

# IHP news 843 : IHP newsletter survey

( 29 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,

It's not often we call upon you with relatively mundane requests but for once we'd like to make an exception 😊. Yes, yes, we have another [IHP newsletter survey](#) waiting for you! This is your "once-in-a-lifetime" chance (*ahum*) to tell us what you think of the weekly knowledge management tool, in terms of content, style, navigation ease, comprehensiveness ... and what not. As you've noticed, in recent years, we have moved a bit more from a newsletter (format) to a "**compilation**". Another change was the (hopefully) clearer '**double structure**', with a Highlights section & extra sections (*with extra papers in various global health areas*). We hope many of you will fill in the form and help us with the evaluation and further improving of the KM tool. Expected time: 10-15 minutes (*20 if you feel rather 'inspired' for the open questions* 😊). ( Form: [IHP Newsletter Survey 2025](#) )

In this week's issue, we start with WHO Afro's [regional meeting \(RC75\) in Lusaka](#) (25-27 August). HPW's Fletcher did some hard-hitting **investigative reporting** on the **human resources** impact of the ongoing [WHO \(budget-driven\) downsizing](#) (in the words of Andrew Harmer: "*A looming HR and PR disaster for @who.int*" ... ); another damning [Bloomberg investigation](#) zoomed in on hospitals in Asia and Africa owned by a private equity giant, backed by the World Bank's IFC; CDC's [leadership turmoil](#) this week was sad evidence of the ongoing **weaponizing of public health** in the US, [World Water Week](#) (24-28 August) was "celebrated" with some rather [dire stats](#), .... More in general, we're already **looking ahead to September**, as always a rather important month for global health.

Earlier this week, a [preprint by Reuben Granich & colleagues](#) showed, in the words of the first author (via [LinkedIn](#) ), that "**... when adjusted for population size, the genocide in Gaza ranks among the leading global causes of childhood mortality—yet it's absent from traditional international health surveillance systems.**" Adding, "*.... I believe that improving global child health requires us to confront all preventable causes of childhood death, whether from HIV, tuberculosis, malaria, or famine and genocide. Excluding politically sensitive causes distorts our understanding and hampers our ability to protect children worldwide.*"

And so we leave you with a poignant [quote from Kerry Scott \(via X\)](#): "*To my global health colleagues who still haven't spoken out about Israel's genocide, murder of health care workers, and decimation of the Gazan health system: why are you working in this field?? (And P.S. Being against it but saying nothing is complicity.)*" ....

I'd hope that certainly leaders of some global health organisations and stakeholders ask themselves this question. For example one with a Replenishment coming up.

Enjoy your reading.

## Featured Article

### Connecting communities to the health system: Community Health Inspectors from Punjab, Pakistan

*Dr. Naeem Majeed, Amama Maqsood, Captain (R) Dr. Usman Ali Khan & Prof. Dr. Mohammad Ali A Sadiq*

Three decades ago, the [Lady Health Workers \(LHW\) program](#) was launched in Pakistan to bring primary health services to communities, a flagship program by the Government of Pakistan. Local women were recruited and trained to provide basic maternal and childcare, family planning, immunizations, and health education at people's doorsteps, as reflected in the Program's name (i.e., the National Program for Family Planning and Primary Healthcare). The program turned out a massive success, transforming the health seeking behavior of rural populations leading to a documented decline in maternal and neonatal mortality, and rise in coverage of health and family planning services.

The Program began with LHWs working as stipend-based volunteers; later they became permanent government staff however, increasing costs and making expansion difficult. A number of innovative reforms were rolled out in the LHW Program in Punjab, following the devolution of health services to the provinces. Still, by 2012, half of Punjab's population remained uncovered by the LHWs, especially in urban slums and remote villages. Workforce numbers fell further over the years due to retirements, terminations and hiring freezes, and LHW roles remained limited despite additional tasks assigned to them. The program could not adapt to new health challenges or tools due to the limited capacity of the workers, and investments in newer reforms. These newer reforms focused more on strengthening primary care service delivery in existing health facilities (e.g., equipping them for [24/7 basic Emergency Obstetric and Newborn Care \(EmONC\)](#)). High salary obligations of LHWs also restricted growth and innovation. By 2020, the need for an overhaul of the LHW Program, and a new community health strategy in Punjab was clear, prompting the Government to explore alternative models.

#### **Punjab reform**

In 2025, Punjab's Government launched a major reform in this regard: the outsourced [Community Health Services](#) program, of which the centerpiece is a new Community Health Inspector (CHI) cadre. Starting as a pilot with 500 CHIs in late 2024, around 20,000 CHIs are now being recruited and deployed across the province to work alongside the ~39,000 existing LHWs. This effectively doubles the community health workforce and is designed to ensure that every community – rural or urban – has at least one health worker. The aim is for CHIs to fill the gaps left by the LHW program and bring a fresh, modern approach to community healthcare. They are also meant to replace every other outreach health worker in their catchment areas (e.g., the vaccinator, sanitary inspector, etc.) by taking over a holistic approach to health services through a single cadre.

The CHI initiative is not just an expansion in numbers, it also represents a qualitative leap in how community healthcare is delivered. Being certified by the Pakistan Nursing Council, CHIs are more

qualified than traditional LHWs. This allows them to provide a broader range of services. While they still provide maternal and child health care, they also address general health needs for all ages including outreach vaccination services, disease surveillance, screen and monitor chronic illnesses, provide health education on nutrition and hygiene, treat minor ailments, and quickly refer serious cases to nearby health facilities. In essence, a CHI serves as an “all-in-one” community health provider not limited to one demographic or task, but acting as a frontline resource for the entire community.

The management and accountability structure of CHIs is also transformative. Instead of being hired as government employees, CHIs are recruited through third-party organizations, who are contracted by the Health and Population Department. This outsourcing model infuses flexibility and performance-based payments into the system. The government sets the qualifications, training standards, and job descriptions for CHIs, and outlines performance benchmarks (in the form of coverage targets). The contracted organizations hire individuals meeting these criteria and deploy them as CHIs. This arrangement means CHIs work on a contractual basis, with performance closely monitored and evaluated by the third party and the Government. Another modern element is the integration of digital technology. Each CHI will use a tablet to record data during community visits, feeding into the electronic health database. This creates a real-time picture of community’s health. Digital records let CHIs track patients over time and improve referrals. Health officials can also monitor these reports to spot trends (e.g. outbreak predictions) and respond promptly. It’s a significant upgrade from the paper-based registers LHWs used – a faster and more accurate flow of information to decision-makers is now possible. Over time, the real-time data from CHIs will enable more responsive public health actions and the establishment of a community health registry.

In terms of their role in communities, CHIs serve as the primary liaison between the community members and the formal health sector. A CHI is assigned a specific catchment area – eg. a cluster of villages or a neighborhood in a city with the mandate to get to know that community’s health profile in detail. By virtue of frequent home visits and interactions, CHIs become trusted figures to whom people can turn when they have any health issues.

### **Future impact**

The CHIs are expected to already have a positive impact in the near future. By plugging service gaps, more people will receive essential healthcare at their doorstep leading to healthier communities. Each area having an assigned health worker will no doubt also increase public trust in the system.

On the authors:

**Dr. Naeem Majeed**, Chief Executive, SPHERE Consulting; [naeem@sphereconsulting.services](mailto:naeem@sphereconsulting.services)

**Amama Maqsood**, Manager Programs, SPHERE Consulting; [amama@sphereconsulting.services](mailto:amama@sphereconsulting.services)

**Captain (R) Dr. Usman Ali Khan**, Program Director, Punjab Family Planning Program;  
[captainusman23@gmail.com](mailto:captainusman23@gmail.com)

**Prof. Dr. Mohammad Ali A Sadiq**, Visiting Faculty, Harvard Medical School & Advisor SPHERE Consulting;  
[ali@sphereconsulting.services](mailto:ali@sphereconsulting.services)

## Highlights of the week

### WHO Afro regional meeting in Lusaka (25-27 August)

#### HPW – Despite Global Headwinds, WHO's Africa Meeting Agenda is Narrow and Technical

E Okereke; <https://healthpolicy-watch.news/despite-global-headwinds-whos-africa-meeting-agenda-is-narrow-and-technical/>

Analysis ahead of the meeting. **“In the face of a financial crisis and converging health challenges, the Lusaka meeting is an opportunity for WHO AFRO and Health Ministers to show they can look beyond technical resolutions to address systemic issues.”**

**“The [seventy-fifth session](#) of the World Health Organization's (WHO) regional committee for Africa (RC75) [will open] in Lusaka on Monday (25 August) against a backdrop of transition at both regional and global levels. Professor Mohamed Janabi, the new Regional Director for Africa, takes office at a time of mounting expectations. His leadership begins as Dr Tedros Ghebreyesus prepares to conclude his term as WHO Director-General in Geneva, amid debates about how the organisation should adapt to fractured geopolitics, constrained multilateralism and shrinking aid. Across the system, WHO is under pressure to prove its relevance, demonstrate accountability, and deliver impact in an era of fiscal austerity. Nowhere are these challenges sharper than in Africa.....”**

**“... The RC75 agenda includes a strong set of technical items. Ministers will discuss strategies on rehabilitation, oral health, safe blood supply, primary health care, malaria and health emergencies. They will review progress on the Regional Health Data Hub, which aims to integrate and standardise health information across countries. These are important initiatives and deserve attention. Data systems are a long-neglected foundation of service delivery, and rehabilitation services remain inaccessible to most Africans who need them. Yet the agenda is narrow when set against the breadth of today's global headwinds. Debt distress and fiscal stress are barely acknowledged, even though they are the defining constraint on health investment across the continent. ... .... The committee cannot be expected to solve a sovereign debt crisis, and WHO itself has limited tools given its dependence on earmarked donor funding, but it can and should create a forum for member states to confront the reality that health financing is collapsing. Without such recognition, resolutions risk being aspirational rather than executable.....”**

**“... This is not to diminish the technical items before the committee. Oral health, blood safety and rehabilitation are all areas where neglected needs can be addressed. But the balance feels misaligned when the existential pressures of financing, climate and workforce are sidelined. It is here that WHO AFRO and its member states must recalibrate. .... At this moment of converging crises, the need is clear. Health must be recognised in debt frameworks, climate and NCD resilience must be elevated in primary care, and digital systems and local procurement must be treated as core investments. RC75 should serve as a pivot towards that reality. Africa's health future depends on it.....”**

## WHO Afro - African ministers kick off regional forum on health

<https://www.afro.who.int/news/african-ministers-kick-regional-forum-health>

On the official opening. “ **African ministers of health gathering in the Zambian capital Lusaka today opened the Seventy-fifth session of the World Health Organization (WHO) Regional Committee for Africa**, the highest decision-making body on health on the continent. The ministers from the 47 countries of the WHO African Region, meeting from 25 to 27 August 2025, will deliberate on measures to address challenges as well as endorse key resolutions to improve and promote people’s health.”

“Opening the meeting, **Zambia’s President Hakainde Hichilema** pointed out that lessons from the COVID-19 pandemic were crucial in “strengthening health diplomacy to address inequalities” and **called on regional leaders to position health “as a driver of regional trade and industrialization”, as well as to harmonize public health regulations across countries....**”

“... Faced with a challenging global financial landscape, **WHO Regional Director for Africa, Dr Mohamed Janabi**, underscored the importance of collaboration among countries to lead the transformation of the health architecture to be “accountable, transparent and responsive to African realities”, and called for robust health systems to serve the needs of the people. “**We must reframe health not as a cost, but as a cornerstone of prosperity,**” said Dr Janabi. “We must build systems that are efficient, inclusive and sovereign and we must place people – especially the most vulnerable – at the centre of every policy, programme and partnership.” ....”

Re the programme: “Over the next three days, the ministers will deliberate on priority issues. **They will adopt a resolution to fast-track progress on oral health**, long neglected despite affecting millions, to ensure improved services across the region by 2030. **Delegates will also debate how to end chronic blood shortages that endanger mothers, children and patients with sickle cell disease**, with a new plan to modernize supply systems and expand voluntary donations. **The meeting will consider strategies to expand access to rehabilitation services**, which remain unavailable to two-thirds of Africans in need, **and to transform care for women, children and adolescents**—an area where the region still accounts for 70% of global maternal deaths. **Ministers are expected to review proposals to accelerate progress against malaria**, which continues to claim thousands of lives in Africa, and **to close the continent’s critical health workforce gap, currently less than half the global standard**. **Health security will also be under the spotlight, with new plans to strengthen early detection and crisis preparedness** in a region that recorded more than 250 public health events in 2024 alone.....”

Related:

- [WHO Director-General's opening remarks at the 75th session of the Regional Committee for Africa – 25 August 2025](#) (Tedros’ opening address, worth reading in full)

A few key messages & quotes:

“**He called on African leaders to: 1. Chart a new, self-reliant future free from aid dependency. 2. View the current crisis as an opportunity for the continent and for WHO to plant the seeds of self reliance that will grow into the Africa we all want. #RC75 #AfricaHealth**””

**“It is an opportunity to shake off the yoke of aid dependency, and embrace a new era of sovereignty, self-reliance, and solidarity.....”**

Tedros on the ongoing (budget-“inspired”) WHO reform: “... **Together, these actions – the increase in assessed contributions, and the cost-containment measures – are expected to help us avoid about 900 separations globally.** That's why I said earlier, the increase in assessed contributions and the measures we are taking are helping, and **WHO will be more focused on its core mandate, and more independent.** These changes will lead to a leaner WHO – one that remains fit for purpose, but necessarily smaller. Let's be clear: all of these cuts mean that we will no longer be able to do everything we would like to do, at the scale we have done before. We cannot do small things in everything. **We have to focus on the core mandate. That's why I'm saying this is an opportunity for WHO....”**

- Africa CDC – (Jean Kaseya’s) [Remarks at the Opening of the 75th Session of the WHO Regional Committee for Africa \(RC75\) Lusaka, Zambia](#)

**“Strengthening health financing, expanding local manufacturing, and fostering unity among African nations are the three priorities** outlined by Dr Jean Kaseya, Director General of Africa CDC, at the opening of the 75th World Health Organization (WHO) Regional Committee for Africa.”

