

IHP news 840 : Kicking off August (and some holidays)

(1 August 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,

Before IHP goes on holidays for two weeks, here's another newsletter issue.

In this issue, we first pay some attention to [World Hepatitis Day](#) (28 July) and **World Breastfeeding week** (including via this week's Featured article). We also come back on a rather important [GAVI Board meeting](#) from last week. The (pre-COP30) [Global Conference on Climate and Health in Brasilia](#) (29-31 July) will take up quite some space in this newsletter as well, among (much) other planetary health news (now that the "[Pyrocene](#)" seems upon us... #deepsigh).

On the climate-health nexus, we already want to draw your attention to **Alan Dangour's** (Wellcome) [quote](#) in a HPW article, in which he admitted "*health has so far mainly been 'part of the circus with entertainment' at COPs, and not in the room where negotiations are happening*". With the "*Health Day*" being part of the Circus...." [Dangour](#) (lovely hair, I keep saying 😊), and many others are working hard to change this, even if for quite some people the entire concept of COPs can appear sometimes like a – pricey - [circus](#), with fossil fuel lobbies' [footprint](#) all over them. Let's hope the Brazilians can change this and get some momentum around the [Belem Health Action plan](#) (ps: more in general, Brazil has promised to make health a more prominent part of its COP30 agenda), as well as on their broader COP agenda to finally **accelerate implementation** of the many lofty COP commitments of the past.

Meanwhile, in the crucial last week of negotiations, we hear the latest **NCD draft political declaration** (for the UN HL meeting in September) ["has been watered down"](#). Now that's a surprise. "*The language in the current draft has been watered down, and targets have been "flattened", with active commitments to 'implement' and 'enact' replaced with the "far more passive language of 'consider' and 'encourage', according to the NCD Alliance.*"

(on a side note, in line with a new [Guardian op-ed](#) by [Devi Sridhar](#), personally I would already be quite happy if my GP 'encouraged' me to **go see a Premier League football game**, in **social prescribing** of sorts – I'm sure my NCD "multimorbidity" would melt away just like that (though I'd still need some substantial "sponsoring" 😊))

Back to our nasty world then. Under huge domestic pressure, more Western governments are now also 'encouraging' the Israeli government to finally change its genocidal ways. Yet, even at this late stage, halfheartedly.

Which brings me to a last short reflection before the break - with focus on 'the West' (given my positionality). Sometimes, in development circles and in discussions on 'coalitions of the willing', you hear about 'like minded countries' with presumably a more benign agenda than Trump 2.0 (*not wrong*). Nevertheless, as a Guardian columnist pointed out this week in a piece largely focused on the UK, "[On Gaza, politics no longer speaks for the people](#)". And I doubt that's only the case in the UK. I also tend to agree with Owen Jones that at least some Western elites have "[facilitated the mass starvation of an entire people](#)" over the past – many - months. (*more in general, I remain convinced that a substantial part of public opinion in many western countries would endorse [truly progressive policies](#) to tackle the polycrisis era, but the gap with what most of their leaders are willing to commit to, is massive*)

And so whatever **reflection on global health architecture reform** takes place in the months to come, participants should also consider this huge gap between a big chunk of public opinion in Western countries and (lack of) actions by their chosen leaders.

Earlier this week, focusing more on global health leadership, **Sridhar Venkatapuram** put it like this in a hard-hitting [tweet](#): "*what is global health good for if it could not act to stop forced mass starvation?*"

It's a good – and tragic – question. While arguably a number of global health leaders have tried their utmost for almost two years now (*and fought very hard and bravely moreover*), somehow the relentless horror in Gaza never led to the pandemic 'all-global-health-stakeholder "we're all in this together"' joint response which triggered among others Covax. Worse, some of the ACT-A partners have been largely MIA for all this time (*including a billionaire with rather "good access" to Western leaders*). Only they know why. As it's been mass murder for many, many months.

With "[Global Health on the Edge of WW III](#)", the lack of Global Health leadership agreement bodes ill.

Enjoy your reading.

Kristof Decoster

Featured Article

Breastfeeding in Indonesia: A Triple Win for Health, Equity and the Economy

Wahyu Gito Putro (Department of Community Medicine, Faculty of Medicine, Universitas Muhammadiyah Semarang (UNIMUS)) & **Rizka Ayu Setyani** (Bachelor of Midwifery and Professional Midwife Education Program, Faculty of Medicine, Universitas Sebelas Maret)

Breastfeeding is a proven, cost-effective public health intervention essential for infant survival, nutrition, and development. The [World Health Organization \(WHO\) recommends exclusive breastfeeding \(EBF\)](#) for the first six months of life, followed by continued breastfeeding alongside

complementary foods for up to two years or more. Despite clear evidence of its benefits—such as reduced infant infections, improved cognitive outcomes, and maternal health advantages—Indonesia faces significant challenges in achieving optimal breastfeeding rates. As the world observes World Breastfeeding Day on 1st August, the disconnect between policy commitments and on-the-ground realities in our country demands urgent attention.

Indonesia's exclusive breastfeeding rates remain below both national and global targets. [The 2018 Basic Health Research](#) survey showed only 37.3% of infants aged 0–6 months were exclusively breastfed, falling short of the national goal of 50%. More recent data even reveal a troubling decline: [in 2021](#), just 48.6% of babies were breastfed within the first hour after birth (down from 58.2% in 2018), and exclusive breastfeeding dropped to 52.5% from 64.5%. These figures highlight persistent gaps in breastfeeding support despite Indonesia's commitment to improving child health.

A number of obstacles

Several factors contribute to these suboptimal rates. Aggressive marketing of formula milk in previous decades has shaped public perceptions, especially in urban areas where formula feeding is often seen as modern and prestigious. Although Indonesia has ratified the [International Code of Marketing of Breast-milk Substitutes](#), enforcement remains weak, with ongoing violations such as formula promotions in healthcare facilities and free sample distributions.

Cultural beliefs also play a role. In some communities, infants are given water alongside breast milk, exposing them to waterborne diseases, particularly where clean water access is limited. Healthcare support for breastfeeding is often inadequate; many midwives and health workers lack sufficient training in lactation management. Additionally, the traditional role of birth attendants in breastfeeding support has diminished, especially in urban settings.

Economic and workplace factors further hinder breastfeeding. Indonesian law mandates only three months of paid maternity leave, which is insufficient to support exclusive breastfeeding for six months. Many workplaces lack lactation facilities, making it difficult for working mothers to continue breastfeeding after returning to work. These systemic barriers demonstrate that low breastfeeding rates are not due to lack of knowledge alone but reflect broader structural challenges requiring coordinated policy responses.

Health related and economic consequences

The economic costs of inadequate breastfeeding are substantial. [Research indicates that suboptimal breastfeeding in Indonesia](#) contributes to an estimated \$1.3 billion annual burden on the national health system due to preventable childhood illnesses. [Another study](#) found that failure to exclusively breastfeed results in approximately \$118 million in economic losses yearly, including healthcare costs and lost productivity linked to impaired cognitive development in children.

The broader consequences extend beyond health. Reduced maternal productivity, increased healthcare expenses, and diminished cognitive outcomes in children collectively threaten Indonesia's future workforce competitiveness and national development. These findings underscore the urgency of strengthening breastfeeding policies and support systems.

Current policies & way forward to overcome the gaps

Despite the abovementioned obstacles, Indonesia has shown policy commitment. The recently enacted [Health Law No. 17/2023](#) legally mandates exclusive breastfeeding for the first six months, aligning with WHO recommendations and establishing a national standard. Programmatically, the government's National Nutrition Awareness Movement (GERMAS) promotes breastfeeding through community education, healthcare provider training, and workplace lactation support.

But it's clear these don't suffice. With that in mind, key policy recommendations to advance Indonesia's breastfeeding agenda include:

1. **Extend Paid Maternity Leave:** Increasing maternity leave from three to six months would better support exclusive breastfeeding, reduce infant mortality and illness, and improve female workforce retention and productivity.
2. **Enhance Workplace Lactation Support:** Providing lactation rooms and flexible work arrangements can help mothers maintain breastfeeding, reduce work interruptions, and lower infant infections, thereby decreasing healthcare costs.
3. **Expand Community-Based Breastfeeding Education:** Strengthening rural outreach through training community health workers, engaging cultural and religious leaders, and leveraging mobile health technologies can shift social norms and improve breastfeeding rates, reducing stunting and fostering long-term economic benefits.
4. **Implement a National Breastfeeding Monitoring System:** Establishing comprehensive, publicly accessible data on breastfeeding practices and policy compliance will enable evidence-based decision-making and more effective interventions.

In conclusion, breastfeeding is a vital public health strategy with profound benefits for infants, mothers, and society. While Indonesia has made important legislative and programmatic strides, significant gaps remain in maternity leave duration, workplace support, community education, and monitoring. Addressing these challenges through targeted policy enhancements will improve breastfeeding rates, reduce preventable childhood illnesses, and contribute to sustainable national development. In other words, strengthening breastfeeding support is not only a health imperative but also an economic investment in Indonesia's future.

Highlights of the week

World Breastfeeding week (1-7 August)

As you might recall, [World Health Day](#), celebrated on 7 April 2025, kicked off a year-long campaign on maternal and newborn health. "The campaign, titled **Healthy beginnings, hopeful futures**, urges governments and the health community to ramp up efforts to end preventable maternal and newborn deaths, and to prioritize women's longer-term health and well-being."

"Under the banner of WHO's ongoing [Healthy Beginnings, Hopeful Futures](#) campaign, **World Breastfeeding Week** will shine a particular spotlight on the ongoing support women and babies need from the healthcare system through their breastfeeding journey. This means ensuring every

mother has access to the support and information she needs to breastfeed as long as she wishes to do so - by investing in skilled breastfeeding counselling, enforcing the International Code of Marketing of Breast-milk Substitutes, and creating environments—at home, in healthcare, and at work—that support and empower women.....”

World Hepatitis Day (28 July)

WHO urges action on hepatitis, announcing Hepatitis D as carcinogenic

<https://www.who.int/news/item/28-07-2025-who-urges-action-on-hepatitis-announcing-hepatitis-d-as-carcinogenic>

“As we mark **World Hepatitis Day**, WHO calls on governments and partners to urgently accelerate efforts to eliminate viral hepatitis as a public health threat and reduce liver cancer deaths..... Viral hepatitis – types A, B, C, D, and E – are major causes of acute liver infection. Among these only hepatitis B, C, and D can lead to chronic infections that significantly increase the risk of cirrhosis, liver failure, or liver cancer. Yet most people with hepatitis don’t know they’re infected. **Types B, C, and D affect over 300 million people globally and cause more than 1.3 million deaths each year, mainly from liver cirrhosis and cancer.**”

“... The International Agency for Research on Cancer (IARC) recently **classified hepatitis D as carcinogenic to humans**, just like hepatitis B and C. Hepatitis D, which only affects individuals infected with the hepatitis B, is associated with a two- to six-fold higher risk of liver cancer compared to hepatitis B alone. **This reclassification marks a critical step in global efforts to raise awareness, improve screening, and expand access to new treatments for hepatitis D.....**”

“... To mark World Hepatitis Day, WHO is partnering with Rotary International and the World Hepatitis Alliance to strengthen global and local advocacy. This year’s campaign “**Hepatitis: Let’s break it down**” demands action to confront the rising toll of liver cancer linked to chronic hepatitis infections....”

- Link: [World Bank \(blog\) – World Hepatitis Day: What the data reveal about global gaps in immunization](#) (by B Charron)

“Chronic hepatitis B burden is highest in Sub-Saharan Africa and East Asia & Pacific.”

The Lancet Commission on addressing the global hepatocellular carcinoma burden: comprehensive strategies from prevention to treatment

S Lam Chan et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01042-6/abstract?dgcid=tlcom_carousel1_lancethcc25](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01042-6/abstract?dgcid=tlcom_carousel1_lancethcc25)

“Liver cancer is the sixth most common cancer and the third leading cause of cancer-related mortality globally. The number of new liver cancers will nearly double, from 0.87 million in 2022 to 1.52 million in 2050, if there is no change in the current trend. Hepatocellular carcinoma, the most prevalent histological subtype of liver cancer, accounts for approximately 80% of all primary liver cancers. In response to this issue, a Commission comprising a broad spectrum of experts in clinical medicine and public health was established with the primary objective of addressing the rising

disease burden of hepatocellular carcinoma. First, we present the new finding that an annual reduction of at least 2% in the age-standardised incidence rate (ASIR) is required to stop the rising burden of new cases of liver cancer. Accordingly, **the Commission has set a goal of achieving at least a 2% reduction in the ASIR. For some regions where reductions in ASIR have already been observed, we propose a more ambitious goal of a 5% reduction.** If an annual 2–5% reduction in ASIR is achieved over the next 25 years, we estimate that 8·8–17·3 million new cases of liver cancer could be prevented, and 7·7–15·1 million lives could be saved.”

- Related [Lancet Editorial – Reversing the rise of liver cancer](#)

“The Lancet Commission on addressing the global hepatocellular carcinoma burden offers a hopeful outlook: at least 60% of liver cancers are preventable through targeted management of modifiable risk factors such as hepatitis B virus (HBV), hepatitis C virus (HCV), alcohol consumption, and metabolic dysfunction-associated steatotic disease (MASLD). Importantly, the Commission underscores that a sustained reduction in the age-standardised incidence rate (ASIR) of liver cancer of 2–5% annually could dramatically alter this trajectory, potentially preventing up to 17·3 million new cases and saving around 15·1 million lives over the next 25 years. Although a 2–5% annual reduction in ASIR might seem modest, achieving this is an enormous challenge.....”

“Africa is expected to see the most dramatic increase in cases of liver cancer and associated deaths due to rapid population growth and high prevalence of HBV and HCV. These troubling global trends underscore the urgent need for coordinated international efforts to stem the rise in liver cancer. Based on the best available evidence, the Commission proposes ten critical recommendations..... “

“Liver cancer is a global health concern, yet there are substantial regional differences in staging systems and multiple guidelines for management. The Commission calls for urgent international consensus-building and collaborative research to narrow regional gaps and harmonise standards of care globally. The message of the Commission—that strengthening prevention, fostering collaboration, and removing social and knowledge barriers can help avert the rapid rise of liver cancer—is one of possibility.”

Guardian - Lifestyle changes and vaccination ‘could prevent most liver cancer cases’

<https://www.theguardian.com/society/2025/jul/28/lifestyle-changes-and-vaccination-could-prevent-most-liver-cancer-cases>

“Lancet Commission says three in five cases preventable with action on obesity, alcohol and hepatitis.”

