change and a warming climate that traps more moisture in the atmosphere.** The **UN World Meteorological Organization (WMO)** said on Monday that more intense downpours and glacier outburst floods are becoming increasingly frequent, with deadly consequences for communities caught off guard.....”

“.... **The WMO is stepping up efforts to improve flood forecasting through its global initiative and real-time guidance platform,** now used in over 70 countries. The system integrates satellite data, radar and high-resolution weather models to flag threats hours in advance and is being expanded into a country-led, globally interoperable framework.....”

“A **2022 World Bank study** estimated that **1.81 billion people – nearly a quarter of the world’s population – are directly exposed to 1-in-100-year flood events, with 89 per cent living in low- and middle-income countries.** “

PS: “The **UN’s Early Warnings for All initiative** aims to ensure that everyone, everywhere, is protected by early warning systems by 2027.”

The Conversation – Farewell to summer? ‘Haze’ and ‘trash’ among Earth’s new seasons as climate change and pollution play havoc

F Liu et al ; <https://theconversation.com/farewell-to-summer-haze-and-trash-among-earths-new-seasons-as-climate-change-and-pollution-play-havoc-260765>

“.... **In our recent study, we argue that new seasons are surfacing.** These emergent seasons are entirely novel and anthropogenic (in other words, made by humans). **Examples include “haze seasons” in the northern and equatorial nations of south-east Asia,** when the sky is filled with smoke for several weeks. This is caused by widespread burning of vegetation to clear forests and make way for agriculture during particularly dry times of year. **Or there is the annual “trash season”, during which tidal patterns bring plastic to the shores of Bali, Indonesia,** between November and March.....”

“.... **At the same time, some seasons are disappearing altogether, with profound consequences for ecosystems and cultures....”**

And some links:

- [PNAS – Empowering cities globally: Four levers for transformative urban adaptation with nature-based solutions](#)
- [Lancet Planetary Health – Assessment of heatwave impacts on child feeding practices across 36 low-income and middle-income countries: a cross-sectional analysis](#)

Covid

Nature (News) - People's brains aged faster during the COVID pandemic — even the uninfected

https://www.nature.com/articles/d41586-025-02313-3?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=15861844

“Study of nearly 1,000 people showed that brain ageing was not linked to infection status, but cognitive decline was.”

Mpox

Plos GPH (Opinion) - Integration as a legacy of Africa's mpox response

Ngashi Ngongo, Jean Kaseya, Yap Boum et al;
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004932>

by Africa CDC authors.

Infectious diseases & NTDs

Lancet Infectious Diseases (August issue)

[https://www.thelancet.com/issue/S1473-3099\(25\)X0008-6](https://www.thelancet.com/issue/S1473-3099(25)X0008-6)

Starting with the editorial: [A commission on vector-borne infections](#)

“ **Vector-borne helminthiasis** (lymphatic filariasis, onchocerciasis, loiasis, and mansonellosis) represent a group of parasitic infections transmitted by arthropod vectors that affect mainly populations living in tropical settings and constitute a major public health challenge. The publication in this journal of the [Commission Vector-borne helminthiasis: a road map for current and future research to support control and elimination in sub-Saharan Africa](#) on July 17, 2025, aimed to raise awareness about these four diseases, provide an update on the current knowledge, and define priorities and challenges for research and control for the coming 5–10 years.....”

BMJ GH - Policies, practices, opportunities and challenges for tuberculosis screening: a global survey of national tuberculosis programmes

<https://gh.bmj.com/content/10/7/e016000>

By L McPherson et al.

Science insider - Well-known drug could make human blood toxic for malaria-transmitting mosquitoes

<https://www.science.org/content/article/well-known-drug-could-make-human-blood-toxic-malaria-transmitting-mosquitoes>

“Field study in Kenya suggests innovative strategy has promise—but some researchers question its viability.”