PS: “....Our Heads of State have entrusted Africa CDC to be the Public Health Agency of Africa leading the agenda of PPPR, local manufacturing, and health financing among others. They have also **appointed champions:** President Ruto for manufacturing and reform, President Kagame for financing, President Ramaphosa for PPPR, President Tinubu for health workforce, and President Hichilema for cholera....”

### **Africa unveils continental cholera emergency preparedness, response plan**

<https://www.aa.com.tr/en/africa/africa-unveils-continental-cholera-emergency-preparedness-response-plan/3669892>

**“Africa on Tuesday unveiled a continental cholera emergency preparedness and response plan for the period September 2025 to February 2026.”**

**“The Africa Centres for Disease Control and Prevention (Africa CDC) and World Health Organization (WHO) model aims to achieve rapid domestic resource mobilization** to fund vaccines and case management supplies to combat current outbreaks. This will help the continent's 54 member states reduce cholera deaths by 90% and eradicate cholera in at least 20 countries by 2030....”

Some more links via **WHO Afro** on agenda items:

- [African health ministers call for urgent action as progress against malaria stalls](#)

**“Progress against malaria in the African region has significantly slowed down,** with cases declining by just 5% since 2015 and mortality by 16%, far short of the 75% reduction target that was to be achieved by 2025. Without intensified efforts, the region risks missing the 2030 targets under the Global Technical Strategy for malaria....”

- [African health ministers commit to strengthen emergency preparedness and response](#)

PS: “... In 2025, WHO and partners have responded to more than 21 public health emergencies across the continent, ranging from mpox, cholera, measles, and dengue outbreaks to complex humanitarian crises driven by conflict and displacement. Each response has required rapid mobilization of experts, supplies, and funding, often in multiple countries at once, underscoring the relentless nature of emergency work in the region....”

- [African health ministers endorse framework to accelerate progress on oral health](#)

“African ministers of health gathering for the World Health Organization (WHO) Regional Committee for Africa today **adopted a pivotal framework to accelerate efforts to address oral health diseases that affect around 42% of the region’s population.** The **regional oral health framework**, endorsed at the Seventy-fifth session of the WHO Regional Committee for Africa in Lusaka, Zambia, **aims for at least 50% of each country’s population to be entitled to essential oral health services. It also seeks to achieve a 10% reduction in the prevalence of major oral diseases, and that by 2028, 60% of countries have national oral health policies with dedicated budgets and staff. ....**”

- [Health leaders, partners pledge to catalyse Africa’s production of medicines and vaccines](#)

“Access to affordable, safe, and effective medicines is essential to strengthening Africa’s disease response and pandemic preparedness. Today, African health pledged stronger action to accelerate local manufacturing of medicines and medical products to achieve self-sufficiency.”

- [African health leaders, partners call for greater investment in integrated NCD services](#)

“African health ministers and partners are calling for increased investment in integrated health services to address the growing burden of severe noncommunicable diseases (NCDs), particularly those affecting women and underserved populations across the region. ... .... To address these challenges, WHO and its partners showcased successful integrated models such as the **Women’s Integrated Care for Cancer Services (WICS), the BEAT Breast Cancer Project, and the PEN-Plus Strategy.** WICS strengthens early detection, treatment, and integration of women’s cancer services into primary health care systems in Côte d’Ivoire, Kenya, and Zimbabwe. The BEAT Breast Cancer Project is a transformative multi-year initiative aimed at reducing breast cancer mortality among women in Tanzania and Ghana through early detection, timely diagnosis, and comprehensive treatment access.... PEN-Plus expands access to care for severe NCDs at the district hospital level. Since its implementation, 20 countries in Africa have increased access to services for severe NCDs. Over 15 000 people are currently receiving treatment for chronic conditions such as sickle cell disease and Type 1 diabetes through PEN-Plus clinics.”

- [WHO Africa, International Vaccine Institute sign agreement to boost vaccine production in Africa](#)

“The World Health Organization (WHO) Regional Office for Africa and the International Vaccine Institute (IVI) have signed a Memorandum of Understanding (MoU) to deepen their strategic



collaboration in support of vaccine equity, local production, and health innovation across the region....”

## Global Health Governance & Financing

### Devex – WHO anticipates losing some 600 staff in Geneva

<https://www.devex.com/news/who-anticipates-losing-some-600-staff-in-geneva-110720>

“This is linked to the reduction in the World Health Organization's budget for 2026-27, but it doesn't include potential reductions at regional offices, meaning some staff fear more job losses.”

“The [World Health Organization](#) anticipates losing 600 staff members at its headquarters in Geneva due to reductions in its budget for 2026-2027, WHO Director-General Tedros Adhanom Ghebreyesus wrote in a letter sent to staff seen by Devex. **“With a 21% reduction in the 2026–2027 budget, we are now realigning our structures with our core mandate,”** Tedros wrote, outlining WHO’s ongoing restructuring in response to donor funding cuts. “Some activities are being sunset, others are being scaled down, and those most directly linked to our mission are being maintained. At headquarters, based on the final approved structures, we anticipate approximately 600 separations.”

PS: “The restructuring has created considerable anxiety among staff, with some [questioning the fairness](#) of the process. In early August, an [anonymous letter](#) penned by a “group of WHO staff” and addressed to Tedros made the rounds on social media, doubling down on those concerns, accusing the agency of “a carefully controlled downsizing strategy, shaped with external consultants and executed internally with surgical precision.” In recent weeks, some staff told Devex how chaotic things are as WHO finalizes its restructuring. And some expressed fears that more job cuts may be coming.....”

PS: “Regional offices are also expected to make staff reductions as part of the process, but Tedros said in the letter that “regional offices will provide their figures as their processes advance.”

### HPW - WHO’s Low- and Mid-Rank Staff at Risk in face of Pressures to Preserve Costly Jobs at Top

E Fletcher; <https://healthpolicy-watch.news/whos-low-and-mid-rank-staff-at-risk-in-face-of-pressures-to-preserve-costly-jobs-at-top/>

Must-read (*see this week’s intro*).

“There is mounting rage amongst World Health Organization’s (WHO) staff about planned workforce reductions, as new financial data suggests that low- and mid-level personnel are bearing the brunt of cuts—while high-ranking executives, whose real costs far exceed their published salaries, remain largely protected.”



“... While the picture is still evolving, anecdotal reports of the emerging new departmental structures at headquarters suggest that a higher proportion of more senior P5 and P4 professionals could be retained in Geneva, in comparison to more junior counterparts at P3 and P2. ....”

“... In an **anonymous staff letter to WHO’s Director General** shared with *Health Policy Watch*, and published in full by the [New York-based agency Pass Blue](#) and one high-ranking [UN official](#), the authors charged that the WHO realignment has hit the lowest ranks hardest, due to the process being followed: “Many senior or technical roles are reviewed individually, reassigned early, or preserved outright,” they complained. “The majority of high-cost positions have in fact been kept, while other posts, deemed ‘standard or generic’, are discontinued – the majority of those held by lower-ranking people. “The cuts have fallen not on cost, but on people, specifically those in lower-paid roles that are already filled,” the letter continued, adding “This isn’t about efficiency, it’s about who is shielded and who is sacrificed.” ....”

**“Additionally, new data and disclosures suggest that some of the budget cuts may be falling hardest on frontline teams that had fewer staff and budget to begin with, while historically large departments and teams with greater political clout suffer less.** There is no clear linkage between the organization-wide prioritization exercise and actual budget envelopes granted to departments.....”

**“... On a more positive note, plans are being finalized to move four WHO teams from headquarters to less expensive locations in Lyon, Berlin, Dubai and India – saving jobs and some budget in the process. However, the net initial savings, after relocation costs, remain modest amounting to only about \$8.2 million in the coming 2026-27 biennium budget year, according to costs presented to member states last week. That remains a drop in the buck of the gaping \$1.7 billion budget hole for the next two year 2026-27 biennium. ....”**

- See also [Geneva Health Files – WHO To Shed 600 Jobs At HQ; Early Projections Show Berlin Wins From Proposed Relocation of Key Technical Functions](#);

“... WHO has also released a report on [Strategic Relocations of HQ Technical Functions](#). “Update on downsizing at WHO Head Quarters; Proposed relocation of key technical functions to Berlin, Dubai, Lyon, Jamnagar; Reorienting activities of Science Division and WHO Emergencies Programme....”

## **Geneva Health Files - Examining Private Sector Support of Non-State Actors in Official Relations With World Health Organization**

J Dötzer, P Patnaik et al; [Geneva Health Files](#);

The **first of a series of analyses on the transition in the financing** of global health.

“Non-state actors (NSAs), such as philanthropic foundations, civil society organizations, the private sector and academic actors, have played, and continue to play, an important role in informing the work of the World Health Organization..... Within FENSA, WHO categorizes four types of NSAs: **(i) non-governmental organizations, (ii) philanthropic foundations, (iii) academic institutions and (iv) private sector entities.....**

“... In this story we look at actors in official relations with WHO, specifically the extent to which such actors are tied to the private sector. **We found that half of those who disclosed the information, have some form of private sector backing between 30%-100%. ... Several NSAs in official relations disclose information to the alcohol and/or food and beverage industry.....**

**PS: As of February 2025**, 218 non-state actors are in official relations with the World Health Organization. Out of these, 151 provided information about their funding sources. **Check out the findings in more detail.** Including on the **Wellcome Trust** for example...

## **Croakey - World Health Organization responds to concerns from health promotion leaders**

<https://www.croakey.org/world-health-organization-responds-to-concerns-from-health-promotion-leaders/>

“Earlier this month, Croakey published [an article](#) in which health leaders from Australia and other countries sounded an alarm about planned cuts to health promotion activities at the World Health Organization (WHO). The article referenced what was then a forthcoming publication in the *Health Promotion Journal of Australia*. This **editorial has now been published: [WHO Cares?!?: Prioritising Health Promotion for Global Health Equity Advancement](#)**. ....” *(well worth a read in case you haven’t done so yet)*

“WHO provided the following responses: WHO, like many of our partners in global development and health, is implementing one of the most radical re-alignment processes to meet the requirements posed by sudden and steep funding cuts in official development assistance. The funding cuts are affecting all health areas, and WHO’s prioritisation and realignment process is still ongoing. WHO attaches high importance to health promotion, and it is noted in establishing a new division for health promotion, disease prevention and care as part of the realignment process. The division includes a dedicated department for health promotion and social determinants. We don’t provide details on funding allocations as many functions are covered by multiple teams. **Health promotion remains a vital part of WHO’s work and essential for all countries seeking to address the challenges of demographic shifts and shifts across health systems.....”**

## **Gavi welcomes renewed commitments to health equity and security made at TICAD9**

<https://www.gavi.org/news/media-room/gavi-welcomes-renewed-commitments-health-equity-and-security-made-ticad9>

(see also last week’s IHP newsletter).

“Prime Minister of Japan H.E. Shigeru Ishiba announces Japan’s contribution of up to US\$ 550 million to Gavi’s next strategic period at TICAD9. Gavi and the African Union Commission **renew commitment to advance universal health coverage and health security in Africa** through immunisation, innovation, and co-created solutions....”

On the latter: “... **Gavi, AUC and Japan partner towards health equity and security:** Gavi and the African Union Commission (AUC) also convened a **TICAD9 Official Thematic Event** titled “Co-

creating Africa's Innovative Solutions on Immunization as a Cornerstone of Universal Health Coverage (UHC) by 2030." The event focused on **advancing immunisation, scaling up domestic health financing, and building sustainable vaccine manufacturing capacity on the African continent**. Building on the **Addis Ababa Declaration on Immunization (ADI)**, participants stressed that the centrality of Africa's leadership in health development was critical to progress and impact – issuing a call for stronger political and financial ownership by African governments, and for multilateral and bilateral partners to meaningfully support these efforts. **The co-hosts also agreed to build on the strategic momentum created by Gavi's African Vaccine Manufacturing Accelerator (AVMA)**, which is backed by a contribution of US\$ 30 million from Japan, **and collaborate in support of the AU's vision for regional manufacturing....."**

- And a link: "The Japan Centre for International Exchange [Japan Center for International Exchange \(JCIE\)](#) and the [African Union Development Agency-NEPAD](#) organized a side event to **launch the Africa-Japan Common Vision on Health** (<https://lnkd.in/eic9GwD5>) which includes as its first priority area sustainable financing to support resilient and equitable health systems."

## Devex – Is this the end of aid as we know it?

[Devex](#) ;

**"ODA has been shooting up fast for years, but next year, it could drop by around \$50 billion.** Is the sector ever going to be the same again? »

« Official development assistance, or ODA, is falling for the first time in years. It reached a peak of [\\$223.45 billion](#) in 2023, but fell back to [\\$207.6 billion](#) in 2024. The Organisation for Economic Co-operation and Development, or [OECD](#), is [predicting](#) a similar or greater drop this year. **OECD projections suggest ODA could fall 20% by 2027, back to 2020 levels.**

**"...For Crawford (CGD), the driver is economic stagnation and populist politics: "It's harder to be generous when people feel pinched." Others see an inflection point. "This is more than a blip ... this is an existential moment for the sector itself," says Nilima Gulrajani of ODI Global.** Aid once enjoyed a broad consensus; now, in places such as the United Kingdom, portions of the slimmed-down aid funding that's still available are redirected to domestic issues. **Looking forward, other flows will have to take center stage,** writes Devex contributor Jessica Abrahams...."

