

IHP news 842 : How do we go from a post-truth to a WISER world?

(22 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,

As the quest for so called '**Super intelligence**' is gaining momentum around the globe, at the same time every day we feel a bit more the pernicious impact of the **post-truth society**. Whether it's the ["peacemaker-in-chief"](#)@work (*ending wars "for breakfast"*), our "democratic ally" Netanyahu making nauseous claims at press conferences on 'liberating' Palestine people (in the midst of a livestreamed genocide), or radical-right parties embracing "family values" (*which apparently also includes women losing their voting rights*), sometimes I'm thinking that, while AI is getting better and better (see also the AI summary of this newsletter), I'm ever more hallucinating these days. The **mega-fires**, almost daily on our tv-screens now over here in Europe, further add to this sentiment of disbelief. It's probably no coincidence that nowadays one can attend cheerful ["Saving the world" webinars](#).

Fortunately, there are always a few acronyms to throw at "the world as it is now". Some see a [VUCA world](#) (*a 'volatile, unpredictable, complex, and ambiguous' world*), others (like F Basso in the Lancet Planetary Health) attack the [WEIRDo neoliberal policies that protect\(ed\) free markets over the planet and its people](#) - till 2019, more or less. The acronym refers to "*....Western, Educated, Industrialised, Rich, and supposedly Democratic (WEIRD) societies*", "*....perpetuated through the policy agendas of the International Monetary Fund, World Bank, or World Trade Organisation*)...

By now, "***The WEIRDo framework, which consists of five characteristics: Wasteful (and polluting), Extractive, Imperialistic, Reductionist, and Domination-oriented policies***" is more or less enthusiastically **embraced by most of the world** (well, at least the world with power and money), it's not just a western "prerogative" anymore. Basso rightfully argues, "*... **the world needs to now decolonise its imagination from the WEIRDo policies of WEIRD neoliberal economists, protect (climate) science, and establish ecosocial principles such as the Wellbeing, Inclusivity, Sufficiency, Empowerment, and Resilience (WISER) framework....***" (ps: as for the ToC, that's a different story)

If you allow me a cranky remark in this spirit: the ones in Global Health who reckoned, for the past 20 years or so, they just "had to be" at the World Economic Forum in Davos "***as that's where you actually can get things done in global health***" have, in my opinion, helped to create a world that gave us the stunning "wonders" of Trump 2.0. Yet, for some reason, some of these people still think they have to lecture the world on the "new era in global health".

Anyway. In this newsletter issue, among others we'll pay attention to [TICAD 9](#) in Japan (20-22 August), the [looming start](#) of the PABS related negotiations in Geneva, the [Amazon nations summit](#) (ahead of COP30) in Colombia, [World Humanitarian Day](#) (with some very dire stats), [World Mosquito Day](#) ([increasingly noted](#) in Europe nowadays...), a new (and very timely) WHO-WMO

climate change and workplace heat stress [report and guidance](#), the new (September) **Lancet Global Health** issue.... And much more.

As is my habit, I leave you with an upbeat message though: In between sightly hallucinating from the daily dire news, I found out I turn out to be a “[holobiont](#)”! So, at least personally, I got a bit ‘wiser’ again this week 😊.

Perhaps we should update the ‘**Health for All**’ mantra towards ‘**Health for all holobionts**’ (*and the microbes*)?

Enjoy your reading.

Kristof Decoster

Featured Article

Health as a Right in India: Bridging commitments and ground realities

Dr Vanessa Ravel & Dr Vishali Baskaran

“For he who has health has hope; and he who has hope, has everything.”

– Owen Arthur

The preceded quotation by [Owen Arthur](#), captures the intrinsic link between health and a person’s potential. It highlights health not merely as the absence of disease but as a foundational pillar for a fulfilling and productive life. Internationally, this vision is echoed in several frameworks that aim to ensure all individuals can live to their fullest without being constrained by health disparities or financial hardship. However, the recognition of health as a right in global declarations and constitutional provisions often stands in sharp contrast to lived realities, including in our country-India.

International frameworks & India’s constitution on the right to health

Many international frameworks recognize health as a fundamental human right. The right to health was first articulated in the [WHO Constitution \(1946\)](#), which states: “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.” Similarly, [Article 12 of the International Covenant on Economic, Social, and Cultural Rights](#) specifically outlines the right to health.

According to the [WHO Council on the Economics of Health for All](#), at least 140 countries have enshrined health as a right in their constitutions. India has also made explicit commitments in this regard. As a signatory to [Article 25 of the United Nations' Universal Declaration of Human Rights \(1948\)](#) and through Article 21 of the Indian Constitution, India affirms the fundamental right to life and personal liberty. Furthermore, the [Directive Principles of State Policy \(DPSP\)](#) obligate the state to uphold the right to health through Articles 38, 39, 42, 43, and 47.

Health rights in practice: A stark reality

The recognition of health as a right in global declarations and constitutional provisions often stands in sharp contrast to lived realities, however. Despite all these lofty commitments, progress on the ground remains insufficient in far too many countries. For instance, [in 2021, over half of the world's population still lacked access](#) to essential healthcare services.

Gaps in coverage are not limited to infrastructure and availability alone; they are often compounded by discrimination and systemic inequities. These become especially visible during times of crisis. The COVID-19 pandemic, for example, laid bare deep-seated inequalities in India's healthcare system. A survey by [Oxfam India](#) on vaccination revealed that nearly one in four Indians experienced discrimination by medical professionals based on caste or religion. The findings showed that one-third of Muslims, more than 20% of Dalits and Adivasis, and 30% of all respondents reported being discriminated against in hospitals or by healthcare personnel due to their identity.

This raises a critical question: Are individuals being actively denied care, or are they deterred from seeking it due to systemic inequities? Such questions cannot be answered by looking at individual incidents alone; they are rooted in structural biases that shape who receives care and who does not.

An analogy and a tale

Dr. Camara Jones's [cliff analogy](#) illustrates how health inequities accumulate across multiple levels. She lists three dimensions of health intervention to help people who are falling off of the cliff of good health: providing health services, addressing the social determinants of health, and addressing the social determinants of equity. At the base of the cliff, disparities appear as differences in the quality of care received by those already injured. On the cliff's slope, inequities emerge through differences in access to preventive and curative services. Most profoundly, some communities are pushed closer to the edge in the first place because of differences in underlying exposures and opportunities that make them more vulnerable to illness. Together, these layers show that health disparities do not arise randomly but are structured by the environments in which people live.

But who decides who stands near the cliff's edge and who enjoys safety further inland? The [Gardener's Tale](#) offers deeper insight. Imagine a gardener with two flower boxes: one filled with fertile soil and the other with rocky soil. Favoring red flowers, she plants red seeds in the fertile soil and pink seeds in the rocky soil. Over time, the red flowers flourish while the pink ones struggle to survive. This mirrors India's healthcare reality, where privileged groups thrive in "fertile soil" with abundant opportunities and resources, while marginalized communities are pushed closer to the cliff, left to grow in "rocky soil" marked by neglect, systemic bias, and limited access to care. Inequities are therefore not accidental but cultivated: they arise because the "gardener" (i.e. society and health systems in this context) nurtures some soils while abandoning others.

A stark example of this "rocky soil" is women's lack of autonomy in healthcare. Anecdotes from hospitals reveal how decisions about female patients' care are often deferred to male relatives, even when female family members are present. In Guwahati, for instance, a doctor shared how a man

was chosen over women in the household to receive updates about a patient's prognosis. Such practices reflect ingrained social norms that strip women of their rights and reduce them to passive recipients rather than active claimants of their right to health. As [one medical professional](#) remarked, "Indian women do not even make their own healthcare decisions". True equity cannot be realized without addressing this gendered imbalance in decision-making power.

Promising signs of progress

While inequities remain stark, there are signs of progress.

Financial protection schemes such as Rajasthan's [Mukhyamantri Chiranjeevi Swasthya Bima Yojana](#) (formerly Chiranjeevi Health Insurance cards) are designed to reduce catastrophic out-of-pocket expenditure. Other states have pioneered similar efforts: [Tamil Nadu's Chief Minister's Comprehensive Health Insurance Scheme](#), Andhra Pradesh and Telangana's [Aarogyasri programme](#) have all expanded financial protection for vulnerable groups. At the national level, the [Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana](#) (PM-JAY) represents a significant attempt to extend coverage to over 500 million people.

These schemes are primarily directed towards the vulnerable and lesser-privileged sections of society, providing them with financial relief from major healthcare expenses. Yet, equity in health is not guaranteed by financial coverage alone. Low levels of awareness, social and cultural barriers, discrimination, and the uneven distribution of health services continue to limit the ability of many intended beneficiaries to access and fully utilize these schemes. As a result, financial protection does not automatically translate into equitable healthcare access or outcomes.

Another sign of progress: [Rajasthan's Right to Health Bill](#), which seeks to legally enshrine health as a fundamental right at the state level. The bill is an important first step in codifying health as a legal right. Yet, its impact has been blunted by [resistance from private providers, vague definitions of "emergency," and the lack of a clear reimbursement mechanism](#). Following protests, the government exempted most small hospitals effectively removing [nearly 98% of private entities from its ambit which risks making the law more symbolic](#) than transformative. However, even in its weakened form, the Bill is significant for placing health care squarely within the rights discourse and for opening a political and legal space where demands for stronger accountability can grow. Its real impact on the ground will depend on effective implementation, enforcement, and addressing structural inequities in access and service delivery.

Overcoming misconceptions and way forward

Debates around Rajasthan's Bill also reflect a broader challenge that the recognition of health as a human right is often undermined by misconceptions that it is too costly, that it means only medical care, or that it is merely symbolic. Whereas in fact, health as a human right enables fairer allocation, embraces social determinants, and empowers accountability. In other words, recognizing health as a right is not a lofty ideal but a moral and practical pathway to equity, dignity, and access for all.

The [2024 WHO theme](#), "*My Health, My Right*", underscored health as a fundamental entitlement. Its promise is still far from realized in our country, however. In 2025, with the theme ["Healthy Beginnings, Hopeful Futures"](#) and in the years ahead, India must continue with this unfinished agenda. So that one day the right to health is not just a declaration but becomes a lived reality for every citizen.

On the authors:

Both authors are Chennai-based independent research consultants in Public Health.

Highlights of the week

TICAD 9 (20-22 August, Yokohama - Japan)

TICAD 9 (the 9th [Ninth Tokyo International Conference on African Development](#)) took place from 20-22 August in Yokohama. The meeting's theme – *Co-Create Innovative Solutions with Africa*.

Some reads & op-eds below.

Devex - TICAD spotlight: Japan's pharma commitment to global health

<https://www.devex.com/news/ticad-spotlight-japan-s-pharma-commitment-to-global-health-110673>

“Through the pioneering Global Health Innovative Technology Fund, homegrown pharmaceutical companies, and global partnerships, Japan has become a leader in the fight against neglected tropical diseases worldwide.”

“Innovation is considered something important in the Japanese political arena,” explains Daisuke Imoto, business development director at the [Drugs for Neglected Diseases initiative](#), or DNDi, Japan. Over the past few decades, that ethos has uniquely placed **Japan to be a leader in global health — a position that will take center stage at the [Ninth Tokyo International Conference on African Development](#), or TICAD 9.** Co-hosted by the government of Japan, **the event [will] showcase co-created innovative solutions to some of the African continent's most pressing challenges and future perspectives, particularly when it comes to the elimination of neglected tropical diseases, or NTDs....”**

“... In 2023, Japan was the [world's fourth-largest global health donor](#), and over the nine-year period before the pandemic (2010-2019), Japan contributed more than [15 billion yen \(\\$100 million\)](#) to the global fight against NTDs — with spending concentrated in R&D. With around half of the funding GHIT mobilizes coming from the Japanese government, it's just one example of the country's longstanding interest in combating infectious diseases....”

World Bank (blog) - Why Universal Health Coverage matters in West and Central Africa

Ousmane Diagana; <https://blogs.worldbank.org/en/voices/why-universal-health-coverage-matters-in-west-and-central-africa>

“As leaders from across African governments, the private sector, civil society, and international development partners gather this week in Japan for the ninth Tokyo International Conference on African Development (TICAD), it's encouraging to see **health taking a prominent place on the**

agenda. This reflects that **Universal Health Coverage (UHC)**, the principle that all people should have access to quality health and nutrition services without financial hardship, is a human imperative.....”

With focus on UHC in West and Central Africa.

PS: “ In the face of these challenges, **the World Bank is committed to supporting countries to deliver quality, affordable health and nutrition services to 1.5 billion people worldwide by 2030, including 200 million in West and Central Africa.** In partnership with the Government of Japan and the World Health Organization (WHO), **we are also helping countries globally to develop National Health Compacts.** These compacts **outline each country’s vision, priority reforms, and financing needs for UHC.** ...”

“In June 2025, we developed a new regional health strategy focused on three priorities: Frontlines First—delivering a quality package of health and nutrition services at the primary and community levels; Fixing Finance—spending better and more on health; and Future Fit—building resilient health systems that can withstand vulnerabilities. The World Bank Group is also gearing up to support the expansion of medical manufacturing in Africa....”

“Our partnership with the Government of Japan has been especially impactful. Japan’s leadership on UHC has helped mobilize resources, foster knowledge, and build solidarity. The Japan UHC Knowledge Hub, developed in coordination with the World Bank and WHO, is a valuable platform for knowledge sharing and capacity building among health and finance authorities worldwide, with a particular focus on Africa.”

FT – Japan eyes low-cost debt to mitigate Africa blow from aid cuts

<https://www.ft.com/content/047dbacc-808e-4042-8679-f6b98341f4d4>

*“There is scope for Tokyo to do more through public loans without increasing spending.” (from a **FT Special report on African development** – for more on this report, see below)*

*“ There is even scope for Japan to do more without increasing spending, he says. **As public loans extended to countries in south-east Asia get repaid, new loans can be dispensed to African countries that help to reduce their debt servicing costs that have risen to the highest level in more than two decades and are about 2.4 per cent of gross national income. “Converting high cost debt into concessional debt [low interest debt] is really important to stabilise the African continent,”** he says.”*

*“... **The new leg in Japan’s Africa strategy comes ahead of the ninth Tokyo International Conference on African Development this month.** Ticad, which was first held in 1993, was initially aimed at currying favour among African leaders to get Japan a seat on the UN security council, political scientists have argued. The conference was reshaped under late Prime Minister Shinzo Abe from a focus on development to promoting investment by Japanese companies seeking to tap into Africa’s rapidly growing population....”*

Japan backs Africa's health future at TICAD: Global health leadership means standing firm when others step back.