“For more than 15 years, Carlos Chaccour has been investigating a new way of fighting malaria: **Killing mosquitoes by making the human blood on which they feed toxic to them.** Now, in a large trial in Kenya, the global health researcher at the University of Navarra and his colleagues have **shown for the first time that the approach can work at scale.** Giving people in a community ivermectin, a common antiparasitic drug that also kills mosquitoes, reduced the number of new malaria infections in children by about one-quarter, the team reports [**today in *The New England Journal of Medicine*....**](#)”

Eurekalert - New insights into malaria: Proteins in the blood can reveal the severity of the disease

<https://www.eurekalert.org/news-releases/1090720>

“Researchers at Karolinska Institutet have identified over 250 proteins that are strongly affected by malaria, which could help predict the severity of the disease and thus enable faster treatment for the most critical patients. The study, published in the journal *Immunity*, was conducted on 72 adult travellers diagnosed with malaria at Karolinska University Hospital after returning from tropical regions.....”

Nature (Research highlights)– Lethal malaria parasite’s weaknesses revealed

https://www.nature.com/articles/d41586-018-00645-x?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=15879849

“Genomic insights could inform discovery of more durable drugs.”

TGH - Indonesia's Move to Eliminate Malaria

<https://www.thinkglobalhealth.org/article/indonesias-move-eliminate-malaria>

“By joining the WHO’s Western Pacific Region, Indonesia can strengthen alliances to eliminate mosquito-borne illnesses.”

AMR

Cidrap News - High prevalence of colistin-resistant *Klebsiella* found in Africa

<https://www.cidrap.umn.edu/antimicrobial-stewardship/high-prevalence-colistin-resistant-klebsiella-found-africa>

“Resistance to a last-resort antibiotic in an already multidrug-resistant (MDR) bacterial pathogen is concerning high in Africa, according to a [study](#) published last week in *JAC-Antimicrobial Resistance*. In a systematic review and meta-analysis, researchers from Woldia University in Ethiopia examined data from 30 studies that reported on colistin resistance in clinical specimens of MDR *Klebsiella pneumoniae* collected from hospitals in Africa.”

- Related: [Africa CDC – New Study Reveals Widespread Drug Resistance Across 14 African Countries](#)

(cfr a study from a few weeks ago): **“Results from a newly published study highlight the growing spread of drug resistance across 14 African countries, underscoring the urgent need to strengthen laboratory testing, data systems, and health planning to tackle hard-to-treat infections. The study, known as the Mapping Antimicrobial Resistance and Antimicrobial Use Partnership (MAAP), is the largest of its kind ever conducted in Africa. It was led by a coalition including the Africa Centres for Disease Control and Prevention (Africa CDC), the African Society for Laboratory Medicine (ASLM), One Health Trust, and other regional partners. Researchers reviewed more than 187,000 test results from 205 laboratories, collected between 2016 and 2019 across Burkina Faso, Eswatini, Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe....”**

NCDs

P4H - Nigeria plans public health tax on sugar, cigarettes, and alcohol to combat NCDs

<https://p4h.world/en/news/nigeria-plans-public-health-tax-on-sugar-cigarettes-and-alcohol-to-combat-ncds/>

“Nigeria proposes a public health tax on sugar, alcohol, and tobacco to fund non-communicable disease (NCD) programmes, alongside the WHO-backed PEN-Plus strategy for severe NCD care.”

“The Nigerian government is considering a new public health tax on products high in sugar, alcohol, and tobacco, with proceeds dedicated to controlling non-communicable diseases (NCDs). The initiative aims to reduce premature deaths from NCDs by 33% by 2030, said Dr Adekunle Salako, Minister of State for Health, at the 2nd International Conference on PEN-Plus in Africa. The tax plan complements Nigeria’s efforts with the World Health Organization (WHO) to pilot the PEN-Plus strategy, which improves access to care for severe NCDs like Type 1 diabetes, sickle cell disease, and rheumatic heart disease....”

WB (blog) - Rethinking taxes on tobacco and sugary drinks in India

<https://blogs.worldbank.org/en/endpovertyinsouthasia/rethinking-taxes-on-tobacco-and-sugary-drinks-in-india>

By M Nagarajan et al.