## Plos Med (Perspective) - Reductions in development assistance for health funding threaten decades of progress in Africa

Peter MacPherson, A T Choko et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004695>

« Countries across Africa face health crises driven by aid cuts, shifting demography, and infectious and environmental threats. Renewed public health strategies, smarter investment, and stronger surveillance can help, but reversing funding cuts is vital. »

With **focus on Malawi.**

They conclude: “..... So, **what solutions** could Malawi and other countries battling similar trends, and who have been suddenly and severely affected by recent health funding cuts, implement to mitigate against the worst effects, or indeed break this vicious cycle? **At the national level, a renewal of the public health approach to prevention, health promotion, and healthcare delivery will be essential.** Malawi has already shown that this can be done to tackle diseases like HIV and TB, and a renewed strategy centered around the major infectious and non-communicable diseases is required, focusing on maternal, infant, and child health, as well as the commercial, environmental, and social determinants of disease. **Efficient, high-quality surveillance, alongside monitoring and evaluation systems, can be effect-multipliers, increasing efficiency and supporting universal access to health. Focusing national infrastructure investment toward renewable energies, active transport, and digital technologies, while supporting sustainable agriculture and manufacturing, can yield large returns on investment, both in terms of future health, but also funding for health and other services.** More broadly, **cuts to DAH funding from countries in the Global North** are antithetical to global commitments to equity, shared prosperity, and health security. **If we are serious about preventing avoidable suffering, averting future pandemics, and achieving the Sustainable Development Goals, these cuts must not only be reversed, but accompanied by sustained, increased international assistance for health and development.** Now is the time for renewed solidarity and investment—not retreat—to support countries like Malawi in building resilient, fair, and effective health systems.”

### Devex Pro – Should global health initiatives have sunset strategies?

<https://www.devex.com/news/should-global-health-initiatives-have-sunset-strategies-110688>

(gated) “**Experts — including some of the initiatives’ own architects — have varying views.** But what’s certain is that **it makes for a difficult but timely conversation.**”

Long excerpt via a Devex newsletter: “Speaking of **Bill Gates**, in many ways he’s regarded as the godfather of philanthropy. And while the billionaire philanthropist hasn’t deviated much from his methodical, data-driven style of giving over the last two decades, he’s a trendsetter nonetheless. The most recent trend **he’s turned a spotlight on is the concept of organizations closing up shop, spurred by his announcement that the Gates Foundation will sunset in 20 years.....**” (ps: I do think [a few others](#) were first....)

“**It generated a debate on the pros and cons of sunseting, but that debate is not only relevant to philanthropy. It also applies to global health,** where heavy hitters such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance have long been accused of perpetuating aid dependency. **For example, the U.S. President's Emergency Plan for AIDS Relief, or PEPFAR,** was never meant to run forever, my colleague Jenny Lei Ravelo points out. During its first decade, PEPFAR started multiyear agreements with countries that had clear goals for governments to take more ownership of their HIV response. That’s panned out fairly well in some countries, but not in others. **The Global Fund and Gavi** also have policies that transition countries or disease components out of their support. But when to put yourself out of business isn’t exactly a comfortable conversation to have. Plus, in the beginning, the need was so dire that it was all about getting up and running quickly, not planning for the end. Today, however, as donors yank back funding, the need for a discussion on changing the status quo has grown more urgent. **“I think generally one should talk about sunseting. You should have a reasonable time perspective [for that],”** says Anders Nordström, who served as the Global Fund’s first interim executive director. And while he thinks the aid cuts the U.S. handed down were “brutal,” **he says discussions about transitions and sunseting were bound to happen at some point. “Did we speak about sunseting**

when we established the Global Fund almost 25 years ago? No. Would it have been reasonable to do that? No. But over time, when you begin to see success, and when you begin to see that things are changing, yes.”

And via **Devex** check-up:

**“In my conversations with experts, it’s clear that the questions need to be asked. But the answers will be varied and complex.** Hundreds of thousands of people still die from HIV-related illnesses today, and many of them are vulnerable members of the population who are criminalized or stigmatized by their own communities. Millions of people with HIV remain reliant on these initiatives to continue accessing lifesaving medications, such as [a twice-yearly injectable](#) to prevent HIV infection — the latest scientific breakthrough that experts describe as the next best thing to an HIV vaccine — which PEPFAR can offer. In addition, millions of children are still missing out on critical vaccinations.”

**“Some experts say what’s needed are carefully structured transitions based on a solid understanding of a country’s current capabilities and vulnerabilities — and after that, perhaps reasonable sunsets with safety clauses can be made. Still, some challenge the idea of a complete organizational sunset.** The Global Fund and Gavi already have transition policies for countries or disease programs they fund, although they don’t have clear exit timelines as organizations. **But there are those who feel a clear sunset timeline is needed now,** to help organizations focus their efforts and prevent lifelong donor commitments.... (eg A Nordström)

## **Devex Pro - China ramps up push for more UN jobs**

<https://www.devex.com/news/china-ramps-up-push-for-more-un-jobs-110729>

(gated) **“Beijing paints America as a threat to the United Nations and its development agenda.”**  
**(not wrong...)**

**“The United Nations has proposed cutting 20% of the secretariat’s 33,000-strong workforce, as it faces the prospect of unprecedented funding cuts from the organization’s largest financial contributor: the United States. But the U.N.’s second-largest financial contributor, China, has been stepping up demands for more jobs, at least for Chinese nationals.** In recent months, Chinese diplomats have demanded the U.N. find more jobs, at least for its own nationals, and **consider shrinking the American workforce at the U.N. to reflect its dwindling financial contributions to the world body,** according to several U.N. officials and diplomats. **Any job cuts undertaken in response to the withdrawal of U.S. funding should fall heaviest on American nationals, China has argued.** “They are approaching about senior posts,” one U.N. staffer, who spoke on condition of anonymity, told Devex in a phone interview. **“And they have been quite candid about saying ‘we are the second largest contributor and we pay our bills in full and on time.’” ...”**

More via [Devex Newswire](#):

**“In Washington, alarm bells are ringing, writes Senior Global Reporter Colum Lynch. Sen. Jeanne Shaheen warns that President Donald Trump’s cuts give Beijing a chance to “fill the political vacuum.” “China will be writing the rules,” she says. Trump’s pick for U.N. ambassador, Mike Waltz, promises to “work with Secretary [of State Marco] Rubio to challenge [China’s] influence.”**

**“China’s financial share in the U.N. has surged from less than 1% in 1995 to over 20% of the**

regular budget today, with Beijing aggressively promoting its people into entry-level U.N. jobs and steadily moving into senior posts. Richard Gowan of the [International Crisis Group](#) puts it bluntly: “[The Chinese] are straightforward about the fact that, if the U.S. fails to pay its assessed contributions, China should be getting an even bigger share of top jobs.” But analysts say **Beijing isn’t trying to replace Washington outright — it’s picking its battles, taking influential but low-profile posts while pledging money where it counts, like \$500 million to the [World Health Organization](#) after U.S. withdrawal.**

## Devex Pro – What is a philanthropic adviser, and why is their role growing in aid?

<https://www.devex.com/news/what-is-a-philanthropic-adviser-and-why-is-their-role-growing-in-aid-110709>

(gated) “Philanthropy is a growing force in the world of development, and **philanthropic advisers have a growing influence over how the money is spent.** But who are they, and what exactly do they do? “

“As fortunes swell, **the ultrawealthy are turning to an army of advisers** to help guide them as they distribute their funds. Perhaps the best known is [Bridgespan Group](#), sprung from the global consulting firm [Bain & Company](#) and famous for helping Mackenzie Scott [disburse](#) \$9 billion, but there are others — **power players such as [Arabella Advisors](#) and [Rockefeller Philanthropy Advisors](#), or RPA**, in addition to single-shingle outfits that number into the hundreds or even [thousands](#)....”

## Mo Ibrahim Foundation (blog) - Demystifying Africa’s dependence on foreign aid

<https://mo.ibrahim.foundation/news/2025/demystifying-africas-dependence-foreign-aid>

Very insightful blog. With interesting stats, also on trends over time.

## CGD (blog) – The Dual Dividend of Health Taxes: Saving Lives, Funding Services

Sanjeev Gupta & Joao Jalles; <https://www.cgdev.org/blog/dual-dividend-health-taxes-saving-lives-funding-services>

“..... Despite these positive examples, **excise revenues remain strikingly low across many countries**—particularly in sub-Saharan Africa, the Middle East, and parts of Asia. A significant reason for this underperformance is the **absence of a clear framework to assess the revenue potential of health taxes given each country’s unique economic and demographic conditions.** In a **forthcoming paper**, we address this gap using stochastic frontier analysis—a method that measures the gap between observed tax performance and the maximum attainable outcome, given a country’s structural and institutional characteristics. **For a panel of 97 countries with available tax data, we estimate each country’s maximum revenue potential from tobacco, alcohol, and SSB taxes, adjusted for structural factors such as GDP, demographics, consumption patterns, and governance quality.** By comparing actual revenue collections to these theoretical benchmarks, **we calculate “tax-effort scores,” measuring how close each country is to fully utilizing its revenue-raising potential**....”



Check out some **early key findings from this benchmarking study.**

“Our study reveals substantial room for improvement in tax policy across the board: **“Tobacco taxes:** Our results suggest that countries collect on average just 0.4 percent of GDP in tobacco excise revenue—despite a feasible capacity of 1.5 percent—indicating an untapped fiscal gap of 1.1 percent of GDP. .... **Beer taxes:** On beer, countries apply only 35 percent of feasible excise rates. .... **Spirits taxes:** On spirits, countries collect only one-fourth of the feasible rates. .... **SSB taxes:** This category shows the largest gap, with collection of only 15 percent of feasible rates. With few exceptions (e.g., Bangladesh, Oman, Rwanda), most countries tax sugary beverages minimally or not at all, capturing less than 10 percent of their revenue capacity....”

Authors conclude: **“A dual dividend opportunity:** By clearly benchmarking health tax potential across countries, our research provides policymakers with actionable insights to design smarter, fairer, and more efficient excise tax policies. Success hinges on tailored policy design, administrative capacity building, and sustained political commitment. .... Whether driven by fiscal pressures, rising health burdens, or a desire for fairness, policymakers now have clearer guidance on what's achievable—and what's being left on the table. **With targeted reforms and international cooperation, the dual dividends of health taxes—improving population health and enhancing fiscal sustainability—can finally be fully realized.”**

## Global Tax Justice

### Human Rights Watch - Progress on the Road to a UN Tax Treaty

S Saadoun et al; <https://www.hrw.org/news/2025/08/20/progress-on-the-road-to-a-un-tax-treaty>

With an update on the past two weeks. **“Over the past two weeks, United Nations member countries started substantive negotiations for the first-ever UN Framework Convention on International Tax Cooperation;** a historic process that reflects major shifts in global economic policymaking and geopolitics....” Do read on.

- Related: [CESR – The UN tax talks are exposing who benefits and who loses under today's rules](#) (by N Opacic et al) (recommended analysis)

**“The first two substantive sessions of negotiations on the [UN Tax Convention \(UNTC\)](#) have laid bare the stakes.** After years of unfair rules [designed elsewhere](#), countries now have the chance to decide who gets to tax multinational profits and who keeps losing out under the current system. **What emerged in New York [this August 2025](#) was not just technical wrangling, but a power struggle over the rules of the global economy and the ability of States to raise resources for the rights and wellbeing of everyone, everywhere.....”**

PS: **“The first two sessions in New York laid important groundwork, but the toughest work lies ahead. Between now and the third session in Nairobi in November 2025, workstreams will continue refining proposals on the Framework Convention and early protocols,** which we expect to generate significant debate. Draft text is expected to be tabled in Nairobi, which will mark the real turning point from discussion to negotiation. The Nairobi session will be critical for clarifying the scope and commitments of the Framework Convention, resolving key divides on cross-border



services (nexus rules, gross vs net taxation, and digital services), and shaping a dispute resolution system that works for all countries, not just powerful states and corporations.....”

## UHC & PHC

### Bloomberg – TPG Push Into African Hospitals Raised Whistleblower Complaints

[Bloomberg](#);

**“When one of the world’s biggest private-equity firms took over a number of hospitals and clinics in Africa and Asia in 2019, it told investors like the Gates Foundation, the World Bank and Bono that it was intent on broadening access to high-quality health care. But a Bloomberg investigation has called into question whether the investments by US-based TPG can simultaneously have a positive social impact and make money. We also reported on a strategy adopted by development banks and philanthropists to lean on for-profit companies to achieve developmental goals.....”**

**“Whistleblowers allege that TPG pressured staff to perform unnecessary procedures to bolster income and falsify financial reports, and that some of those who raised concerns were ignored, intimidated or fired. Doctors said their compensation was tied to meeting aggressive revenue targets, with records from one TPG hospital in Kenya showing some were asked to refer eight of every 10 patients to the radiology department, laboratory or pharmacy. In one instance, an invoice showed a patient being billed \$500 for 82 masks on a single day, and for tests that outside doctors said were unrelated to her symptoms. Doctors at another TPG facility in Pakistan sometimes performed 17 cardiology procedures daily, each of which can take 30 minutes or more, leaving insufficient time to sanitize properly. Errors and infections have become more commonplace as a result, placing patients at risk, staff said.....”**

**“.... Poverty experts say they’ve uncovered little evidence that funding for-profit providers helps those with the lowest incomes. “Privatization in health care does work well for the elite, and it works even better for the providers and governments,” said Philip Alston, a former United Nations rapporteur on extreme poverty and now a law professor at New York University. “But it is a seriously losing proposition for most of the middle classes, and always for the poor.”**

- Related: Oxfam press release: [More evidence of World Bank Group's dangerous drive in for-profit healthcare](#)

**“In response to new revelations today from Bloomberg about harmful private hospital investments backed by development banks, Oxfam International’s Health Policy Manager Anna Marriott said: “Bloomberg’s investigation provides more deeply disturbing new evidence that the World Bank Group, and other publicly funded development banks, are driving a dangerous, extractive for-profit healthcare model that is harming patients, health workers, and health systems across low- and middle-income countries. “It is especially alarming that the International Finance Corporation (IFC) and other development finance institutions have been made aware of serious violations — including medical malpractice, patient rights abuses, and mismanagement — and yet have failed to appropriately investigate. Their response to mounting evidence has been frankly cavalier and insulting to those harmed. “It is time for the board members of the World Bank and other development banks, including that of the UK, to urgently halt all new direct or indirect**

investments in for-profit healthcare and launch a full, independent investigation into these cases. Public funds must not be used to fuel private profits at the expense of people's health, safety and dignity."