“The Lancet Commission on liver cancer found that most cases were preventable if [alcohol consumption](#), fatty liver disease and [levels of viral hepatitis](#) B and C were reduced. The commission set out several recommendations for policymakers, which it estimated could reduce the incidence of liver cancer cases by 2% to 5% each year by 2050, preventing 9m to 17m new cases of liver cancer and saving 8 million to 15 million lives.....”

GAVI Board meeting (24-25 July)

<https://www.gavi.org/governance/gavi-board/minutes/24-25-july-2025>

Gavi Board focuses on priority health impact as guiding principle in a resource constrained world

<https://www.gavi.org/news/media-room/gavi-board-focuses-priority-health-impact-guiding-principle-resource-constrained>

Must-read. “Gavi’s Board today agreed to a series of adjustments to its objectives for its next five-year period (2026–2030). In addition to programming adjustments, the Board approved a new strategy for supporting fragile & humanitarian contexts, confirmed the introduction of RSV vaccines and gave a green light to the establishment of an Mpox vaccine stockpile. Gavi Board Chair Professor José Manuel Barroso: “I want to thank our donors for the significant amount of support already pledged and I am **hopeful that with the support of other donors that have not yet been able to pledge, Gavi can look forward to its most ambitious strategic period yet.**”

So: adjustments in line with available resources whiling continuing to engage with donors that have not yet been able to pledge support.

- See also Devex - [Gavi's board tasked with strategy shift in light of \\$3B funding gap](#)

“The board approved a new approach to supporting children living in fragile and humanitarian contexts, confirmed it will introduce RSV vaccines for pregnant mothers, and approved the creation of an mpox vaccine stockpile. It also decided there would be a “slowdown” in some Gavi-supported immunization programs. ... The board also agreed to introduce a new “agile” funding tool, called the Gavi Resilience Mechanism, which aims to help it respond rapidly to outbreaks and emergencies — including middle-income countries facing acute shocks. This includes time-limited support for countries that are experiencing fragility and emergencies but are not eligible for Gavi support, such as lower-middle-income countries or countries eligible to borrow from the International Development Association. ...”

“... The board also approved Gavi’s first-ever health system strategy, which includes “more differentiated and tailored programming,” a simplified funding model, a deliberate approach to primary health care, alignment with other funding partners, a focus on innovation, and strengthened measurement and learning. (with six pillars)”

“...Internal documents — seen by Devex — that were distributed to board members before and after they met last week show that **the cost of Gavi’s work from 2026 to 2030 — what it refers to as “Gavi 6.0” — has also been raised from \$11.9 billion to \$13 billion.** But the funding shortfall will require some concessions. “Recalibrating priorities will be challenging and entail trade-offs,” one of the documents stated. **The Gavi secretariat — with offices in Geneva and Washington, D.C. — has already undergone an organizational review to reduce operating expenses. It’s reducing its workforce by 24% — 155 full-time roles,** the spokesperson told Devex. The organization is **still holding out hope it can bring in between \$500 million and \$1.5 billion from donors who weren’t in a position to pledge at the Brussels event,** one of the documents states. “

PS: “Given the tight funding landscape for global health, **the Gavi board was tasked with balancing competing priorities — including launching new vaccine campaigns, supporting preventative efforts and outbreak response, investing in health systems to sustain vaccine coverage and reach zero-dose children, and ensuring both programmatic and financial sustainability alongside a healthy vaccine market.** The board was also asked to consider whether it is comfortable reducing the portfolio of health products available to countries in order to help them adopt more broadly affordable vaccines....”

““What is the right balance between country-driven choices for deprioritisation and a more top-down, Gavi-driven approach?” one of the board documents asked. **The board was presented with a series of scenarios, with modeling of the impact of reductions.** Beyond projected death tolls, there were also concerns about the health of vaccine markets, prices of vaccines, cost of protracted outbreaks, and reputational risks when vaccine campaigns are reduced....”

More on Global Health Governance & Financing/Funding

Geneva Health Files - Rethinking the Role of WHO in a Transformed Global Health Order

I Kickbusch, M Kazatchkine & P Piot; [Geneva Health Files](#);

“In today’s edition, **leading lights of the field, Ilona Kickbusch, Michel Kazatchkine & Peter Piot,** share their **prescription on fixing not just long-term challenges that have bogged down WHO, but also suggest dramatic changes for the future....”**

“.... **We want to suggest three areas of reforms pertaining to WHO.** They will require significant political will by members states and will be challenging to implement. We see the proposals as urgent, straightforward, and much needed for the continuing relevance of WHO....”

“1. Refocus WHO on Its Core Mandate (setting norms & standards, health intelligence and surveillance, pandemic preparedness and emergency coordination, convening power); **2. Ensure WHO’s Financial Independence; 3. Strengthen WHO Governance and accountability....”**

Andrew Harmer - Defunding global health: What a weakened WHO means for the world.

<https://andrewharmer.org/2025/07/15/defunding-global-health-what-a-weakened-who-means-for-the-world/>

With some points covered in a **webinar by PHM, TWN and G2H2 on the 16th.** “The general focus of the webinar is to explore the consequences of the budgetary contraction that the WHO is now experiencing for people/communities, health programs, and WHO’s ‘core’ mandate.”

Harmer ends his blog on a both positive and less positive note.

Devex Pro – Gates CEO on what the next 20 years hold, and what it means for partners

<https://www.devex.com/news/gates-ceo-on-what-the-next-20-years-hold-and-what-it-means-for-partners-110576>

(gated) **“As the Gates Foundation shutters its doors in 2045, Mark Suzman talks about next steps and overall strategy.”** (cfr an interview from last week)

As a service to our readers, some excerpts (all compiled via various (free) Devex newsletters):

“So, how will sunsetting affect the foundation’s strategy, both today and tomorrow? In some ways, it will change it, Suzman said, but the fundamentals that have driven billionaire philanthropist Bill Gates over the last quarter of a century remain solid. While of course some things will inevitably change, Suzman said the bedrock principles that have driven the foundation for the past quarter of a century will remain — though on steroids. **That means doubling down on what’s worked, tapping into innovations such as artificial intelligence, catalyzing investments, and nurturing a new generation of philanthropists and partners to ensure decades of progress live on when the foundation moves on.** And Suzman isn’t shy about touting that progress. “[We’ve seen] the greatest progress for the greatest number of people over the largest and most diverse group of countries in human history,” he said during a one-on-one interview with Devex on Wednesday. “We saw a halving of preventable child mortality, a halving of preventable maternal mortality, a halving of deaths from HIV and TB and malaria.” **But paradoxically, “this will be the first year of the Gates Foundation’s life where the global rates of preventable child mortality and the infection rates and death rates from those big diseases I talked about — HIV, TB, and malaria — will all likely go up,”** he added. **“And so ... you’re celebrating 25 years of progress in a year of the greatest setbacks and political headwinds that we have [seen],** and that’s really at the core of what we’re hoping our announcements can help us do — weather this moment and really map a pathway to a future which actually still has massive, accelerated progress for people across the world.””

“And what would that progress look like? He cited advances in areas “where the world’s very poorest are most disproportionately affected compared to the world’s richest, and that is still in preventable maternal and child health care, death, and infectious diseases. And we hope that the world will look very different, transformed — not solved, but transformed — which means there should be much less need for traditional development resources to focus on those core issues.”....”

“... Before the United States withdrew from the World Health Organization, the Gates Foundation was already its second-largest funder. Suzman warned this is a sign that donors aren’t doing their jobs. “This is a crazy world if a philanthropic foundation has become the largest funder of the most important multilateral health agency. This is a world that is not allocating its resources appropriately compared to need,” he told us....”

“.... “It’s forcing us to be much more rigorous about what is our true comparative advantage,” said Mark Suzman, the chief executive officer of the Gates Foundation, [in a recent Devex Pro briefing](#). For Suzman, that means **focusing on outcomes and sticking to the foundation’s core priorities: maternal and child health, and minimizing preventable deaths; eradicating infectious diseases such as polio, malaria, tuberculosis, and HIV; and economic mobility and opportunity.** It also means **changing the partners the foundation works with.** Suzman added that over the next five to 10 years, there will be “significant turnover and change.” “If you’re going to be a partner with the [Gates Foundation](#), **expect us to be a very engaged partner.** We are not a hands-off partner, and

we'll just be transparent and honest about that," Suzman said. "We think that can still be a very trust-based healthy dialogue ... but that's our nature and model." "As the [Gates Foundation](#) plans to sunset by 2045, it is doubling its giving — to the tune of \$200 billion over the next two decades — and prompting a **flurry of questions from development groups eager to know: How can we partner with Gates?** The answer, according to CEO Mark Suzman, lies in **measurable outcomes and hard-nosed practicality**. "If there isn't a way to make [projects] at a price point and at a timeline that's going to be useful and usable within low- and middle-income countries, I don't care how good the idea is, we're not going to be funding this," Suzman told Devex President and Editor-in-Chief Raj Kumar [in a one-on-one briefing](#)."

"The foundation is **narrowing its focus to three categories: maternal and child health, controlling infectious diseases, and boosting economic opportunity** — with a tight eye on impact and sustainability. "If there's one word ... **it's catalytic**," Suzman said. "**Can we use our innovation to capitalize a different way of doing things that is going to be sustainable without us?**" But that **catalytic approach also comes with conditions: deep involvement, strict alignment with Gates' goals, and long-term thinking**. "If you're going to be a partner with the Gates Foundation, **expect us to be a very engaged partner**," Suzman explained."

"And while the foundation continues to push innovation, **it's also stepping into advocacy** amid shrinking global aid — a shift Suzman acknowledged is urgent. "We may win the occasional battle, but at the moment, we're losing the war of our hearts and minds," he said, calling for a **political renewal of support for health and development**. **By 2045, Suzman hopes the landscape will be transformed — and philanthropy more robust**. "We are, at the moment, the world's largest philanthropy by payout ... but we don't want that to remain the same."

TGH – The State of Global Health Funding: August 2025

A Krugman; <https://www.thinkglobalhealth.org/article/state-global-health-funding-august-2025>

"Six months after cuts to foreign aid, mostly by the United States, a new global health landscape is taking shape."

Among others with the views of **J Dieleman** and **Angela Apeagyei (IHME)**.

PS: "**To Dieleman, the most troubling shift has been toward the politicization of aid**. "On a global scale, **development assistance for health** was almost universally accepted as a good thing—it wasn't politically controversial," said Dieleman. "**All of a sudden, it's very squarely political and on the chopping block. That's not just a U.S. phenomenon. That's global.**""

Report from the Commission to the European Parliament, the Council the European Economic and social committee and the committee of the regions on the implementation of the EU Global Health Strategy

https://health.ec.europa.eu/document/download/cfb2292e-3647-4c68-9917-3eec3b1b34d4_en?filename=international_com2025-392_act_en.pdf

This report provides an overview of key achievements and challenges in the (EU Global Health) strategy's implementation. The report is structured according to the main sections of the strategy.

Gives a **good overview of the implementation so far.**

- Related: (3-pager) [response by the Global Health Advocates to this first implementation report](#)

"To ensure that the European Union is successful in delivering concrete and ambitious global health goals, we call on the [European Commission](#) to:

1. Scale-up EU financing for global health
2. Finalise the Monitoring and Evaluation Framework of the EU GHS
3. Enhance meaningful engagement with partner countries and communities.
4. Ensure that health is elevated on the political agenda"

EU pledges US\$4.5M for Zimbabwe's First National Public Health Institute [Health Care Middle East and Africa](#);

"The funding will support a four-year program in partnership with the World Health Organization (WHO) to enhance Zimbabwe's capacity to efficiently prevent, detect, and respond to public health threats. **This initiative aligns with the Africa Centers for Disease Control and Prevention (Africa CDC) Framework and the Global Gateway Health Package**, which was introduced at the 6th EU–African Union Summit....."

HPW - Health Taxes Offer Solution to Africa's 'Burning Platform' of NCDs

<https://healthpolicy-watch.news/health-taxes-offer-solution-to-africas-burning-platform-of-ncds/>

"Taxes on tobacco, alcohol and sugary drinks offer African countries the opportunity to regain their "sovereignty" in response to the collapse of donor funding, according to a [new report](#) on health financing compiled by Vital Strategies."

"Vital CEO Mary-Ann Etiebet described **the rise of non-communicable diseases (NCDs) fueled by these unhealthy products as a "burning platform"** – already accounting for a third of Africa's deaths and set to surpass the burden of infectious disease within five years.... **"Low- and middle-income countries are at risk of losing up to \$21 trillion by 2030 if no action is taken on the prevention and control of NCDs,"** Etiebet told the launch of the report this week."

Among others with the **view of Serah Makka, ONE's executive director for Africa**: "... Makka said that **West African governments and the West African Health Organisation are "looking at how we can increase health security through health taxes for universal health coverage"**. "Regional action and health taxes are going to be very important for Africa. And finally, there is political alignment. So this is the time. This is the moment. We've seen countries like South Africa, Nigeria and Kenya, already exploring and implementing excise taxes.""

Devex - Sin taxes rise — but are they hitting health goals?

<https://www.devex.com/news/sin-taxes-rise-but-are-they-hitting-health-goals-109510>

“Governments are increasingly adopting health taxes to tackle the growing burden of noncommunicable diseases and reduce preventable deaths. But **only with the correct design can these taxes truly support public health goals.**”

“Devex spoke to a number of experts to learn **what key design components can make health taxes, or sin taxes as they are also known, more effective in tackling the NCD burden.....**”

Global Policy - Development in the Trump Era: What's Next for Global Development Cooperation?

Andy Sumner & Stephan Klingebiel;

<https://www.globalpolicyjournal.com/blog/31/07/2025/development-trump-era-whats-next-global-development-cooperation>

“Andy Sumner and Stephan Klingebiel outline a **potential path forward rooted in progressive coalitions that cut across traditional North–South divides.**”

“In response to this new reality, EADI and the German Institute of Development and Sustainability (IDOS) **convened a diverse group of researchers** to reflect on the implications of the “Trump 2.0 moment”. The result is a newly released EADI–IDOS Discussion Paper, **Development and Development Policy in the Trump Era**, which brings together sixteen concise contributions from scholars based across Europe, Asia, and Latin America, offering perspectives from both the Global North and South.....”

With **five overarching themes.**

Global Tax Justice, debt crisis & financing of Global Public Goods

PIK - International cooperation on fossil fuel levies could raise billions for climate finance

<https://www.pik-potsdam.de/en/news/latest-news/international-cooperation-on-fossil-fuel-levies-could-raise-billions-for-climate-finance>

“ In the wake of newly agreed climate finance targets in Baku at COP29, **climate economists at the Potsdam Institute for Climate Impact Research (PIK) have analysed the effects of cooperative levies between smaller groups of countries on fossil fuels.** They find **such levies could raise USD 66 billion per year for financing emission reductions in developing countries.** Further initiatives such as pricing emissions from international aviation and maritime shipping could increase participation by countries and raise contributions to USD 200 billion per year.”