The Lancet Public Health: Aiming for 7,000 daily steps can reduce risk of chronic diseases, cognitive decline, and death, finds new study

Lancet PH: [Daily steps and health outcomes in adults: a systematic review and dose-response meta-analysis](#)

Cfr the **press release**:

“A comprehensive new study analysing data from over 160,000 adults finds that **walking approximately 7,000 steps per day is associated with reductions in the risk of several serious health outcomes, including all-cause mortality (47% reduction), cardiovascular disease (25% reduction), cancer (6% reduction), type 2 diabetes (14% reduction), dementia (38% reduction), depression (22% reduction), and falls (28% reduction).*** Unlike earlier studies that mainly focused on heart health or overall death rates, **this research, published in The Lancet Public Health journal, is the first to comprehensively examine how taking more steps per day can reduce the risk of several different health outcomes.** The study also revealed that even modest step counts (around 2,000 steps per day) are linked to better health compared to very low activity. For some conditions, such as heart disease, health benefits continued to increase beyond 7,000 steps, but for most conditions, the benefits tended to level off. **The authors highlight that 7,000 steps per day may be a more realistic target than the current unofficial target of 10,000 steps per day, particularly for those who are less active, suggesting that this target can still provide significant improvements in health....**”

Journal of Cancer Policy - Financial toxicity of surgical cancer treatment in LMICs: Implications for patients and health systems

<https://www.sciencedirect.com/science/article/abs/pii/S2213538325000608>

By A O Adekunle et al.

Lancet GH (Health Policy) - National cancer control plans in ANCCA member countries: advancing a pan-Asian cancer initiative

L Gatellier et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00192-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00192-5/fulltext)

“Asia, home to nearly 60% of the world's population, bears a substantial portion of the global cancer burden, making effective control strategies crucial. The 2017 WHO resolution on cancer prevention and control highlighted the importance of developing and **implementing National Cancer Control Plans (NCCPs).** We reviewed the current landscape of NCCPs in 21 countries of the

Asian National Cancer Centers Alliance. We found **marked variation in plan status across** Asia, with frameworks ranging from comprehensive NCCPs to non-communicable disease plans that include cancer to no plans. Over 90% of plans included components for primary, secondary, and tertiary prevention or cancer treatment. Air pollution, a critical and growing cancer risk factor in the region, was addressed in only 43% of plans, with most concentrated in middle-income countries. Treatment protocols were included in 91% of plans, but end-of-life care appeared in only 48%. Stakeholder involvement appeared in 86% of plans, but legal and evaluation mechanisms were less common (57% each)....”

BMJ GH - Forecasting global progress in breast cancer control in the context of the sustainable development goals

<https://gh.bmj.com/content/10/7/e019497>

by G S Nemutlu et al.

Nature Medicine - Why do ageing rates vary by country? Massive study says politics play a part

[Nature Medicine;](#)

“Social inequality and the decay of democratic institutions are linked to accelerated ageing — but education seems to slow the process.”

Social & commercial determinants of health

Plos GPH - Generating opposition to universal health care policies in the United States: An analysis of private health industry advertising on Meta platforms

Kendra Chow, N Maani et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003244>

“In 2019, the Partnership for America’s Health Care Future (PAHCF), a private health industry lobby group, launched a campaign across Meta platforms (Facebook, Instagram) to generate **opposition to universal health care policies in the United States**. This study investigates the content and themes prevalent in PAHCF’s campaign and how these might shape public discourse and perceptions around universal health care policies. The qualitative coding strategies identified three overarching campaign foci: policy targets, claims and themes, and targeted appeal groups. These elements were found to strategically and mutually reinforce one another to generate the narrative that proposed universal health care policies will be detrimental to public health, the economy, and society. **Analysis identified that PAHCF engages in strategies common among unhealthy commodity industries.....”**

- See also [PHI - New research highlights private health industry using marketing strategies similar to 'Big Tobacco' tactics](#)

Mental health & psycho-social wellbeing

Lancet Public Health (Editorial) - Social health—the neglected third pillar

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00175-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00175-6/fulltext)