## World Water Week

**WHO – 1 in 4 people globally still lack access to safe drinking water – WHO, UNICEF**

<https://www.who.int/news/item/26-08-2025-1-in-4-people-globally-still-lack-access-to-safe-drinking-water---who--unicef>

**"To mark World Water Week 2025, new report highlights persistent inequalities, with vulnerable communities left behind."**

"Despite progress over the last decade, billions of people around the world still lack access to essential water, sanitation, and hygiene services, putting them at risk of disease and deeper social exclusion. A **new report: *Progress on Household Drinking Water and Sanitation 2000–2024: special focus on inequalities*** –launched by WHO and UNICEF during World Water Week 2025 – reveals that, while **some progress has been made, major gaps persist**. People living in low-income countries, fragile contexts, rural communities, children, and minority ethnic and indigenous groups face the greatest disparities...."

**With some of the "key facts from the report:**

- Despite gains since 2015, **1 in 4 – or 2.1 billion people globally – still lack access to safely managed drinking water\***, including 106 million who drink directly from untreated surface sources.
- **3.4 billion people still lack safely managed sanitation, including 354 million who practice open defecation.**
- **1.7 billion people still lack basic hygiene** services at home, including 611 million without access to any facilities....."

## Trump 2.0

**Stat – CDC Director Susan Monarez is ousted as her lawyers say 'she will not resign'**

<https://www.statnews.com/2025/08/27/cdc-director-susan-monarez-ousted/>

"At least three other senior officials quit, citing '**weaponization of public health**'."

- Related: [HPW - Chaos in CDC as Kennedy Tries to Remove Director After Vaccine Row](#)

## Nature (News) - US Supreme Court allows NIH to cut \$2 billion in research grants

<https://www.nature.com/articles/d41586-025-02721-5>

“The decision will hinder lawsuits against grant terminations, legal specialists say.”

## Tim Hirschel-Burns (Substack) - Everyone is misunderstanding what happened to USAID

<https://timhirschelburns.substack.com/p/everyone-is-misunderstanding-what>

“I read 18 pieces reckoning with the end of USAID. **Here's what they get wrong.**”

“... I read a lot of very smart people who struggled to process how dumb this all was, who foisted a technocratic framing onto what was fundamentally a political defeat to people who could not have cared less about impact evaluations and programmatic design. **Let's go back to what actually happened (spoiler alert: it was democratic breakdown and rightwing culture war-radicalization)**, look at why many of the popular answers don't check out, and then I'll throw out a few thoughts for how to move forward.....”

## Politico - Trump's global health cuts upend CDC's malaria work

<https://www.politico.com/newsletters/politico-pulse/2025/08/20/trumps-global-health-cuts-upend-cdcs-malaria-work-00515726>

“The **CDC's malaria control efforts are buckling under the Trump administration**, which slashed millions of dollars of global health funding, **forcing the agency to dissolve an already underfunded division and recall its employees working in Africa....**”

“POLITICO learned of the **division's dismantling from two employees who had recently worked in the CDC's Division of Parasitic Diseases and Malaria** and were granted anonymity for fear of retribution. **In June, the Trump administration canceled a \$35 million interagency agreement that allowed the now-defunct U.S. Agency for International Development to funnel money to the DPDM to support malaria research and control efforts. In late July, that division was quietly dissolved**, with its staff moved to other divisions — where they expect to continue at least some of their work on malaria and neglected tropical diseases, the two employees said....” **“The 27 CDC staffers working on malaria in sub-Saharan African countries were told to return to the U.S. in June, the employees said.... The combined effect will be less global leadership in malaria control from an agency created in the 1940s — and headquartered in once malaria-prone Georgia — to study and control the tropical mosquito-borne illness.....”**

## Guardian – Malawi set to run out of TB drugs in a month after US, UK and others cut aid

<https://www.theguardian.com/global-development/2025/aug/28/health-malawi-tuberculosis-tb-drugs-shortages-poverty-aid-cuts-who>

**“Gains in cutting deaths from tuberculosis at risk as health officials warn clinics forced to ration drugs and testing.”**

## **Devex – In Malawi, the fight to get HIV services back on track post-USAID cuts**

Andrew Green; <https://www.devex.com/news/in-malawi-the-fight-to-get-hiv-services-back-on-track-post-usaid-cuts-110730>

**“Malawi was at the forefront of HIV prevention efforts before Washington cut global aid. Now officials are struggling to revive traditional prevention services and introduce new innovations.”**

“... this progress is under threat after the Trump administration eliminated U.S. support for most HIV-prevention services globally. That **hit hard in Malawi, where donors fund around 85% of the country’s HIV response.** [The money comes](#) primarily from the U.S. President’s Emergency Plan for AIDS Relief, or [PEPFAR](#), and the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#), to which the U.S. has been the largest donor.” **“ Officials are now struggling to preserve both traditional methods, such as condom distribution, without squandering the new — and still expensive — innovations in long-acting injectable preexposure prophylaxis, or PrEP.”**

**Excerpts:** “The demand for CAB-LA has Malawi pressing to introduce the longer-lasting injectable, lenacapavir, which only needs to be administered every six months. However, **Matanje was told the country will need to pay lenacapavir’s manufacturer, [Gilead Sciences](#), \$14,000 per dose, which is the list price for the drug in the United States.** Gilead did not respond to a request to confirm the price as of the time of publication. That is **well above the estimated [yearly price](#) of \$170 to \$240 a year for CAB-LA.** .... **Either injectable will stretch the country’s suddenly circumscribed budget for HIV prevention. The country’s prevention efforts had hinged on U.S. support — through PEPFAR, Washington [had pumped](#) \$1.8 billion into Malawi’s HIV response by 2023....”**

**“... Though anecdotal, that kind of commitment to injectable PrEP has officials keen to expand access just at the moment funding is evaporating. There is still money available from the Global Fund, though, which will be used to increase the facilities offering CAB-LA, according to the National AIDS Commission’s Matanje. Malawian officials are also asking the Global Fund if they can reallocate some of that CAB-LA funding to introduce the twice-yearly injectable lenacapavir.** “It doesn’t make sense for Malawi to be one of the early adopters of long-acting injectables, but to be left behind on the better option,” Matanje said. At Gilead’s price of \$28,000 for an annual supply of lenacapavir per user, the reallocated funding would only allow them to purchase enough doses for 200 clients each year, she said. But she described it as preparatory. “Even if it sounds ridiculous, it’s because **we are hoping that with all the lobbying and with the generics coming in, maybe in a couple of years, prices will go down,**” she said. “And when they go down, this money can buy more.” ...”

## **WSJ – Scientists Strip ‘Diversity’ Language From Research to Keep Federal Grants**

<https://www.wsj.com/health/scientists-are-removing-dei-language-to-keep-federal-grants-d092833b>

**“Researchers are amending grant language to avoid getting flagged in Trump administration’s push against DEI.”**

**“Scientists are removing words like “diverse” and “disparities” from hundreds of federal grant renewals to avoid getting flagged in the Trump administration’s focus on eliminating diversity, equity and inclusion programs, a Wall Street Journal analysis shows.”**

**“At least 600 research projects funded by the National Institutes of Health have been modified in the fiscal year starting in October to remove terms associated with diversity, equity and inclusion, the Journal analysis found. Nearly all of those projects were multiyear grants that had already been approved but were up for routine annual reviews. The modified grants were worth \$480 million this cycle....”**

## PPPR

### **Lancet Microbe – Is there really a need for another global body for pandemic preparedness?**

Nelson Aghogho Evaborhene et al ;

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(25\)00144-2/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(25)00144-2/fulltext)

**“In their Personal View published in The Lancet Microbe, Colin Carlson and colleagues make a timely argument for establishing an Intergovernmental Panel on Pandemics (IPP), a scientific body modelled on the Intergovernmental Panel on Climate Change and intended to assess long-term pandemic drivers. Although we agree that pandemics demand deep, structural risk analysis, we question whether creating another global body, however well-intentioned, will meaningfully advance preparedness, particularly in low-income and middle-income countries.”**

**“The core challenge is not the absence of scientific consensus, but the failure to act on that consensus. COVID-19, mpox, and Ebola have showed that political inertia, weak institutional accountability, and fragmented financing—rather than insufficient evidence—are the primary barriers to timely responses. Scientific synthesis alone cannot bridge these implementation gaps. Governance mechanisms embedded in national and regional systems, in which political mandates, resource allocation, and institutional accountability converge, are urgently needed....”**

**“... Rather than adding another global layer, pandemic governance should prioritise mechanisms that are regionally embedded, politically owned, and performance-linked. One such alternative is a Pandemic Peer Review Mechanism, modelled on the African Peer Review Mechanism, aimed at institutionalising political accountability across African Union member states....”**

### **CGD (Working paper) - Designing Trigger Mechanisms for Epidemic and Pandemic Financing and Response**

N K Madhav et al; <https://www.cgdev.org/publication/designing-trigger-mechanisms-epidemic-and-pandemic-financing-and-response>

**“This paper presents a framework for high-quality trigger design with specific application to pandemic financing and response, with the goals of improving trigger effectiveness, reliability, and communication of their attributes and intended performance to stakeholders, including the public. It also includes a brief case study on the World Bank’s Pandemic Emergency Financing Facility....”**

## TGH - Putting the Pandemic Agreement Into Practice: A Case for ASEAN

M Indriani & S Moon; <https://www.thinkglobalhealth.org/article/putting-the-pandemic-agreement-into-practice-a-case-for-asean>

“The Southeast Asian bloc is positioned to implement the pandemic treaty’s provisions before they come into legal force.”

“The global treaty will take at least several years to come into legal force, but **regions could start implementing some provisions today....**”

“**Developing ASEAN-wide measures to support the pandemic agreement would not necessarily duplicate global efforts but instead translate these commitments into regional action, a necessary governance step that has long been missing.....** .... ASEAN has already taken practical steps aligned with provisions of the new agreement....”

“To leverage the current patchwork of capacities in pandemic preparedness and response, ASEAN needs to stitch them together under a single regional approach—one that aligns procurement, R&D investment, and benefit sharing across all member states rather than leaving each to navigate bilateral or global systems alone. In **today’s multipolar world characterized by geopolitical competition and declining trust in multilateral institutions**, such a regional approach is not just logical; it is essential for both resilience and strategic autonomy in health security. ....”

## Plos GPH (Opinion) - Adoption of pandemic treaty is historic: Compliance and accountability must now follow

Taran K. Deol, Matthew M. Kavangh, Nina Schwalbe et al;  
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004969>

“... **Although the agreement may be a few years away from coming into force, implementation, compliance, and monitoring can commence now**, so that states are ready to fulfill their obligations. As what doesn’t get monitored doesn’t get done, **Member States need to start to develop a monitoring framework now**. This framework should be a living tool with adaptive capacity to evolve with political and institutional developments. **It can be structured around four thematic areas core to success** (Fig 1): (i) National Planning, (ii) Financing, (iii) Resilient Health Systems, (iv) Research and Development & Resource Sharing. **These themes encompass the range of provisions outlined in the treaty text**. Recognizing the diversity of actors involved in implementation, a “draft zero” should **outline both obligations at the country level and activities for the COP, IGWG, and WHO as the agreement’s Secretariat....**”

## Polio

### Telegraph – Polio could paralyse 200,000 children every year unless UK continues global funding

<https://www.telegraph.co.uk/global-health/science-and-disease/polio-could-paralyse-200000-children-every-year/>

**“Campaign group (ONE) warns that vital public health programmes are under threat from Government cuts to foreign aid spending.”**

“The UK has historically been one of the biggest contributors to a global effort that has eliminated the disease from much of the world, but the Government’s cuts to aid spending mean vital public health programmes are now under threat, the ONE Campaign said on Thursday..... **Failing to stamp out polio in Afghanistan and Pakistan could result in as many as 200,000 children being paralysed every year within 10 years, the ONE Campaign said.....** The **warning is based on modelling published in the Lancet** that showed that even a wavering commitment to polio eradication could lead to a resurgence of the disease.....

“It’s a scenario that now appears to be playing out. The **Global Polio Eradication Initiative (GPEI) – the largest global health campaign in history – is facing a funding crisis** as swathes of international donors including the UK slash overseas development budgets. The **WHO-led initiative, which aims to eliminate all forms of polio by 2029, is under threat from a \$2.3 billion dollar black hole in its budget for the next four years....”**

## Conflict/War/Genocide & Health

### WHO - Famine confirmed for first time in Gaza

<https://www.who.int/news/item/22-08-2025-famine-confirmed-for-first-time-in-gaza>

From last week on Friday. **(Joint news release)** “FAO, UNICEF, WFP and WHO reiterate call for immediate ceasefire and unhindered humanitarian access to curb deaths from hunger and malnutrition.”

“More than half a million people in Gaza are trapped in famine, marked by widespread starvation, destitution and preventable deaths, according to a new **Integrated Food Security Phase Classification (IPC) analysis released today**. Famine conditions are projected to spread from Gaza Governorate to Deir Al Balah and Khan Younis Governorates in the coming weeks.....”

- See also the [Guardian - UN-backed experts declare famine in and around Gaza City](#)  
“IPC says famine is ‘**entirely man-made**’ and immediate response is needed or avoidable deaths will soar.”

- Related: Science Insider – [International hunger watchdog faces political attacks over Gaza famine reports](#)

“Israeli government tries to discredit science underlying the Integrated Food Security Phase Classification.”

### The Bureau of Investigative Journalism - ‘We’re flying blind’: Gaza’s overwhelmed hospitals face spiralling infections crisis

<https://www.thebureauinvestigates.com/stories/2025-08-21/gaza-hospitals-overwhelmed-as-infections-surge-amid-health-crisis>



“Sudden surge in mass casualty events, many at aid points, has created conditions for bacteria to spread unchecked.”