PS: “**Our analysis strongly suggests that coalitions to raise funds for global public good provision would be a win-win.** We show by pairing targeted spending of these levies on international climate finance, benefits can be shared by all,” said PIK’s Matthias Kalkuhl, another of the study’s authors.

The study is a contribution to the project "ODA in the Mutual Interest of Donors and Recipients", which is funded by the Gates Foundation and coordinated by the Kiel Institute for the World Economy....."

The Conversation - Climate change is making Africa's debt burden worse – new debt contracts could help

M Masamba; <https://theconversation.com/climate-change-is-making-africas-debt-burden-worse-new-debt-contracts-could-help-260081>

"Many African countries are already struggling with heavy debt burdens. Climate change is making this worse. Africa contributes the least to global emissions but suffers the most from extreme weather, rising temperatures and drought. These disasters affect not just people's livelihoods but also national revenues, making debt repayment harder. Yet traditional debt contracts don't account for this. The link between these pressure points is becoming undeniable. As climate-related disasters worsen, debt-laden countries are left with fewer public resources to protect their natural ecosystems and invest in health and education. ...**In exploring solutions to this problem, my recent research examined whether state-contingent debt instruments could help."**

"State-contingent debt instruments are usually backed by development banks or climate finance providers. They're linked to predefined shocks to a country's economy. ... Each state-contingent debt instrument is structured differently, but the **core aim** remains the same: **to give countries financial breathing room when they face external shocks like climate disasters or economic downturns."**

PS: **"South Africa's G20 Africa Expert Panel was established to address debt challenges.** In an effort to streamline climate finance and sovereign debt restructuring agendas, **the panel can lobby for state contingent debt instruments and other fairer debt tools to be piloted....."**

- And via UN News: [Experts to help countries create tax policies that advance sustainable development](#)

"Secretary-General António Guterres has **appointed** 25 experts to a UN committee to help countries design tax policies that advance their social, environmental and economic development objectives. **The UN Committee of Experts on International Cooperation in Tax Matters** supports governments in navigating complex policy trade-offs. Its work provides countries with practical options and tools based on real-world experiences from tax systems across the globe. ..."

Trump 2.0

The Donald & co seem hellbent on taking the US all the way back to the dark middle ages. And part of the world as well...

CGD - House Appropriators Seek Cuts to US International Assistance But Would Moderate Administration's Proposed Overhaul

Erin Collinson et al ; <https://www.cgdev.org/blog/house-appropriators-seek-cuts-us-international-assistance-would-moderate-administrations>

(July 31) “....Lawmakers signaled particular interest in preserving global health assistance and ensuring continued investments in agricultural development, education, and water and sanitation. The measure envisions a future for the Millennium Challenge Corporation (MCC) but would walk back from a slew of multilateral commitments. **Here’s a rundown of what caught our attention while we wait for Senate Appropriators to offer their version....”**

Vox - It’s surprisingly hard to know just how many people will die because of USAID cuts

<https://www.vox.com/future-perfect/421105/usaid-pepfar-cuts-death-toll>

“The chaos of Trump’s global health cuts make the human toll near-impossible to calculate. That’s by design.”

“ Two factors make it particularly difficult. First, the Trump administration’s plans are constantly shifting. And second, other actors change their behavior in response to US policy....”

“... the sheer chaos of the dismantlement, the lack of clarity about what the plan really is, and the difficulty in guessing how other governments and nonprofits will react (when they’re dealing with the same lack of clarity from the US) makes it hard to give a single answer. And it’s really hard to advocate for a program’s continuation when it’s impossible to keep track of the government’s plans for it. I strongly suspect that’s intentional: The White House has repeatedly lost when seeking congressional approval to dismantle our best-performing life-saving programs. So the administration has resorted to doing it piecewise and, as much as possible, avoiding a public debate....”

Forsaken – A failed rescue

Andrew Green; <https://theforsaken.substack.com/p/a-failed-rescue>

“U.S. lawmakers may have blocked a \$400 million cut to PEPFAR, but they did not restore the program.”

Devex - Judge dismisses lawsuits challenging Trump’s USAID dismantling

<https://www.devex.com/news/judge-dismisses-lawsuits-challenging-trump-s-usaid-dismantling-110600>

(28 July) “It’s yet another legal victory for the Trump administration, which has hollowed out the world’s largest aid agency since the president returned to office.”

Devex – Exclusive: USAID director alleges 'malfeasance' since Trump aid freeze

<https://www.devex.com/news/exclusive-usaid-director-alleges-malfeasance-since-trump-aid-freeze-110608>

“Andrea Capellán, a director in USAID’s Office of Acquisition and Assistance, said over the last six months, the agency's leadership has addressed serious issues through a pattern of "ignore, ignore, ignore.””

PS: “Lauren Bateman, the attorney representing the USAID partners suing the Trump administration, called Capellán’s memo “stunning.” Bateman added that it confirmed what those partners had been arguing throughout the case: that the administration terminated the awards en masse, not on an individualized basis. “This internal agency document corroborates that there was no such individualized review,” said Bateman, an attorney with Public Citizen Litigation Group. “It also shows that the Administration has ignored both court orders and numerous communications from officials within USAID raising concerns about the illegality of the Administration's actions.” “

WSJ - Trump Administration Scraps Effort to Pause Health-Research Funding

https://www.wsj.com/politics/policy/trump-administration-puts-new-chokehold-on-billions-in-health-research-funding-19660215?st=y39Riz&reflink=article_copyURL_share

(gated) “White House officials intervened to force budget office to reconsider health-research funding pause.” Trump Administration Puts New Chokehold on Billions in Health-Research Funding

The National Institutes of Health can’t award grants to outside researchers under a new White House restriction.”

Devex – Trump has big plans for DFC as reauthorization deadline looms

<https://www.devex.com/news/trump-has-big-plans-for-dfc-as-reauthorization-deadline-looms-110592>

“More investments, more countries, more equity, less oversight are all part of the administration's proposal for the agency, which needs the U.S. Congress to act before Oct. 6 to continue.”

« ... The Trump administration sent a letter to Republican House Speaker Mike Johnson last month detailing its plans for DFC, including text of a bill for its reauthorization. **The proposal envisions a much larger DFC, including raising its total exposure, or maximum portfolio size, from \$60 billion to \$250 billion while extending its ability to operate through Dec. 31, 2031. It emphasizes the agency’s national security objectives and makes little mention of its development mandate and focus on poorer countries.** But the proposal seeks to expand the number of countries DFC can work in, paving the way for it to invest in high-income countries, a shift from its initial remit to invest in lower-income countries.....”

Devex – Millennium Challenge Corporation will survive, but half its programs won't

<https://www.devex.com/news/millennium-challenge-corporation-will-survive-but-half-its-programs-won-t-110602>

“The agency, which seemed to be on the DOGE chopping block, was spared, but with compacts slashed, it's unclear exactly what its future will hold.”

FT – Republicans seek to defund the OECD

[FT](#);

“Move marks Trump administration’s latest effort to withdraw from international organisations.”

“Republicans in the House of Representatives are seeking to defund the OECD as the Trump administration widens its assault on American participation in international organisations. They are pressing ahead with legislation that would end Washington’s funding for the Paris-based organisation amid anger over its role in global tax rulemaking, which they argue unfairly targets US companies. “The committee does not support the work of the OECD that promotes higher tax rates, corporate tax floors and digital tax schemes that target American taxpayers,” Republicans on the House appropriations committee wrote in a report recommending the bill....”

PS: “.... The **threatened funding cuts mark the latest push by the Trump administration to curb support for the OECD**, which received about 18 per cent of its €235mn 2025 operating budget from Washington.....”

“.... Despite Republicans’ majority in both chambers of Congress, passing legislation to slash US funding to the body will be an uphill battle. For any bill to succeed in the Senate it would require the support of at least seven Democrats in order to bypass the so-called filibuster.....”

Devex - US funding cuts jeopardize Malawi's maternal health advances

A Green; <https://www.devex.com/news/us-funding-cuts-jeopardize-malawi-s-maternal-health-advances-110610>

“Following cuts to both maternal health and family planning services, former U.S. partners in Malawi are now scrambling to protect the gains they have made in improving outcomes for mothers.”

“The U.S. Congress appears to have protected global maternal health programs from the Trump administration’s efforts to revoke funds lawmakers had already allocated to those services. In the \$9 billion rescissions package adopted earlier this month, senators specifically excluded any cuts to maternal and child health. But in places like Malawi, that came too late.”

“The Trump administration has already eliminated key programs to support mothers and young children in the midst of dismantling the U.S. Agency for International Development. Officials here said they do not understand why some programs were cut, while similar ones were maintained. Other services were embedded within programs to address family planning and reproductive health,

which were [not protected](#) from the administration's cuts or its recent clawback. Former partners in Malawi are now scrambling to protect the gains they made with U.S. support, even as they warn that the cost of these disruptions will be more mothers dying preventable deaths...."

2025 Global Conference on Climate and Health (29-31 July, Brasilia)

WHO urges urgent action ahead of COP30 at global climate and health conference in Brasilia

<https://www.who.int/news/item/29-07-2025-climate-crisis-is-a-health-crisis--who-urges-urgent-action-ahead-of-cop30-at-global-climate-and-health-conference-in-brasilia>

"The World Health Organization (WHO), together with the Government of Brazil and the Pan American Health Organization (PAHO), will host the 2025 Global Conference on Climate and Health in Brasília, Brazil, from 29– 31 July 2025. This critical event is an official pre-COP30 meeting and comes at a pivotal time as climate change increasingly threatens global health. It offers a key platform for advancing bold and equitable climate-health solutions. The Conference is also the second meeting of the Alliance for Transformative Action on Climate and health (ATACH).

... The **Brasília Conference will help chart a clear course toward COP30 and beyond.**

"Main expected outcomes include: concrete inputs to the draft Belém Health Action Plan, a roadmap for embedding health into global climate policy; national commitments under ATACH to support the implementation of the Belém Health Action Plan; defined pathways for promoting health as a core pillar of climate action in the lead-up to COP30; and scientific deliverables to support health-informed climate policies and implementation."

- Some more background **via Arthur Wyns on LinkedIn:**

"This week, the government of Brazil is hosting a global climate and health conference and presenting a "Belem Health Action Plan" ahead of COP30. Hundreds of health leaders, climate experts and Ministers of Health from across the region and worldwide will travel to the capital, Brasília, to promote climate and health action in the lead up to COP30. Brazil also hopes the conference will help build support around its "Belem Health Action Plan" - a list of key actions and proven solutions to deliver climate-resilient health systems and healthy communities, around which Brazil wants to build consensus and political support. "

"The actions in the Belem Health Action Plan include:

- Climate-informed health surveillance and early-warning systems
- Actions to support the health workforce to manage climate change challenges
- Gender-responsive and community-led adaptation policies
- Integrating mental health into health sector adaptation plans
- Resilient and low-carbon health supply chains...."

And a few links:

- [Global Climate and Health Alliance: Common Position of Latin America and the Caribbean on Climate Change and Health ahead of COP30](#)

“The [Common Position of Latin America and the Caribbean on Climate Change and Health](#) is a landmark, region-wide declaration endorsed by over 50 original signatories, including health civil society, academia, governmental and humanitarian organizations, youth organizations and more. Developed through a participatory, multisectoral process, it outlines six strategic pillars: health protection, mitigation, adaptation, climate justice, leadership, and financing. Rooted in scientific evidence and local knowledge, equity considerations, and social determinants of health, the Position calls for bold, integrated climate action that puts people’s health at the center.

- HPW - [Health Organizations Must Cut Ties with Fossil-Fueled Public Relations and Advertising Firms](#)

“As health actors meet this week in [Brasilia to refine a Health Action Plan for COP30](#), ending relationships with PR firms that engage with fossil fuel producers is one concrete step both civil society and UN actors could take now, two leading global health actors argue. The call is the more urgent in light of the UN’s recent selection of a media firm [representing Shell](#) to promote the upcoming [UN Climate Conference \(COP30\)](#), hosted by Brazil in Belém.”

More on Planetary Health

WHO unveils health and environment scorecards for 194 countries

<https://www.who.int/news/item/24-07-2025-who-unveils-health-and-environment-scorecards-for-194-countries>

“The World Health Organization (WHO) has released the 2024 update of its health and environment country scorecards, assessing how countries are managing eight major environmental threats to health across sectors. These threats include air pollution, unsafe water, sanitation and hygiene (WASH), climate change, loss of biodiversity, exposure to chemicals, and radiation, occupational risks, and environmental risks in and around health care facilities. This year’s edition also introduces a new summary score, offering a concise snapshot of how environmental conditions are impacting people’s health.”

“WHO’s *health and environment country scorecards* serve as a valuable tool for guiding national action. They provide detailed data across the eight key areas linking environment, climate change, and health policies, promoting cross-sectoral engagement, and helping governments prioritize evidence-based interventions.”

Lancet World Report - The environmental impacts of conflict

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01531-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01531-4/fulltext)

“Often overlooked as a dimension of the health effects of war, the impacts of conflict on the environment are gaining increasing attention. Rebecca Sers reports.”

Quote: "... According to Habicht, "War is always bad for public health." Yet **until recently, the long-term, cumulative health impacts of conflict pollution have been largely overlooked.** Even today, in many long-running conflicts—Sudan, Myanmar, and the Democratic Republic of the Congo—this toxic legacy passes well below the international radar. **Managing the environmental impacts of conflict is today's challenge. Since 2022, the pace of technological change signals a new era of warfare in which the capacity for environmental harm will probably increase.** Zwijnenburg has warned that alongside conflict pollution in Syria other environmental pressures such as climate-linked water shortages, wildfires, and deforestation "are not just long-term concerns—they are converging into an acute crisis". **Despite the difficulties of assessing the health consequences of the toxic remnants of war, bringing them to the forefront of global health policy and humanitarian action is now an urgent task....."**

WHO - Health system strengthening interventions to improve the health of displaced and migrant populations in the context of climate change

<https://iris.who.int/handle/10665/382023>

"This **Global Evidence Review on Health and Migration** provides a global overview of existing evidence on health system interventions aimed at addressing the health needs of displaced and migrant populations in the context of climate change....."