“On June 30, 2025, the WHO Commission on Social Connection published its flagship [report](#) *From loneliness to social connection—charting a path to healthier societies*, bringing attention to a timely and critical, but under-recognised public health issue. The report follows the 2023 [call from the US Surgeon General](#) Vivek Murthy (co-chair of the WHO Commission report) who declared loneliness and social isolation an epidemic in the USA, and **the adoption by the World Health Assembly in May 2025, of the first resolution on social connection**. The Commission on Social Connection report is unambiguous: social disconnection—social isolation or loneliness—is widespread, with severe effects on health, wellbeing, and society, and must be recognised and addressed accordingly. Yet, **social isolation and loneliness have remained largely overlooked in public health agendas.....**”

The editorial concludes: “**Social connection is essential for the health and resilience of individuals and societies**. Building on the principle that health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity, **the Commission on Social Connection makes a strong case for social health—as the third pillar of health alongside physical health and mental health—with at its core the power of social connection**. The Commission on Social Connection landmark report combined with the adoption by the World Health Assembly of the first resolution on social connection earlier this year urging Member States to implement policies, should provide governments the impetus to act. The costs of inaction are high. The benefits of social connections are profound. **Governments must make social health, with social connection at its core, a priority.**”

Sexual & Reproductive health rights

BMJ GH - The influence of the expanded Global Gag Rule on Malawi’s sexual and reproductive health and rights landscape: a qualitative study

<https://gh.bmj.com/content/10/7/e013639>

By Aishwara Iyer et al.

NYT - First Pill for Postpartum Depression Shows Varied Real-World Results

<https://www.nytimes.com/2025/07/22/health/post-partum-depression-treatment-pill.html>

“Some women’s symptoms improved quickly after taking the pill, but depression persisted in others. Doctors are trying to learn which patients benefit, and why some don’t.”

A few excerpts:

Re “a medication that had recently become available: **the first pill specifically for postpartum depression**. [Clinical trials](#) had found that **the drug, zuranolone, marketed as Zurzuvae and taken daily for 14 days, can ease symptoms for some women in as little as three days**, while general antidepressants can take weeks. Now, **a year and a half after the drug became available, thousands of women have tried it, and their experiences have run the gamut**. For some, symptoms improved remarkably. Others described a modest benefit that didn’t last or said their depression persisted. And others didn’t complete the two-week regimen because profound drowsiness, a common side effect of the drug, interfered with their ability to care for their babies or to fulfill other responsibilities.....”

Access to medicines & health technology

WHO – Access to safe, effective and quality-assured health products and technologies Roadmap for WHO action 2025–2030

<https://iris.who.int/bitstream/handle/10665/381763/9789240112049-eng.pdf?sequence=1>

PS: “ **This year marks the 50th anniversary of the first mention of the concept of essential medicines by the World Health Assembly**, a well-recognized and transformational public health concept. The anniversary offers an opportunity to reaffirm and renew political commitment to accelerate the implementation of the 2030 Agenda for Sustainable Development including enhancing efforts to ensure access to safe, effective, quality-assured essential medicines and other health products and technologies.....”

Global Public Health – Law and power in pandemic negotiations: Policymaking via contract in South Africa’s dealings with COVID-19 vaccine companies

Fatima Hassan, M Kavanagh et al ;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2537688?src=>

“....This article analyzes **negotiations between government and pharmaceutical companies, through the case of South Africa**, to better understand the mechanisms through which the international order produced this inequality. A process we label **policymaking via contract** undermined state power during the pandemic.”

Geneva Health Files – Trump's Attempt At Reconfiguring Pharmaceutical Supply Chains And Its Effect On Transatlantic Relations

Niranjan Jose; [Geneva Health Files](#);

“In the midst of attempts at rapid reshoring of manufacturing, **U.S. President Donald Trump's threat of tariffs on pharmaceutical imports poses a significant threat to the cost of prescriptions for Americans, potentially increasing them by up to \$51 billion annually**. Transatlantic relations will be **strained by the United States' plan to decrease its dependence on foreign medical products and redirect drug manufacturing to the United States**. European leaders are concerned about the potential economic repercussions and have cautioned that **the move could disrupt essential medical collaboration, thereby affecting patients on both sides of the Atlantic.....”**

People's Health Dispatch - Mexico raises the flag for health sovereignty

<https://peoplesdispatch.org/2025/07/19/mexico-raises-the-flag-for-health-sovereignty/?ref=peoples-health-dispatch.ghost.io>

“Mexico launches a national plan to expand domestic drug production and move toward a free, universal, and public healthcare system.”