### **The New Humanitarian - How Israel's new NGO registration rules seek to divide the international aid response**

<https://www.thenewhumanitarian.org/analysis/2025/08/25/how-israel-new-ngo-registration-rules-divide-international-aid-response>

“New guidelines for international aid groups threaten to further bend the humanitarian system in Palestine to serve Israeli political and military goals by muffling advocacy and dividing NGOs between those willing to play by Israeli rules and those who refuse, aid workers in Gaza and the West Bank say. Those who refuse to play by Israel's rules are increasingly being frozen out, several international aid workers told The New Humanitarian. “

### **Lancet Regional Health Europe - Europe must act: a unified call to end complicity in the Gaza famine and genocide**

Karl Blanchet et al; <https://www.sciencedirect.com/science/article/pii/S2666776225002364>

“The last 22 months, Palestinians have been living through starvation, forced displacement, indiscriminate killing, the blockade of humanitarian aid at the borders and the deliberate destruction of health facilities and ambulances by the Israeli army. **This is not simply a humanitarian crisis. It is a public health catastrophe—engineered by the Israeli government, and recognized as a man-made famine and a genocide. Despite this, European governments have remained surprisingly silent for almost two years of its unfolding, or—worse—actively complicit.** Symbolic actions now are not enough. **We call on all European States to take immediate, coordinated, and courageous action to stop the mass suffering and uphold the international legal system....”**

With **6 specific calls to action.**

### **Human Rights Watch – Despite Efforts to Shift the Blame, Israeli Policies Are Starving Children**

<https://www.hrw.org/news/2025/08/20/despite-efforts-to-shift-the-blame-israeli-policies-are-starving-children>

“**Children with disabilities** hit hardest by starvation.”

### **NYT - Congo Has Astronomical Rates of Sexual Violence. Now Victims Have Lost Access to Care.**

<https://www.nytimes.com/2025/08/22/health/rape-congo-sexual-violence.html>

“The conflict that has put rebels in control of much of the east of the country has left victims with no legal recourse and dismantled many of the clinics that offered care.”

## UN News - Health and aid workers targeted in conflicts around the world, UN agency says

<https://news.un.org/en/story/2025/08/1165710>

“From Gaza to Sudan, wars are being waged on the very systems set up to protect civilian populations, with health workers, hospitals, health centres and ambulances being targeted in horrifying numbers, **according to the UN agency for reproductive health and rights, UNFPA.** “

## BMJ GH - Operationalising health in the humanitarian–development–peace nexus (HDPN) in Africa: a new framework for building resilience in countries with fragile, conflict and violence-affected settings

A Talisuna et al; <https://gh.bmj.com/content/10/8/e019929>

« **Humanitarian needs are escalating globally, with around 300 million people requiring assistance—over half in Africa.** These crises are increasingly driven by conflict, climate-related disasters and emergencies and economic instability, all severely impacting public health and disrupting health systems. **A new approach is essential to address root causes of humanitarian crises and develop durable solutions. In response to this need, the WHO developed a framework for health in the humanitarian–development–peace nexus (HDPN) in Africa.** This framework was informed by literature reviews and consultations with key stakeholders across UN and wider humanitarian sector (including the African Union bodies, WHO offices and relevant non-governmental organisations). **The framework presents a structured method for countries to integrate health across the HDPN, emphasising policy alignment, the need for sustainable financing, strong monitoring systems and adaptable governance.** It defines clear roles for WHO, the African Union Commission, regional economic communities and authorities in countries as **applicable.** Key areas for operationalising the framework include health sector development planning, budgeting, financing, intersectoral coordination, services delivery and monitoring and evaluation. It also recommends integrated strategic actions focusing on health across humanitarian, development and peacebuilding efforts, emphasising synergy and co-benefits from this nexus approach...”

## NCDs

### Lancet – Tackling cardiovascular disease in the Asia–Pacific region: a new Lancet Commission

Carolyn S P Lam et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01494-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01494-1/fulltext)

“... While **cardiovascular disease** remains the leading cause of death worldwide, **its impact is profound in the Asia–Pacific region with crude cardiovascular mortality projected to almost double by 2050 in Asia.** Addressing cardiovascular disease in this region is not only a local necessity, but also a global imperative. It is with this sense of urgency and opportunity that **we announce the launch of the Lancet Commission on Tackling Cardiovascular Disease in the Asia–Pacific Region. ....**”

“... Ultimately, the Commission **aims not only to produce a comprehensive report in The Lancet, but to also ignite an enduring movement of collaboration, leadership, and innovation for cardiovascular health improvement in the Asia–Pacific region.....**”

## HPW - Leveraging Health Literacy and Self-Care to Tackle Diabetes

Bente Mikkelsen et al; <https://healthpolicy-watch.news/leveraging-health-literacy-and-self-care-to-tackle-diabetes/>

*“The key to managing diabetes, one of the world’s most prevalent non-communicable diseases (NCDs), lies more in self-care skills than pills. Leaders meeting at the United Nations next month to decide on how to address NCDs need to take note.”*

PS: “.... **Over the past couple of decades, the World Diabetes Foundation (WDF) has supported self-care models across a range of low- and middle-income contexts**, notably with hyperglycemia in pregnancy, which affects 21 million mothers annually. In this area, we have seen that severe health risks to mother and offspring can be prevented if **women receive tools to monitor and manage blood sugar levels from home, as well as guidance on observing a healthy diet**. Another example is the **benefit of peer support**. From Cambodia, through to Georgia and Mali, patient clubs, supported by WDF, are now spreading throughout local communities. These clubs provide a network for people living with diabetes to share their experiences, address challenges and organize physical activities like walking groups.....”

## Planetary Health

### Guardian – Scientists call for action to address air pollution from space launches

<https://www.theguardian.com/environment/2025/aug/22/scientists-call-for-action-air-pollution-space-launches>

*“Satellite mega-constellation missions behind threefold increase in emissions of climate-altering soot and CO<sub>2</sub>.”*

*“Scientists are calling for a new global regime to address air pollution caused by the space industry. Prof Eloise Marais’s team at University College London (UCL) **began tracking** space **activities** in 2020 .... The team found that launches of mega-constellation communication satellites, including **Starlink, OneWeb and Thousand Sails**, have led to a threefold increase in emissions of climate-altering soot and carbon dioxide. .... Although the amount of CO<sub>2</sub> and soot from spacecraft is far less than other industries, **researchers have warned that particles stay in the upper atmosphere much longer than Earth-bound sources. This results in up to 500 times greater** climate warming impact than the same amount of soot from aviation or ground-level sources.*

## Climate Change News – Amazon nations pledge support for Brazil's COP30 rainforest fund

<https://www.climatechangenews.com/2025/08/23/amazon-nations-pledge-support-for-brazils-cop30-rainforest-fund/>

From last week. “In a **joint declaration issued at the Amazon summit**, eight South American nations pledged to support Brazil’s **Tropical Forest Forever Facility (TFFF)**.”

**“PS: The TFFF was proposed by Brazil in 2023 as a global investment fund that would allocate a share of its returns to rainforest conservation initiatives around the world. The fund will be backed by an initial, one-time \$25-billion contribution from donor nations, along with \$100 billion in private funds. .... The declaration from Amazon nations also invites “potential investor countries” to “announce substantial contributions” intended to guarantee the fund’s quick activation. Those that have expressed interest so far include Britain, Norway and the UAE.....”**

PS: “... **Amazon declaration omits fossil fuels:** Despite calls from Indigenous groups and civil society for ACTO leaders to halt oil and gas developments in the Amazon Basin, **fossil fuels were not explicitly mentioned in the Bogotá declaration. Leaders did, however, pledge to “advance toward a just, equitable and orderly energy transition”.....**”

**“... In the lead-up to COP30, Brazil has been drumming up support for the TFFF from donor and rainforest countries, as well as investors. The fund will be officially launched in Belém, as one of the main initiatives led by the Brazilian COP presidency. In a new concept note for the TFFF issued this week, Brazil laid out the technical details of how the investments would be structured. Among its provisions, the new fund will only pay rainforest nations that can prove results in reducing deforestation and forest carbon emissions. **The mechanism consists of two platforms: the Tropical Forest Investment Fund (TFIF)** will aim to generate enough returns to pay investors back and use surplus cash to support forest initiatives, **while the TFFF** will oversee and set the rules for the payments to rainforest nations, also in Africa and Southeast Asia.”**

**“According to the concept note, the fund will borrow money from investors at interest rates of around 5% and then invest in higher-yielding emerging market bonds paying around 8% interest. This would allow the fund to pay an estimated \$4 per hectare to rainforest nations – an expected \$2.8 billion in total disbursements per year with the remainder going to repay sponsors’ capital. Countries in the BRICS bloc of emerging economies – among them, crucially, China – have pledged support for the new fund. ....”**

## Devex – Brazil's forest finance plan takes shape ahead of COP30

<https://www.devex.com/news/brazil-s-forest-finance-plan-takes-shape-ahead-of-cop30-110707>

**“The revamped facility adds stricter rules, direct community access, and tougher safeguards ahead of launch in Belém, Brazil.”**

With an **overview of the big changes** in the draft.

**“Brazil has unveiled the third draft of its Tropical Forest Forever Facility, a \$125 billion fund that could generate up to \$4 billion in payouts per year to tropical rainforest nations that keep their trees standing. Slated to launch at the 30th U.N. Climate Change Conference, or COP30, in Belém this November, **the scheme now includes stricter eligibility rules, a guarantee that 20% of payouts****

**go directly to Indigenous peoples and local communities, and explicitly states that there will be no investment in fossil fuel companies.**

**“Experts say that the success of the facility will be a litmus test for the success of Brazil’s COP30 presidency, so it’s worth keeping an eye on....”**

**“.... As for which international agency will get this job, that will be up to a bidding process. The World Bank has already declined the role. “The World Bank seems to be wanting to keep the secretariat function and its hosting responsibilities as minimal as possible,” Deutz (World Wildlife Fund) said. “I think they see this as a big new experiment, and so they want to limit their institutional investment.” ...”**

### **Guardian – Deforestation has killed half a million people in past 20 years, study finds**

<https://www.theguardian.com/environment/2025/aug/27/deforestation-has-killed-half-a-million-people-in-past-20-years-study-finds>

**“Localised rises in temperature caused by land clearance cause 28,330 heat-related deaths a year, researchers find.”**

**“Deforestation has killed more than half a million people in the tropics over the past two decades as a result of heat-related illness, a study has found. Land clearance is raising the temperature in the rainforests of the Amazon, Congo and south-east Asia because it reduces shade, diminishes rainfall and increases the risk of fire, the authors of the paper found. Deforestation is responsible for more than a third of the warming experienced by people living in the affected regions, which is on top of the effect of global climate disruption....”**

**“About 345 million people across the tropics suffered from this localised, deforestation-caused warming between 2001 and 2020. For 2.6 million of them, the additional heating added 3C to their heat exposure. In many cases, this was deadly. The researchers estimated that warming due to deforestation accounted for 28,330 annual deaths over that 20-year period. More than half were in south-east Asia, owing to the larger populations in areas with heat vulnerability. About a third were in tropical Africa, and the remainder in Central and South America.....”**

- For the study, see [Nature Climate Change – Tropical deforestation is associated with considerable heat-related mortality](#)

### **Guardian - Heatwaves are making people age faster, study suggests**

<https://www.theguardian.com/environment/2025/aug/25/heatwaves-making-people-age-faster-study-suggests>

**“Exposure to high temperatures could result in long-lasting damage to health of billions of people, scientists warn. Based on a study on Taiwan in [Nature Climate Change](#).**

**“Repeated exposure to heatwaves is accelerating ageing in people, according to a study. The impact is broadly comparable with the damage smoking, alcohol use, poor diet or limited exercise can have on health, the researchers said.”**

“... It was already known that **heatwaves cause short-term spikes in early deaths** with, for example, almost 600 premature deaths linked to a June heatwave in England. **But the new analysis is one of the first to assess the longer-term impact.....”**

## **HPW - India's Air Quality Index Improves But Delhi Remains World's Worst Polluted City**

<https://healthpolicy-watch.news/indias-air-quality-index-improves-but-delhi-remains-worlds-worst-polluted-city/>

**“The eighth AQLI report released on Thursday, establishes a global warming link to air pollution – surprisingly in the United States and Canada. However, the global air pollution hotspot remains in South Asia.”**

## **HPW – Zambia Launches Solar Clinic Project as Part of Ambitious Gavi Initiative**

<https://healthpolicy-watch.news/zambia-launches-ambitious-solar-clinic-project/>

**“Zambia has become the first country to inaugurate a solar clinic as part of Gavi's \$28 million [Health Facility Solar Electrification \(HFSE\)](#) programme, which aims to power 1,277 clinics across four countries by June 2026.”**

**“... The initiative prioritises health facilities that provide maternity services and serve remote communities. It aims to ensure the safe storage of vaccines and medicines, enable the use of critical diagnostic and medical equipment, improve working conditions for health professionals and strengthen resilience and equity in primary health care services. Several vaccines – including some of those to combat COVID-19 – need to be refrigerated, which is a challenge for many rural clinics that don't have reliable electricity. The HFSE initiative will deploy solar photovoltaic systems and cold chain equipment to health facilities in Ethiopia, Pakistan and Uganda, as well as Zambia.**

**The initiative will also improve the climate resilience of health facilities, reducing reliance on coal- and hydro-electric power, and reduce carbon emissions. By the end of the rollout in June 2026, an estimated 25 million people will benefit from an increased range of services such as expanded access to immunisation services and availability of clean water.”**

- See also the [GAVI press release – Gavi expands US\\$ 28 million Health Facility Solarisation Project with inauguration of first facility in Zambia](#)

**“Zambia is the first of four Health Facility Electrification (HFSE) implementors – alongside Pakistan, Ethiopia, and Uganda – to inaugurate a solarised facility. ....Backed by Gavi funding, this initiative is designed to enhance the functionality of vaccine supply chains, power essential medical equipment, support staff housing and improve maternal and primary health services.”**