Seventh report in the Global Evidence Review on Health and Migration (GEHM) series. The report draws on a review of 95 health system interventions across six WHO regions, and identifies effective strategies, research gaps, and key policy directions for building climate-resilient, migrant-inclusive health systems.

Devex – Environment ministers mull climate finance, Africa's development future

<https://www.devex.com/news/environment-ministers-mull-climate-finance-africa-s-development-future-110589>

"As official development aid declines, **African leaders last week committed to safeguarding the continent's natural resources and to seek innovative finance to address the challenges posed by climate change.**"

« **Tensions over climate financing resurfaced at Africa's biggest environmental meeting since U.S. President Donald Trump's foreign aid cuts.** But environment ministers at the gathering in Nairobi, Kenya, managed to agree on a way forward to reset the continent's development agenda. At the **20th Ordinary Session of the African Ministerial Conference on the Environment, or AMCEN**, they committed to **exploring innovative finance** to address pressing challenges that undermine Africa's efforts to achieve the United Nations Sustainable Development Goals. Those challenges include climate change, biodiversity loss, drought, and plastic and chemical pollution. »

« The commitments were adopted as part of the **Tripoli Declaration on Environmental Action in Africa** — in which **countries also pledged support for the proposed Global Plastics Treaty** to tackle plastic pollution across its entire lifecycle. **The declaration also included a commitment to explore science, multilateral cooperation, and environmental justice as key pillars to integrate Africa's development into the circular and blue economy, while deploying digital technologies such as artificial intelligence to empower the continent's people on environmental stewardship.**"

« ... **But no agreement committing new climate financing was signed** among member states and development partners at the U.N. complex, even as lobby groups revisited the push for the Global Goal on Adaptation — stressing it must be clear on how it will be implemented and its plan on engaging partners. It's a key component of the Paris Climate Agreement. **While Africa's climate adaptation needs from the beginning of the decade to 2035 are estimated at \$845 billion**, Anthony Nyong, the director of climate change and green growth at the African Development Bank, or AfDB, said **Africa needs about \$277 billion every year to address climate change. At the moment, the continent gets only \$30 billion a year from multilateral sources**, he said.....”

Climate Change News - Top UN court paves way to lawsuits over inadequate climate finance

<https://www.climatechangenews.com/2025/07/31/worlds-top-court-opens-door-to-lawsuits-over-inadequate-climate-finance/>

“The International Court of Justice has **advised that the level of climate finance given to developing countries must be compatible with limiting global warming to 1.5C.**”

HPW – Smoke Signals from the Plastics Treaty: Why Geneva Negotiations Can't Ignore Health Governance

D Sy; <https://healthpolicy-watch.news/smoke-signals-from-the-plastics-treaty-why-geneva-cant-ignore-health-governance/>

“As negotiators prepare to **meet in Geneva, 5-14 August** in yet **another attempt to finalize the United Nations Global Plastics Treaty** addressing a pollution crisis affecting oceans and ecosystems worldwide – **a critical linkage between health and environment governance seems to be largely missing from the draft text.**”

“... This is particularly apparent with regards to **cigarette filters** – the world's most littered plastic item – although it extends to cross-sector cooperation on other issues regarding the health harms of other plastics as well.....”

PS: “**The solution lies in strengthening the draft's health foundation by explicitly recognizing existing health agreements, including the WHO's FCTC**, which was already referenced in previous drafts to promote “cooperation, coordination, and complementarity.””

In short, “... **The Global Plastics Treaty could model integrated governance for 21st-century planetary health challenges, or represent another missed opportunity for coherent global health governance.....**”

HPW - The Accelerating Health Impacts of Heat: UK Climate and Health Summit Highlights Trends Ahead of COP30

<https://healthpolicy-watch.news/accelerating-health-impacts-of-heat-global-climate-and-health-summit-highlights-trends/>

With an overview of **key discussions at the recent Climate and Health Summit** in the UK, also looking ahead to COP30 already. Some excerpts:

“... the recent [Climate and Health Summit](#), hosted by the UK Physiological Society, the nearly 150 year-old institution whose earliest members included Charles Darwin, offered a rich array of examples of what is going on in the climate and health research space. And that includes policy lessons that could and should be applied much more broadly as countries prepare their national commitments [for the next UN Climate Conference \(COP30\) in Brazil](#), and health actors meet this week in Brasilia to review a draft [Climate and Health Action Plan](#) for the upcoming COP30....”

“... Even so, health remains in the ghetto of mainstream climate negotiations. It is not part of the formal UN climate negotiating framework. If mentioned in countries’ national-level commitments, there are usually few concrete, measurable metrics for reference. Similarly, it is ignored in most global climate financial instruments. It’s not on the priority list of investments for finance ministries, and it’s not even very high on the priority list of most health ministries that are increasingly faced with the effects of climate change, from extreme heat to flooding, drought, and nutrition challenges.”

“... The impact of heat on health has particularly come into its own, driven by weather trends that no one can ignore.” (with many examples at the conference of its impact)

“... One way to unlock more investments in renewable energy and other projects that yield health co-benefits, would be to establish health as a formal parameter of climate negotiations and commitments. So far it is not. [COP’s formal negotiation tracks include](#) mitigation, adaptation, finance, technology, capacity building. Other issues, such a loss and damage; just transition, indigenous peoples, youth, agriculture and oceans have also played prominent roles in recent years. On the [official UNFCCC website](#), amongst the 19 topics mentioned, [health does not even have its own section](#). While health has played a more prominent role [in adaptation talks](#), it is still a minor feature in [mitigation agendas](#), with little or no technical attention to health co-benefits of certain actions. Quantifiable health co-benefits of mitigation actions still don’t play a significant role as a quantifiable metric for prioritizing mitigation actions or reporting on outcomes. This means that health impacts or outcomes from climate actions remains outliers in [Nationally Determined Commitments](#) by countries, and consequently as investment priorities. As a result, in COP outcome documents, health is typically only mentioned in passing. “

“... In global climate negotiations, health still remains a sideshow, admitted Alan Dangour, head [of Wellcome’s new strategic focus on Climate and Health](#), in the closing session of the London Summit. “For those of you who have not been to a COP, basically, there’s a circus with entertainment, and then in the middle, there’s a room where the negotiations happen,” said Dangour. “The Health Day was part of the circus,” he added, referring to the first big health event at COP28. “We got the [COP] President speaking, we got all sorts of people to speak, and we were very pleased with ourselves, and the community was very pleased with itself that we had managed to achieve that, but we achieved absolutely zero in that little [negotiating] room. “Since COP28, our entire focus has been on the negotiating group and we now support the African group of negotiators to make sure that health evidence is part of what they negotiate. ...”

IDS Opinion - Dismantling silos: a call for collaborative action on climate change and health

S Reddin et al; <https://www.ids.ac.uk/opinions/dismantling-silos-a-call-for-collaborative-action-on-climate-change-and-health/>

“Recently, we had the privilege of participating in the [Global Climate and Health Summit 2025](#). It was a gathering that, for the first time in our experience, brought together climate scientists, air pollution experts, food systems researchers, health professionals, and policymakers in one powerful, purpose-driven space. The theme was clear: **we are out of time for incrementalism. Evidence and experience must now lead us to urgent, systemic action.....**”

Guardian - UN holds emergency talks over sky-high accommodation costs at Cop30 in Brazil

<https://www.theguardian.com/environment/2025/jul/30/un-emergency-talks-sky-high-accommodation-costs-cop30-brazil>

“Concerns poorer countries could be priced out of negotiations in Belém as room rates soar amid shortage.”

Lancet (Viewpoint)- Bioethics for the planet

W Anderson et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01068-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01068-2/fulltext)

“.... The conventional fields of bioethics and biomedical ethics are poorly equipped to offer health professionals and policy makers the action-based guidance necessary to confront these planetary-scale drivers of ill health. **We call for more effective inclusion of planetary health in bioethics to identify, guide, and implement a forceful approach to these major global challenges.** This approach would prioritise the “bios” component of bioethics, thereby encompassing the biosphere and offering a compelling ethical framework to support people working at the intersection of medical and environmental practices. **Such an inclusion implies the development of bioethics less confined by anthropocentrism.....**”

PS: “Integrating planetary health ethics into bioethics requires engagement with new stakeholders, such as Indigenous thought leaders, groups that are rendered vulnerable (eg, people on low income, disabled people, and refugees), and younger generations, as well as broadening appreciation of what counts as expertise in bioethics (panel).”

Nature Africa - Climate change blame in Africa

T Andrews et al. <https://www.nature.com/articles/d44148-025-00223-0>

“Citizens across Africa place primary climate responsibility on themselves and their governments, not historic emitters.”

PPPR

Pandemic Fund -External Advisory Council

<https://www.thepandemicfund.org/external-advisory-council>

« **Convening over 19 organizations, the Pandemic Fund's new External Advisory Council works to shape and innovate long-term pandemic preparedness and response efforts to help build a more resilient, healthier future. »**

« Preventing and responding to the next pandemic requires more than public-sector action alone. **Non-sovereign actors—including the private sector, philanthropies, academia, and think tanks—**bring essential assets: knowledge, innovation, capital, data, and operational reach. To harness these strengths, the Pandemic Fund established the External Advisory Council (EAC) to bring these partners to shape and scale effective pandemic prevention, preparedness, and response (PPR) efforts.....”

Nature Medicine – What success looks like

Lawrence O. Gostin; <https://www.nature.com/articles/s41591-025-03829-x>

“The 2025 Pandemic Agreement is **a grand global social bargain** that replaces charity with equity.”

“Three years ago, 194 member states of the World Health Organization (WHO) began arduous negotiations on the Pandemic Agreement. **Broadly speaking, the global north sought** stronger requirements to identify and curb diseases at their source, and access to scientific information needed to develop lifesaving vaccines and therapeutics. **The global south insisted** on more-equitable access to those products, and international support to build their health systems. **I have called these trade-offs a ‘grand global social bargain’”**

In the last paragraph, Gostin looks hopefully ahead: “... The 2025 World Health Assembly took the first crucial step toward a Pandemic Treaty to make the world safer and fairer. The future path will be just as arduous but vital to a better future. **Rapid negotiation of the PABS annex, a worldwide push for the required 60 government ratifications and an empowered COP could cement global solidarity when the next pandemic strikes — and it will.”**

Guess only then we'll be able to speak of a global social bargain...

CEPI - World-first library of vaccine-enhancing adjuvants launches

<https://cepi.net/world-first-library-vaccine-enhancing-adjuvants-launches>

“Pioneering library will serve as vaccine-adjuvant matchmaking service that creates more potent vaccines and speeds up the response to deadly disease outbreaks. The **library, funded by CEPI, will be hosted by the UK's Medicines and Healthcare products Regulatory Agency (MHRA)**. Adjuvants are added to vaccines to create stronger, longer-lasting immunity than vaccines alone.”

Stat - Top White House pandemic preparedness official resigns, officials say, in sign of broader disarray

[Stat](#);

“Staff in key offices is dwindling at a time of myriad biological threats.”

“Gerald Parker, who was reported to be the head of the White House's Office of Pandemic Preparedness and Response Policy, resigned from the role after roughly six months — and was never actually appointed the formal head of the pandemic preparedness office in the first place.”

Health Emergencies

UN News – Cholera outbreak in West and Central Africa poses crisis for children

<https://news.un.org/en/story/2025/07/1165528>

“Some 80,000 children are estimated to be at high risk of cholera in West and Central Africa as the rainy season begins across the region, the UN Children’s Fund (UNICEF) said on Wednesday. “

“... Active outbreaks in the hotspots of the Democratic Republic of the Congo (DRC) and Nigeria are fuelling the risk of cross-border transmission to neighbouring countries.”

Lancet Letter - A continental call to action to end cholera by 2030

N Ngongo, Yap Boum, Jean Kaseya et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01426-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01426-6/fulltext)

“On June 4, 2025, the Assembly of Heads of State and Government from 20 cholera-affected countries in Africa united to **adopt a collective call to action aimed at stopping ongoing cholera outbreaks and hastening efforts to eliminate cholera across the continent by 2030**. This call represents an **unprecedented political commitment to address cholera as a major public health issue in Africa**. The call comes at a critical moment: cases of cholera are increasing, mortality rates are worsening, global health funding to combat the disease is declining, and the ability of African countries to allocate resources is being strained by other emerging health emergencies and rising debt payments....”

Nature Medicine - Key drivers for mpox control at its source to reduce costs amid aid cuts to Africa

Ngashi Ngongo, Yap Boum Jean Kaseya et al; <https://www.nature.com/articles/s41591-025-03869-3>

« the mpox continental Incident Management Support Team (IMST) has launched its second continental mpox [outbreak response plan3](#). This strategy aims to intensify the response efforts, integrate interventions within existing health systems, and invest in preparedness for future outbreaks. The plan calls for US\$424 million in funding and the deployment of 6.4 million doses of

mpox vaccines to support mpox-affected countries in Africa. Yet only US\$196 million and fewer than 600,000 vaccine doses are currently available through previous commitments, including contributions from the US government and UNICEF, underscoring the urgent need for increased funding and concerted efforts to control the outbreak before it spreads to more countries. As global health security is a shared responsibility of everyone and diseases have no boundaries, we call on the international global health community to make timely efforts to mitigate the impacts of the outbreak. Compounding the challenge is a sharp decline in external financial support to Africa...

“...Given this context, African countries must increase domestic health investments and emphasize measurable results, operational efficiency and long-term sustainability. These actions are essential not only to contain the current mpox outbreak with limited resources but also to reinforce the broader goal of resilient and responsive health systems across the continent.”

“Learning from the experiences of Gabon, Guinea, Mauritius and Zimbabwe — four countries that controlled the mpox outbreak within three months — and from Burundi and the DRC that have intensified their response and have successfully bent the epidemiological curve after its peak, it is evident that a decisive, promptly implemented, and effective public health response is crucial as soon as the outbreak is declared or a resurgence of new cases is reported... Five key drivers have contributed to this successful control of mpox in these countries:....”