Mandeep Dhaliwal (director of the HIV and Health Group at UNDP) & **Osamu Kunii** (chief executive officer and executive director at the Tokyo-based Global Health Innovative Technology Fund (GHIT Fund).) <https://adphealth.org/post/132/japan-backs-africa-039-s-health-future-at-ticad/>

“At a time of great transformation for global health, solidarity is more important than ever. As other countries have retreated from their commitments, Japan has instead continued its steadfast investment in a shared future that prioritizes human dignity and security....”

“Japan is reaffirming its commitment to this vision at the Ninth Tokyo International Conference on African Development (TICAD) -- a forum that champions African-led development -- by placing youth employment and digital transformation at the heart of its agenda.”

PS: **“... The Accra compact**, adopted by the Africa Health Sovereignty Summit convened by Ghanaian President John Mahama, **asserts the leadership and sovereignty of African countries in determining the health of their people. For over a decade, Japan has supported both the Access and Delivery Partnership (ADP) and the Global Health Innovative Technology Fund (GHIT Fund) to develop and deliver health technologies to the people who need them most.** This innovative partnership between the United Nations Development Programme (UNDP) and the GHIT **supports the journey of medical innovations, including vaccines, medicines and diagnostics, from lab to bedside.** GHIT stimulates research and development, while ADP -- led by the UNDP -- works with countries and communities to introduce and scale up the finished products....”

- And a **tweet via Sania Nishtar**: **“Today at the opening of #TICAD9, Prime Minister Ishiba announced #Japan’s pledge of USD 550M over the next five years to @Gavi.** We deeply appreciate Japan’s partnership through @MofaJapan_en and its continued leadership in advancing global health in Africa. With its support, Gavi is one step closer to realising our goal of protecting more children, against more diseases, faster than ever before in our next strategic period. “

Global Health Governance & Financing

ODI (Expert Comment) - Surviving the aid cuts: working politically to deliver value at lower cost

S Sharp; <https://odi.org/en/insights/surviving-the-aid-cuts-working-politically-to-deliver-value-at-lower-cost/>

“The dissolution of the United States Agency for International Development (USAID), alongside cuts to aid budgets in the UK and elsewhere, present the ‘international development’ sector with an unavoidable question: how to deliver meaningful impact with substantially fewer resources?

One answer may lie in the more systematic application of 'Thinking and Working Politically' (TWP). For over a decade, advocates for TWP have argued for more politically smart, adaptive and issue-based approaches to development programming. Their argument starts by recognising that most so-

called ‘development problems’ – like the lack of sustainable livelihoods and poor-quality public services – are in fact inherently political. I.e. ‘development’ implies change to the status quo, which creates winners and losers. To be successful, aid funded-projects need to be savvy about navigating these politics - and be flexible enough to do so. But **here’s what’s under-emphasised: politically smart approaches are often cheaper compared to traditional interventions.** The case for politically smart aid is thus especially worth making in a time of shrinking budgets....”

A new era in global health governance: The Accra Initiative

https://3news.com/opinion/a-new-era-in-global-health-governance-the-accra-initiative#google_vignette

See also a previous IHP issue. Was launched earlier this month **at the African Health Sovereignty summit** (5 August).

Geneva Solutions - Delidji Eric Degila: ‘Africa remains committed to multilateralism in Geneva’

<https://genevasolutions.news/global-news/delidji-eric-degila-africa-remains-committed-to-multilateralism-in-geneva>

“From elections to treaties, Africa is using its Geneva foothold to advance its priorities. **The political legal adviser to the African Group explains how the bloc navigates a multilateral system under strain.**”

Geneva Health Files - We Must Demand More: Global Health Financing After "Financing for Development"? [GUEST ESSAY]

[Geneva Health Files](#);

“Our guest authors today, **Alicia Ely Yamin, and Chloe Dahleen**, affiliated with *Partners In Health*, **look back at the conference on Financing for Development, that took place in Spain a few weeks ago.** They suggest ways ahead for health funding in this watershed year, while cautioning on short-termist thinking on these really entrenched structural issues.....”

Quote: “....**Reducing onerous debt payments through a borrowers club and a UN Sovereign Debt Convention could free up to \$400 billion annually for governments** to spend on public services like healthcare and education. **Improving tax fairness through a coordinated tax on the rich could provide up to \$200 billion annually, and removing illicit financial flows could put over \$500 billion back into the hands of global south countries each year.** With the right implementation strategy, this money could go directly towards strengthening public health systems and other necessary public investments.”

Global Policy - In Search of a Plan B: Like-Minded Internationalism and the Future of Global Development

Len Ishmael, Stephan Klingebiel, Andy Sumner; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70076>

“The international landscape in mid-2025 is characterized by a retreat from liberal institutionalism, exemplified by the United States' withdrawal from the Sustainable Development Goals and its adoption of transactional, power-based international relations, as well as its potential withdrawal from some multilateral bodies. In this context, **this paper argues that traditional models of universal multilateralism are increasingly untenable, and that new forms of collective action grounded in shared interests and normative alignment are both necessary and feasible.** This paper revisits and applies the historically rooted concept of “like-minded internationalism,” arguing for its renewed relevance under current geopolitical conditions. Drawing on two illustrative cases—UNITAID, a global health financing mechanism, and the High Ambition Coalition, a climate and environmental diplomacy initiative—the paper outlines the characteristics, formation, and operational logic of like-minded internationalism. The paper concludes by considering implications for the future of global development. **We argue that the “Plan B” presented is not a retreat from multilateralism, but an adaptive response to its breakdown—one rooted in coalitional agency, institutional pluralism, and strategic pragmatism.**”

CGD (blog) - As the UK's Aid Cuts Begin, Which Countries Should the FCDO Protect?

Sam Hughes & Ian Mitchell; <https://www.cgdev.org/blog/uks-aid-cuts-begin-which-countries-should-fcdo-protect>

“The UK government is finalising country finance allocations, with £3 billion in cuts to its international budget planned over the next two years.... Here, we look in more detail at individual country allocations, offering recommendations on which to protect and which to deprioritise in order to advance the government's poverty reduction mission. In particular, we analyse where extreme poverty is concentrated and develop a metric to show where recipient countries are neglected by other providers (given what we know about US cuts). **We use this metric to identify twelve developing country partners that are significantly under-supported by other providers, argue for the UK to protect these investments in the cuts; and provide an illustrative reduction.**”

“We identify twelve FCDO country allocations to protect as decisions are made about where to make cuts, and twelve which should be deprioritised. **FCDO partner countries that are significantly under-supported by others** are Nigeria, Sudan, DRC, South Africa, Zambia, Uganda, Ethiopia, Tanzania, Malawi, Afghanistan, Zimbabwe and Mozambique. **The over-prioritised countries** include Pakistan, Bangladesh, Nepal, Jordan, Turkey, Lebanon and Indonesia....”

Science Editorial – Rewiring science diplomacy

V C Turekian et al <https://www.science.org/doi/10.1126/science.aeb4815>

“.... As multilateralism falters and geopolitical rivalries intensify, nations are putting greater emphasis on science and technology as strategic assets. **For science diplomacy to remain relevant in this era, it must develop a new mode of engagement—transactional science diplomacy.**”

Whereas **the aspirational model** emphasized curiosity and relationship building, its successor, **the pragmatic mode**, concentrated on shared problem-solving. **Of late, there has been a shift to a transactional model**, which takes on a more business-like approach with a focus on dealmaking, and near-term returns for the players within broader national strategy. **science's value now is seen as not just a tool of cooperation but also as a currency of negotiation. Agreements are contingent, driven by near-term benefit, and increasingly aimed at advancing national interests.**

Consider the conditionality of technology transfer agreements, where access to critical research infrastructure or intellectual property may depend on regulatory concessions, political alignment, or market access guarantees. Countries may trade genomic data for vaccine doses or offer collaboration on artificial intelligence research only in exchange for policy alignment. **Scientific cooperation becomes a calculated exchange—often asymmetrical, narrowly scoped, and susceptible to disruption....”**

“... Today, effective science diplomacy requires a new framework—a trimodal model for science diplomacy that is aspirational, pragmatic, and transactional—leveraging the distinct logics and strengths of each approach. Aspirational diplomacy builds empathy and long-term trust. Pragmatic diplomacy reinforces institutions and solves shared problems. Transactional diplomacy delivers immediate, nationally aligned outcomes....”

Global Tax Justice & debt crisis

Inside Climate News - ‘Make Billionaires Pay’ March Will Bring Together Climate and Social Justice Movements

<https://insideclimatenews.org/news/18082025/make-billionaires-pay-march-climate-social-justice/>

“A coalition of over 100 organizations is planning a protest in September during the U.N. General Assembly, linking climate action, migrant justice and gender equity.” *(with focus on the US)*

“The “[Make Billionaires Pay](#)” march planned for September 20 will unite climate activists, migrant rights defenders and women’s rights advocates in their demands for climate and social justice. Climate movement researchers say the **coalition reflects a growing shift toward intersectional, grassroots mobilization** as climate action stalls at the federal level. It is led by [350.org](#), [Climate Defenders](#), Desis Rising Up and Moving (DRUM) and [Women’s March](#). The main protest is planned for New York, with simultaneous mobilizations expected across U.S. cities....”

“.... “The reason why we are targeting billionaires for this march is because we see the growing concentration of economic and political power,” said Pumarol. **“They are the class driving fascism and climate chaos, and they have the resources to fund a sustainable future.”** By sustainable future, Pumarol said she means a time not only free from fossil fuel-driven warming but one that also ensures housing security, healthcare and greater social equity. **Coalition leaders say the fight goes beyond economic equity and fossil fuels to the displacement and exploitation that follow climate chaos....”**

Guardian - How Spain put up wealth taxes - without chasing away the billionaires

<https://www.theguardian.com/politics/2025/aug/16/spain-put-up-wealth-taxes-pandemic-billionaires-stayed>

“Amid calls for Rachel Reeves to bring in a new UK levy for the super-rich, Madrid offers lessons for policymakers.”

“As chancellors around Europe cast about for ways to repair the damage to public finances caused by successive global shocks, there is a growing clamour for more effective ways to tax the largest private fortunes. **Spain is one of only three European countries (along with Switzerland and Norway) to still collect wealth taxes, and policymakers are looking to Madrid for lessons in what works – and what doesn’t.**”

PS: **“Wealth taxes are designed to take a percentage of a person’s assets each year. Once fairly common, they have gradually fallen out of use, replaced by levies that bite when money changes hands,** for example, through dividend payments, inheritance and sales of shares or property.”

“...At the end of December 2022, Sánchez took action, with the solidarity tax on large fortunes. Initially for two years, to help with public spending after the pandemic, it has now been rolled over until the regional financing is revised, which is not likely to happen soon. It was designed in such a way that whatever revenue was forfeited by the regions would be collected centrally. The rate starts at 1.7% for those with net wealth of €3m, rising to 3.5% for fortunes over €10m. It is payable on worldwide assets....”

PS: “.. **Could the billionaires be made to pay more? Experts point to a big exemption: the one for “family companies” ...** ... Estimates by Julio López Laborda, a professor of public economics at the University of Zaragoza, suggest that **80% of the assets of the richest 1% are not subject to the wealth tax.** He says the family company exemption could represent a loss to the Treasury of about €2bn, while the cap on tax as a proportion of income, mentioned above, could account for another €2.5bn uncollected.... **Susana Ruiz, tax justice policy lead at Oxfam, which is working with López Laborda on a forthcoming report about wealth taxes, says: “We could be raising at least two to three times more than we are at the moment.”**

FT – Rating the rating agencies in Africa

<https://www.ft.com/content/4bc5a0b1-3bcd-446a-aed3-63605be3683f>

(gated) “A new African Union-backed service aims to challenge the ‘Big three’.”

Trump 2.0

Devex – Exclusive: A first look at the Trump administration's UNGA priorities

<https://www.devex.com/news/exclusive-a-first-look-at-the-trump-administration-s-unga-priorities-110695>

“State Department email outlines U.S. demand for a leaner U.N. and a return to “founding principles.” “

« The United States has laid out its priorities for the upcoming United Nations General Assembly, calling for a “fundamental rethink” of the international humanitarian system and a decreased reliance on the country that was once the world’s largest donor. but it shed little light on the administration’s thinking on some of the greatest foreign policy challenges, including the war in Ukraine and Israel’s military siege of Gaza..... “

« ... In the email, the U.S. outlines three central “policy priorities,” including peace, sovereignty, and liberty. It is those three themes that the country feels the U.N. should focus on, while pushing the institution’s member states to identify the system’s efficiencies, eliminate redundancies, and reduce staff costs “to better serve the core purposes for which the UN was founded.” **There was no mention of development, which — alongside peace and security, and human rights — is one of the U.N.’s three interconnected pillars.....** “The UN system has been used to expand so-called human rights in a manner that makes a mockery of traditional notions of liberty,” the email read. “Certain countries have also used the system to push a highly politicized liberal agenda against the sovereign prerogatives of other states. Member states should bear in mind the meaning of human rights at the time of the signing of the [U.N.] Charter and avoid the absurdities and distortions of recent times.”

“... The U.S. will “strongly oppose” anything that infringes on state sovereignty — a theme that for years has been at the core of President Donald Trump’s interactions with the U.N. ...”

“... Against this backdrop, the U.S. said it is “committed” to working with the United Nations and its partners. Yet the same communication made clear that Washington sees the current U.N. system as falling short of its expectations. “It is imperative that the UN prioritize its original purpose of maintaining international peace and security and bring back a focus on liberty, the primacy of states in the international system, and shared purpose that defined the founding of the United Nations,” the email read. “In short, multilateralism is not inherently virtuous; rather, the emphasis should be that international organizations are useful convening forums in which sovereign nation states can discuss issues of mutual concern.”

NYT – Trump Budget Office Is Withholding H.I.V. Funds That Congress Appropriated

<https://www.nytimes.com/2025/08/21/health/hiv-aids-pepfar-funding-trump.html?smid=nytcore-ios-share&referringSource=articleShare>

“Lawmakers allocated \$6 billion this fiscal year for PEPFAR, the H.I.V. prevention and treatment program, but the administration has indicated it will release less than half of that.”