## **Plos Climate (Opinion) - Health: The missing metric in climate ambition: The case for health-inclusive NDCs – ambitious climate action to save lives**

Fabio Cresto Aleina, Jessica Beagley;

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000694>

**“.... many Nationally Determined Contributions (countries’ plans to deliver the goals of the Paris Agreement, NDCs) still consider health merely a co-benefit rather than a fundamental driver of climate ambition. This year, as countries prepare their third-generation NDCs outlining their planned climate actions until 2035 (“NDC3.0”), there is a unique opportunity for integrating health into NDCs. It is a scientific, economic, and political imperative, and a practical strategy to protect populations, mobilize public support, and ensure sustainable and equitable climate action. As of July 2025, 27 countries, responsible for 21% of global emissions, had submitted an updated NDC. Here, we discuss examples of good practice for embedding health considerations in NDCs, for consideration by policymakers and other stakeholders engaging in NDC development in the coming months.....”**

## **WHO and AECF convene regional workshop to pioneer climate-resilient health financing solutions**

[Africa rallies new financing models to shield communities from climate-driven health crises](#)

**“At a two-day regional workshop in Nairobi, convened by the World Health Organization (WHO) Regional Office for Africa and the Africa Enterprise Challenge Fund (AECF), participants co-developed a proposal to mobilize innovative financing for climate-resilient health systems.....”**

## **Decolonize Global Health**

### **Medical Humanities (Commentary) – Expertise in global health and global health ethics**

Sridhar Vankatapuram; <https://mh.bmj.com/content/early/2025/08/25/medhum-2025-013482>

**“This commentary discusses how professionalisation and expertise is both a positive, constructive project as well as an exclusionary one. The discussion suggests that global health, rather than being a new sub-field of science catalysed by new discoveries, is better understood as being part of the economic and scientific expansionism of the few richest G7 countries. It is argued that global health expertise, aside from scientific expertise, also involves expertise in being a driver of the expansionism. It also points to ethical expansionism and signs of epistemic domination of global health ethics by scholars from 2-3 countries. The collection of contributions in this first Black and Brown in Bioethics topic collection is described as being an effort to resist the exclusionary and expansionist aspects of global health expertise, while also exhorting to do better at saving lives with better ethics.”**

## **Miscellaneous**

### **Health Promotion International - 40 years of the Ottawa Charter for Health Promotion—Reaffirming Health for All**

S L Thomas, I Kickbusch et al;

<https://academic.oup.com/heapro/article/40/4/daaf143/8238707?login=false>



**“On the 21st November 1986, the first International Conference on Health Promotion in Ottawa, Canada presented a Charter that would change the way we think about and act on health.**

**The *Ottawa Charter for Health Promotion* ([World Health Organization 1986](#)) reframed our approach to health and wellbeing, including how we understood, approached, and advocated for ‘Health for All’. The key prerequisites, actions, and commitments that were enshrined in the Charter challenged the dominant medicalized and curative focus of health, positioning health as a positive resource for everyday life. The Charter recognized that health is shaped by a complex web of interconnected determinants....”**

**“...The Charter’s vision—that health is for everyone, and that health must be integrated into as many policy arenas as possible—continues to drive health promotion advocacy efforts at all levels across the globe. This includes an emphasis on human rights, social justice, equity, and inclusive collective action, as well as the central role of ‘Health in All Policies’ .... health promotion is one of the pillars in the World Health Organization’s (WHO) Fourteenth General Programme of Work (2025 - 2028) adopted by member states, and there are also new areas of focus that were unforeseen at the time of the Ottawa Conference....” “ ... Action on the commercial determinants of health, the digital determinants of health, critical health literacy, infodemics (including the rapid spread of mis- and disinformation), and planetary health has become central to health promotion efforts at a time when a range of powerful vested interests pose substantial threats to the health of communities and our planet....” “ ... Armed conflicts, the climate crisis, food insecurity, and widening economic inequalities highlight that the Charter’s priorities for health, such as peace, shelter, education, and social justice, are just as vital now as they were 40 years ago...”**

**“... To celebrate the 40th anniversaries of both the Charter and the journal, *Health Promotion International* will curate a special collection featuring 40 editorials, case studies, and interviews, which will critically reflect on the Charter’s legacy while exploring the new pathways for health promotion in today’s world. The ‘Ottawa Charter at 40’ series will feature perspectives from leaders in academia, policy, advocacy, and those working to implement health promotion programmes at the local level. Importantly, we are committed to engaging the next generation of health promotion leaders and practitioners, whose insights will help shape our responses to complex contemporary health challenges. We invite our readers to contribute to this dialogue by responding through commentaries to published editorials, and by joining the global conversations on social media sites using the hashtag #Ottawa40....”**

**Stat – The most burdensome diseases globally are the least studied, but the gap is narrowing**

[Stat](#) ;

**“Authors of a new study warn that U.S. funding cuts imperil these gains.” « For decades, medical researchers have raised concerns that most of their time and funding are devoted to studying diseases that afflict a minority of the global population. A new study reports that this gap has narrowed over the past two decades, but warns that U.S. funding cuts to international aid and changing policies governing international research collaborations funded by the National Institutes of Health could jeopardize those gains. Researchers analyzed 8.6 million papers published between 1999 and 2021, finding that if the U.S. reduces its funding over the next twenty years, it could undo half the progress made over the last twenty ...”**

- See [Nature Medicine - Global distribution of research efforts, disease burden, and impact of US public funding withdrawal](#)

“We find that since 1999, research and disease burden have seemingly become much more aligned; however, this is mainly because of regional declines in communicable disease burden, whereas the noncommunicable disease burden has increased and globalized. Meanwhile, research effort has not changed to match changes in disease burden. **Our simulations suggest that without intentional alignment, the research–disease divergence will probably widen by a third over the next two decades, and be substantially accelerated by the reduction of US public funding for international research...**”

## Progressive International - Reorganizing Production to Serve Life, Not Profit

Interview with J Hickel; <https://progressive.international/wire/2025-08-22-reorganizing-production-to-serve-life-not-profit/en>

“Jason Hickel advocates for Global South development through economic sovereignty and eco-socialism, rejecting extractive capitalism to address climate and inequality crises.”

“At the 2025 GRIP Lecture, Jason Hickel critiqued mainstream development models, arguing that **Global South sovereignty requires breaking from extractive capitalism through eco-socialist transitions**. In this follow-up discussion, he emphasises **the capitalist law of value as the root of ecological and social crises, advocating for democratized finance and public control over production.**”

Quote from the interview: “.... **this really is a bifurcation moment, isn't it?** As Immanuel Wallerstein used to say, **world-systems eventually reach points where their trajectories split. Either we find a way forward through transformation, or we spiral into fragmentation, repression, and ecological collapse.** "If we want real democracy, we need to extend it to the economy. That means overcoming the capitalist law of value and redirecting production toward social and ecological needs." Exactly. That's what makes this moment so serious. Even if the far right isn't fully aware of what it's preparing for, the logic of global decline is pushing us in that direction. **As the imperial core loses access to cheap labour and resources, the ruling class will respond by turning inward — crushing domestic labour and militarizing society.** We're already seeing this happen, and **if the Left doesn't offer an alternative — a post-capitalist vision rooted in justice, democracy, and ecological stability — then capital will manage the transition through violence and repression.** But we do have a chance. ....”

## Global health governance & Governance of Health

### Global Fund - Global Fund Warmly Welcomes Australia's Pledge to the Eighth Replenishment

<https://www.theglobalfund.org/en/news/2025/2025-08-27-global-fund-warmly-welcomes-australia-pledge-to-the-eighth-replenishment/>

“The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) warmly welcomes **Australia’s early pledge of AUD 266 million to the Eighth Replenishment**, reinforcing Australia’s commitment to ending the three epidemics as public health threats and strengthening global health security. .... With this contribution, **Australia becomes the sixth donor to announce an early pledge to the Global Fund’s Eighth Replenishment, joining Norway, Spain, Luxembourg, the Children’s Investment Fund Foundation, and Takeda...**”

## Devex Pro – Due South-South

### [Devex Pro](#)

Via a Devex newsletter: “**The global donor map is shifting.** With the U.S. pulling back and Europe prioritizing defense over ODA, **eyes are on China and the Persian Gulf States to fill the gaps left by USAID and other traditional donors.** But these new players aren’t handing out blank checks — they’re cautious, commercial, and focused on blended finance.”

“China hasn’t published comprehensive aid data since 2018, but a 2024 Ministry of Commerce report still showed **\$2.85 billion in foreign aid.** The **bigger story: \$6.1 billion in new sovereign loans last year and \$121.8 billion for projects under the Belt and Road initiative across 149 countries.** ...”

“**The Persian Gulf States** are pursuing their own model — **massive investment paired with what’s been dubbed bailout diplomacy.** Saudi Arabia gave \$5.2 billion in ODA in 2023, and the United Arab Emirates granted \$1.7 billion in 2024. Together, **the Gulf States have invested more than \$100 billion in Africa,** with Sudan a flashpoint for both aid and geopolitical maneuvering. **Bailouts — fast cash, fuel, or concessional loans — stabilize governments without IMF-style reforms but often serve strategic ends.** “With bailout aid, there is a clear correlation with geopolitical interests,” says Hasan Alhasan of [International Institute for Strategic Studies](#). **And Gulf leaders now admit the no-strings era is over.**”

“**Brazil and India** are also stretching beyond their regions. Brazilian President Luiz Inácio Lula da Silva has reopened African embassies and **pledged \$1.8 billion in investment,** while India has extended **\$48 billion in aid** since 2000, **a third of it to Africa,** often linked to agriculture and health.”

“Unlike Western donors, **emerging players often channel funds through governments, not NGOs.** As [George Mason University](#)’s Agnieszka Paczyńska explains, **their model of localization** is really about “**strengthening state capacity.**” For Africa, that means adapting fast. As Simons puts it, **countries must “build our own complexes” with these donors —** and avoid repeating some of the entrenched dynamics of their relationships with Western countries....”

## NYT - Gates Foundation Quietly Cuts Ties With Firm Linked to Democrats

### [NYT](#);

“**Officials made no mention of politics in cutting ties with a network of nonprofit funds, but Bill Gates has made other moves to insulate the charity from political pressures.**”

“... In recent months, Bill Gates has grown [preoccupied](#) with protecting the charity that he founded and has led for nearly three decades, particularly at a time when Mr. Trump has threatened individual philanthropists with ties to Democratic politics and the tax-exempt status of specific

**nonprofits.** Mr. Gates has made a series of other moves, including de-emphasizing the type of diversity and inclusion initiatives that Mr. Trump abhors, to insulate his charity from political pressure....”

“... The foundation said in a statement that **its move to cut ties with Arabella** was “a business decision that reflects our regular strategic assessments of partnerships and operating models.” **It is true that the Gates Foundation has gradually been pulling back from intermediaries**, according to a person close to the foundation. **Firms like Arabella have historically been key for the \$77 billion foundation to direct large scale gifts to nonprofits. But the Gates Foundation has been changing some tactics.** ... **But it is also true that Arabella, one of the nation’s most prominent philanthropic consulting firms, is seen as a power center on the left.** Arabella, which had 425 employees as of 2023, according to an internal [study](#) issued that year, **helps manage several nonprofit funds, which in turn act as something called a “fiscal sponsor” — supporting the back-office operations such as payroll for nonpolitical nonprofits active in fields like global health, gender equality and education.**”

“... **Much of Arabella’s work happens through a fund it administers called the New Venture Fund, which acts as a fiscal sponsor for 170 nonprofit projects.** Mr. Gates’s philanthropic foundation has supported the New Venture Fund as far back as January 2008, according to foundation records, and was among its largest early backers...”

PS: **“Republicans have increasingly targeted Arabella and sought to cast it in a similar light to how Democrats have spoken of complex, interwoven donor groups such as those in the Koch network.** White House officials have [been briefed](#) on Arabella’s recent political activity, and Elon Musk, Mr. Trump’s top donor, has publicly called for investigations into Arabella entities.....”

## Devex Pro - UN80 and the incredibly shrinking United Nations

<https://www.devex.com/news/un80-and-the-incredibly-shrinking-united-nations-110714>

(gated) **“Reform initiative draws fire from staff and U.N. experts.”**

**“.....U.N. staff, experts, and many member states remain unconvinced. To them, UN80 looks less like smart reform and more like a scramble to appease Washington — with no guarantee the U.S. will stick around to reward it.”**

## Global Policy Forum (Briefing) - UN-packing UN80

<https://www.globalpolicyforum.net/blog/2025/08/25/un-packing-un80/>

“Secretary-General Antonio Guterres launched “UN80” on 11 March 2025 and Under Secretary-General Guy Ryder has recently emphasized how UN80 is “the United Nations and the Secretary-General **responding to the totality of our circumstances – our political circumstances, our financial circumstances**, but also **circumstances in which the effectiveness of multilateralism is up for scrutiny**... the idea is to bring the United Nations out of this process in these rather turbulent times, in better shape”. **This briefing delves into the components of the UN80 initiative**, with Member State and UN staff perspectives on the process and explores the context and pressures of long-running funding issues at the UN.”

## Frontiers in Public Health – A Decade of China's Health Silk Road: Policy Review for Global Health Governance and SDG Partnerships

C Wang et al ; <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1676960/abstract>

(only abstract so far) “... **The tenth anniversary of China's Health Silk Road (HSR)** offers a timely opportunity to review its contributions and challenges in advancing global health governance and international public health cooperation. As an important health-related global public goods (GPGs), the HSR has sought to promote equitable access to health resources, reduce disparities among partner countries, and strengthen international collaboration in line with the UN Sustainable Development Goals (SDGs). **This policy and practice review critically analyzes the governance structure, policy mechanisms, and implementation experiences of the HSR, drawing on policy documents, international organization reports, and comparative case analysis.** The review **identifies key challenges**, including regulatory fragmentation, inconsistent recognition of medical qualifications, and varying standards for health practices across diverse cultural and political contexts. It highlights the need for more transparent, inclusive, and rule-based governance frameworks that foster mutual trust and integration of non-state actors.”