And so, **“... During the second phase of the mpox response, the continental IMST should support the adoption of these five lessons in countries and provinces reporting new mpox cases, as well as in those experiencing a resurgence...”**

Africa CDC and European Commission Launch New Initiative to Strengthen Mpox Testing and Sequencing Across Africa

<https://africacdc.org/news-item/africa-cdc-and-european-commission-launch-new-initiative-to-strengthen-mpox-testing-and-sequencing-across-africa/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) and the European Commission today announced the launch of the Partnership to Accelerate Mpox Testing and Sequencing in Africa (PAMTA), a landmark initiative to boost diagnostics and outbreak response capabilities in Mpox-affected African countries. Co-funded under the EU4Health 2024 Work Programme, PAMTA reflects the growing momentum of Africa–EU health cooperation and aims to reinforce the continent’s resilience against current and future health threats. The initiative will accelerate testing, sequencing, capacity building, and local manufacturing efforts for mpox and other priority pathogens across Africa through a €9.4 million to Africa CDC and the African Society for Laboratory Medicine (ASLM), managed by the European Health and Digital Executive Agency (HaDEA). The project officially began on 1 June 2025 and will be implemented over three years....” With **4 key objectives.**

NCDs

HPW – Governments ‘Backslide’ on NCD Commitments After Pressure from Unhealthy Industries

<https://healthpolicy-watch.news/governments-backslide-on-ncd-commitments-after-pressure-from-unhealthy-industries/>

Governments have weakened their commitment to addressing non-communicable diseases (NCDs) after pressure from “big tobacco, alcohol, junk food, and fossil fuels”, according to civil society. Their claim centres on **the draft political declaration** due to be adopted at the UN High-Level Meeting (HLM) on NCDs in September, **which no longer calls on countries to implement high taxes on these unhealthy products.** Countries are due to wrap up negotiations on the declaration this week, with the final declaration due to be adopted at the HLM on 25 September. “

“It looks like health-harming industry fingerprints are all over this,” said **Alison Cox, director of policy and advocacy** at the **NCD Alliance**. “At a time of fiscal pressures, shrinking global health funding, and increased emphasis on domestic resource mobilisation, health taxes are a golden opportunity to both generate revenue and reduce the burden of NCDs and associated healthcare costs,” she added. **“Yet as it stands, the declaration’s text contains weaker language around taxes and lets industry off the hook,** prioritising profits over public health,” added Cox, describing the draft as “a backslide”. **The language in the current draft has been watered down, and targets have been “flattened”, with active commitments to ‘implement’ and ‘enact’ replaced with the “far more passive language of ‘consider’ and ‘encourage’,”** according to the NCD Alliance.

“Vital Strategies, a global public health organisation, urged the negotiators to “reinstate explicit commitment to health taxes” on tobacco, alcohol and sugar-sweetened beverages. ... The language in the current draft has been watered down, and targets have been “flattened”, with active commitments to ‘implement’ and ‘enact’ replaced with the “far more passive language of ‘consider’ and ‘encourage’,” according to the NCD Alliance. **It also wants the declaration to “explicitly tackle harmful commercial practices and strengthen conflict-of-interest protections to safeguard public health policymaking from industry interference”,** strengthen commitments to “proven tobacco control measures” including effective taxation, and **“recognise unhealthy diets as an urgent priority”**”

“.... The NCD Alliance is also unhappy about “significant backsliding” around social participation and the role of civil society, which is only referred to once.”

- Related [thread](#) on Bluesky by @Thirugeneva (re a Politico Pro article):

Including:

““Health taxes on sugar, tobacco and alcohol are badly needed to help manage global aging, argues the World Health Organization’s prevention chief — but governments don’t seem ready to follow the WHO all the way just yet.” pro.politico.eu/news/who-cal... “For proof, see the latest draft of a United Nations political declaration on noncommunicable diseases, obtained by Rory, which **scraps an ambitious target for 80 percent of countries to tax sugary drinks at the WHO’s recommended levels by 2030.**” “Diplomacy and geopolitics doesn’t work in a straight line and takes

longer than you ... hoped for," **Jeremy Farrar, the WHO's new assistant director general for health promotion, disease prevention and control**, told Rory in an interview. "

"Across the board: The draft comes as a disappointment to NGOs in plenty of other respects besides health taxes. For example, a brief reference to assessing intellectual property laws in light of health needs in the original draft has been removed." **"It is quite appalling that the draft NCD political declaration keeps silent on the need to overcome the IP barriers to facilitate access to medicines required in the fight against NCDs,"** Kappoori Madhavan **Gopakumar, a lawyer at the Third World Network**, told Rory."

- On the latter, see also TWN - [Health: Draft UN Political Declaration on NCD silent on TRIPS flexibilities](#) (by K M Gopakumar)

"The draft political declaration for the upcoming UN General Assembly (UNGA) High Level Meeting on non-communicable diseases (NCD) is silent on the use of TRIPS flexibilities to overcome intellectual property barriers to access affordable medicines...."

Health Systems & Reform - Development Assistance for Health and the Challenge of NCDs Through the Lens of Type 2 Diabetes

William Savedoff et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2025.2531693>

".... DAH has mainly focused on infectious diseases along with conditions related to reproductive health. Some programs show how DAH could help LMICs reorient health systems by focusing on neglected areas like economic and social policies, along with environmental and behavioral drivers of diseases like T2DM (type 2 Diabetes Mellitus). Furthermore, in an era of declining resources for DAH, external support needs to be catalytic, supporting reforms more than financing services. **Orienting limited DAH to address NCDs could support the necessary transformation of service organization, financial allocation criteria, data generation and use, health promotion, and training of care providers. DAH could also strengthen the public institutions and policies that prevent NCDs like T2DM through economic policies, environmental regulation, and health promotion interventions that address social and behavioral risk factors. Four broad categories of actions can guide DAH to better orient health systems to address NCDs: "First, do no harm," help transform health systems, think outside the box, and match tools to needs.** Several existing assistance modalities are also presented to show specific ways that this reorientation can be implemented."

UHC/PHC/....

SSM Health Systems - Health Financing and Systems in African Small and Island States: Unique Challenges and Opportunities in achieving Universal Health Coverage

Finn McGuire et al; <https://www.sciencedirect.com/science/article/pii/S294985622500056X>

"... Despite unique challenges, African S&IS have higher total health expenditure per capita and government prioritisation of health spending. African S&IS perform relatively well comparing key

health system inputs and health outcomes. Findings suggest that structural impediments affecting the health sector for S&IS may be less severe than anticipated, or offset by good policies.....”

CGD (Policy paper) - A “Diagonal” Approach to Integrating Nutrition into Health Systems: Opportunities, Challenges, and the Way Forward

A Shafira & J Guzman; <https://www.cgdev.org/publication/diagonal-approach-integrating-nutrition-health-systems-opportunities-challenges-and-way>

“Despite decades of global efforts, nutrition remains underprioritized, siloed, and poorly integrated within health systems and universal health coverage (UHC) efforts. This persistent challenge occurs against a backdrop of health and development financing at an inflection, where there is growing recognition to rethink how nutrition-specific interventions are delivered and financed. The Global Compact for Nutrition Integration launched at the 2025 Nutrition for Growth Summit signaled strong political commitment to addressing these systemic disparities, while the operationalization requires concrete delivery pathways with greater attention to evidence-based implementation strategies. This paper explores delivery approaches for nutrition-specific interventions, drawing from country and donor experiences across the health sector. Vertical approaches, while more direct in achieving specific outcomes, are often supported by off-budget funding and frequently result in fragmented delivery through parallel systems. Conversely, horizontal approaches are typically on-budget and systems-oriented but may lack specificity and accountability for nutrition outcomes. “Diagonal” approaches—as one strategy to achieve integration—offer a potential bridge by embedding high-impact nutrition interventions into health system strengthening efforts with clear outcome measures and accountability mechanisms. Diagonal approaches leverage strategic overlaps across four key pathways: population targets, health system resources, service delivery platforms, and financing vehicles to maximize synergies between nutrition and broader health system goals.”

- Related CGD blog with some key messages: [Scaling Up Nutrition Interventions Through Integration: A “Diagonal” Approach](#)

Re the “ new CGD policy paper that takes stock of how nutrition interventions are currently delivered—and why that needs to change. It explores “diagonal” approaches as an alternative to vertical and horizontal models and offers policy recommendations for donors and governments to scale up the delivery of high-impact nutrition services.”

PS: ... First introduced in [Mexico’s 2006 health reform to reduce child mortality](#), diagonal approaches seek to embed high-impact nutrition interventions within broader efforts to strengthen health systems. Unlike purely vertical or horizontal models, this approach aims to achieve targeted outcomes and system improvements simultaneously. At its core, *the diagonal approach emphasizes clear accountability and measurable results.*

Conflict/War/Genocide & Health

UN News - In Gaza, mounting evidence of famine and widespread starvation

<https://news.un.org/en/story/2025/07/1165517>

“The worst-case scenario of famine is currently playing out in Gaza,” [UN-backed food security experts said on Tuesday](#), in a call to action amid unrelenting conflict, mass displacement and the near-total collapse of essential services in the war-battered enclave.”

“According to the **Integrated Food Security Phase Classification (IPC) platform**, **two out of three famine thresholds for food consumption have been breached across most of Gaza**, with acute malnutrition levels in Gaza City confirming aid agencies’ repeated warnings. “Mounting evidence shows that widespread starvation, malnutrition, and disease are driving a rise in hunger-related deaths,” the IPC assessment maintained....”

Guardian – Children and elderly people most vulnerable as Gaza famine deepens, warn experts

<https://www.theguardian.com/world/2025/jul/30/children-and-elderly-people-most-vulnerable-as-gaza-famine-deepens-warn-experts>

“Aid agencies, governments and UN’s food security monitor report evidence of worsening starvation, particularly among under-fives.”

Reuters – Exclusive: USAID analysis found no evidence of massive Hamas theft of Gaza aid

<https://www.reuters.com/world/middle-east/usaaid-analysis-found-no-evidence-massive-hamas-theft-gaza-aid-2025-07-25/>

“An internal U.S. government analysis found no evidence of systematic theft by the Palestinian militant group Hamas of U.S.-funded humanitarian supplies, challenging the main rationale that Israel and the U.S. give for backing a new armed private aid operation. The analysis, which has not been previously reported, was conducted by a bureau within the U.S. Agency for International Development and completed in late June. It examined 156 incidents of theft or loss of U.S.-funded supplies reported by U.S. aid partner organizations between October 2023 and this May....”

HHR - A destruction of the conditions of life: Report on Genocide in Gaza

<https://www.hhrjournal.org/2025/07/29/a-destruction-of-the-conditions-for-life-report-on-genocide-in-gaza/>

“Israel’s military campaign is deliberately and systematically dismantling Gaza’s health and life-sustaining systems, says Physicians for Human Rights Israel, in a position paper released this week. PHRI’s **health-centered legal analysis** examines Israel’s conduct in Gaza over the last 22 months, following Hamas’ attack on Israel in October 2023, presenting a chronology of Israeli actions in Gaza that have “destroyed Gaza’s healthcare infrastructure in a manner that is both calculated and systematic”, and detailing its determination that these acts constitute genocide under international humanitarian law....”

Guardian - Rising number of doctors among hundreds of medical staff detained in Gaza, say rights groups

<https://www.theguardian.com/global-development/2025/jul/26/rising-number-of-doctors-among-hundreds-of-medical-staff-detained-in-gaza-say-rights-groups>

“Detention of Dr Marwan al-Hams by Israeli undercover unit on Monday takes number of doctors being held to 28, says **Healthcare Workers Watch**.” “ ... Twenty-eight doctors from Gaza are being held inside Israeli prisons, eight of whom are senior consultants in surgery, orthopaedics, intensive care, cardiology and paediatrics, according to **data from Healthcare Workers Watch (HWW), a Palestinian medical organisation**. Twenty-one of those detained have been held for more than 400 days. HWW said none had been charged with any crimes by the Israeli authorities....”

New Humanitarian – Why humanitarians must act to end Israel’s genocide in Gaza

T Aloudat ; [New Humanitarian](#) ;

“With all other actors abdicating responsibility, a broad coalition of aid organisations must take bold steps to halt Israeli atrocities.”

“Humanitarian agencies and organisations are some of the few actors with any power left who have not yet been fully compromised by complicity in Israel’s atrocities in the Gaza Strip. It falls on them now to move beyond attempting to provide aid and issuing denunciations. They must do everything in their power to try to stop what is plainly a genocide. ...”

“... Then [i.e. during WW II] as now, this is the question facing the preeminent humanitarian organisations of our time: Will they throw the full weight of their moral authority into the scales on behalf of the Palestinian population of Gaza? The weight of history demands that they do. “

“In practical terms, this means that humanitarian organisations, particularly in the West, should take the governments of the countries where they are based, as well as EU institutions, to national courts, the European Court of Human Rights, and even to the ICJ. The basis for the cases is the fact that Western states have: continued to arm Israel; provided it with diplomatic cover; and failed to act in accordance with their obligations under international humanitarian law to use all of their levers of power to stop the genocide unfolding in plain sight. This legal action should not be done sporadically but as a wide, coordinated alliance simultaneously across multiple jurisdictions in order to have maximum effect. “

“Additionally, international humanitarian actors should attempt to break the siege of Gaza....”

Lancet Letter - Break the selective silence on the genocide in Gaza

Roberto De Vogli et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01541-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01541-7/fulltext)

“Starvation is being used repeatedly and relentlessly as a weapon of war. Leading human rights organisations, UN agencies, and UN Special Rapporteurs have officially recognised the genocide in Gaza. This position is also supported by a broad and distinguished group of genocide

scholars. However, **most public health, medical, and social science associations have either remained silent or issued vague statements—a response that contrasts sharply with their rapid and vocal support in other conflicts, such as with Ukraine.** This pattern suggests a **selectively empathic response**: a tendency to express solidarity with people who are perceived as being part of a so-called in-group and neglect those classified as an out-group based on nationality, ethnicity, religion, or geopolitical alignment.... “ “ **To challenge this selective silence, we issued an open letter urging professional and academic associations in the fields of health care, public health, and the social sciences to publicly recognise the genocide in Gaza and to revise their official positions accordingly** (appendix pp 6–20).”

Lancet Letter – The famines in Gaza and other conflict areas are a moral failure

Saskia Osendarp, L Haddad et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01542-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01542-9/fulltext)

“As scientists and members of the Standing Together for Nutrition Consortium (ST4N) who have been [Standing Together For Nutrition](#) during recent crises, we use evidence of the impact of crises on nutrition to advocate for the people most affected. Now, in the face of the world's indifference, we are compelled to speak out about the horrifying human-made famine unfolding in Gaza and other conflict areas, including Sudan, South Sudan, and Yemen. Widespread starvation is deliberately used as a weapon of war, at a scale that we never thought possible. It is a moral failure that in 2025 more than 1·2 million people are living in Integrated Food Security Phase Classification (IPC) phase 5 (catastrophe) famine conditions—the most extreme food insecurity level according to the gold-standard IPC. These famines are not only claiming lives today, but they are also inflicting irreversible intergenerational trauma and damage.”