HPW – US Health Staff Send Protest Letter to RFK and Congress After Gunman’s Attack on CDC

<https://healthpolicy-watch.news/us-health-staff-send-protest-letter-to-rfk-and-congress-after-gunmans-attack-on-cdc/>

« US Health and Human Services Secretary Robert F Kennedy Jr has been given until 2 September to stop spreading anti-vaccine information by hundreds of current and former staff members from the Center for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the HHS. In a [letter](#) released by “Save HHS” on Wednesday, over 750 staff – about half of whom opted to remain anonymous – say that they are gravely concerned about “America’s health and safety” following an attack on the CDC early this month, when a man [opposed to COVID-19 vaccines](#) fired hundreds of bullets at the institution. A police officer was killed in the attack....”

“... In a [media release](#) accompanying the letter, the staff described [Kennedy’s response](#) to the shooting as “delayed and cursory””

- Related link: [Lancet Editorial - RFK Jr and MAHA: dangerous, emboldened, and escalating](#)

“....RFK Jr has built an increasingly powerful movement in Make America Healthy Again (MAHA). Either through incompetence or disinformation, the actions of this movement pose the greatest threat to the health of Americans and millions of people globally....”

CGD – The High Cost of Pausing Life-Saving Aid

R Rogers et al; <https://www.cgdev.org/blog/high-cost-pausing-life-saving-aid>

“Amid major shifts in US global engagement, CGD is analyzing the depth of the changes and their far-reaching implications, including the dismantling USAID and the abrupt termination of USAID awards supporting programs worldwide. CGD is kickstarting a new research agenda and developing partnerships to inform what comes next, building on an event on the future of US foreign assistance held earlier this year. In addition, CGD is hosting [Project Resource Optimization \(PRO\)](#)—an independent initiative responding to this unprecedented disruption. Led by a dedicated team of experts, PRO identifies cost-effective, life-saving programs thrust into uncertainty by funding cancellations. PRO has developed an “urgent and vetted” list of cancelled programs that, with additional private resources, could complete their planned, high-impact activities and—as appropriate—wind down operations responsibly.”

“While PRO continues mobilizing private funding to address urgent needs, the team is reflecting on insights from this critical work and the lessons they hold for navigating the challenges ahead...”
Hence this (first) blog.

PABS & other PPPR/GHS updates

Annex to the pandemic treaty negotiations will **resume in September, from 15th to 19th in Geneva.**

HPW – China Ties Manufacturers’ Access to Pathogen Information to Host Country’s Commitment to Pandemic Agreement

<https://healthpolicy-watch.news/china-proposes-manufacturers-access-to-pathogen-information/>

With an update on the pandemic agreement (**PABS annex**) saga.

“China has suggested that the access pharmaceutical manufacturers get to information about dangerous pathogens should be “contingent” on their home country being a party to the Pandemic Agreement recently adopted by the World Health Assembly (WHA). This will encourage World Health Organization (WHO) member states to ratify the agreement in their respective countries, but it is also a dig at the United States, which has pulled out of the WHO, under whose auspices the agreement was negotiated. [China’s proposal](#) is part of a [list of suggestions](#) by WHO member states ahead of a meeting of the Intergovernmental Working Group (IGWG) on 15 September....”

Re some of the others:

PS: “... The Africa Group’s proposal reiterates its longstanding position that the scheme should be based on both “rapid and timely access” to PABS materials and sequence information and the “rapid, timely, fair and equitable sharing of benefits” arising from this information. Africa envisages that the WHO will have individual legally binding contracts with manufacturers that join PABS, the terms of which will be public. During a “pandemic emergency”, these manufacturers will make available to the WHO “20% of their real-time production of safe, quality and effective vaccines, therapeutics, and diagnostics for the pathogen causing the pandemic emergency”. At least 10% of this will be free, and the remaining 10% at “affordable prices”. **[Australia, the United Kingdom, Norway, Canada, and New Zealand](#) also support the 20% allocation to WHO.** Africa also wants the contracts with manufacturers to include annual monetary contributions to the PABS system “to support initiatives for transfer of technology and know-how, research and development, scientific and research collaborations, and laboratory capacity strengthening”....”

“The [European Union’s proposal](#) simply notes five areas that PABS needs to cover, with the “benefit-sharing parameters” based on contracts with participating manufacturers that demarcate issues such as the “set-aside quantities” and donations (to the WHO) of vaccines, therapeutics and diagnostics developed.....”

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

- Related: WHO - [Initial text proposals from IGWG members](#)

For an overview of the proposals so far.

Geneva Health Files - Stage Set for the Techno-Political Negotiations on the WHO Pathogen Access Benefits Sharing (PABS) System, Countries Contest the Role of Experts

By Priti Patnaik & Nishant Sirohi; [Geneva Health Files](#);

Patnaik & Sirohi come back on the **first meeting (9-10 July) of the Intergovernmental Working Group set up to negotiate the PABS mechanism (and for other preparatory work).**

Some excerpts:

“At the first meeting of the Intergovernmental Working Group set up to negotiate the PABS mechanism (and for other preparatory work) for the newly adopted Pandemic Agreement, **countries agreed on timelines, ways of working and discussed the road ahead. The plan is to conclude the negotiations on the PABS annex to the Pandemic Agreement by May 2026. The IGWG is expected to provide an update on its work to the World Health Assembly next year... ..**”

PS: “**Informally, those associated with the process are also discussing what the PABS discussions mean without the United States.**”

“... **The drivers of this negotiation** include the **big developed economies** (the EU, the UK, Japan, Australia, Canada, Norway among others) on the one hand, and **the Equity Group (30+ developing countries across regions)** on the other....”

“... **In the coming months, countries will discuss the scope** (as already determined by what exists in Article 12 of the Pandemic Agreement), **on definitions** (also shaped by experts’ inputs), **on the kinds of pathogen families, categories of users, terms and conditions, and model contracts** that may feature in the final annex....”

Globalization & Health – In the aftermath of the adoption of the landmark Pandemic Accord: what are the strategic options for its effective implementation in Africa?

O O Olu et al ; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01144-1>

“This commentary highlights why the accord is of critical importance to Africa and describes the strategic options for its effective implementation on the continent.”

“... **Africa, with its unique pandemic vulnerabilities and weaknesses in global health security capacities, stands to gain the most from the Pandemic Accord.** The continent faces challenges such as high-threat pathogens, weak health systems, political instability, and limited domestic financing. Additionally, Africa’s low capacity to influence global negotiations and fragmented public health governance complicates the implementation of global health agreements. To overcome these challenges, **eleven priority recommendations are proposed, including joint analysis and domestication of the accord’s provisions, strong political commitment, better alignment of regional and global health security initiatives and public health organizations, leveraging digital technologies, prioritizing local manufacturing, and community engagement.**”

Time – How Peace in the DRC Can Prevent the Next Global Epidemic

Jean Kaseya; <https://time.com/7310857/peace-drc-prevent-next-global-epidemic/>

“Peace is more than the end of conflict. **Peace is the foundation for health security.....**”

“.... To achieve all this, we need urgent investments in peace, health infrastructure, and equitable access to care. **We at the Africa CDC proposed a [regional health investment](#) plan to the United States positioning health as a core driver of economic growth, peacebuilding, and regional integration, a plan that would bring together the DRC, Rwanda, Angola, and Zambia. Our**

proposal, aligned with the U.S.–Africa health security partnerships, seeks \$645 million to finance health systems in and around mining corridors—disease surveillance labs, emergency responses, worker and community health services—to reduce risks of future epidemics shutting down mines and critical mineral supply chains. The funding for this health finance initiative would serve as a springboard to raise \$3 billion in co-financing from development banks, private sectors and philanthropic organizations for health-related mining infrastructure. Our proposal presents a model for connecting biosecurity with economic resilience by integrating health infrastructure into vital mineral corridors, deploying advanced bio-surveillance technologies, and creating up to 100,000 jobs through local manufacturing. It would ensure that mineral security is supported by strong health systems across Central and Southern Africa.”

BMJ GH – Sovereignty, equity, solidarity: progress on the Global Health Emergency Corps

Scott F Dowell et al; <https://gh.bmj.com/content/10/8/e019424>

As a reminder, **the GHEC was launched in 2023**. Check out how things are going.

“The Global Health Emergency Corps (GHEC) offers a novel, structured approach to international crisis response by integrating national, regional and global experts through coordinated networks. It is defined as the body of experts in ministries and agencies in every country who work on health emergencies and the global ecosystem through which they coordinate. By prioritising sovereignty, equity and solidarity, GHEC seeks to overcome historical barriers to global health collaboration while respecting national autonomy in crisis response.....”

AMR

Global Health Centre (Working paper) - Legal rights of microbes

Anthony Risk et al; <https://repository.graduateinstitute.ch/record/320847?v=pdf>

“A change has been underway in how we approach microbes – the microscopic organisms that include viruses, bacteria, yeast, fungi and protists and inhabit large swathes of the world. Microbiome studies, a relatively new field of biology, has marked a shift away from the antimicrobial mindset of 19th century bacteriology which cast microbes as primarily pathogenic material towards a symbiotic view of humanmicrobial interactions. Microbiome studies is enabling what Bapteste and colleagues have called a ‘**pluridisciplinary epistemic revolution,**’ one that is focused on ecology, multi-scalar interaction, and ‘**de-anthropocentrification**’ – a movement away from the human-centered point of view. **This working paper explores how these advances in microbiology may begin to mark a shift towards non-anthropocentric approaches to microbes in international legal frameworks.** What would legal rights attuned to 21st century microbiology look like? With the Rights of Nature (RoN) framework – the global movement towards granting legal personhood and protection to natural entities – in mind, we do not mean the Rights of Microbes (RoM) to be just an extension of RoN. **Our proposal here is that microbial communities are not just a new domain into which RoN needs to expand. Rather, we show how microbes form fundamental building blocks of life. To take this “ground up” microbial point-of-view is to begin rethinking legal frameworks in entire sectors, from medicine to nutrition to agriculture.** Towards the end of the paper, we put

forward **two challenges for discussion**: Can international legal frameworks recognize the complexity of biological organization as it now appears? Given their vastness, are microbiota even 'conservable' within the biodiversity paradigm? We suggest that **our focus may be better placed on protecting and conserving the functions of microbiota rather than individual species or their compositions**. "

Guardian (Big Idea) - Why antibiotics are like fossil fuels

Liam Shaw; <https://www.theguardian.com/books/2025/aug/17/why-antibiotics-are-like-fossil-fuels>

Very cool comparison (of antibiotics with fossil fuels). " They helped create the modern world but are dangerously overused. How can we harness them sustainably?"

Health emergencies

Cidrap News – Mpox deaths, Kenya surge among top concerns in Africa's outbreaks

<https://www.cidrap.umn.edu/mpox/mpox-deaths-kenya-surge-among-top-concerns-africas-outbreaks>

"Health officials in Africa continue to report progress in the region's battle against mpox, but some challenges remain, including cutting the number of deaths and helping emerging hot spot countries such as Kenya contain rising cases, leaders from the Africa Centres for Disease Control and Prevention (Africa CDC) said today **at a weekly briefing**. A year has passed since the World Health Organization (WHO) declared a public health emergency of international concern (PHEIC) for Africa's mpox outbreaks. **Scientists, country health officials, and other stakeholders are meeting this week to take stock of mpox research and discuss new ways to operate and fund research projects to support the outbreak response.**"

"Yap Boum, PhD, MPH, deputy incident manager for Africa CDC's mpox response, said overall the number of confirmed cases has declined 70% since the year's peak, and testing coverage continues to rise steadily. Boum said the **increase in testing is a sign of progress with disease surveillance**, though healthcare system weaknesses and other challenges add to a varied epidemiologic picture in different countries. ..."

PS: "Earlier in the outbreak, the US government had pledged about 1 million doses of mpox vaccine for the continent's mpox response, much of it in limbo given the January change in presidential administrations. African health officials have said the region urgently needs 3.4 million doses to meet its demand. **In a promising development, Boum said the US government has authorized the shipment of 219,000 doses, though it's not clear when they will be shipped. He added that the partnership with the United States is moving in a good direction...."**

Malaria

Nature Africa (News) – Africa launches historic malaria vaccine rollout amid funding uncertainty

<https://www.nature.com/articles/d44148-025-00245-8>

“As life-saving immunisation campaigns push ahead, health leaders call for local ownership and global solidarity after US funding cuts to Gavi.”

Among others, with info on **Uganda, Kenya,**

UHC & PHC

Lancet Primary Care (Viewpoint) – US isolationism, HIV, and primary care integration: the inflection point for low-income and middle-income countries is now

R Granich, J Montaner et al ; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00029-9/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00029-9/fulltext)

“The abrupt withdrawal of US global health funding, including major cuts to the President’s Emergency Plan for AIDS Relief and US Agency for International Development, threatens decades of advances in global HIV control and progress towards **the UN 95-95-95 target by 2025**. **As vertical HIV programmes collapse, integrating HIV services into primary health care offers a path forward.** Primary health care, with its syndemic approach and infrastructure for chronic disease management, is well positioned to absorb HIV services while ensuring sustainability. Although challenges remain, especially in terms of resource reallocation and leadership, full integration is feasible, cost-effective, and aligned with universal health coverage goals. **With coordinated national leadership, this funding crisis represents an opportunity to transform HIV control by integrating HIV services within resilient, sustainable, person-centred primary health-care systems capable of reaching the 95-95-95 target on the path towards achieving epidemic control, HIV elimination, and long-term health equity.**”

Lancet Primary Care (Viewpoint) – Models of global primary care post-2030

Luke N Allen et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00027-5/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00027-5/fulltext)

“Primary care is currently a central focus in global health policy; however, renewed attention has not translated into the investment needed to build systems that are fit for the future. As 2030 approaches, many health systems are converging towards primary care models that provide community-based, first-contact access, but they omit the other core functions of comprehensiveness, continuity, and coordination. **In this Viewpoint, we argue that these primary care lite models are ill-equipped to manage the increasing burden of multimorbidity; harness technological disruption; and reduce health inequities. We propose a new trajectory towards**

hybrid models of care that anchor community-oriented outreach workers within multidisciplinary teams that are trained in family medicine. Although artificial intelligence and digital tools can magnify impact and reach, we warn that their uninformed adoption could create digital gatekeepers and deepen disparities. To future-proof primary care, policy makers should invest in integrated models that deliver robust, equitable, and person-centred care that is needed to meet future challenges.”