## Global health financing

### Devex - Who are the largest INGOs in the US — and where do they get funding?

<https://www.devex.com/news/who-are-the-largest-ingos-in-the-us-and-where-do-they-get-funding-110651>

Summarizing some messages from a new Devex report. “**The 50 largest U.S. INGOs reported a combined income of \$27.5 billion in their latest filings — highlighting their growing influence in the global development sphere. ... The most recent tax filings predate the impact of U.S. aid cuts, however Devex also studied the likely impact of the cuts on the top 50 organizations.....**”

## UHC & PHC

### BMJ GH - The socioeconomic and health system determinants of financial protection indicators: a global systematic review (2008–2023)

<https://gh.bmj.com/content/10/8/e017859>

By B Guo, K A Grepin et al.

### Journal of Global Health (Viewpoint) - What opportunities exist for the governance of private sector engagement in mixed health systems in the African Region?

Michelle Amri, J Juliet Nabyonga-Orem et al; <https://jogh.org/2025/jogh-15-03038>

“Given the significant role of private actors in health across the African Region, there is a need to interrogate how private sector engagement (PSE) is governed. **We identify three key opportunities for strengthening the governance of PSE in mixed health systems in the African Region. ....**”

## Development Asia - Shared Lessons, Shared Solutions: Achieving and Sustaining Universal Health Coverage

[https://development.asia/insight/shared-lessons-shared-solutions-achieving-and-sustaining-universal-health-coverage?auHash=RXB9jncor2g\\_49vzAfsrdY0aal9K1les-4-vTdjP02Y](https://development.asia/insight/shared-lessons-shared-solutions-achieving-and-sustaining-universal-health-coverage?auHash=RXB9jncor2g_49vzAfsrdY0aal9K1les-4-vTdjP02Y)

(see also a previous IHP newsletter) “.... the Asian Development Bank (ADB) launched the **Universal Health Coverage Practitioners and Experts Knowledge Exchange and Resources (UHC PEERS)**, a regional peer-to-peer network to foster collaboration, co-create knowledge, and drive collective progress toward inclusive, resilient health systems.....”

## Pandemic preparedness & response/ Global Health Security

### Plos GPH - Learning from failure: Simulating pandemic agreement negotiations in a global health classroom

Julia Smith et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003661>

“Serious games, including simulations, are increasingly used in university teaching, including in medical and humanitarian fields, as well as in political science and international relations. There is less evidence of application in global health pedagogy. **This article reports and reflects on the use of a simulation of global pandemic treaty negotiations in a Master of Public Health class on Global Health and International Affairs....**”

## Planetary health

### Carbon Brief - Guest post: China and India account for 87% of new coal-power capacity so far in 2025

<https://www.carbonbrief.org/guest-post-china-and-india-account-for-87-of-new-coal-power-capacity-so-far-in-2025/>

“China and India accounted for 87% of the new coal-power capacity put into operation in the first half of 2025, whereas other regions continued to move away from coal.”

“These developments, highlighting a **growing global divide between many countries phasing out coal power and a handful continuing to expand new capacity**, are revealed in [Global Energy Monitor](#)’s latest [Global Coal Plant Tracker](#) results and reported here for the first time....”

## **Carbon Brief - Scientists are 'most trusted' source of climate information in global-south survey**

<https://www.carbonbrief.org/scientists-are-most-trusted-source-of-climate-information-in-global-south-survey/>

**“Scientists are the most trusted source of information for climate change in some of the largest global-south countries, ranking above newspapers, friends and social media.** This is according to a survey of 8,400 people across Chile, Colombia, India, Kenya, Nigeria, South Africa and Vietnam, the results of which have been published in [Nature Climate Change](#).”

“The study finds that **trusting and paying attention to climate scientists** was associated with increased climate knowledge, roughly twice the effect size associated with a college degree. ... “

**“When asked to rank how important climate change is for their country, participants rated the issue as high, with the average score for each country above 4.4. However, when asked to rank the importance of climate change compared to other key social issues, respondents – on average – ranked taking action on climate change ninth out of 13, after improving healthcare, decreasing corruption and increasing employment....”**

“Another expert not involved in the study says **the results highlight a “crucial tension” between “strong” public concern about climate change and the perception that other social issues should take priority when allocating “scarce” public resources.....”**

## **Science - Increasing global human exposure to wildland fires despite declining burned area**

<https://www.science.org/doi/10.1126/science.adu6408>

**“Wildfires are increasingly destructive to people and property globally as a result of both increased fire activity and human development at the urban-wildland interface. Seydi et al. quantified the number of people exposed to fires (i.e., those living within areas that have burned) at the global scale between 2002 and 2021. Over that period, fire exposure increased by 40% even as burned area declined globally. Almost all of the increase in exposure was in Africa, which accounted for more than 85% of all people directly exposed to wildland fires over the study period. “**

“... We show that the population directly exposed to wildland fires increased 40% globally from 2002 to 2021 despite a 26% decline in burned area. Increased exposure was mainly driven by enhanced colocation of wildland fires and human settlements, doubling the exposure per unit burned area. We show that population dynamics accounted for 25% of the 440 million human exposures to wildland fires. **Although wildfire disasters in North America, Europe, and Oceania have garnered the most attention, 85% of global exposures occurred in Africa. ....”**

## **FT - Green Climate Fund chief Mafalda Duarte: 'We need a different scale of investments'**

<https://www.ft.com/content/f709d0d6-a540-471f-8c18-4e3366089152>



(gated) **“The head of the world’s largest climate fund on the economic consequences of extreme weather — and getting the private sector on board.”**

**“Duarte is the head of the Green Climate Fund, the \$21bn investment vehicle of the Paris agreement, the landmark global accord signed almost a decade ago to tackle climate change. As the world’s largest multilateral climate fund, the GCF is tasked with driving green investments to developing countries....”**

**“...The fund is financed mostly by wealthy nations, and the UK is “the largest contributor”, she says, having pledged almost \$5.1bn. What she doesn’t say is that, had last year’s American election turned out differently, the US could be the GCF’s biggest donor. Under Barack Obama and Joe Biden, the US pledged \$6bn to the fund, of which \$2bn has already been provided. The GCF was one of the earliest victims of President Donald Trump’s sweeping attack on climate action following his re-election. He rescinded the outstanding \$4bn, the first time any country had done so, pulled the US out of the Paris agreement for the second time, ripped up legislation aimed at greening the economy and took an axe to USAID, the development agency, which had been involved in climate projects globally. ....”**

**“...While developed countries agreed to take the lead in providing at least \$300bn a year to developing countries by 2035, economists say \$1.3tn a year is needed in international climate finance. A plan to reach the higher number is due to be put forward at COP30 in Brazil later this year. “This is an opportunity to restore some trust,” says Duarte. The GCF has both developed and developing countries on its board....”**

PS: **“...If greenhouse gases continue to rise, there will be more and more climate disasters — and subsequent GDP hits, she adds. “There’s no way that governments will be able to respond effectively.” The International Chamber of Commerce estimates that extreme weather events have cost the global economy around \$2tn over the past decade. For many countries, more climate disasters will mean big trade-offs. “What are we not going to invest in because we are responding to disasters?” ....”**

**“...The US was in attendance at the recent GCF board meeting, which was “very successful”, she adds. The board approved record investments of more than \$1.2bn across 17 projects, including an early warning system in the Maldives and several agricultural initiatives. The fund now has a portfolio of 314 projects amounting to \$18bn in GCF investments, or \$67bn including cofinancing. She has set a target that the GCF should manage \$50bn by 2030. Countries have already promised almost \$30bn, paying in \$21bn so far with most of the rest due by 2027. But with the US pulling back, Duarte has called on more countries across the world to contribute to the GCF. The fund is also weighing up possible new contributors, such as philanthropy, or whether to go to capital markets. No country other than the US has pulled money, but Duarte admits that future so-called replenishment cycles, where countries pledge money, could be tricky. The aid cuts are bad ‘on many fronts’, she says, arguing they are “not aligned with the climate goals” or efforts to “promote development and prosperity”. At the same time, the devastation of climate change is becoming clearer .... She is also focusing on how to better “mobilise the private sector”, looking at using GCF money to de-risk investments in developing countries, where issues such as foreign exchange or political uncertainty can leave investors nervous. Most of the money for climate investments will have to come from the private sector, she says....”**

**Center for Economic and social rights - New guide: Decoding Climate Finance**

<https://www.cesr.org/decoding-climate-finance/>

“**Decoding Climate Finance** is part of our **Decoding Injustice** series, which equips activists, researchers, and advocates with the tools to unpack complex systems of economic oppression and demand change. **Co-produced by CESR and La Ruta del Clima**, this resource is structured around **three steps: Interrogate**: Dig into the systems, structures, and power relations that shape global climate finance, and who they benefit. **Illuminate**: Use data, storytelling, and community knowledge to expose the injustices embedded within climate finance decisions. **Inspire**: Propose bold alternatives that put human rights, justice, reparations, and inclusive development at the center of climate finance.” Well worth delving into.

## Guardian - Humans inhale as much as 68,000 microplastic particles daily, study finds

<https://www.theguardian.com/environment/2025/aug/28/microplastics-in-hair-study>

“**Particles are small enough to burrow into lungs, says report**, with health impacts ‘more substantial than we realize’.” Based on a **Plos One** study.

“**The concentrations in indoor air are far higher than outdoor air**, which the study’s authors say is worrying because humans spend about 90% of the day indoors...”

## Covid

### Development Today - National self-interest drove Denmark’s Covid-19 vaccine diplomacy, study shows

<https://www.development-today.com/archive/2025/dt-6--2025/national-self-interest-drove-danish-covid-19-vaccine-diplomacy-study-shows>

“**Danish vaccine diplomacy during the Covid-19 pandemic was driven largely by foreign policy self-interest and migration concerns, a new study shows.** In contrast, **Norway and Sweden** pursued a more balanced line.”

### Cidrap News – Years lived with disability may signal long-COVID risk, global researchers say

<https://www.cidrap.umn.edu/covid-19/years-lived-disability-may-signal-long-covid-risk-global-researchers-say>

“**Years lived with disability (YLDs) may be an early indicator of long-COVID risk, especially in low-resource communities where persistent symptoms are underreported**, per data collected from the height of the pandemic.”

“For the global **analysis**, published in **Med Research**, an international group of researchers used the Global Burden of Disease (GBD) 2021 framework to further analyze 2020-21 data that they **published** in 2024 on long-COVID’s direct burden. This study looked at YLDs in 920 locations as a potential signal of future higher risk of long-COVID in 2022 and 2023. The team also assessed patterns of inequality to identify vulnerable groups....

# Mpox

## Telegraph – Kenya to launch mpox vaccination drive as cases rise

[Telegraph](#);

“The east African country has now reported 370 cases of the virus in total, with 157 of those coming in the last six weeks.” **“Kenya will begin a mass vaccination campaign next week to contain an accelerating outbreak of mpox, the Africa Centre for Disease Control has said.** The vaccination programme will initially target high-risk groups including frontline health workers and people with compromised immune systems in Mombasa, Busia and Nakuru counties....”

**“Clade 1b mpox** – a new variant of the disease that first emerged in the Democratic Republic of Congo – has been circulating in Kenya since July last year but the outbreak has worsened in recent weeks.....”

## Infectious diseases & NTDs

### Lancet Infectious Diseases (Perspective) - A transformation in cholera surveillance

Amanda K Debes et al ; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00408-6/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00408-6/abstract)

**“The integration of rapid diagnostic tests (RDTs) into cholera surveillance marks a pivotal shift in global cholera control strategies.** In 2024, Gavi, the Vaccine Alliance initiated the shipment of cholera RDTs to cholera-endemic countries via Gavi diagnostic support, aligning with the publication of the **Global Task Force for Cholera Control (GTFCC) surveillance for cholera guidance.** The GTFCC guidance recommends systematically testing suspected cases of cholera with RDTs. Implementing these tests at scale requires substantial changes to health systems spanning logistics, operations, and finance, such as supply chain adaptations, training key personnel, and integrating RDTs into national surveillance systems. Competing health priorities and declining global health funding further complicate implementation efforts. Additionally, although RDTs are valued for their speed and accessibility, concerns about their diagnostic accuracy remain. This is despite GTFCC guidance—based on prospective studies and systematic reviews—confirming that their performance is sufficient to support expanded use for early outbreak detection and monitoring. **This Personal View argues that RDT-driven surveillance can close long-standing data gaps, refine burden estimates, and improve targeted interventions, such as vaccines, through early outbreak detection and rapid response.** Despite complex factors that must be accounted for during implementation, with sustained support from Gavi and the GTFCC, the roll-out of RDTs for cholera is a major step towards achieving the 2030 cholera elimination goals.”

### Nature Africa (News) – How Botswana eliminated paediatric HIV

<https://www.nature.com/articles/d44148-025-00262-7>

**“Political will, free maternity care and digital health tools** helped Botswana achieve high standards for ending mother-to-child transmission.”

## **Burkina Faso says no to Bill Gates’ plan of creating modified species of mosquitoes**

[Business Insider](#);

**“Burkina Faso's military government under Ibrahim Traoré has ordered the immediate halt of an initiative backed by US billionaire Bill Gates to employ genetically modified insects to cure malaria and other mosquito-borne ailments.”**

## **AMR**

### **Antimicrobial resistance, equity and justice in low- and middle-income countries: an intersectional critical interpretive synthesis**

K Davis et al ;

[https://research.lstmed.ac.uk/ws/portalfiles/portal/26189392/Davis\\_et\\_al\\_2025\\_Draft\\_Manuscript.pdf](https://research.lstmed.ac.uk/ws/portalfiles/portal/26189392/Davis_et_al_2025_Draft_Manuscript.pdf)

[Via the Liverpool school of Tropical Medicine](#) : “We report the results of a critical interpretive synthesis of the social and structural drivers of AMR in Low- and Middle Income Countries and present a conceptual framework of these drivers, linking to the Sustainable Development Goals (SDGs). We emphasise the limitations of a biomedical dominance in AMR research, highlighting the value in wider bodies of evidence for understanding the drivers of AMR to support equity and justice. We argue AMR interventions need action across the SDGs to target the root causes and address significant gaps in evidence.....”