HPW - Breathing New Life into Immunisation Policies: Enhancing Prevention of RSV and Pneumococcal Disease

<https://healthpolicy-watch.news/breathing-new-life-into-immunisation-policies-enhancing-prevention-of-rsv-and-pneumococcal-disease/>

“Despite major breakthroughs in identifying and combating respiratory diseases, **two of the most prevalent – respiratory syncytial virus (RSV) and pneumococcal disease – continue to pose a significant health burden globally, particularly in infants, young children, and older adults.** “

“Against this backdrop, a recent panel at the [European Society for Paediatric Infectious Diseases \(ESPID\)](#) meeting, held in Bucharest in May, explored immunisation strategies to enhance prevention efforts, with particular attention to RSV and pneumococcal disease across high-, middle-, and low-income countries.....”

Lancet – The ESOT–Lancet Commission on Transplantation: a new vision for global sustainability, innovation, and equity in organ transplantation

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01197-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01197-3/fulltext)

From earlier this month -in case you missed this.

Decolonize Global Health

Review of International Political Economy - How professions maintain coloniality: interprofessional strategies in the history of travel medicine

<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2535421?src=exp-la>

By L Aue.

Africa CDC - Interrogating Public Health in Africa Boosts Metrics of Continental Journal

<https://africacdc.org/news-item/interrogating-public-health-in-africa-boosts-metrics-of-continental-journal/>

“The number of published articles in the Journal of Public Health in Africa (JPHIA) rose from 31 in 2024 to 104 in 2025. **The peer-reviewed academic journal dedicated to advancing public health discourse across the African continent has demonstrated significant improvements**, with submissions increasing by 30% compared to 2024. The median time to first editorial decision without peer review improved from 7 to 3 days, and with peer review, from 72 to 48 days. **Owned by the Africa Centres for Disease Control and Prevention (Africa CDC) since 2018, JPHIA serves as a platform to elevate African research, perspectives, and practices within the global scientific and public health communities.** Since 2018, the journal has published over 650 articles. Submissions now come from authors in 47 African Union Member States, substantially contributing to the continent’s publication output. **In recent months, JPHIA has undertaken several strategic initiatives to strengthen its editorial operations and broaden its reach, said Dr Nebiyu Dereje, Head of Division, Knowledge Management, and Editor-in-Chief of JPHIA.....”**

Do check what they involve.

Politico - AI, meet traditional medicine

<https://www.politico.com/newsletters/future-pulse/2025/07/16/artificial-intelligence-meet-traditional-medicine-00455130>

“Artificial intelligence has started to integrate with so-called traditional medicine to prevent and treat illnesses, according to a new report from the World Health Organization and other United Nations bodies. But the organizations warn that this practice can lead to exploitation of indigenous people and their resources.....”

“.... Researchers are using AI models in Ghana and South Africa to identify medicinal plants. In South Korea, the technology is being used to analyze compounds from traditional medicine to improve blood disorders treatments. And in India, AI-powered diagnostics are being used in ayurgenomics, an emerging field that integrates Ayurveda — which emphasizes the harmony between the body, mind and spirit for health and well-being — and modern genetics and genomics.

In the U.S., the National Institutes of Health has a program that supports the use of AI for data analysis, personalization, predictive modeling, and integration of traditional and modern health approaches.....”

“Why it matters: The WHO, the International Telecommunication Union and the World Intellectual Property Organization warn that AI could become a new frontier for exploitation of indigenous knowledge without proper rules in place. The international organizations have called on governments to adopt laws that empower indigenous people to control and benefit from their data and cite successful models from Australia, Canada and New Zealand.”