HPW - Private Hospitals Suspend Services for India's Health Insurance Members, Leaving Millions Without Care

B Bukhari et al ; <https://healthpolicy-watch.news/private-hospitals-suspend-services-for-indias-health-insurance-members-leaving-millions-without-care/>

“.... The suspension in Haryana is the latest stress fracture in India's flagship public health insurance programme, launched in by President Narendra Modi 2018 to provide cashless secondary and tertiary care to the poorest 40% of the population. Nationally, the scheme claims to cover more than 500 million people, with over 25,000 member hospitals. It also comes as a recent [Swiss Re Institute report](#) warns that India faces one of the world's largest health protection gaps, with out-of-pocket expenses accounting for over half of total health spending. The report cautions that without reliable public health financing, millions could fall into poverty due to medical costs directly undermining the government's universal health coverage goals. ...”

“A recent Indian study found that [nearly 28% of households](#) incurred “catastrophic expenditure” on inpatient healthcare alone in 2024. This is defined as health spending that is over 10% of household's capacity to pay. ...”

“Haryana's deadlock with private hospitals highlights a deeper problem: while PM-JAY has been touted as the world's largest government-funded health insurance scheme, its rollout across states has been uneven, plagued by delayed reimbursements, under-enrolment of private providers, and allegations of fraud. And the cracks are not limited to Haryana. In Jammu and Kashmir, where healthcare infrastructure is weaker and private hospitals are fewer, delayed claim settlements and restrictive empanelment rules have left many patients travelling hundreds of kilometres for treatment, sometimes across state lines.....”

PS: “Health economists say the twin crises in Haryana and Jammu and Kashmir illustrate the fragility of India's public-private partnership model in healthcare. “PM-JAY is heavily dependent on private hospitals, but the government's purchasing power is undermined when reimbursements are delayed,” said public health expert Dr Indu Bhushan. “Without a predictable payment system and periodic rate revisions, private participation will keep shrinking.” The Swiss Re Institute's [analysis](#) echoes these concerns, warning that India's heavy reliance on out-of-pocket payments – currently about 50% of total health expenditure – risks reversing poverty reduction gains. It estimates that the health protection gap could reach \$200 billion by 2033 if current trends continue.....”

PS: “Recent National Health Accounts data shows that [government health expenditure rose from 1.13% to 1.84% of GDP between 2014–15 and 2021–22](#), but still leaves households shouldering a significant burden..... “

“Together, these figures paint a stark picture: the policy target of reducing catastrophic burden to 25% by 2025 is not being met, and public financing remains limited despite slow gains. This means that households are still paying a major share of healthcare costs themselves, raising serious concerns about the financial protection that the scheme offers.”

- Related news via P4H: [1,114 hospitals de-empanelled, 1,504 penalised under Ayushman Bharat Insurance scheme in India](#)

“The government has de-empanelled 1,114 hospitals, fined 1,504 ₹122 crore, and suspended 549 for fraud under Ayushman Bharat. A strong anti-fraud system, grievance redressal mechanism, and stricter claims settlement timelines aim to protect beneficiaries and improve service delivery.”

PhD thesis Arush Lal – Hybrid norms and the politics of integration: evolving linkages between global health security and universal health coverage

https://etheses.lse.ac.uk/4906/1/Lal_201866052.pdf

Defended this week 😊. (Congrats Arush!)

The thesis finds among others, “... that **a hybrid norm linking GHS and UHC is emerging**, which may help overcome geopolitical power asymmetries, foster strategic collaboration across diverging actor priorities, and enable more integrative forms of diplomacy to better address multiple overlapping crises...”

- And a link: Lancet (Health Policy) [Surgical health policy 2025–35: strengthening essential services for tomorrow's needs](#) (in case you missed this, from mid-July)

SRHR

Lancet Letter –Clarity in gender-inclusive language in reproductive health care

Sally Pezaro et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01628-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01628-9/fulltext)

“Language in reproductive health care, unlike elsewhere, has always defaulted to using the words woman and women due to the historic invisibility of pregnant transgender, non-binary, and gender-diverse service users. However, **in the 21st century, there is a growing awareness of how language can marginalise and exclude people and a related opportunity to recommit to review guidelines, policies, and curricula to address this inequality.** Fully gender-inclusive approaches have been offered, such as using gender-neutral terms (eg, perinatal or reproductive services, rather than maternity services), with clear reasoning and guidance on how to incorporate these into written documents and everyday interactions. **Nevertheless, a concerning and regressive trend has been observed recently: a rhetorical sleight of hand, giving the impression that maintaining woman-centred language can also be gender inclusive.**”

The authors conclude: “... **True inclusivity requires no caveat statement. Rather, it demands precise, respectful language reflecting diverse populations (eg, pregnant people) alongside specific terms when appropriate. Individualised care should be mirrored institutionally.** Reproductive health care must wholly commit to language that truly reflects diversity, ensuring no one is made invisible. **Thus, we call for clarity, rather than obscure declarations, as the foundation of equitable and inclusive reproductive health care moving forward.**”

Lancet Perspective - Shakira Choonara: upholding health and rights for young people

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01676-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01676-9/fulltext)

And EV 2014!

““Almost half of the world's population are women, and the latest stats show us that less than 50% of women and girls have power over their health-care decisions”, says **Shakira Choonara**, a passionate public health practitioner and activist working in the multilateral agency space. Her current focus area is sexual health and reproductive rights (SRHR) and bodily autonomy. **Choonara wants to see governments boost investment for SRHR, given the current backlash from certain groups. “SRHR is under attack, and so ramping up and scaling up investments is important”, she comments.....**”

Access to medicines, vaccines & other health technologies

Euractiv - EU-US deal seals 15% tariffs on pharma industry, exempts generics

<https://www.euractiv.com/section/health-consumers/news/eu-us-deal-seals-15-tariffs-on-pharma-industry-exempts-generics/>

Gated.

JAMA Health Forum –Prices and Affordability of Essential Medicines in 72 Low-, Middle-, and High-Income Markets

Olivier Wouters et al ; [JAMA Health Forum](#);

“... A positive association was observed between countries’ gross domestic product per capita (expressed in logarithmic terms) and nominal drug prices ($R = 0.30$; $P = .01$), indicating that richer countries generally had higher drug prices. However, **when adjusting for the purchasing power of different currencies, an inverse association was observed** ($R = -0.35$; $P = .003$), **suggesting that richer countries had lower real prices.** Drug affordability, as measured by the number of days’ minimum wage needed to purchase a month’s treatment, varied widely, with median affordability highest in Europe and the Western Pacific, and lowest in Africa and Southeast Asia....”

“... Many low- and middle-income countries paid higher prices for the same essential medicines compared to wealthier countries, placing a disproportionate cost burden on patients in poorer nations.....”

BMC Health Services Research - Decolonizing global health: Africa’s pursuit of pharmaceutical sovereignty

Moses Mulumba, Lisa Forman et al ;

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-025-13211-9>

“Africa’s continued reliance on imported medicines, vaccines, and active pharmaceutical ingredients is the direct legacy of colonial extraction, intensified by the structural-adjustment era’s dismantling of state-owned drug plants and cemented by intellectual-property regimes that keep critical know-how offshore. **The COVID-19 vaccine scramble exposed the full cost of this vulnerability and has triggered a continent-wide push for pharmaceutical sovereignty—an explicit, decolonizing agenda to localize research, regulation, and production.** This review distils the latest evidence on the barriers that still block that transition and maps the regulatory, financial, technological, and civic opportunities most likely to accelerate it.”

“**Four structurally reinforcing barriers dominate the evidence base:** (i) TRIPS-based patent exclusivities that restrict technology transfer; (ii) fragmented and immature regulatory capacity (iii) chronic under-investment; and (iv) import-biased procurement. **The countervailing opportunities** center on (i) AMA-led regulatory harmonization, (ii) pooled-demand instruments (iii) technology-transfer partnerships and (iv) civic-sector mobilization.”

Conclusion: “ Africa now possesses the regulatory blueprint, pooled-demand incentives, and emerging technology platforms to localize production of medicines and vaccines. However, its realization is dependent on synchronizing these levers by easing IP constraints, completing AMA-led regulatory convergence, mobilizing concessional finance for API and bulk-drug capacity, and reforming procurement to reward local value. If pursued in concert, these steps can convert pharmaceutical sovereignty from a political slogan into a resilient, continent-wide industrial reality- anchoring Africa’s wider agenda to decolonize global health.”

Unitaid announces two new flagship investments to boost regional manufacturing of diagnostics and medicines in Africa

<https://unitaid.org/news-blog/unitaid-announces-two-new-flagship-investments-to-boost-regional-manufacturing-of-diagnostics-and-medicines-in-africa/>

“Unitaid is making a foundational investment of nearly US\$ 50 million in two flagship programs aimed at strengthening the ability of countries in Africa to produce their own medical tests and treatments. The investment is part of Unitaid’s broader commitment to building regional manufacturing capacity across Africa and improving access to quality-assured health products for global health priorities such as HIV, malaria and maternal health, and is expected to lay the groundwork for future growth and development....” Check out the detail.

Related tweet: “Our new investments, **supported by the @ec.europa.eu , will help shift this reality by working with @path.org and U.S. Pharmacopeia (USP)** to strengthen local production of diagnostics and medicines.”

Unitaid-funded research drives WHO recommendation of spatial repellents – the first new malaria vector control tool in decades

<https://unitaid.org/news-blog/unitaid-funded-research-drives-who-recommendation-of-spatial-repellents-the-first-new-malaria-vector-control-tool-in-decades/>

“Unitaid announces an additional US\$18 million in funding to Cameroon-based implementer Centre for Research in Infectious Diseases (CRID) to advance access to spatial repellents and expand the WHO recommendation.”

Unitaid and Jhpiego launch US\$26.5 million initiative to curb rising antimalarial drug resistance in Africa

<https://unitaid.org/news-blog/unitaid-and-jhpiego-launch-us26-5-million-initiative-to-curb-rising-antimalarial-drug-resistance-in-africa/>

“Unitaid and Jhpiego are launching **Scaling the Optimal Use of Multiple ACTs to Prevent Antimalarial Drug Resistance (STOP-AMDR)**, a US\$26.5 million initiative that aims to protect the effectiveness of existing treatments by supporting the introduction and scale-up of multiple first-line therapies. This strategy that consists of using two or more effective ACTs in a population either together or in rotation to treat uncomplicated malaria, could help slow the spread of resistance. **The four-year project will work in collaboration with global health partners, national malaria programmes, civil society and communities in six countries: Burkina Faso, the Democratic Republic of Congo, Kenya, Nigeria, Rwanda and Uganda.....**”

Planetary Health

Guardian – Brazil issues last-ditch plea for countries to submit climate plans ahead of Cop30

<https://www.theguardian.com/environment/2025/aug/19/brazil-issues-last-ditch-plea-for-countries-to-submit-climate-plans-ahead-of-cop30>

“Only 28 countries have submitted carbon-cutting proposals to the UN, with some of the biggest emitters yet to produce plans.”

- Related: **Climate Change News – [COP30 president prepares for clash of views on how to respond to NDCs](#)**

“With most countries yet to submit new emissions-cutting plans due by the end of next month, Brazil will launch consultations on how to tackle an expected shortfall in ambition.”

Project Syndicate - The Global South Must Claim the Climate Mantle at COP30

Maiara Folly, Jayati Ghosh, and Jörg Haas; <https://www.project-syndicate.org/commentary/global-south-must-claim-climate-mantle-at-cop30-by-maiara-folly-et-al-2025-08>

“America’s disruptive agenda and Europe’s wavering resolve have created an opportunity for the Global South to create a more equitable and inclusive clean-energy transition. To do so, these countries must demonstrate that climate and development goals are not mutually exclusive.”

“...Will the Global South – especially Brazil, South Africa, India, and China – step up to fill the climate leadership vacuum?...”

- Link: Guardian - [Brazil authorities suspend key Amazon rainforest protection measure](#)

“ One of the key agreements for Amazon rainforest protection – the soy moratorium – has been suspended by Brazilian authorities, potentially opening up an area the size of Portugal to destruction by farmers. Coming less than three months before Brazil hosts the Cop30 climate summit in Belém, the news has shocked conservation groups, who say it is now more important than ever that consumers, supermarkets and traders stand up against Brazilian agribusiness groups that are using their growing political power to reverse past environmental gains.”

AP - Indigenous groups demand action from South American leaders at Amazon summit

[AP](#);

“Indigenous leaders from across the [Amazon](#) are urging South American presidents meeting in Bogota this week to turn promises to protect the region’s rainforest into concrete action, and to give Indigenous groups more say in the region’s future.”

“The Fifth Presidential Summit of the Amazon Cooperation Treaty Organization, officially opening Tuesday in the Colombian capital, brings together leaders alongside scientists and Indigenous representatives. The agenda includes public forums, cultural events and high-level meetings, culminating Friday with a joint declaration setting regional priorities on environmental protection and climate policy.....”

New WHO-WMO climate change and workplace heat stress report and guidance

https://hq_who_departmentofcommunications.cmail20.com/t/d-e-glhdddt-ikudkhlul-i/

“This new joint report and technical guidance warn that climate change-driven heatwaves are taking a growing toll on the health and productivity of workers, especially among manual workers in agriculture, construction, and fisheries, and among vulnerable groups in low-income settings. Drawing on five decades of research and evidence, WHO and WMO lay out a clear path for

governments, employers, and health authorities to mitigate the growing risks of extreme heat on working populations.....”

“Some of the **key findings**:

- The frequency and intensity of extreme heat events have risen sharply, increasing risks for both outdoor and indoor workers.
- Worker productivity drops by 2–3% for every degree above 20°C.
- Health risks include heatstroke, dehydration, kidney dysfunction, and neurological disorders, all of which hinder long-term health and economic security.
- Approximately half the global population suffers adverse consequences of high temperatures.....”

And check the **recommendations**.

- Related HPW coverage - [Mitigating Heat Stress: A Growing Threat for Workers and Employers](#)

“The International Labour Organization (ILO)’s Joaquim Pinto Nunes told the briefing that it is mandatory for the 187 countries that are ILO members “to promote safe and healthy working environments”.”

“More than 2.4 billion workers are exposed to excessive heat, and this represents 71% of the world’s total working population,” said Nunes, the ILO’s head of Occupational Safety and Health and the Working Environment. **Heat exposure causes more than 22 million occupational injuries and almost 19,000 deaths each year**, according to an [ILO report](#) published last year. In 2020, there were an estimated 26.2 million persons living with chronic kidney disease attributable to workplace heat stress. **The ILO report found that workers in Africa (92.9%) and the Arab states (83.6%) had the worst heat exposure, but the fastest changing working conditions are in Europe and Central Asia**, with the proportion of workers affected rising by 17.3%, almost double the global average increase.....”