“... Careful data collection and scientific evidence to inform policy making are important. But this is not a moment for analysis, this is a moment for action. ST4N is calling for the nutrition, medical, public health, and scientific community to support a call to action on ST4N's website. Using hunger as a weapon of war must stop. Aid must flow today. Every child—every person—has the right to the nutrition they need to survive and thrive. Immediate, sufficient, unimpeded, and unconditional humanitarian access is urgent; it is the only path to avert further famine-related deaths and suffering. To delay humanitarian assistance is to deepen the crisis; to act is to break the chains of complicity.”

- And a link: Lancet Letter - [Paediatric meningitis outbreak in Gaza amid health system collapse](#)

Lancet Editorial – Sudan: a health catastrophe ignored

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01563-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01563-6/fulltext)

This week’s Lancet Editorial – with an overview of the dire situation. And the lack of (sufficient) international response so far.

Lancet Regional Health Europe - The Halifax Declaration: protecting health, dignity, and human rights in an era of forced displacement

G E Fabreau et al ; <https://www.sciencedirect.com/science/article/pii/S266677622500198X>

“The 2025 International Refugee and Migration Health Conference (IRMHC) convened 614 health professionals, scholars, students, advocates, artists, and community leaders in Halifax, Nova Scotia, Canada—a historic site of migration and refuge. The conference addressed critical themes in the health of forcibly displaced people, including mental and physical health, reproductive justice, infectious diseases, primary care innovation, child and adolescent health, and health equity.”

“The Halifax Declaration emerged from the conference as an urgent response to escalating structural inequities and restrictive refugee and migrant policies globally, worsened by recent sweeping policy changes in the United States. **The Halifax Declaration affirms the following core principles to uphold the health, dignity, and rights of refugees and forcibly displaced persons worldwide:....”**

International Journal of Social Determinants of Health and Health Services - Global Health on the Edge of a World War III

Joan Benach & Carlos Muntaner;

<https://journals.sagepub.com/doi/abs/10.1177/27551938251359053>

“... Wars are among the most severe threats to public health, triggering widespread mortality, the collapse of health care systems, food insecurity, disease outbreaks, psychological trauma, and long-term socio-economic destabilization, as well as other forms of social and environmental destruction. This article explores the current geopolitical landscape, analyzing political tensions and the major causes of conflicts in order to evaluate the potential of a Third World War developing in the near future. It argues that, from a public health perspective, comprehending the geopolitical motivations behind armed conflicts is crucial for their prevention. Given the current era of escalating geopolitical tensions and the looming threat of nuclear conflict, the authors urge public health institutions and their educators and researchers to engage deeply with war and conflict as a determinant of health and health inequity, and advocate for peace through diplomacy and disarmament.”

Access to medicines, vaccines & other health technologies

NYT – Tariffs on Medicines From Europe Stand to Cost Drugmakers Billions

<https://www.nytimes.com/2025/07/28/health/trump-drug-tariffs-europe.html>

“Many pharmaceutical products made in Europe will face a 15 percent tariff, pinching manufacturers and potentially leading to higher drug prices.”

- See also Stat – [Pharma firms will face 15% tariffs in Trump’s E.U. trade deal](#)

The taxes will not go into effect until a separate national security investigation is finished, per a White House official

“President Trump’s tariffs on pharmaceuticals coming from the European Union will be set at 15% and will not go into effect until a national security investigation has been completed, according to a White House official familiar with the plans. Once the Section 232 investigation is finished and its

associated tariffs are levied, they will remain at 15% for the E.U., the person said. They noted that the structure and implementation details remain unknown. **The Section 232 investigation, which aims to understand the national security implications of relying on other countries for key imports, is ongoing, and it could yield higher tariffs for non-E.U. countries.”** (i.e. like China, India)

UK-India CETA – Reflections on the IPR chapter (Chapter 13)

<https://www.keionline.org/40943>

Some comments on the new UK-India trade agreement, by @thirugeneva.bsky.social and others.

WHO – Defining access to countermeasures

<https://iris.who.int/bitstream/handle/10665/381656/9789240108103-eng.pdf?sequence=1&isAllowed=y>

Landscape report 2024. This report presents a landscape analysis of the key activities related to MCMs (medical countermeasures) for pandemic response.

With 4 parts (with part 4 being a summary analysis of the report).

SSM Health Systems - Pooling resources for better health: Exploring pooled procurement for health technologies globally and potential application in Asia

A Prakash, Kalipso Chalkidou et al;

<https://www.sciencedirect.com/science/article/pii/S2949856225000558?via%3Dihub>

“... **In Asia, there is potential for applying pooled procurement.** Existing mechanisms could be leveraged and at minimum, coordination and information sharing may be initiated. **Potential priority areas for exploring pooled procurement across countries** are for high-cost medicines, antibiotics, life-saving medical devices and vaccines.....”

Lancet Comment - A crisis of credibility: the global cost of US vaccine misinformation

Heidi Larson & Simon J Piatek; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01495-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01495-3/fulltext)

“**The global health community faces a deepening challenge—not only from infectious diseases but also from a pandemic of misinformation. The USA, long a cornerstone of global health leadership, has become an unexpected source of global instability in vaccination confidence.** While US institutions such as the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) remain internationally respected, their credibility has been compromised by domestic political interference, institutional undermining, and unregulated digital platforms. **The consequences are global.....**”

“... Cutting US funding of vaccine equity abroad and tolerance of anti-vaccine sentiment at home presents a strategic vulnerability. The global health system relies on credibility as much as funding. When a leading donor cuts substantial portions of international funding for science as well as vaccine delivery, among multiple other health programmes, it challenges global health efforts and allows conspiracy and misinformation to flourish globally. The loss is to the funding and reputation of multilateral efforts and to crucial support for credible information sources, fuelling the spread of misinformation, undermining trust in vaccines and risking lives. A clear strategy is needed to counter US vaccine misinformation. ...”

PS: **“The urgency is compounded by what lies ahead. With climate-linked disease emergence, conflict-driven displacement, and increasing zoonotic risk, the next pandemic might already be incubating. A world fragmented by health misinformation is ill-prepared to respond to the next pandemic threat.”**

The *Lancet*–World Conferences on Research Integrity Foundation Commission on Research Integrity

Lex Bouter et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01528-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01528-4/fulltext)

“In January, 2025, a group of scientific sleuths published their call to action to tackle fake research. There is no one magic bullet solution and a concerted effort by many stakeholders will be needed to substantially change matters. **The World Conferences on Research Integrity**—which started in 2007 and **will hold the 9th [World Conference on Research Integrity](#) in Vancouver, Canada, on May 3–6, 2026**—bring these stakeholders together and offer a platform for all scholars and professionals interested in promoting responsible research practices.”

“Given the slow progress in strengthening research integrity and in changing the academic environment, together with emerging threats such as paper mills, generative AI, and political attacks on academic freedom, *The Lancet* and the [World Conferences on Research Integrity Foundation](#) (WCRIF) are initiating a Commission on research integrity. This Commission will take a multifactor and multistakeholder approach and will work towards innovative solutions regarding the prevention, diagnosis, and treatment of the issues that threaten the quality and credibility of research.”

Gates Foundation partners with The BMJ on topics related to women’s health innovation globally

BMJ Opinion – Reimagining women’s health is a global imperative

Ru Cheng (Gates Foundation) <https://www.bmj.com/content/390/bmj.r1537>

“The choices and investments we make to advance women’s health now will define our shared health and prosperity in the future.”

BMJ Opinion - Reshaping research and development through women's leadership

F Ndiaye (Speak up Africa); <https://www.bmj.com/content/390/bmj.r1556>

"To achieve equitable health systems women need to be the architects of innovation, not merely its recipients."

Some more reports

WHO - Global hunger declines, but rises in Africa and western Asia: UN report

<https://www.who.int/news/item/28-07-2025-global-hunger-declines-but-rises-in-africa-and-western-asia-un-report>

"This year's The State of Food Security and Nutrition in the World report also examines the causes and consequences of recent food inflation."

"An estimated 8.2 percent of the global population, or about 673 million people, experienced hunger in 2024, down from 8.5 percent in 2023 and 8.7 percent in 2022. However, progress was not consistent across the globe, as hunger continued to rise in most subregions of Africa and western Asia, according to this year's [The State of Food Security and Nutrition in the World](#) (SOFI 2025) report published today by five specialized agencies of the United Nations."

"Launched during the Second UN Food Systems Summit Stocktake (UNFSS+4) in Addis Ababa, SOFI 2025 indicates that between 638 and 720 million people faced hunger in 2024. Based on the point estimate* of 673 million, this represents a decrease of 15 million people from 2023 and of 22 million from 2022. While the decline is welcome, the latest estimates remain above pre-pandemic levels, with the high food inflation of recent years contributing to the slow recovery in food security....."

UNICEF-WHO-The World Bank: Joint Child Malnutrition Estimates (JME) — Levels and Trends – 2025 edition

[UNICEF WHO World Bank](#);

Among the findings: **"The Joint Child Malnutrition Estimates (JME) released in 2025 reveal insufficient progress to reach the 2025 World Health Assembly (WHA) global nutrition targets and SDG target 2.2.** Just over one quarter of all countries (28 per cent) are 'on track' to halve the number of children affected by stunting by 2030, and assessment of progress to date is not possible for 20 per cent of countries. Even fewer countries are expected to achieve the 2030 target of 3 per cent prevalence for overweight, with just 17 per cent countries currently 'on track'. Further, an assessment of progress towards the wasting target is not possible for over one third of all countries. **More intensive efforts are needed for the world to achieve the global targets for stunting, wasting and child overweight by 2030."**

150.2 million children under five are stunted... and another 43 million children are wasting.

WHO - Implementing the global framework on well-being at country level: policy pathways

<https://iris.who.int/handle/10665/382031>

"dive in and read about policies for

1. **Nurturing planet earth and its ecosystems**
2. **Promoting social protection and welfare systems based on equity, inclusion and solidarity**
3. **Promoting equitable universal health coverage**
4. **Equitable economies that serve human development**
5. **Promoting equitable digital systems."**

"Implementing the global framework on well-being at country level: policy pathways offers practical insights for ministries of health to support this transition. It adapts the WHO Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach into concrete, actionable strategies that help governments shape policies to enhance well-being. **The document highlights five key policy pathways, providing ministries of health with strategic directions to champion change:** • **Nurturing Planet Earth and its ecosystems:** Building climate-resilient health systems and policies that protect both human and environmental health. • **Social protection and welfare systems:** Designing equitable systems that guarantee access to essential services, prevent poverty, and promote social inclusion. • **Equitable universal health coverage:** Strengthening health systems through a primary health care approach, integrating public health, social care, and preventive services. • **Equitable economies:** Advocating for economic policies that serve human development, ensuring sustainable trade, reducing inequalities, and aligning commerce with well-being goals. • **Equitable digital systems:** Ensuring universal access to digital health tools and services while addressing digital inclusion, literacy, and ethical artificial intelligence (AI) governance in health care."

Miscellaneous

Guardian – ‘The matter is in his hands alone’: president of Sierra Leone urged to ban FGM as court rules it tantamount to torture

<https://www.theguardian.com/global-development/2025/jul/28/the-matter-is-in-his-hands-alone-president-of-sierra-leone-urged-to-ban-fgm-as-court-rules-it-tantamount-to-torture>

"The **Ecowas court of justice** has ordered the West African country to criminalise female genital mutilation after hearing the case of a woman brutally forced to undergo the practice."

... The case, filed by **Forum Against Harmful Practices (FAHP), We Are Purposeful, and Allieu**, held the government liable for human rights violations due to its failure to criminalise FGM. The court ordered Sierra Leone "to enact and implement legislation criminalising female genital mutilation and to take appropriate measures to prohibit its occurrence and protect victims""

Global health events

WHO's Alliance for HPSR - Policy-makers build momentum for cross-country learning in a changing global health landscape

<https://ahpsr.who.int/newsroom/news/item/28-07-2025-policy-makers-build-momentum-for-cross-country-learning-in-a-changing-global-health-landscape>

Policy-makers from China, Germany, Ghana, India, Indonesia, Japan and South Africa gathered for the **second meeting of the Alliance Policy-maker Forum in June 2025**. This event built on the momentum from the [inaugural meeting held in October 2024](#), continuing the Alliance's commitment to convening spaces to strengthen evidence-informed health policy through cross-country dialogue and collaboration.

Check out some of the **themes**. Including: '**A strong emphasis emerged on the role of subnational-level action**, which participants described as the "engine room" of health systems, where policies meet communities and the reality of health delivery unfolds. "

Global health governance & Governance of Health

Evaluation - Progress and pitfalls when evaluating the unintended effects of public policy: The case of German international development cooperation

Zunera Rana et al; <https://journals.sagepub.com/doi/full/10.1177/13563890251347266>

"**The study of unintended effects of policies is a key debate among evaluation scholars**. Through complexity theory, we argue that unintended effects of (international) public actions are inevitable and question the reliability of evaluations in providing a correct and complete picture of public policy. We use a machine-learning-assisted text-mining case study approach, **examining 254 programme evaluations of German international development cooperation** as a 'least likely case'. While German evaluations focus more on unintended effects than Dutch, Norwegian and American evaluations, their treatment is not always correct or complete. There is an overidentification of unintended effects and a bias towards positive ones, with certain types of unintended effects overlooked. We explore explanations for the observed weaknesses, including an overreliance on linear thinking and insufficient guidance for the evaluators on identifying unintended effects. **We conclude with concrete suggestions to improve implementation of the Organization for Economic Co-operation and Development guidelines that are essential to make public administration more effective and trusted.**"

Devex - What FCDO will spend its money on this year

<https://www.devex.com/news/what-fcdo-will-spend-its-money-on-this-year-110580>

See also last week's IHP newsletter issue. "**The U.K. Foreign, Commonwealth & Development Office has released its annual report and accounts, giving more details about where it will spend its aid money in the current year.**"

“What’s new in the FCDO report? Aid organizations in the U.K. identified several key new pieces of information. • **This year will see deeper cuts to its funding for Africa, which will fall by around £184 million, or nearly 12%.** However, this follows a steep rise in funding to Africa the previous year. • **The U.K. will continue in full with its previous commitment of £1.98 billion over three years to the International Development Association,** the World Bank fund which provides support, largely in the form of grants, to the world’s poorest countries — and will even provide some of the money ahead of schedule. • **Some of the most vulnerable countries face cuts.** The occupied Palestinian territories will get £101 million, a reduction of around 21%, while £120 million is earmarked for Sudan — a nearly 18% cut. • **Women and girls have consistently been a U.K. priority area, but there are signs that this is changing.** This area will get almost £285 million, a 42% cut. **Health spending will also fall by almost 46% to £527 million.”**

Devex Pro - Australian aid: A primer

<https://www.devex.com/news/australian-aid-a-primer-110493>

(gated) “.... Its foreign cooperation is guided by [four central themes](#): climate action; disability equity and rights; gender equality; and humanitarian action. Australia has also identified the **Indo-Pacific region as a strategic focus**, allocating about three-quarters of its projected 5.1 billion Australian dollars development aid for 2025 to 2026 to the region — likely equivalent to around 3.3 billion in U.S. dollars — according to its [latest budget](#)....”