BMJ GH - Addressing epistemic injustice (and ongoing effects of colonisation) through the Ethiopian intellectual tradition of Qiné

<https://gh.bmj.com/content/10/7/e019230>

By Dawit Wondimagegn et al.

Plos GPH - Dismantling colonial legacies: Decolonising research and teaching at the Health in Humanitarian Crises Centre, London school of hygiene and tropical medicine

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004833>

By Sali Hafez et al.

Conflict/War & Health

Conflict & Health (Supplement) - Integration of Refugees into National Health Systems: Enhancing Equity and Strengthening Sustainable Health Services for All

<https://conflictandhealth.biomedcentral.com/articles/supplements/volume-18-supplement-1>

Edited by **Fadi El-Jardali** (American University of Beirut, Lebanon), **Sara Bennett** (Johns Hopkins Bloomberg School of Public Health, USA), and **Paul Spiegel** (Johns Hopkins Bloomberg School of Public Health, USA).

- Including: [Towards universal health care coverage in low- and middle- income countries: integrating refugees into national health systems](#) (by Fadi El-Jardali et al)

Miscellaneous

Global Policy - Convergence, Divergence, Flatlining or Plateau: What has happened to inequality between and within countries over the last decade?

By Saumik Paul and Andy Sumner;

<https://www.globalpolicyjournal.com/blog/16/07/2025/convergence-divergence-flatlining-or-plateau-what-has-happened-inequality-between>

“Understanding inequality trends remains central to assessing both development progress and global justice. **Two major dimensions—inequality between countries and inequality within countries—have long structured debate in development studies....**”

“In the 1990s, Lant Pritchett’s provocation that the world was experiencing “divergence, big time” captured the mood of an era in which income gaps between countries were seen to be widening. **More recently, the “converging-divergence” thesis proposed by Horner and Hulme in late 2010s argued that while inequality between countries was declining, inequality within countries was on the rise. In this blog, we argue that something new has emerged over the last decade akin to a flatlining or plateauing....**”

Authors conclude: “.... For development studies, the implications are important. **First, the convergence narrative post-Cold War is somewhat fragile** given what happens when China and India are removed from the analysis. **Second, a new era has emerged as both dimensions of**

inequality have stabilised at still very high levels, which marks a new and potentially more politically intractable era. The policy challenge ahead is not only about how to resume convergence, but also to tackle entrenched inequality within societies.”

Nature (News feature) - How to avoid nuclear war in an era of AI and misinformation

[Nature \(News\):](#)

“Nuclear deterrence is no longer a two-player game, and emerging technologies further threaten the status quo. The result is a risky new nuclear age.”

Nature (News) - Biggest trial of four-day work week finds workers are happier and feel just as productive

<https://www.nature.com/articles/d41586-025-02295-2>

“Compressing five days of work into four can create stress, but the benefits outweigh the downsides, sprawling study shows.”

Nature Editorial - Without science, there can be no development

<https://www.nature.com/articles/d41586-025-02220-7>

“A United Nations conference on financing sustainable development was a missed opportunity to fund the science needed to create a better world.”

Papers & reports

Lancet Global Health – August issue

<https://www.thelancet.com/journals/langlo/issue/current>

- Start with the [Editorial: The health toll of economic sanctions](#)

“Financing for global health is the main topic of discussion in 2025, especially since the Fourth International Conference on Financing for Development in Seville earlier this month. This issue contains a range of evidence on this subject, but particularly on **the more damaging economic levers wielded by states today**. In their panel analysis, Francisco Rodríguez and colleagues once again **demonstrate that sanctions do kill**: economic sanctions imposed by the USA or the EU were associated with 564 258 deaths (95% CI 367 838–760 677) annually from 1971 to 2021, higher than the annual number of battle-related casualties (106 000 deaths). This **finding aligns with a previous Article in The Lancet Global Health showing the lethal effects of aid sanctions—economic sanctions specifically targeting development assistance in low-income or middle-income countries**

(LMICs)—which resulted in a 3·1% increase in infant mortality and a 6·4% increase in maternal mortality annually between 1990 and 2019....”