NYT - A Debilitating Virus Surges Globally as Mosquitoes Move With Warming Climate

<https://www.nytimes.com/2025/08/19/health/chikungunya-virus-mosquitoes-what-to-know.html>

“Chikungunya, which can disable victims for years, is spreading rapidly, including in China and other places that have not seen it before.”

PS: “There are two vaccines for chikungunya, but they are produced in limited quantities for use mainly by travelers from industrialized countries. The newest vaccine, made by Bavarian Nordic, sells for about \$270 per shot in the United States, a price well beyond the reach of a country such as Paraguay, which has had huge chikungunya outbreaks and would ideally vaccinate much of the population. **Brazil’s Butantan Institute is working on making a lower-cost version of another vaccine. Neither vaccine currently has the kind of W.H.O. recommendation that might lead to accelerated development of an affordable product.** Doing a clinical trial of the kind the agency requires is difficult: Chikungunya outbreaks happen so fast that they’re over before the research can

begin. Dr. Rojas said the **W.H.O.’s vaccine committee** was reviewing chikungunya outbreak data to consider options for a possible recommendation.....”

WHO chief scientist says US exit from organisation has impacts on climate and health research beyond funding loss

<https://www.eco-business.com/news/who-chief-scientist-says-us-exit-from-organisation-has-impacts-on-climate-and-health-research-beyond-funding-loss/>

(gated) “Global solutions are needed to tackle most of the challenges the world faces in the 21st century, said **Dr Jeremy Farrar**. **The United States is a scientific and research superpower and to have it not contributing in the same way now is everybody’s loss**, he cautioned.”

World Mosquito Day (20 August)

Via Stat : **A ‘new normal’ for mosquito-borne diseases in Europe**

<https://www.statnews.com/>

“The **European Centre for Disease Prevention and Control** warned today that **record-breaking spikes for two mosquito-borne diseases point to a “new normal” of more widespread and intense transmission across the continent**. There have been **27 outbreaks of the chikungunya virus in Europe so far this year**, setting a new record. The disease is currently established in 369 European regions — more than double what it was a decade ago. **Similarly, West Nile virus has been consistently cropping up in new corners of the continent for decades**, with 335 locally acquired cases and 19 deaths this year so far. **“This makes prevention more important than ever, both through coordinated public health action and personal protection measures,”** Céline Gossner, who leads the section on food, water, and vector-borne and zoonotic diseases at ECDC, said in a **press release...**”

For more, see ECDC: [**World Mosquito Day 2025: Europe sets new records for mosquito-borne diseases - ECDC supporting Member States in adapting to ‘new normal’**](#)

- See also the Telegraph - [**Outbreaks of debilitating tropical diseases becoming Europe’s ‘new normal’**](#)
- Related: Euractiv - [**Belgian blood supplies ‘melted like snow’ as tiger mosquitoes spread across Europe**](#)

“The Belgian Red Cross on Wednesday issued an urgent appeal for blood donations, as **the spread of tiger mosquitos across Europe limits donations.**”

Conflict/War/Genocide & Health

Telegraph – Record Number of aid workers killed in 2024, UN says.

[Telegraph](#);

“Some 383 humanitarian workers were killed in attacks last year, almost half of them in Gaza
Based on the Aid Worker Security Database.”

New Humanitarian – Outcry as aid sector risks normalising the Gaza
Humanitarian Foundation

<https://www.thenewhumanitarian.org/news/2025/08/20/outcry-aid-sector-risks-normalising-gaza-humanitarian-foundation-ghf-palestine>

“This is an existential threat for a sector that is already facing a crisis in legitimacy.”

Lancet Letter - Is Gaza still a place for newborn life?

Bilal Irfan et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01627-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01627-7/fulltext)

« **10 months after a warning that Gaza's maternal and neonatal health sector was sliding from crisis towards collapse, fresh field reports reveal an even starker picture.** In the first 6 months of 2025, the Palestinian Ministry of Health logged only 17 000 livebirths, a 41% decline from the same period in 2022.² In addition to pregnancies carried to term, 2600 pregnancies ended in miscarriage, 220 resulted in intrauterine fetal deaths, and 21 newborns died within 24 h. Premature births, congenital malformations, and low birthweight have become commonplace, as pregnant mothers face malnutrition and repeated forced displacement. **As health-care advocates, it is our ethical responsibility to name, document, and confront this reality and call for international action....**”

Lancet GH (Comment) - The genocide in Gaza has exposed key shortcomings in the WHO's emergency medical teams initiative

James Smith; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00267-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00267-0/fulltext)

Smith concludes: “.... If **WHO seeks to promote its EMT initiative as a leading crisis-related surge mechanism globally, it is imperative that EMTs are aware of their moral, political, and legal obligations beyond the direct provision of medically competent care.** WHO has already tentatively outlined these responsibilities as a core pillar in the practice of conflict medicine. By failing to uphold these wider responsibilities, the privilege of humanitarian access will be deprived of its full value by medical teams who chose to understand medical solidarity narrowly as proximate presence, rather than a commitment to engaged advocacy and purposeful accompaniment alongside people who have been subjected to the most profound injustices.”

Telegraph - 'Rare and complicated' skin diseases rampage through Gaza

<https://www.telegraph.co.uk/global-health/science-and-disease/rare-and-complicated-skin-diseases-rampage-through-gaza/>

"A lack of water, food and sanitation, combined with soaring temperatures, is fuelling the spread of conditions like impetigo and scabies."

(via) HHR's weekly digest: UN experts: Israel committing medicide in Gaza

<https://www.hhrjournal.org/health-and-human-rights-news/>

"Israel's deliberate attack on Gaza's healthcare system is 'medicide', a component of genocide, said UN Special Rapporteur on the right to health, Tlaleng Mofokeng, and Special Rapporteur on the situation of human rights in the occupied Palestinian Territories, Francesca Albanese. The experts condemned this intentional destruction of health infrastructure and health care workers, including the starvation of health workers. "They called for an immediate ceasefire as a first step to hold Israel accountable and to save what is left of Gaza's healthcare system and prevent the extermination of its population."

- Full statement: <https://www.ohchr.org/en/press-releases/2025/08/un-experts-appalled-relentless-israeli-attacks-gazas-healthcare-system>

Migration & Health

HPW - Afghanistan's Fragile Health System Buckles Under Surge of Deportees from Iran and Pakistan

<https://healthpolicy-watch.news/afghanistans-fragile-health-system-buckles-under-surge-of-deportees-from-iran-and-pakistan/>

"Afghanistan's fragile healthcare system is at breaking point under the strain of hundreds of thousands of Afghans deported from Iran and Pakistan over the past few months, many in urgent need of medical care. This follows the decision by both Pakistan and Iran to repatriate Afghans, even those with refugee status in the case of Pakistan. Earlier this year, the UN High Commission for Refugees estimated that there were over 3,5 million Afghan refugees in Iran and 1,7 million in Pakistan. **Between January and 13 August, some 1.86 million Afghans have been returned from Iran and over 314,000 from Pakistan, bringing the total returns to over two million people over the past eight months alone....."**

New Humanitarian – Protection or prevention? The global refugee system is at a crossroads

M Alio et al ; <https://www.thenewhumanitarian.org/opinion/2025/08/18/protection-prevention-global-refugee-system-crossroads-infrastructure-migration>

“The infrastructure of refugee protection is being retooled to stop people from moving, not to help them survive displacement.”

“Across borders and oceans, refugee journeys continue – driven by conflict, persecution, and a lack of safety. Yet **global responses are increasingly focused not on ensuring protection, but on preventing movement. While the rhetoric remains humanitarian, the reality is a growing investment in containment, deterrence, and control.** The infrastructure of refugee protection is being retooled to stop people from moving, not to help them survive displacement. This shift isn’t just policy drift – it’s a political choice. One that reflects a deeper problem: Refugees are wrongly treated as a crisis, while the real crisis is a system that approaches protecting human life as optional and stopping movement across borders as essential.”

“This shift is playing out across multiple arenas, but **recent developments at the 2024 and 2025 Consultations on Resettlement and Complementary Pathways (CRCP) in Geneva offer a stark illustration** of how rapidly the global approach to refugee protection is being reshaped.”

BMJ GH – Refugees and asylum seekers in Europe need a rights-based approach to the issue of return: insights from the case of the Syrian displacement

Saleh Aljadeeah et al; <https://gh.bmj.com/content/10/8/e019809>

“European asylum policies have become increasingly restrictive, raising concerns about the protection of refugee rights, including access to healthcare and adherence to the principle of non-refoulement. This commentary argues that the suspension of asylum applications for Syrians is premature, legally and ethically problematic, and poses serious health risks. It also emphasises the potential of engaging the Syrian diaspora in policy development and sustainable recovery. Our commentary calls for European asylum policies to be grounded in context-specific safety assessments and developed through inclusive, coordinated approaches involving all relevant stakeholders.”

BMJ News - Trump’s border closure escalates migrant mental health crisis in Mexico, says MSF

<https://www.bmj.com/content/390/bmj.r1760>

“The Trump administration’s moves to stop people claiming asylum in the US has pushed the Americas’ migration crisis south to Mexico, Médecins Sans Frontières (MSF) has said. The medical non-governmental organisation (NGO) estimates that tens of thousands or even hundreds of thousands of people could now be stranded, resulting in an acute mental health crisis.....”

Malnutrition & starvation

Telegraph – Hundreds of thousands of children ‘facing starvation’ as last Nigeria aid points set to close

<https://www.telegraph.co.uk/global-health/climate-and-people/hundreds-of-thousands-of-children-face-starvation-nigeria/>

“The UN’s World Food Programme is grappling with a 40 per cent decline in funding, threatening its feeding programmes.”

“Hundreds of thousands of children will be at risk of dying from starvation in northeast Nigeria after a network of nutrition clinics closes next month, the UN has warned. The World Food Programme (WFP) has already had to close half of its 300 nutrition centres in the conflict-racked region because of a major funding shortfall, and it will have to close the remaining 150 in September, when the last of its budget is set to run out. **The Rome-based agency has said it is facing a 40 per cent slump in donations in 2025 compared to last year, largely as a result of sweeping US aid cuts. The shortfall threatens its feeding programmes in 28 crisis zones around the world, from Gaza and Sudan to Syria and the Democratic Republic of Congo.....**”

- Related: The Conversation - [Child malnutrition is a sign of conflict to come: Nigerian study links climate change, food and violence](#)

Miscellaneous

The Conversation - Has extreme poverty really plunged since the 1980s? New analysis suggests not

J Hickel et al ; <https://theconversation.com/has-extreme-poverty-really-plunged-since-the-1980s-new-analysis-suggests-not-261144>

“Data from the World Bank suggests that extreme poverty has declined dramatically over the past four decades, from 47% of the world’s population in 1981 to around 10% today. This narrative is based on the World Bank’s method of calculating the share of people who live on less than US\$3 per day in 2021 prices. This is adjusted for general price differences between countries (what’s known as purchasing power parity, or PPP). **But a growing body of literature argues that the World Bank’s PPP-based method has a major empirical limitation. The problem is that it does not account for the cost of meeting basic needs in any given context.** Having more than US\$3 PPP does not guarantee that a person can afford the specific goods and services that are necessary for survival in a particular location. **In recent years, scholars have developed what they argue is a more accurate method for measuring extreme poverty. This is done by comparing people’s incomes to the prices of essential goods (specifically food, shelter, clothing and fuel) in each country.** This approach is known as the “**basic needs poverty line**” (BNPL), and it more closely reflects what the original concept of extreme poverty was intended to measure. There is robust data from household consumption surveys and consumer prices covering the period from 1980-2011.”

“The BNPL data indicates that the story of global poverty over the past few decades is more complex – and troubling – than the World Bank narrative suggests. This data indicates that between 1980 and 2011, the global extreme poverty rate declined by only six percentage points, from 23% to 17%. During the same period, the number of people in extreme poverty actually increased, from 1.01 billion to 1.20 billion. What’s more, the alleviation of poverty has not been steady.”

(Via HHR’s weekly digest): [US State Department human rights report is harmful](#)

“The 2025 US State Department human rights report, released this week, leaves out significant categories of human rights violations and mischaracterizes human rights records of authoritarian and abusive nations, says Human Rights Watch. Its minimization of human rights violations and crises worldwide is **particularly harmful for asylum seekers, who previously have utilized the report to illustrate their need to remain in the United States. **“That essential resource for keeping people safe is not only no longer reliable or helpful, but in some cases could put people at risk by denying abuses in places where the United States or other countries intend to deport asylum seekers and immigrants.”****

PE4H

<https://pe4health.phmovement.org/about/>

Resource. “This **blog site has been established by the Political Economy for Health Circle of the People’s Health Movement as a contribution to extending and deepening the discussion of political economy within PHM** and the application of critical political economy to the struggle for health. The **purpose of the blog site** is to create a platform where research and analysis regarding the political economy of contemporary globalised capitalism can be shared more widely, and the implications for population health and for health care of such research and analysis can be explored....”

Global health events

WHO – ‘Theories of change can anchor our collective efforts and trigger real change in people’s lives’

<https://www.who.int/news/item/19-08-2025-theories-of-change-can-anchor-our-collective-efforts-and-trigger-real-change-in-people-s-lives>

“How can health policies and programmes deliver meaningful, measurable results? That was the central question explored during a **recent global panel discussion hosted by the World Health Organization (WHO) and the Veredas Institute. The session marked the **launch of WHO’s new technical guide on developing evidence-informed theories of change (ToCs)**, a practical tool designed to help health actors better plan, monitor and evaluate their interventions. “**

“Titled **From Theory to Impact, the event brought together speakers from WHO, the Veredas Institute, Insper, and the South African government, who shared experiences of applying ToCs in**

diverse real-world settings, from health systems and social programmes to national planning and evaluation frameworks. ...”

Global health governance & Governance of Health

P4H - South Africa’s G20 Presidency Prioritizes UHC, PHC, and Civil Society Engagement

<https://p4h.world/en/news/south-africas-g20-presidency-prioritizes-uhc-phc-and-civil-society-engagement/>

“South Africa’s G20 presidency prioritises Universal Health Coverage and civil society engagement, highlighting financing, primary health care, and multilateral collaboration amid global health funding challenges.”

Bill Gates calls on Korea to chart course for gradual hike in development aid spending

<https://www.koreatimes.co.kr/southkorea/society/20250821/bill-gates-calls-on-korea-to-chart-course-for-gradual-hike-in-development-aid-spending>

“U.S. billionaire philanthropist Bill Gates suggested Thursday that Korea gradually increase its development aid spending, ideally to 0.5 percent of its economy in the coming years, with a greater focus on multilateral health initiatives.”