Frontiers - Transformation of the WHO Africa Region Secretariat: an exploratory study of the health policy lessons from health governance strengthening interventions for just and sustainable health systems

Bernard Hope Taderera; <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1616655/full>

“The World Health Organization African Region (WHOAFRO) Transformation Agenda initiated in 2015 has emerged as an important health leadership strengthening initiative in pursuing the 2030 health SDGs and UHC. However, there remains need for research narrating health policy lessons from implementing it with a focus on Pro-Results Values, Smart Technical Focus, Responsive Strategic Operations, and Effective Communications and Partnerships, for just and sustainable public health systems in pursuing universal health coverage.”

“This study explored health policy lessons from the implementation of WHOAFRO Transformation from 2020 to 2023, and how this may help reinforce health systems governance on the continent....”

European Journal of Public Health - EURO-DOGE by stealth? Concerning developments in the (de)funding of European health civil society

<https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/ckaf117/8193944?login=false>

By Eleanor Brooks , Holly Jarman , Scott Greer.

Chair's Report on the G20 Development Working Group Skukuza Ministerial Meeting

<https://g20.org/g20-media/chairs-report-on-the-g20-development-working-group-skukuza-ministerial-meeting/>

“The G20 Development Ministerial Meeting under South Africa’s Presidency took place in Skukuza, Kruger National Park from 24-25 July 2025. It was preceded by the Fourth Meeting of the G20 Development Working Group (DWG) held from 20-23 July 2025.

“The following documents were adopted by consensus: The G20 Skukuza Development Ministerial Declaration. Ministerial Call to Action: Towards Inclusive, Resilient and Sustainable Development through Universal Social Protection Systems with special priority on Social Protection Floors. Ministerial Call to Action: Towards Voluntary and Non-Binding High-Level Principles for Combating Illicit Financial Flows.” **“Furthermore, in consultation with some members, guest countries and international organisations, a Chair’s Statement on Emerging Principles on Fostering International Cooperation for the Protection and Delivery of Global Public Goods** was developed, reflecting the discussions held in the group and calling for the **establishment of the Ubuntu Commission**, a panel of experts, to take this work forward....”

Devex – Auf Wiedersehen

[Devex](#);

Update on German aid. “ The coalition government already dropped the target of committing 0.7% of Germany’s gross national income to development and announced an [8% cut to the ministry for global development](#) for 2025. It also plans to cut emergency [humanitarian aid by 53%](#) for this year, my colleague Jesse Chase-Lubitz tells me. Germany’s aid budget has in fact been dropping for years. There was a 3.4% cut between 2023 and 2024, while another \$1.1 billion was axed between 2024 and 2025. **The downward trendline is likely to continue. The 2026 draft budget, [approved by the cabinet this week](#), proposes a cut of €330 million, bringing the German development ministry [BMZ’s](#) budget to €9.94 billion, down from €10.3 billion for 2025.** It marks **another setback for the aid sector** as Germany joins the growing roster of countries slashing foreign assistance....”

Geneva Solutions - ‘Forced to leave the country with nothing’: Stop TB Partnership layoffs leave many in limbo

<https://genevasolutions.news/global-health/forced-to-leave-the-country-with-nothing-stop-tb-partnership-layoffs-leave-many-in-limbo>

“Mass layoffs at a UN-backed health programme in Geneva reveal the human cost of an aid system under financial pressure, where workers can be cast aside with little warning and no safety net, despite efforts by organisations to ease the blow.”

Microbes and infection - Averting collapse: Reimagining the NTDs ecosystem through G20 health diplomacy and science innovation

M Goh & Peter Hotez;

<https://www.sciencedirect.com/science/article/pii/S1286457925000796?via%3Dihub>

“The recent termination of the U.S. Government's neglected tropical diseases (NTD) mass treatment program, following similar cuts by the UK, threatens decades of progress. Without a strategic reset, NTDs may re-emerge, exacerbating poverty across Africa and beyond. **We call for a broadened donor base and reframing NTD control as a shared global interest, especially as NTDs rise in G20 nations due to climate change and urbanization.** This moment demands **investment in sustainable tools, like NextGen vaccines and biologics, and greater leadership from G20 countries.**”

Studies in Comparative International Development - Reimagine Aid, Don't Destroy It

R Farber, J Harris, J Shaffer, Alica Yamin, Amy Zhou et al;

<https://link.springer.com/article/10.1007/s12116-025-09475-1>

Commentary piece in Studies of Comparative International Development from a number of social science scholars who study global health and international development.

They conclude: “.... **Reimagining global health and its funding dynamics cannot take place in a vacuum. The severe consequences of the Trump administration's reckless and sudden stoppage of funding highlight long-standing inequities in global resources, as well as the persistently precarious dynamics of development aid.** The harm caused to so many by the US funding pause is evidence of colonial continuities and relationships of dependency that permeate much global health work. **There exists both an urgent need to fill the devastating gaps caused by the funding pause and an opportunity to reimagine longer-term solutions and approaches to global health and development assistance.**”

“**We have proposed alternatives to hierarchical relationships of dependency, replacing stagnant categories of “donors” and “recipients” with a collaborative approach that emphasizes awareness of and agenda-setting with stakeholders across all levels of governance and expertise.** We have **advocated for a clear focus on social and commercial determinants of health — such as addressing poverty — and integrating diagonal approaches that** strengthen public health and healthcare systems while also targeting disease-specific outcomes....”

Reuters - COVID-19 special envoy David Nabarro dies at 75

<https://www.reuters.com/business/healthcare-pharmaceuticals/covid-19-special-envoy-david-nabarro-dies-75-2025-07-26/>

“**David Nabarro**, the World Health Organization's [special envoy for COVID-19](#) since the early stages of the outbreak in 2020, has died at the age of 75, the WHO said on Saturday.”

"David was a great champion of global health and health equity, and a wise, generous mentor to countless individuals," World Health Organization chief **Tedros Adhanom Ghebreyesus** said of the Briton in a post on X.

“... Nabarro was also co-director of the Institute of Global Health Innovation at Imperial College in London.”

PS: In 2017, he was a candidate for WHO director general, finishing second to Tedros in the election.

- See also [NPR – Remembering David Nabarro: 'a great champion of global health and health equity'](#)

“... he was perhaps best known for his work with the United Nations and the World Health Organization, [trying to stop outbreaks of diseases like Ebola](#) in 2014 and eventually helping spread public-health messaging in the response to COVID-19 — work that helped earn him a knighthood by King Charles in 2023.”

“Nabarro lamented how politics had begun shifting how governments responded to global health emergencies. [In an interview with NPR in 2021](#), Nabarro recalled how the coordinated global response to Ebola in 2014 was "amazing." By the time COVID-19 developed, he told A Martinez, things had changed. "There has been a funny shift between 2015, when I was working on Ebola, and 2020 to '21, working on COVID," Nabarro said. "And it's this — I find that world leaders are just no longer apparently able to work together and deal with this problem through a global response.”

- And via [Devex – David Nabarro, who led fight against pandemics, malnutrition, dies](#)

“ The British physician and global health giant **coordinated responses to Ebola, COVID-19, and cholera while championing nutrition initiatives** that earned him the World Food Prize and a knighthood.”

He was a **systems thinker**. “.... “David cared about people and our planet, and he was clear that taking a sector approach was not good enough. **Applying a systems approach and leadership was the only way, according to him, that humanity can tackle the complex challenges of today,**” Anders Nordström explained.”

Pandemic preparedness & response/ Global Health Security

Geneva Health Files - Governance of Digital Sequence Information at the Crossroads: Examining the Policy Spheres of WIPO & WHO

Siddarth Jain; [Geneva Health Files](#);

In-depth analysis on the **prevailing challenges in the governance of Digital Sequence Information**. “Access to genetic information underpins research and development, and consequently, the access to medical products. How, and at what terms DSI can be used determines innovation in science as much as it impacts health outcomes.”

PS: timely analysis, “as the negotiations on the Pathogen Access Benefits Sharing Mechanism at the WHO, gather steam in Geneva.”

“Jain through this article **highlights the complex and contested nature of Digital Sequence Information (DSI) governance, revealing it as a central point of tension between Intellectual Property Rights and Global Health Security.** It details how recent international agreements—have largely failed to establish a unified and binding framework for DSI, deferring critical discussions to future negotiations.”

“**The political debate over Digital Sequence Information (DSI) concerns who owns genetic data, who can access it, and whether benefit-sharing is owed when it is used in research or commercial applications.** DSI refers to digitized genetic data, often extracted from biological samples—plants, pathogens, microbes, and animals....”

“... The triangulated situation on the DSI stands **at the intersection of WHO’s IGWG on the Pandemic Treaty (health governance), the CBD and the Nagoya Protocol (biodiversity governance)** including International Treaty on Plant Genetic Resources for Food and Agriculture, **and the WIPO’s Treaty on Genetic Resources and Traditional Knowledge (IP governance).**”

Planetary health

Guardian - Countries failing to act on UN climate pledge to triple renewables, thinktank finds

<https://www.theguardian.com/environment/2025/jul/31/countries-failing-act-un-climate-triple-renewables-cop28>

“Fossil fuel reliance likely to continue and Cop28 target of limiting global heating to below 1.5C will be missed.”

“Most global governments have failed to act on the 2023 UN pledge to triple the world’s renewable energy capacity by the end of the decade, according to climate analysts. The failure to act means that on current forecasts the world will fall far short of its clean energy goals, leading to a continued reliance on fossil fuels that is incompatible with the target of limiting global heating to below 1.5C. **A report by the climate thinktank Ember** found that **only 22 countries, most within the EU, have increased their renewable energy ambitions since more than 130 signed up to the renewables pact at the UN’s Cop28** climate talks in Dubai almost two years ago.....”

Carbon Brief – US president Donald Trump’s tariffs might only shave 0.3% off global carbon dioxide (CO2) emissions this year, according to Carbon Brief analysis.

<https://www.carbonbrief.org/analysis-trumps-tariffs-could-cut-just-0-3-from-global-co2-emissions-in-2025/>

“While the Trump administration is setting back international climate action through policies such as the “one big beautiful bill”, some analysts have argued that **his tariffs would inadvertently cut carbon by throwing sand into the engine of the global economy**. However, Carbon Brief’s analysis, based on changing projections of economic growth since the tariffs were announced, shows that this effect is likely to be very limited.”

Guardian - Air pollution raises risk of dementia, say Cambridge scientists

<https://www.theguardian.com/environment/2025/jul/24/air-pollution-raises-risk-of-dementia-say-cambridge-scientists>

“Most comprehensive study of its kind highlights **dangers of vehicle emissions and woodburning stoves**.” “The **report, which was produced by researchers at the Medical Research Council’s epidemiology unit at the University of Cambridge** involved a systematic review of 51 studies.....”

UN News - Pollution, melting microbes, undamming rivers, risks for elders: 4 key climate issues

<https://news.un.org/en/story/2025/07/1165501>

“In a world increasingly shaped by climate extremes, environmental experts are delivering a blunt warning: **four rapidly emerging threats** could reshape life for millions unless urgent action is taken. “From ancient microbes awakening in melting glaciers to toxic pollutants unleashed by floods, the dangers are no longer distant or theoretical. They are here, and they are growing.....”

“The **Frontiers Report 2025**, released by the UN Environment Programme (**UNEP**), highlights four critical areas where environmental degradation intersects with human vulnerability: **legacy pollution, melting glacier microbes, undamming rivers and climate risks for an ageing population that is growing.....**”

Nature (Comment) – China reins in the spiralling construction costs of nuclear power — what can other countries learn?

[Nature](#);

“**Strengthening regulations and domestic supply chains** could be key to making nuclear power more economically viable.”

FP2P blog - The world is seeing more extreme heat – so why don’t we plan for it like other humanitarian disasters?

<https://frompoverty.oxfam.org.uk/the-world-is-seeing-more-extreme-heat-so-why-dont-we-plan-for-it-like-other-humanitarian-disasters/>

“Despite the climate crisis driving more bouts of devastating heat, too much of the world remains poorly prepared. **Nuzhat Nueary introduces new Oxfam/FCDO research that looks at the links between extreme heat and water scarcity** and highlights glaring gaps in humanitarian response.”

- And a link: **HP&P** - [Building climate resilient healthcare systems: Lessons from Thailand](#)

Covid

Humanities & Social Sciences Communications - Examining criticism of WHO's COVID-19 response: a scoping review

M M Nour et al ; <https://www.nature.com/articles/s41599-025-05555-8>

« The COVID-19 pandemic exposed significant weaknesses in global health governance, with the World Health Organization (WHO) facing widespread criticism. **This scoping review aims to systematically examine and categorize critiques of WHO's pandemic response across multiple stakeholders.**

... Included studies reported that the **WHO's effectiveness was limited by delayed emergency declarations, inconsistent public health messaging, inequitable vaccine distribution, and constrained authority over global health measures.** Additionally, **geopolitical tensions, donor-driven funding structures, and the exclusion of key stakeholders (e.g., Taiwan)** further challenged global coordination. These issues affected public trust and highlighted structural inefficiencies in international health governance.....”

Mpox

Nature Medicine (Comment) - A systematic nomenclature for mpox viruses causing outbreaks with sustained human-to-human transmission

<https://www.nature.com/articles/s41591-025-03820-6>

“We propose a new nomenclature for mpox virus lineages with sustained human-to-human transmission to improve tracking, communication and public health response.”

Infectious diseases & NTDs

Nature (News) - mRNA vaccines for HIV trigger strong immune response in people

<https://www.nature.com/articles/d41586-025-02439-4>

“Results from early-stage trial show that 80% of participants who received one of two HIV vaccine candidates produced antibodies against viral proteins.”

Telegraph - Why Brazil has built the world's largest mosquito factory

[Telegraph](#);

“An ambitious initiative to curb the spread of dengue is attempting to breed the virus out of existence.”

NCDs

HPW -Addressing Alzheimer's: Speech and Smell Tests May Help to Detect Cognitive Decline

<https://healthpolicy-watch.news/addressing-alzheimers-speech-and-smell-tests-may-help-to-detect-cognitive-decline/>

“Digital tests based on speech and smell are being developed to screen for cognitive decline, researchers told the [Alzheimer's Association International Conference](#) in Toronto.”