PS: **“The withdrawal of development assistance by the USA and its allies could be seen as de-facto sanctions in terms of their impact, although the intent may differ.** Worse still, unlike in the case of most sanctions, changes in behaviour by the targeted states is unlikely to alter this devastating course of action. **Political leaders from wealthy, powerful countries should reflect and act upon the inconsistency between imposing economic sanctions, reducing development assistance, and their moral obligations to promote equity and global development.....”**

PS: **“A quarter of all countries were subject to some type of sanctions from 2010 to 2022, with the majority located in Africa.** This inequity in countries targeted raises valid questions about whether sanctions are being used appropriately.....”

- Then check out the whole issue.

SS&M - Power, structure, and health: A primer and introduction to the special collection

Alexandra Brewis et al;

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625006987>

Re a **special issue**.

“This collection provides detailed and nuanced examples of how and why structural power undermines health. Power, structure, and related concepts are defined. **Medical and public health practice are one means through which power is enacted.** Provides strategies for challenging and mitigating negative impacts of power in health training, practice, and research.”

SS&M –Protest and trainees in the health professions: Exploring the global landscape of recent protest action

V Sriram et al ; <https://www.sciencedirect.com/science/article/pii/S0277953625007762>

“Protest is growing as a form of resistance by health professions’ trainees. This paper provides the first global landscape of protest use by health professions’ trainees. We analysed 818 events involving trainees from 65 countries. **We argue that trainees’ position as interstitial workers both constrains and facilitates their resistance.** The hidden curriculum might explain more engagement by physicians compared to other professions.....”

Developing World Bioethics - What in the world is global health? A conceptual analysis

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/dewb.12478>

By Alberto Giubilini.

BMJ GH - Missing piece: the imperative of gender-disaggregated data in unraveling health inequity

M Shirzad et al; <https://gh.bmj.com/content/10/7/e018266>

“WHO’s Health Inequality Data Repository, launched in 2023, aims to promote equity-oriented health policies but lacks comprehensive gender data. The repository provides only sex-disaggregated data, neglecting gender identity as a critical determinant of health. The absence of gender-disaggregated data disproportionately impacts under-represented and marginalised populations by keeping their health needs invisible..... To close data gaps, the repository must prioritise collecting and integrating both sex-disaggregated and gender-disaggregated data.”

Critical Public Health - Trust and the infodemic: reframing information threats in the realm of public health

Harriet Dwyer et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2535084>

“Amidst polarisation, public health threats and economic uncertainty, there is a concern around the impact of an overabundance of information: the infodemic. In this paper we argue that: information threats are a symptom of eroded trust, not the cause. Instead of viewing the overabundance of information as the primary problem, **it should be understood as a reflection of wider trust processes ...** We conclude that **through understanding and rebuilding trust, rather than problematising information and individual consumption of information,** we can strengthen community level public health responses....”

Critical Public Health - The role of the market in health systems responsiveness

K Lakin & S Kane; <https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2519770>

“We critically interrogate the current conceptualisation of health systems responsiveness in light of ongoing political, economic, and health system transitions occurring in many low- and middle-income countries (LMICs), and call for a nuanced, contemporaneous, and expanded understanding of the concept. Drawing on key work on health economics and healthcare markets, **we unpack the economic and health systems transitions that LMICs have experienced in the last two decades, specifically the shift towards neoliberalism.** We discuss the impact of these transitions, particularly, the rapid growth in for-profit care and the covert or outright privatisation of public health services, on health care provision. **We critically review the literature on health systems responsiveness to then demonstrate how current analytical frameworks do not yet sufficiently reflect the role of the market in responsive care provision.** In light of this, we make a case for explicitly recognising the role of the market logic in both shaping peoples’ expectations of their health systems and the health system’s response to these expectations.”

Tweets (via X & Bluesky)

Eman Abdelhadi

“It’s worse than “Gaza is being starved and destroyed and no one cares.” It’s that hundreds of millions **do care and are powerless to stop it. We need a world where that can never happen, where the masses actually have political power.”**