“Gates, chair of the Gates Foundation, made the remark during his visit to Seoul, after meeting with Korean companies and government officials to discuss ongoing partnerships and collaboration in global health. **Notably, Gates called for placing more focus on multilateral health platforms for contributions, such as GAVI and the Global Fund**, citing the efficiency of their operations and what he described as “high-impact” ODA. **“Our proposal is that this government makes a new ODA strategy that the health multilaterals could grow to be as much as 15 percent of that, and draw Korea into a much stronger role in terms of governance and contributions,”** he said.”

Devex - A time of rethink and restructure for aid organizations

<https://www.devex.com/news/devex-newswire-a-time-of-rethink-and-restructure-for-aid-organizations-110676>

“Amid a landscape where more aid organizations are contemplating restructures, mergers, and partnerships for survival, a new initiative is emerging to facilitate their strategic pivot.”

“We’ve been covering [how for-profits](#) and [nonprofits](#) can navigate the world of mergers and acquisitions and other forms of restructuring, because these could be the key to surviving this new era of aid scarcity. In fact, **more than one-third of aid organizations today are considering a restructure** — and by early September, even more may be forced to shut their doors. That’s

according to a survey from the [Accountability Lab](#) and [Humentum](#), which in March launched a new program, [Civic Strength Partners](#), to help those in the sector recalibrate. That might mean **exploring a merger, creating a joint venture, coming up with a new fundraising approach, or winding down operations altogether**, my colleague Elissa Miolene writes. “Many organizations in the social sector have not had to look at their work through the lens of transition, merger, and succession,” reads the Civic Strength Partners’ tool kit. “This guide is designed to provide rapid support to leaders to use relevant tools to preserve, protect, and grow the value of their work.”....”

- For more on this initiative, see [Introducing Civic Strength Partners](#).

Devex Pro – Beyond aid cuts, 3 major signs the UK is abandoning development

<https://www.devex.com/news/beyond-aid-cuts-3-major-signs-the-uk-is-abandoning-development-110645>

(gated) “From a **lack of advisers** to a **lack of direction**, a look at worrying indicators from the U.K.’s aid department.

Devex on Ireland and ODA

[“Ireland, once an aid recipient, doubled its spending in 2023, driven by refugee costs and humanitarian aid.”](#)

“.... [Ireland, by contrast, has seen a dramatic surge](#). Once an aid recipient, it is now a top DAC performer, with ODA spiking to **\$2.8 billion in 2023**, largely due to refugee costs. Preliminary 2024 figures show its **ODA at 0.57% of GNI**, placing it seventh relative to its economy. **More than half of that went bilaterally, with humanitarian aid prioritized**. On the multilateral side, \$374.6 million went to the European Commission, plus smaller amounts to IDA and the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#)....”

Global Policy – “Regime Survival as a Collective Project”: Inside the Dictator Club

<https://www.globalpolicyjournal.com/blog/18/08/2025/regime-survival-collective-project-inside-dictator-club>

“Authoritarian-led “dictator clubs” are reshaping multilateralism: pooling resources, shielding members from sanctions, and legitimising authoritarian rule. In *The Dictators’ Club*, Maria Debre shows how these alliances turn regime survival into a collective project. How can Europe counter their influence while defending democratic norms?”

China Daily - Lancang-Mekong region enters new era of health cooperation and development

<https://www.chinadaily.com.cn/a/202508/20/WS68a53388a310b236346f291e.html>

“The **Lancang-Mekong Cooperation (LMC) mechanism** has been a pillar of regional stability and development, and nowhere has its spirit of building a shared future been more evident than in the

realm of public health. **In the middle of August, the city of Kunming witnessed the successful convening of the 10th LMC Foreign Ministers' Meeting.** As cooperation enters a new phase of "version 2.0", **the six member countries** are set to build on a solid foundation of success to forge a more resilient and comprehensive regional health community for all....” (*China, Cambodia, Laos, Myanmar, Vietnam and Thailand*)

Global health financing

Journal of Global Health (Viewpoint) – The VUCA world and paradoxical dilemma on predicaments of foreign aid withdrawal or adjustment: problematisations, implications, and lessons

L Gonah et al ; <https://jogh.org/2025/jogh-15-03035>

« Given the predicaments of foreign aid withdrawal, **we propose a framework for critiquing the motives, responsibility, benefits, opportunities, lessons, and dos (MR-BOLD)**, as an objective diagnosis and response planning tool to VUCA world-induced effects such as aid adjustments/withdrawals....”

FT – Special Report African Development

<https://www.ft.com/reports/african-development>

“Governments of African countries need to adapt to the cuts in assistance; development finance institutions could fill gaps left by retreat of aid; Japan eyes low-cost debt to mitigate aid cuts; Malawi introduces teaching tablets to children across the country.”

Some more detail below from some of these articles:

FT - Africa must deal with a world of shrinking aid

<https://www.ft.com/content/9396cee1-c1c2-4e34-ad75-37dbd77f1176>

“Despite the sweeping cuts to financial assistance **there has been surprisingly little protest from the continent’s nations.**”

“... **While aid agencies and health experts have mostly decried the cuts, there has been surprisingly little protest from Africa itself. Many leaders and ordinary citizens were suspicious of aid in the first place**, with some even seeing USAID as a front for the CIA. **More generally, critics have complained that too much money was spent on bureaucracy, including high salaries for foreign consultants.** Overseas assistance also **created unintended consequences**, they said, by hollowing out local expertise and giving governments an excuse to ignore their responsibilities for providing services such as healthcare and education....”

PS: “If Mahama’s statement about aid [*from 2016 – Ghana’s president*] is beginning to come to pass, **what about his plea for fairer and more integrated trade?** Far from making it easier for African economies to trade with the outside world, a **US-led era of protectionism is set to make it harder....**

PS: “ ... **Paul Collier, professor of economics at Oxford university’s Blavatnik school of government, argues that above all Africa needs investment and sustained development. What aid remains should be directed at the very poorest countries and modified to include more risk capital for job-creating businesses,** he says. National development banks — if properly run — can play an important role, he adds. **Stefan Dercon, former chief economist of the now-defunct DFID, says that what most African economies need is the type of sustained growth that pulled billions of people out of poverty in Asia.** “Aid clearly does save lives and do good things,” he says. “But at the end of the day, it does not bring development.”

FT - Development finance could fill the gaps left by cuts in aid programmes

<https://www.ft.com/content/cf1c6b1e-f88d-4498-bfa7-aefde4936762>

“DFIs can provide an essential source of financing for businesses shut out by private capital in their home countries.”

“... There is a realisation that an alternative model is needed to fill the gaps left behind by the aid cuts. **Development finance institutions (DFIs) could provide the answer. DFIs are agencies that invest in the private or public sectors in developing economies.** Multilateral DFIs such as the World Bank’s International Bank for Reconstruction and Development offer loans to developing countries. Bilateral DFIs such as France’s Proparco, and the UK’s British International Investment invest in the private sector and unlike traditional aid agencies who are often viewed as “charities”, these are profit-seeking enterprises providing finance either as loans or equities in businesses. They plough profits earned from successful investments back into new ventures. Two-thirds of BII’s investment in the past decade have been funded by profits. BII does not invest in tobacco, extractive industries including oil and gas and the arms industry but invests in logistics chains that may serve these industries....”

“... In a world of aid cutbacks, there is scope for DFIs to step up their involvement in programmes aiming to reduce poverty. **DFIs only account for about 2 per cent of foreign assistance** and there are calls for an expansion which could involve increased government funding, safe in the knowledge that there are prospects of a return on investment....”

Project Syndicate - An Agenda for Tackling the Debt and Development Crises

Martín Guzmán, Mahmoud Mohieldin, and Vera Songwe; <https://www.project-syndicate.org/commentary/plan-for-tackling-the-debt-development-crises-by-martin-guzman-et-al-2025-08>

Op-ed ahead of UNGA in September.

“The current system of development finance and debt restructuring is in urgent need of reform. As aid flows decline, climate change and nature loss accelerate, and global growth slows, developing countries’ debt vulnerabilities will only increase, as will the threats to global stability.”

“Following the Fourth International Conference on Financing for Development in June, we reached a breakthrough moment. Governments, international financial institutions, and civil-society organizations, recognizing the need to tackle today’s debt and development crises, are ready for action ahead of the United Nations General Assembly (UNGA) in September....”

“Recent reports that we each co-authored – *Healthy Debt on a Healthy Planet*, the *Jubilee Report*, and the *Report of the UN Secretary-General’s Expert Group on Debt* – along with many other experts’ work, have definitively established the severity and urgency of these intertwined crises and their devastating consequences....”

They then list some solutions.

“... Across these key solutions – **reforming debt-sustainability analyses, establishing a Borrowers’ Club, and improving the time and depth of restructuring** – what matters as much as the idea is the **strength of the commitment to it**. In 2000, efforts by a powerful global coalition helped to deliver significant relief for low-income countries. But today’s reality demands that we adopt much broader and deeper reforms to solve the immediate crisis affecting low-income countries, and many middle-income countries as well, prevent future crises, and promote growth, job creation, and prosperity. As we look toward the UNGA in September, we should be focused on driving progress on these practical solutions.”

UHC & PHC

Lancet Regional Health (Southeast Asia) - Health insurance in southeast Asia: is it enough for UHC?

[https://www.thelancet.com/journals/lansea/article/PIIS2772-3682\(25\)00124-6/fulltext](https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(25)00124-6/fulltext)

“... In this issue of *The Lancet Regional Health – Southeast Asia*, [Singh and colleagues](#) analyse data from Demographic and Health Surveys (2015–22) conducted in countries within SEAR....”

Pandemic preparedness & response/ Global Health Security

BMJ GH - Enhancing global health security responses through greater inclusion of the global south in infectious disease modelling

K Leung et al; <https://gh.bmj.com/content/10/8/e019111>

“Gaps continue to persist in global public health responses and greater inclusion of the Global South in infectious disease modelling is crucial for improving global health security. **The inaugural Infectious Disease Modelling Conference 2024** fostered inclusivity by attracting diverse participants and offering equitable access. It also showcased the pivotal role of modelling in shaping policies during pandemics.”

“.... **This commentary reflects on the key discussions and insights from IDM 2024.** It highlights critical lessons learnt from the conference speakers and panellists’ regarding policy modelling in infectious diseases, while also sharing practical recommendations and approaches employed to foster greater inclusivity of stakeholders from the Global South...”

Planetary health

BMJ Editorial – Criminalising ecocide

Philippe Sands et al; <https://www.bmj.com/content/390/bmj.r1715>

« **Individuals should be held to account for environmental damage.** »

« ... **Established in 1998 and located in The Hague, the ICC is the only permanent institution for prosecuting individuals for four core international crimes—genocide, crimes against humanity, war crimes, and aggression.** Importantly, individuals can be held accountable irrespective of their official capacity, including state officials, armed group leaders, and corporate decision makers....”

« **Adding ecocide as a fifth crime within the jurisdiction of the ICC would be an important step towards accountability for serious environmental damage.** It would also reflect a more ecocentric approach to the law. Currently, international criminal law is anthropocentric in its approach; environmental harms are generally prohibited only insofar as they affect humans. By contrast, ecocide would criminalise harm to natural elements, independent of the effect on humans, and affirm the intrinsic value of the natural world...”

Lancet Planetary Health - Climate-smart public health for global health resilience

Christopher D Golden et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00171-8/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00171-8/fulltext)

“Climate change poses urgent public health risks from rising global temperatures and extreme weather events, including heatwaves, droughts, and floods, which disproportionately affect vulnerable populations. To address the current silos embedded in climate, environmental, and public health monitoring and surveillance systems, **climate-smart public health (CSPH)** creates an integrated platform for action across these sectors, enabling more rapid and efficient responses to climate-related public health challenges. **In this Personal View, we introduce the concept of CSPH, a data-driven framework designed to monitor, assess, and adapt to climate-related health impacts.** CSPH incorporates surveillance, risk assessment, early warning systems, and resilient health-care infrastructure to address the evolving challenges of climate change. **we applied this framework in Madagascar**, a region highly vulnerable to climate impacts, where poverty, malnutrition, and frequent extreme weather events make climate adaptation particularly urgent.”

PS: “**CSPH builds on and expands upon the elements of WHO’s operational framework for building climate-resilient health systems...**”

Guardian – Dramatic slowdown in melting of Arctic sea ice surprises scientists

<https://www.theguardian.com/environment/2025/aug/20/slowdown-in-melting-of-arctic-sea-ice-surprises-scientists>

“**Natural climate variation** is most likely reason as global heating due to fossil fuel burning has continued.” “The research, **published in the journal *Geophysical Research Letters***, used two different datasets of Arctic sea ice levels from 1979 to the present day....”

- Related: [Carbonbrief – Guest post: Why the recent slowdown in Arctic sea ice loss is only temporary](#)

Environmental Research - A systematic review and meta-analysis of the impact of environmental heat exposure on cardiovascular diseases, chronic respiratory diseases and diabetes mellitus in low- & middle-income countries

<https://www.sciencedirect.com/science/article/pii/S0013935125012319>

Review article by Shabab Ali Siddiqui et al.

Nature Comment - Protect Antarctica — or risk accelerating planetary meltdown

Ida Kubiszewski; <https://www.nature.com/articles/d41586-025-02618-3>

“To keep Earth habitable, **humanity must recognize the value of Antarctica and seek to save it from irreversible damage.**”

Also on the (fragile) **governance** of Antarctica which is increasingly a problem.

The Guardian (Picture Essay) - Trying to keep cool in an increasingly hot world – picture essay

<https://www.theguardian.com/artanddesign/2025/aug/17/how-people-keep-cool-increasingly-hot-world-picture-essay>

“**The Cooling Solution** is a photographic and scientific project that aims to show how people are adapting to high temperatures and increasing humidity across different countries, cultures and socioeconomic conditions.”

Stat Opinion – The hidden neurological toll of wildfires

B Ikiz et al ; <https://www.statnews.com/2025/08/19/wildfire-neurological-impact-brain-development-smoke-trauma-research/>

“It can take months, **years, even decades** to understand the **damage done, especially to children.**”

“... As coordinators of the **Neuro Climate Working Group**, an international consortium dedicated to **studying and addressing the impact of climate change on brain health**, we have been working for years with our members to understand and document the neurological effects of environmental disasters and related stressors. **Emerging research from our network and colleagues reveals a disturbing pattern: Sometimes the most severe effects on brain development, health, and function don't manifest until months to years after exposure, with some impacts not fully apparent until the next generation....”**

Earth System Governance - New directions in climate justice? A dialogue between critical climate justice and policy studies scholars

<https://www.sciencedirect.com/science/article/pii/S2589811625000497>

by A Schapper, P Cairney et al.