“Two speech apps are already some way down the road, testing several markers including speech speed, vocabulary and rhythm in different languages to establish a baseline for testing, a session convened by the [Davos Alzheimer's Collaboration \(DAC\)](#) heard. A third initiative using smell is also in the mix, primarily testing people's ability to smell certain scents via inhalers.”

“DAC supports an innovation ecosystem to accelerate healthcare solutions to end Alzheimer's disease globally, and DAC-supported projects in Kenya, India, Egypt and Chile have afforded the companies access to multicultural groups to refine their innovations. Better screening tests are essential as an estimated three-quarters of people with Alzheimer's are never diagnosed and, as the burden grows in the global South, tests for low-resource settings as crucial....”

Nature Medicine – Resilience and brain health in global populations

<https://www.nature.com/articles/s41591-025-03846-w>

“Resilience is a multifaceted concept that spans biological, psychological and social domains, and is critical for population health—particularly brain health. While most existing research originates from the global north, there is an urgent need to explore resilience in the majority world settings, where unique biological, exposomal, economic and sociocultural factors shape health. In this Review, we highlight resilience as a key modifier of brain health outcomes. We explore the biological correlates of resilience and the influence of the exposome. We propose future synergistic integrations of exposome, cultural reserve, community resilience, allostasis and whole-body health principles to promote an inclusive perspective in diverse settings. This approach is particularly relevant for majority world contexts, where resource constraints and cultural diversity demand adaptive, scalable and context-sensitive strategies.”

Guardian - Colonial ideas of beauty: how skin lightening products are linked to cancer in black African women

<https://www.theguardian.com/world/2025/jul/30/colonial-beauty-skin-lightening-products-linked-cancer-black-african-women>

“A string of recent cases has highlighted the dangers for women in countries across the continent using harmful creams and lotions.”

Mental health & psycho-social wellbeing

IHP - Addressing suicide prevention in Singapore: reflections from Vienna

<https://www.internationalhealthpolicies.org/featured-article/addressing-suicide-prevention-in-singapore-reflections-from-vienna/>

By Han Le Minh. He presented at the [33rd International Association of Suicide Prevention \(IASP\) World Congress](#), held in Vienna, Austria.

Sexual & Reproductive health rights

France under pressure to stop \$9.7m of USAID contraceptives being destroyed

<https://www.theguardian.com/world/2025/jul/31/france-under-pressure-to-stop-97m-of-usaid-contraceptives-being-destroyed>

“US reportedly planning to destroy contraceptives, probably destined for Africa, in France after dismantling USAID.”

Globalization & Health - The impact of artificial intelligence (AI) on maternal mortality: evidence from global, developed and developing countries

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01135-2>

By Nicholas Ngepah et al.

Devex - Opinion: Women’s voices reveal a maternal medicines access gap

<https://www.devex.com/news/sponsored/opinion-women-s-voices-reveal-a-maternal-medicines-access-gap-110443>

“In Kenya and Nigeria, women’s experiences reveal critical gaps in maternal health care, with many forced to find and fund essential medicines during labor. But listening to their voices shows us that progress toward UHC is possible.”

Hera - Strengthening access to reproductive health commodities: hera's evaluation of the Best Practices Grant

<https://www.hera.eu/news/strengthening-access-reproductive-health-commodities-evaluation-best-practice-grant>

“From 2020 to 2025, the Clinton Health Access Initiative (CHAI), with funding from the UK’s Foreign, Commonwealth & Development Office (FCDO), led a programme entitled “Establishing Best Practices for Government-Led Product Introductions” (referred to as the Best Practices Grant)—an ambitious £40 million initiative aimed at improving access to Reproductive Health (RH) commodities across several low- and middle-income countries.”

“hera was contracted by CHAI to conduct the final external evaluation of the BPG, with a mandate to capture lessons, assess results, and generate insights to inform both the FCDO’s final Programme Completion Review and future investments in RH market shaping. ... The evaluation found that the BPG was overall effective in achieving its objectives, contributing to increased availability and uptake of RH commodities in target countries. The programme’s design aligned well with national policies and government-led priorities for sexual and reproductive health and rights (SRHR). Notably, government-led processes for RH product introduction were strengthened in several countries, laying important groundwork for future sustainability. Discussions with CHAI and in-country stakeholders also highlighted the broader human rights dimension of the BPG’s work, particularly the right to contraception and reproductive choice. ...”

Neonatal and child health

Health Economics, Policy & Law - Lead-attributable productivity losses in low- and middle-income countries

[Health Economics, Policy and Law](#)

By B Ericson et al.

Plos Med - Progress and inequality in child immunization in 38 African countries, 2000–2030: A spatio-temporal Bayesian analysis at national and sub-national levels

Phuong The Nguyen, S Gilmore et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004664>

“Childhood immunization coverage improved significantly across most African countries from 2000 to 2019. However, projections suggest that 12 countries are unlikely to achieve global targets for full immunization by 2030 at the national level if current trends continue. Notably, high-Socio-Demographic Index (SDI) countries such as South Africa, Egypt, and Congo Brazzaville are projected to miss immunization targets across all sub-national regions. While socioeconomic inequalities were widespread in 2000, they are projected to decline or stabilize in 36 countries by 2030, with Eswatini, Morocco, Rwanda, and Burkina Faso expected to eliminate disparities. In

contrast, Nigeria and Angola are projected to face increasing inequalities or persistent large gaps. Regional disparities in both coverage and inequality remain pronounced, particularly in Central and Western Africa, where coverage remains low and inequality remains high despite overall national-level improvements. The analysis was limited to DHS surveys 2000–2019, excluding more recent data during the COVID-19 period and potentially overestimating trends in data-sparse settings.”

Adolescent health

BMJ GH – Cross-national research on adolescent mental health: a systematic review comparing research in low, middle and high-income countries

<https://gh.bmj.com/content/10/7/e019267>

By X Zhang et al.

Access to medicines & health technology

Stat - Trump escalates demands that pharma companies lower their drug prices

<https://www.statnews.com/2025/07/31/trump-most-favored-nations-drug-pricing-lower-pharmaceutical-prices/>

“In letters to major drugmakers, president seeks discounts for U.S.”

PEAH - Valuing Medicines in Different Health Systems

Andy Gray & and Christiane Fisher; <https://www.peah.it/2025/07/14928/>

“...A more pressing problem faces health systems in all countries, rich or poor: how to value a new medicine and decide whether to pay for it or not. That process, known as **health technology assessment**, requires access to the evidence of the benefits and harms associated with the medicine, compared with the alternative options that may already be used, and information about the costs incurred when using the medicine and the savings that may be achieved with its use. **The costs, in particular, can be viewed from different perspectives. Considering only the costs borne by the health systems is justifiable, but ignores the costs that may be incurred by patients, their families and caregivers...**”

FT - How Novo Nordisk lost its lead in the weight loss race

<https://www.ft.com/content/410f474a-41e7-4f12-bee9-098478bb7136>

“Drugmaker struggled to adapt to **very high demand and a market where celebrities are more influential than doctors.**”

Euractiv - Experts raise doubts over EU-US pharma plan's staying power

<https://www.euractiv.com/section/health-consumers/news/experts-raise-doubts-over-eu-us-pharma-plans-staying-power/>

“A US trade probe could soon trigger tariffs on EU medicines, raising red flags over supply chain disruptions, rising costs for patients, and a possible shift in global pharmaceutical production.”

Human resources for health

BMJ GH – Paediatric haematology/oncology workforce and training programmes for Africa: a regional analysis

<https://gh.bmj.com/content/10/7/e017502>

By D Fufa et al.

BMJ - Protests erupt across Bolivia over unpaid bonuses for healthcare workers

<https://www.bmj.com/content/390/bmj.r1572>

“Doctors, nurses, and medical auxiliaries throughout Bolivia went on strike for six days in July over an unpaid annual bonus considered a crucial part of their income. The strikes—which led to the government paying healthcare workers their annual bonuses on 23 July—came **amid wider discontent over failed medical payments, medicine shortages, and declining healthcare access in the central South American nation.....**”

BMJ Editorial –No universal health coverage without nurses

P Kumar et al ; <https://www.bmj.com/content/390/bmj.r1480>

“Stem workforce shortages and empower profession to meet 2030 goals.”

Human Resources for Health - Capacity building models for managing multiple long-term conditions in low-and-middle-income countries: a systematic review and gap analysis

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-025-00996-3>

By Abhinav Sinha et al.

Decolonize Global Health

Guardian – Edinburgh University had ‘outsized’ role in creating racist scientific theories, inquiry finds

<https://www.theguardian.com/education/2025/jul/27/edinburgh-university-outsized-role-creating-racist-scientific-theories-inquiry>

“Exclusive: Investigation finds one of Britain’s oldest and most prestigious universities benefited from transatlantic slavery and was haven for white supremacist theories.”

Conflict/War & Health

Conflict & Health - ‘They were just enjoying love and she was making money’: A qualitative analysis of UN peacekeeper sexual interactions in the Democratic Republic of Congo

<https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-025-00693-x>

By Samantha Gray et al.

Miscellaneous

IISD - Draft Declaration Formulates Call to Action to Advance Social Development

<https://sdg.iisd.org/news/draft-declaration-formulates-call-to-action-to-advance-social-development/>

“The co-facilitators of the **intergovernmental preparatory process leading up to the Second World Summit for Social Development in November** have **circulated a revised draft of the political declaration to be adopted** at the Summit, followed by intergovernmental consultations and negotiations to refine and finalize the draft political declaration. **Issued on 15 July 2025, the [draft political declaration](#)** “lays out a bold vision for building a just, inclusive, equitable, and sustainable world – thirty years after the original Copenhagen Declaration on Social Development,” a UN Department for Economic and Social Affairs (DESA) [news release](#) notes.”

“The draft **underscores the urgent need to address poverty, unemployment, and social exclusion and to ensure the full, timely, and effective implementation of the 2030 Agenda for Sustainable Development and the realization of the SDGs, while leaving no one behind.** It reaffirms the **intergovernmental commitments related to social development**, including those in the political declarations of the 2019 and 2023 SDG Summits, the Addis Ababa Action Agenda, and the Compromiso de Sevilla – the FfD4 outcome. The draft **also reaffirms all human rights, including the right to development, as universal, indivisible, interdependent, and interrelated.**”

ODI (Framing paper) - Beyond solutionism: navigating uncertainty in development

M Vazquez; <https://odi.org/en/publications/beyond-solutionism-navigating-uncertainty-in-development/>

« The world is undergoing a series of profound and interconnected changes, which are raising new challenges for development. This **expert commentary, which fed into UNDP's**

flagship **Development at Risk report**, argues for a **new approach to development: one through which policymakers and funders can help societies navigate uncertainty, rather than chasing after 'solutions'.....**”

Social Europe - A Fair Future? How Equality Will Define Europe's Next Chapter

Kate Pickett; <https://www.socialeurope.eu/a-fair-future-how-equality-will-define-europes-next-chapter>

“Inequality fuels crisis — for people, planet, democracy and the next generation. It's time to act.”

“There is a lot we could do to start building a new vision for a good society. I **would plump for two fundamental solutions to inequality: wealth taxes and universal basic income (UBI)** — unconditional cash payments to all citizens that would provide economic security, dignity and agency. And I **would push for new democratic institutions that would weave citizen voices and evidence into policymaking — everything from citizens' assemblies to participatory budgeting.**

If you don't like my solutions, feel free to promote discussion and debate about alternatives, but, please, **let's all put tackling inequality at the centre of our political agendas and act to address the interconnected crises we face — from climate change to social care to the epidemic of mental ill health and the democracy deficit — and create a resilient, fair, and sustainable Europe. Addressing inequality must be at the heart of our political agenda. Otherwise, we face a future where the far right gains even more ground, and society spirals into division and discord.”**

Devex - Gates Foundation doubles down on education as other donors scale back

<https://www.devex.com/news/gates-foundation-doubles-down-on-education-as-other-donors-scale-back-110581>

“Gates Foundation's Global Education Director Benjamin Piper lays out the what, why, and how of the philanthropic organization's approach to **supporting foundational learning in sub-Saharan Africa and India.**”

CGD - Five Human Capital Takeaways from the Annual Bank Conference on Development Economics 2025

David Evans; <https://www.cgdev.org/blog/five-my-human-capital-takeaways-annual-bank-conference-development-economics-2025>

Last week was the [Annual Bank Conference on Development Economics 2025: Development in the Age of Populism](#).

Five takeaways on human capital:

- “1. Countries that send migrants may gain at least as much human capital as they lose
2. Changing how we gather data on school violence shows much higher rates (in at least one case, double)
3. Social protection programs do a lot!
4. Making the case for human capital to finance ministers may not be as hard as you think
5. One great metric can help civil society to do its job.”

Papers & reports

HP&P – Context and generalisability in health policy and systems research: a plea for an integrative praxis of theorising

Sara Van Belle & Bruno Marchal <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf048/8218032?searchresult=1>

“In this article, we address the conundrum of context in health policy and systems research, zooming in on research on implementation of programmes, policies and interventions. We review how the field draws on non-linear paradigms to better take into account ‘context’ in causal explanation and we compare paradigms and the way in which they can inform more context-sensitive research, policies and programmes. **We propose a theorizing praxis that is based on the principles of realist inquiry and that allows researchers to draw lessons applicable to other settings by integrating a comprehensive analysis of context in their research.**”

Plos Med (Editorial) - Charting the future of PLOS Medicine: Priorities for evidence, impact, and equity

Helen Lumbard & Till Baernighausen;
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004691>

“As *PLOS Medicine* enters a new chapter, its leadership sets out a bold editorial vision grounded in evidence, impact and equity. In a rapidly evolving global health landscape, the journal reaffirms its commitment to diversity, openness, and actionable science, ensuring research not only reflects the world’s needs, but drives meaningful change.”

Health Research Policy & Systems - Health research versus the virus: strengthening systems, saving lives

Stephen Robert Hanney; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01354-4>

“For this Commentary, we selected papers from those in this journal’s Thematic Series on health research systems’ pandemic response. The calling notice for papers suggested possible use of a WHO framework for analysing **health research systems (HRSs).....**”

Check out the four functions and nine components of a health research system.

Lancet Public Health – Outreach health-care services for people experiencing exclusion in high-income countries

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00144-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00144-6/fulltext)

By Luke Johnson et al.

SS&M - On medical ideology and the production of docile doctors: The politics of care in an age of authoritarianism

<https://www.sciencedirect.com/science/article/pii/S0277953625007592?dgcid=author>

By **Eric Reinhart** – focus on the US.