HPW - More Evidence That Air Pollution is Linked to Higher Risk of Dementia

<https://healthpolicy-watch.news/more-evidence-that-air-pollution-is-linked-to-higher-risk-of-dementia/>

“Air pollution, specifically the tiny particles known as PM2.5, is linked to higher rates of dementia, according to a recently published [study in *The Lancet*](#). Nitrogen dioxide (NO2) and black carbon, which is the black soot left behind when combustion is incomplete, have also been linked to higher risk of dementia in the study, which is headed by researchers at UK's Cambridge University....”

- Related: Nature Medicine - [Air pollution interventions for health](#) (review article)
- And a link: [Plos Climate - Dead-end pathways: Conceptualizing, assessing, avoiding](#) (Daniel Rosenbloom)

Covid

BMJ Feature - Why scientists are rethinking the immune effects of SARS-CoV-2

<https://www.bmj.com/content/390/bmj.r1733>

““**Immunity debt**,” a theory to explain the global surge in non-covid infections since pandemic restrictions were lifted, is **increasingly being challenged by emerging evidence**. Nick Tsergas reports.”

Infectious diseases & NTDs

Guardian – Botswana was once ‘at risk of extinction’ from HIV. Now it is a world leader in eliminating the virus in children

<https://www.theguardian.com/global-development/2025/aug/22/botswana-health-hiv-aids-disease-africa-mothers-babies-extinction-cure>

“The pioneering African country is lauded for slashing rates of mother-to-child transmission to just 1.2% and is holding trials that may now hold the key to curing young people.”

PS: “Earlier this year, Botswana was recognised as the first country in the world with a high HIV-burden to achieve the **World Health Organization’s Gold Tier status for eliminating mother-to-child – or “vertical” – HIV transmission as a public health threat.**”

“....Such is the success of this testing regime that there is now a unique group of children and adolescents with HIV in Botswana who are thought to have suppressed the virus to nearly negligible levels, having been on antiretroviral medications since birth. At the recent International Aids Society conference in Rwanda, researchers discussed how these children are ideal candidates for experimental trials that attempt to use emerging treatments to cure them completely of HIV.”

“Makhema says: “We think that if you treat children early, you’re catching them before the virus has seeded through different bodily tissues or infected a particular type of immune cell called memory cells, and become encoded in the gene pool. So, hypothetically at least, it should be easier to cure these children.” This **theory is now being tested in a landmark clinical trial in Botswana**, which will see about 30 children receive regular infusions of broadly neutralising antibodies or bNAbs, a new class of HIV drugs capable of attacking different strains of HIV and stimulating the immune system to recognise them, over the course of 11 months.”

Nature News – When will dengue strike? Outbreaks sync with heat and rain

<https://www.nature.com/articles/d41586-025-02677-6>

“Analysis uncovers seasonal patterns of the mosquito-borne disease across the Americas, which could anticipate future outbreaks.”

“Major dengue outbreaks in the Americas tend to occur about five months after an El Niño event — the periodic warming of the Pacific Ocean that can disrupt global weather — a study has found. Meanwhile, local outbreaks tend to happen about three months after summer temperatures peak and roughly one month after peak rainfall. The study, published today in *Science Translational Medicine*, paints a clearer picture of the relationship between the mosquito-borne disease and climatic conditions in the Americas, a region that saw a record-breaking 13 million cases in 2024.....”

Devex on cholera

[Devex](#) ;

“Cholera, a disease that should be history, is roaring back. **We’re in the seventh pandemic in 200 years**, with 355,800 cases and 4,000 deaths by July 2025. And that’s just what’s reported — the **Global Task Force for Cholera Control** says the true toll is **1.3 million to 4 million a year**. “

“The fix isn’t rocket science: **clean water, sanitation, and hygiene**. Ninety-seven percent of cases between 2010–2021 **hit just 31 countries with the weakest WASH infrastructure**. The [World Bank](#) says low-income countries **need 42 times more funding**, but even the money allocated often goes unspent. **Vaccines help, but they’re expensive, short-lived, and only have 60% efficacy**. Furthermore, [stockpiles fall far short of what’s needed](#) to cover everyone at risk. Meanwhile, **countries that invest in WASH are eliminating cholera**. The **Global Task Force for Cholera Control** has road maps ready for 30 nations, Villeminot notes — **but political will and funding are still lacking....”**

Nature Africa - Senegal’s NTD victory shows progress — but experts warn gains are fragile

<https://www.nature.com/articles/d44148-025-00260-9>

“Weak political will and international funding cuts threaten to reverse hard-won gains against neglected tropical diseases.”

AMR

Cidrap News - More than 40% of primary care prescriptions contain antibiotics, global study estimates

<https://www.cidrap.umn.edu/antimicrobial-stewardship/more-40-primary-care-prescriptions-contain-antibiotics-global-study>

“The first known global systematic review and meta-analysis of antibiotic prescribing in primary care estimates **42 of every 100 primary care prescriptions contain antibiotics, and more than half are inappropriate**, Chinese researchers reported late last week in the ***American Journal of Infection Control***. ”

“... The **prevalence of antibiotic prescriptions was notably high in primary care in South Asia (54%), the Middle East and North Africa (46.7%), and sub-Saharan Africa (57.2%), and higher in rural areas than in urban areas (51.6% vs 48.0%)**.”

“**The pooled prevalence of inappropriate antibiotic prescriptions was 57.6%**. Among the 37 studies that reported on factors associated with antibiotic prescriptions in primary care, the only significant association observed was with higher educational levels of patients (odds ratio [OR], 0.76; 95% CI, 0.71 to 0.82). **The analysis also found no significant decline in antibiotic prescribing over 20 years, a finding the authors say suggests that current antimicrobial stewardship strategies need to be re-evaluated**. ”Future research should focus on the feasibility of antimicrobial stewardship patterns to identify important aspects of effective policy implementation,” they wrote.”

Devex (Opinion) – A diagnostic gap is fueling Africa’s antimicrobial resistance

C C Eze ; <https://www.devex.com/news/a-diagnostic-gap-is-fueling-africa-s-antimicrobial-resistance-110632>

Also making the **link with climate change**. “Failing to act means locking vulnerable communities in a cycle of unchecked infections, creating a global health crisis.”

“The **core of the crisis is diagnostic insufficiency**. In sub-Saharan Africa, more than 70% of antibiotics are prescribed without laboratory confirmation. In maternal health, empirical treatment of postpartum infections and neonatal sepsis without proper diagnostics is common and deadly. This contributes to inappropriate antibiotic use and escalating resistance. Despite global declarations, diagnostic capacity remains critically underfunded. Primary health care facilities lack point-of-care tests, microbial culture labs, and trained personnel. Where such systems exist, they are often paralyzed by power outages, disrupted supply chains, or climate-related disasters. **The diagnostic divide is a blind spot in the AMR response, and as climate change intensifies, the consequences become graver. Rapid diagnosis is essential not just for effective treatment, but also for outbreak detection, antimicrobial stewardship, and resilience against climate-linked health shocks.**”

“**There are promising models**. Nigeria’s integration of rapid diagnostic tests, or RDTs, into malaria and neonatal sepsis care has shown impact. Kenya and South Africa have launched AMR surveillance networks supported by public-private partnerships. The Africa Centres for Disease Control and Prevention recognizes diagnostics as a critical pillar in its regional AMR framework. **We need bold action across five priorities:....**”

Lancet Microbe (Comment) - A layered strategy for tackling antimicrobial resistance: the Swiss cheese model for policy, prevention, and engagement

Elias Mossialos et al; <https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247%2825%2900143-0/fulltext>

“... **Applying the Swiss cheese model to AMR highlights the necessity of multisectoral collaboration, coordination, communication, and capacity building** (figure). We propose **15 codependent layers of contexts, strategies, and policies necessary to build a robust multitiered risk-reducing defence against AMR**. These layers are **grouped together within three categories**, including One Health contexts, targeted interventions, and resource allocation....”

NCDs

Journal of Dental Research - Action Needed on Oral Diseases within the Global NCD Agenda

M. Charles-Ayinde et al ; <https://journals.sagepub.com/doi/10.1177/00220345251350154>

As somebody put it on LinkedIn, the 6×6 **#NCD Framework** is gaining traction.

- Related: **Community Dentistry and Oral Epidemiology** - [*The Political Determinants of Oral Health Inequalities*](#) (by S T Serban et al)

“The aim of this paper is to describe national policy development processes for policies impacting population oral health using Kingdon's Multiple Streams Model and to examine how problems, policy solutions and political factors aligned to influence policymaking..... We used a multiple case study approach to examine six international case studies of oral health-related policies. “

Social & commercial determinants of health

International Journal of Social Determinants of Health and health Services - The Hegemony of far-Right Populism, Project 2025, and the Dangers Ahead for Science and Public Health

Corrado Piroddi et al; <https://journals.sagepub.com/doi/full/10.1177/27551938251367853>

« According to the World Health Organization, the spread of misinformation and disinformation are dangerous threats to public health. **The popular legitimacy of far-right politics in the United States, across Europe, and other continents constitutes a new phase that threatens to jeopardize countermeasures adopted by social, political, and scientific institutions to counter the phenomena of mis- and disinformation.** »

« ... The popular legitimacy of far-right politics in the United States, across Europe, and other continents symbolizes a new phase that threatens to jeopardize countermeasures adopted by social, political, and scientific institutions to counter the phenomena of mis- and disinformation. **In this instance, public health itself becomes a target. And, in addition to false persecution and harm, dangers include the criminalization of legitimate scientific critique and evidence-based discussions by populist—and authoritarian—actors.....”**

« ... **Conclusion: From Technocratic Health Policies to Over-Politicization of Health:** In this emergent phase, where power politics is becoming prominent, **the risk to the public space is no longer the primacy of technocratic power over democracy and collective rights. The risk to the public sphere in current democracies is to fall victim to an aggressive process of over-politicization that contains antidemocratic, authoritarian, and anti-scientific traits.** The attack against the critical role of science and experts in public debate, and the stigma against those who openly contrast the nefarious effects of disinformation, are alarming signs of the increasing weight of such a risk. »

Mental health & psycho-social wellbeing

Lancet Perspective - Assessing generative artificial intelligence for mental health

John Torous & Eric Topol; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01237-1/fulltext?dgcid=bluesky_organic_perspectives25_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01237-1/fulltext?dgcid=bluesky_organic_perspectives25_lancet)

Among others, authors **propose three considerations** that can help guide informed decision making on the potential of any AI chatbot.

Lancet Psychiatry Commission - A blueprint for protecting physical health in people with mental illness

https://www.thelancet.com/commissions-do/physical-health-in-mental-illness?dgcid=twitter_organic_lanpsyphysicalhealth25_lanpsy

Published on 12 August.

Nature (Outlook) – Why nurturing the gut microbiota could resolve depression and anxiety

<https://www.nature.com/articles/d41586-025-02633-4>

“Links between gut microbes and mental health could lead to large-scale trials of probiotic interventions.”

- Link: **BMJ - [John Launer: How the term “psychodiversity” can help us understand what it means to be human](#)**

Sexual & Reproductive health rights

Economist – A burning threat to pregnant women

<https://www.economist.com/international/2025/08/21/a-burning-threat-to-pregnant-women>

“Alarming **new research on the link between heat and dangerous pregnancies.**”

BMJ (Opinion) - Female genital mutilation kills—and health workers are part of the problem

<https://www.bmj.com/content/390/bmj.r1758>

“**Efforts to prevent and ultimately end FGM need more funding and the support of health professionals, writes Nimco Ali.**”

“... **FGM kills 44 000 girls each year according to recent research, which analysed 15 African countries. This means that FGM is a bigger cause of death than malnutrition, measles, meningitis, HIV/Aids, and many other health threats for girls in the 15 countries studied.** Yet, no major foundation prioritises funding to end FGM. **Substantial new financial support for efforts to end this abhorrent abuse is urgently needed—particularly on the frontlines.** Recent World Health Organization guidance on FGM **calls for health professionals not to perform or perpetuate the practice and to take a leading role in prevention...**”

“... The global figure for deaths from FGM is likely to be much higher than 44 000, when all populations are included—particularly those from Indonesia, Somalia, Somaliland, and Sudan, which have a high prevalence of FGM. These locations also have some of the highest incidences of **FGM being carried out by health workers since traditional “cutters” have been replaced by health professionals**. We know that over three quarters of the FGM that is happening in Egypt or Sudan is carried out by medical professionals and **the medicalisation trend is getting worse**. This “medicalisation” of FGM is a dangerous trend because it can give the false impression that this violence can somehow be performed in a “safer” way. Medicalising FGM does not reduce the harm, it legitimises it.”

Devex - How aid cuts are unraveling family planning progress in Mozambique

<https://www.devex.com/news/how-aid-cuts-are-unraveling-family-planning-progress-in-mozambique-110685>

“Aid cuts have shuttered clinics, disrupted contraceptive supply chains, and left adolescent girls without critical services. Local initiatives are stepping up — but without stronger domestic policies and financing, millions remain at risk.”

- And a link: [Lancet Infectious Diseases – What can be learnt from the world's first national vaccination programme against gonorrhoea](#)

Neonatal and child health

NYT – A New Way to Reduce Children’s Deaths: Cash

<https://www.nytimes.com/2025/08/18/health/cash-transfer-kenya-poverty.html>

“Simply giving money to poor families at certain times reduced deaths among young children by nearly half, a new study found.”

“Of every 1,000 children born in Kenya, [32 don’t make it](#) to their first birthdays. Study after study has explored how to improve those staggering numbers, in Kenya and elsewhere. On Monday, a decade-long study on alleviating poverty stumbled onto a straightforward solution. **Giving \$1,000 to poor families lowered infant mortality rates by nearly half, and deaths in children under 5 by 45 percent**. Those are much bigger drops than have been credited to routine immunizations, for example, or bed nets to prevent malaria....”

“.. **The outcomes suggest that delivering even smaller amounts of money to families — especially those that live near a hospital — immediately before or after the birth of a child might allow women to seek medical care and drastically improve their children’s chances of survival**. The study was published on Monday by **the National Bureau of Economic Research.....”**

“... In this case, **the nonprofit group GiveDirectly — which, as its name suggests, helps individual donors send money directly to people living in poverty — provided the cash transfers.....** Between 2014 and 2017, GiveDirectly provided \$1,000 in three installments over eight months to more than

10,500 poor households in Siaya County, Kenya. The amount covered roughly 75 percent of the recipients' average expenses for a year. **The donation was unconditional**; families were selected at random to receive money and were given no suggestions on how to spend it. An independent **team of researchers**, including Dr. Miguel and his colleagues at **U.C. Berkeley and Oxford University** in Britain, then examined the effects. ..."

Globalization & Health - Climate change policies fail to protect child health

Jhermayne Ubalde et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01142-3>

New research finds that **consideration of children's health and wellbeing is missing from most nation's climate action plans.**

WHO – New report demonstrates that corporal punishment harms children's health

<https://www.who.int/news/item/20-08-2025-new-report-demonstrates-that-corporal-punishment-harms-children-s-health>

"A new report from the World Health Organization (WHO) reveals that corporal punishment remains alarmingly widespread and causes significant harm to children's health and development. **Globally, an estimated 1.2 billion children aged 0–18 years are subjected to corporal (physical) punishment in their homes every year....**"

- See also UN News - [It's time to end physical punishment of kids once and for all, WHO says](#)

"Over half of all children under-18 worldwide continue to experience corporal punishment on an annual basis, according to a new report from the World Health Organization."

Access to medicines & health technology

Third World Network magazine – Resurgence (new issue)

<https://www.twn.my/title2/resurgence/2025/363.htm>

"In the wake of **30 years since the WTO agreement on intellectual property (TRIPS) came into effect**, Resurgence's current issue focuses on how the agreement has affected developing countries' access to medicines."

PS: the issue also has a few articles related to the **Pandemic Agreement** (as it stands).

FT - Novo Nordisk halves US price of Ozempic

[Shares in Danish pharma group rise after it announces reduction for patients without insurance](#)

“Novo Nordisk has halved the US price for Ozempic for people who cannot access it on health insurance and offered it for home delivery as the Trump administration pushes for lower drug prices and more direct sales. Shares in the Danish pharma group rose 5 per cent after the company said it would cut the cost of a month’s supply of its blockbuster diabetes and weight-loss drug to \$499 a month. Ozempic previously cost about \$1,000 in the US for people without health insurance.”

Human resources for health

Via Africa CDC’s weekly update: Closing the 6 Million Health Worker Gap

<https://africacdc.org/wp-content/uploads/2025/08/Weekly-Bulletin-18-Aug-2025-ENG.pdf>

“Africa faces a shortage of five to six million health workers, with clinics shutting down, medicines slipping out of reach, and outbreaks increasingly spreading across borders, **warned Africa CDC Director General Dr Jean Kaseya.** He cautioned that unless urgent action is taken, these pressures could erase two decades of hard-won progress in public health....”

BMJ GH - African solutions for African medical education: the strategic establishment of the Consortium of Medical Schools in Africa

<https://gh.bmj.com/content/10/8/e020145>

By A Bekele et al.

Lancet Comment – The role of community health workers in promoting health equity

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01484-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01484-9/fulltext)

Related to a new study in the US.

Decolonize Global Health

Plos GPH - Towards inclusive authorship: Analyzing author representation in PLOS Global Public Health front matter content

Esme Supriya Gupta Longley, Shashika Bandara;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005066>

Concluding: “.... To advance equity, **journals should commission more content from Global South authors and actively invite contributions from Indigenous and gender-diverse authors** on topics relevant to their communities.....”

BMJ GH - A call to strengthen clinical trials capacity in resource-limited settings

L M Muhe et al ; <https://gh.bmj.com/content/10/8/e020170>

« Clinical trials are conducted mostly in the Global North or through North-South collaborations. **The commentary highlights the importance of conducting clinical trials based in and led by the Global South and fostering South-South research collaborations.** It advocates for increased government ownership and domestic investment in clinical trials conducted within the Global South and calls for strengthened partnerships to enhance research autonomy and relevance. »

HP&P - Strengthening health research capacity for postgraduate trainees: An indigenous realist evaluation of the 'African Research Initiative for Scientific Excellence' programme

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf055/8238381?searchresult=1>

By Meshack Nzesei Mutua et al.

Conflict/War & Health

P4H – Social protection and forced displacement. Lessons learned from a decade of ILO operations

<https://p4h.world/en/documents/social-protection-and-forced-displacement-lessons-learned-from-a-decade-of-ilo-operations/>

“Published by the International Labour Organization (ILO), the brief (authors: Clara Van Panhuys, Lou Tessier, and Lucrezia Roero di Monticello) examines how social protection systems can support the health and well-being of refugees and forcibly displaced populations (ILO). Drawing on a decade of ILO interventions, **the brief highlights strategies to integrate health coverage, access to essential services, and resilience-building into broader social protection frameworks**, ensuring that vulnerable groups are not excluded from life-saving care. The brief underscores the critical role of inclusive health-focused social protection in fragile contexts, including conflict- and climate-affected regions....”

Miscellaneous

IPS – Africa’s Moment: From Addis to the World, Food Systems Must Change Now

<https://www.ipsnews.net/2025/08/africas-moment-from-addis-to-the-world-food-systems-must-change-now/>

Coming back on the summit in Addis in July.

“The global food system is under pressure from every direction – climate, conflict, inequality, and economic instability. But in Addis Ababa this July, something shifted. At the [UN Food Systems Summit +4 Stocktake \(UNFSS+4\)](#), over 3,500 people from 150 countries came together to confront the lack of progress and push forward solutions that can no longer wait. **Crucially, Africa wasn’t just a location for a global meeting. It led the conversation. Ethiopia showed what political commitment to transformation can deliver – investing in school feeding programmes, linking environmental restoration with jobs and food security, supporting local markets, and working across levels of government. These efforts are producing measurable outcomes under real-world conditions. **Governments that are serious about change now need to prove it. That proof depends on financing, coordination across sectors, and policies that support those making change happen** UNFSS+4 was **also different in tone and structure.** It didn’t rely solely on government declarations. Hundreds of civil society groups, farmers’ organizations, youth networks, research institutions, and private sector actors played an active role in shaping the Summit’s agenda and outcomes....”**

CGD (blog) – Why Tackling Corruption Is Essential for Ending Extreme Poverty

B Clements et al; <https://www.cgdev.org/blog/why-tackling-corruption-essential-ending-extreme-poverty>

“Corruption undermines government policies and institutions crucial for poverty reduction and economic development, jeopardizing the UN’s first Sustainable Development Goal of eradicating extreme poverty by 2030. In a [new CGD policy paper](#), we review the diverse channels through which corruption impedes inclusive growth and outline reforms to reduce it....”

FT - Living in remote areas shouldn’t be a death sentence

<https://www.ft.com/health>

“Mobile phone usage patterns can help to predict poverty and target service delivery in hard to reach places.”

Papers & reports

Lancet Global Health – September issue

<https://www.thelancet.com/journals/langlo/issue/current>

- Do start with the Editorial: [Restoring dignity to the marginalised as sovereign knowers](#)

“Power imbalances persist in research, prioritising the experience and knowledge of those with social, political, and economic power while silencing or misrepresenting others. This dynamic—which is intensified in global health due to its focus on vulnerable groups—perpetuates false assumptions about the silenced groups, inevitably ending in harms like inefficient and unjust resource allocation. **Increasingly, the field asks: how can we centralise the most relevant voices and employ their expertise to guide practice? This issue of The Lancet Global Health contains two papers that generate what we hope will become seminal frameworks on this crucial question....”**

“But whose are the most relevant voices? To echo longstanding calls from feminist, Black, Indigenous, and low-income and middle-income country (LMIC) scholars, **we believe that—when a marginalised population is being studied—the knowledge within that group should be centred and privileged at every research stage, from study design to use of the produced knowledge....**

“... In their [Health Policy](#), Alice Bayingana, Seye Abimbola and colleagues synthesise literature on knowledge practices to identify expectations for global health research that can best respect the dignity of marginalised people. Dignity refers to the respect that is intrinsically due to every person. Bayingana and colleagues specifically speak on **epistemic dignity**: that is, respect for people as knowers....” (from the *Health Policy paper*: **“...We identified *four sets of expectations—transparency, non-extraction, democratisation, and transformation—across eight stages of research: funding decisions, framing of issues and posing of research questions, ethics approval, data collection, data analysis and interpretation, immediate or direct use of data and knowledge produced, dissemination of findings, and long-term or indirect use of data and knowledge produced.***)

“...However, as raised by a Viewpoint in this issue, working to disrupt power imbalances from a position of relative power is not emotionally comfortable. As Katherine Collins, Kimberly Huyser, and Michelle Johnson-Jennings broach, non-indigenous researchers planning community-engaged research in Indigenous communities must respect that the Indigenous population has sovereignty in research and over any data generated. They outline important questions for any non-indigenous researcher to consider before embarking on a study in an Indigenous community, using an elegant metaphor of a canoe journey through Indigenous waters.....”

- **Lancet GH Comment** by Jessica Kaufman et al: [The promise and practicality of measuring vaccine trust in LMICs to inform intervention design and implementation](#)

“Studies, primarily from high-income countries, show that trust in health-care providers and the health system is strongly associated with vaccine uptake, while low levels of trust are associated with vaccine scepticism and refusal. However, data and definitions from low-income and middle-income country (LMIC) settings are limited. Accurately defining and measuring trust is essential if we are to increase it. This is the aim of the Vaccine Trust Framework and associated measurement instrument presented by Dan Hameiri Bowen and colleagues in The Lancet Global Health....

- [Expanding access to long-acting HIV therapy in low-income and middle-income countries](#) (by Cissy Kityo et al)

“Despite the evidence available for long-acting ART, issues persist, including limited registration and availability in LMICs, an absence of generic suppliers, cold chain logistics, and health system capacity to support injectable delivery at scale in LMICs. Addressing these access gaps requires a multipronged strategy. “

Concluding: “... We need to learn from the early ART scale-up era and prioritise equity in the delivery of next-generation HIV care. Without urgent and coordinated action across global health agencies, funders, originator companies, generic manufacturers, access mechanisms (eg, Medicines Patent Pool), policy makers, national governments, implementation partners, and civil society, LMICs might face the inequities of the early ART era. Global health stakeholders need to act now to ensure timely and equitable access to the next frontier of HIV treatment. The global

health community needs to act swiftly and cohesively to ensure that long-acting ART does not become an innovation that widens inequities, but instead, becomes a means to close them.”

- [Lancet GH Viewpoint -National research ecosystems: protecting populations and building health security worldwide](#) (by Elizabeth S Higgs et al)

“The global clinical research enterprise remains fundamentally misaligned with worldwide disease burden and public health needs, despite corrective efforts in recent years. Although clinical trials deliver important medical advances that benefit populations globally, **research capabilities and trials are concentrated in high-income countries, which means that populations with the heaviest disease burdens (often in low-income and middle-income countries) participate in relatively few trials addressing their needs—infectious and non-communicable diseases alike. This imbalance leaves knowledge gaps in treating the most prevalent diseases and leaves the world dangerously unprepared for emerging threats. In this Viewpoint, we advance a vision of strong national research ecosystems that prioritise national and regional health needs, are integrated into health systems for rapid incorporation of research results into health care, and are prepared to pivot to emergency research when needed.”**

Frontiers in Public Health –Health systems as human systems: reflexivity, relationships, and resilience in the pursuit of the SDGs

Lucy Gilson; <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1653839/full>

“Health Policy and Systems Research (HPSR) plays a critical role in efforts to strengthen health systems in pursuit of the Sustainable Development Goals (SDGs). This manuscript, adapted from the 2024 Virchow Lecture, explores the nature of HPSR, presents a systems-thinking perspective on health systems, and outlines key principles and strategies toward health system strengthening. It emphasizes the human dimensions of health systems—relationships, trust, leadership, values and meaning-making—as foundational to their resilience and outcomes. This narrative is informed by decades of experience and research at the intersection of policy, practice, and academia, particularly in low- and middle-income countries. The paper concludes with a call to reimagine health systems as open, dynamic, and human-centered institutions that generate public value and promote equity.”

BMC Medical Research Methodology - Co-creation methods for public health research — characteristics, benefits, and challenges: a Health CASCADE scoping review

<https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/s12874-025-02514-4>

By D M Agnello et al.

Implementation Science - The Consolidated Framework for Implementation Research (CFIR) User Guide: a five-step guide for conducting implementation research using the framework

<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-025-01450-7>

by Caitlin M. Reardon et al.

Current Opinion in Psychology - Social norms research in low resource settings: Opportunities ahead

G Gon et al; <https://www.sciencedirect.com/science/article/abs/pii/S2352250X25001228>

“Including social norms in multi-component sustainable global development interventions can help people break harmful feedback cycles and achieve sustainable intentional social change. To this purpose, we offer here a series of reflections for those embarking on social norms change in low-resource settings. We also highlight several opportunities for future research and programmatic efforts to be deployed in these settings, which can also enhance the field of norm change more generally and support the design of cost-effective programs targeting global development initiatives.”

“... Most work so far has focused on sanitation and gender norms.

- Emerging studies show impact in family planning and menstrual health.
- **Huge potential to apply social norms theory to issues like: Climate adaptation & mitigation, STIs, Mental health & disclosure, Vaccination uptake...”**

BMJ Open - Enablers and barriers for policymaker engagement in health research from the perspective of policymakers: a scoping review

<https://bmjopen.bmj.com/content/15/8/e099720.full>

By L Guerrero Torres, M Schleiff, K Sheikh et al.

SS&M - Harnessing Financial Incentives for Health Promotion: A Scoping Review of Prevention Programs Implemented in Upper-Middle and High-Income Countries

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625008305>

by F Petracca et al.

Health Economics, Policy & Law – Health system sustainability and resilience: a preliminary provision of measurement through a “mash-up” index

[A McGuire et al;](#)

Tweets (via X & Bluesky)

Our World in Data

<https://ourworldindata.org/grapher/share-of-people-who-think-homosexuality-is-never-justified>

“Hostility toward homosexuality remains common in many of the world’s largest countries— This **chart shows the share of people who say homosexuality cannot be justified across five of the world’s most populous countries**. Together, **these countries are home to nearly half of the global population....**”

Cyril Ramaphosa

« **Africa is not seeking aid. It is seeking partners**. Partners that understand value co-creation, sustainable development and mutual industrialisation.” #TICAD9

Jocalyn Clark

“GB aid cuts in favour of “security” are political not practical - they are naive, ill informed & dangerous. “The UK’s troubling retreat from foreign aid & health will make the world less resilient and the UK more exposed”” (from a BMJ editor’s choice - [Health remedies for a hazardous world](#))