### **Lancet’s eClinical Medicine -The prevalence and risk of mortality associated with antimicrobial resistance within nosocomial settings—a global systematic review and meta-analysis of over 20,000 patients**

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(25\)00316-5/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00316-5/fulltext)

**“Bacterial antimicrobial resistance (AMR) is a leading cause of death globally. However, there has been no data synthesis on whether it influences mortality within hospital settings. We conducted a systematic review and meta-analysis to quantify the prevalence and risk of mortality associated in hospitalised patients with AMR, compared to patients with infections not classified as AMR....”**

## NCDs

### NPR Goats & Soda - Why lung cancer is a 'hidden epidemic' in this part of the world

<https://www.npr.org/sections/goats-and-soda/2025/08/12/g-s1-77203/lung-cancer-africa>

“... It's the deadliest cancer [in the world](#), killing 1.8 million people each year — more than any other cancer. But the official statistics suggest that isn't the case in sub-Saharan Africa. In fact, [based on mortality rates](#), it seems that lung cancer is only a problem in South Africa — the [richest country](#) in the region — and, in particular, the [Western Cape](#) — the province with the [most efficient](#) and [well-resourced](#) health care system. **But experts say these statistics hide the real story: how lung cancer is being grossly undercounted across sub-Saharan Africa....**”

“.... Okonta thinks sub-Saharan Africa is in a catch-22 on lung cancer, where systemic undercounting leads to limited data and limited data allows governments to ignore this disease and the need for better record-keeping. "There is no intentional activity by any government at any level. There is no lung cancer registry, there is no lung cancer group, there is no lung research grant, there is no lung cancer unit, even in the hospitals," says Okonta. "They think it's not a problem." **The other side of the problem is timely diagnosis. ...**”

### International Journal of Integrated care - Hypertension Cascade Across Three Healthcare Systems and in Relation to the Level of Implementation of the Integrated Care Package

<https://ijic.org/articles/10.5334/ijic.8921>

By Veerle Buffel et al.

### Plos Med – Cardiovascular-kidney-metabolic syndrome: A new frontier or simple rebranding?

Jennifer Manne-Goehler et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004723>

**“Cardiovascular-kidney-metabolic (CKM) syndrome is an emerging framework proposed by the American Heart Association for management of patients with cardio-metabolic multimorbidity. This novel framework offers several improvements over existing paradigms; however, it remains unclear whether it represents a new frontier, or a simple rebranding of known clinical principles.”**

And a link:

- Lancet GH - [The potential of kidney transplantation to reduce mortality from chronic kidney disease: a global, cross-sectional, modelling study](#)

## Social & commercial determinants of health

**Globalization & Health - Corporate political activity of the food industry in the development of food policies in Latin America and the Caribbean: a narrative review of the current literature**

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01136-1>

By Vania Lara-Mejía et al.

**IJHPM - A Call for Broadening the Analysis of Corporate Political Activities: Insights From Social Media as a Commercial Determinant of Health; Comment on “Corporate Political Activity: Taxonomies and Model of Corporate Influence on Public Policy”**

[https://www.ijhpm.com/article\\_4787.html](https://www.ijhpm.com/article_4787.html)

By T Leao et al.

## Sexual & Reproductive health rights

**Economic Times - Lancet study draws attention to rising C-section deliveries, calls for regulation in private healthcare**

[Economic Times;](#)

**“Seeing a rise in caesarean deliveries in India -- from 8.5 per cent in 2005 to 21.5 per cent in 2021 -- which is well above WHO-recommended levels, researchers are calling for policy measures, including more regulation in private healthcare, in an analysis published in The Lancet Regional Health Southeast Asia journal...”**

## Neonatal and child health

**WHO Bulletin - Water quality and child undernutrition: evidence from 29 low and middle-income countries**

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292682.pdf?sfvrsn=bed9ce08\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292682.pdf?sfvrsn=bed9ce08_3)

By Dung Duc Le et al.

**WHO Bulletin - nequalities in diarrhoea, pneumonia and measles deaths, estimates for 21 sub-Saharan African countries**

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292198.pdf?sfvrsn=32b984c3\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292198.pdf?sfvrsn=32b984c3_3)

By Stéphane Vergue et al.

## **Access to medicines & health technology**

**WHO Bulletin – Parkinson disease treatments on national essential medicines lists, African Region**

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293460.pdf?sfvrsn=41c216c1\\_5](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293460.pdf?sfvrsn=41c216c1_5)

By Natasha Fothergill-Misbah et al.

**JAMA Open - Global Inequities in Diabetes Technology and Insulin Access and Glycemic Outcomes**

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2838077?guestAccessKey=9bda7330-ba4c-453c-80a8-a74589e18b47>

by A Santova et al.

**Global Public Health - The long last mile of access to essential medicines: A qualitative study on access barriers to HIV pre-exposure prophylaxis in Kenya and Ireland**

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2547849?src=>

By Fernandos Ongolly et al.

**Foreign Policy – The Lost Promise of Lenacapavir**

Angela Rasmussen; <https://foreignpolicy.com/2025/08/25/lenacapavir-hiv-aids-prep-doge-pepfar/>

“The Trump administration is throwing away a chance to end HIV worldwide.” “It is both ironic and deeply tragic that **the United States is deliberately abdicating its leadership in the fight against the**



HIV pandemic at the same time that a game-changing drug such as lenacapavir emerges on the market.”

### Reuters – Botswana declares public health emergency as clinics run out of medicine

<https://www.reuters.com/business/healthcare-pharmaceuticals/botswana-declares-public-health-emergency-clinics-run-out-medicine-2025-08-25/>

“ Botswana's President Duma Boko declared a public health emergency on Monday, saying the national medical supply chain had failed, leaving hospitals and clinics short of medicine and other vital stock. Boko said the military would oversee an emergency distribution drive, and the first trucks would leave the capital Gaborone and head to remote areas by the evening... .."The medical supply chain as run by central medical stores has failed," Boko said in a televised address. "This failure has led to a severe disruption to health supplies countrywide." **The finance ministry had approved 250 million pula (\$17.35 million) in emergency funding for procurement,** he added.”

“Botswana's budget has been constrained this year due to a prolonged downturn in the global diamond market - it is the world's leading producer of diamonds by value. **The administration of U.S. President Donald Trump has also cut funding that was supporting Botswana's health sector.** A spokesperson for Botswana's government did not immediately respond to questions about whether that had contributed to the crisis....”

### NYT – Where Your Medicines Are Made

<https://www.nytimes.com/2025/08/23/health/prescription-drugs-manufacturing-tariffs.html>

(with focus on the US) “President Trump’s planned pharmaceutical tariffs threaten to hit many of the most common and well-known drugs that Americans take.”

“A key geographic divide lies in how old medicines are, [the data](#) shows. Newer, more expensive patent-protected drugs, like those for cancer and obesity, tend to have their active ingredients made in Europe or the United States. India and China focus on lower-cost generics, such as statins and antibiotics, which account for a vast majority of prescriptions. Drugs given as injections are more likely to be formulated in the United States, while India makes most of Americans’ pills, according to [the data](#).....”

## Human resources for health

Human Resources for Health - Self-sufficiency in the healthcare workforce: a system dynamics model of the domestic and foreign educated nursing and midwifery workforce in Ireland

Terence Hynes et al; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-025-01004-4>

“World Health Organization (WHO) projections point to an increasing global demand for nurses and midwives, leading to shortages in many countries, particularly in less developed regions. **Ireland, the context for this study, currently relies heavily on foreign educated nurses and midwives to meet its demand, with Government policy moving towards a domestic recruitment model. This paper estimates the recruitment requirement and associated nursing and midwifery student intake over time under different reform scenarios. It also highlights policy considerations for countries, like Ireland, aiming to comply with the WHO Code of Conduct on the International Recruitment of Health Personnel.....**”

**BMC Global and Public Health - Developing a Tripartite (Food and Agriculture Organization of the United Nations; World Health Organization; and World Organisation for Animal Health) tool to strengthen the workforce for effective management of zoonotic diseases**

<https://bmcbglobalpublichealth.biomedcentral.com/articles/10.1186/s44263-025-00194-2>

By Ong-orn Prasarnphanich et al.

## **Decolonize Global Health**

**HP&P – How to (or how not to)...Enhance equity in the conduct of Global Health Research: Dimensions and directions for organizations**

D Nambiar, K Buse et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf054/8240105?searchresult=1>

« ... While macro-level structural change may occur slowly, in line with the pace of societal change, meso-level change within organizations is possible. Research organizations and networks are well positioned to integrate equity and influence broader change. Importantly, the meso-level offers a space to challenge Global North–South binaries and foster a shared ethics-of-practice.....”

« We reviewed 255 resources from a live Zotero inventory on equity in global health research, shortlisting 42 and identifying over 135 strategies. These were categorized into domains and organized into **14 action groups, mapped onto a three-stage implementation framework—Preparation, Establishing, and Maintaining—**drawing from the literature. **Our goal was to distill practices applicable across institutions, recognizing that context and resources shape prioritization.....”**

« ... Our findings offer a phase-wise typology of organizational reforms to embed equity in conduct of global health research. Advancing these strategies requires institutional commitment and donor engagement across all resource settings. **Networked organizations and reflexive designs are key to enabling shared learning and equity-aligned transformation. »**

# Migration & Health

## TGH - Africa's Internal Migration Crisis

O N Chabikuli et al ; <https://www.thinkglobalhealth.org/article/africas-internal-migration-crisis>

**"Migrants in several African countries face a new, worrying social discriminatory phenomenon called *medical xenophobia*."**

**"... Migrants in several African countries face a new, worrying social discriminatory phenomenon called *medical xenophobia*, or the **denial of essential health care based on citizenship or legal status**."**

With a number of recommendations.

## Miscellaneous

### Project Syndicate - Recommitting to Human Security in Africa

A Adebajo; <https://www.project-syndicate.org/commentary/africa-must-stay-committed-to-human-security-framework-it-helped-develop-by-adekeye-adebajo-2025-08>

**"A report recently published by the United Nations Development Programme highlights what Africa's scholars and policymakers have long argued: **that human security underpins development**. Faced with complex crises, **today's leaders must re-embrace this innovative framework, which is grounded in African experiences and values**."**

**"Last week, the United Nations Development Programme published its [report](#) *Advancing Human Security for a Resilient and Prosperous Africa* (for which I wrote a background paper). **Human security – as first defined in the UNDP's seminal 1994 *Human Development Report* – is an innovative post-Cold War framework that focuses on individuals, as opposed to nation-states**. It has since led to a greater emphasis on protecting people from hunger, disease, repression, and conflicts that adversely affect health outcomes, aggravate food insecurity, and disrupt access to clean water...."**

**"Though rarely acknowledged, African scholars and practitioners have played a crucial role in promoting human security as a way to improve governance, foster regional integration, and pursue effective development policies. In fact, efforts to develop an African human-security framework predate the UNDP's 1994 report....."** Read how.

**"... As military coups, disregard for presidential term limits, and fraudulent electoral practices erode some of these gains, recommitting to human security has become an urgent priority. It is the only way to put the continent's development back on track...."**

## **Our World in Data - Global inequality is huge — but so is the opportunity for people in high-income countries to support poor people**

[Our World in Data](#);

**“People in high-income countries could dramatically improve lives worldwide with minimal financial commitment, yet few do. Given vast inequality, those of us living in rich countries — even on an average income — find ourselves in an extraordinary position to do good. In this article, we explain the data that shows the scale of this opportunity and explore how those in rich countries might seize it.”**

## **Nate Miller - AI Tools Are Amazing, but We Still Need Roads, Internet, and Trained Health Workers**

<https://nate-miller.beehiiv.com/p/the-ai-global-health-brief-61df7b34fe62a06c>

1st AI & Global Health brief.

## **Guardian – Attempt to partner African countries with Japanese cities triggers xenophobic backlash**

<https://www.theguardian.com/world/2025/aug/27/attempt-to-partner-african-countries-with-japanese-cities-triggers-xenophobic-backlash>

**“Cities in Japan have received thousands of complaints amid confusion over scheme that was intended to foster closer ties.”**

**“An attempt to promote friendship between Japan and countries in Africa has transformed into a xenophobic row about migration after inaccurate media reports suggested the scheme would lead to a “flood of immigrants”. The controversy erupted after the Japan International Cooperation Agency, or JICA, said this month it had designated four Japanese cities as “Africa hometowns” for partner countries in Africa: Mozambique, Nigeria, Ghana and Tanzania. The programme, announced at the end of an international conference on African development in Yokohama, will involve personnel exchanges and events to foster closer ties between the four regional Japanese cities – Imabari, Kisarazu, Sanjo and Nagai – and the African nations....”**

## **Papers & reports**

### **Health Research Policy & Systems - Highlighting global inequities in health services quality research: a systematic review and quantitative evidence (2014–2023)**

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01376-y>

By Mihail-Vasile Pruteanu et al.

## Lancet Infectious Diseases - The dignity of Indian female sex workers

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00540-7/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00540-7/abstract)

**Book review.** “ In her book *Risk, Stigma, Agency: Life Histories of Women Involved in Sex Work in Kolkata, India*, Sunny Sinha explores the complex social, cultural, and political dimensions of sex work in India and emphasises the voices and agency of female sex workers through the life stories of three women: Trupti, Geetanjali, and Srishti. At its core, this body of work critiques dominant risk discourses that focus narrowly on health issues like HIV/AIDS but typically ignore the broader social dangers stemming from systemic inequalities and moral judgments that silence women's perspectives....”

## Tweets (via X & Bluesky)

**Andrew Green**

“There is a growing call for countries to take more responsibility for funding their HIV response. **But unless the prices of these new, long-acting injectables come down, there is no way governments will be able to afford them and leverage their potential to prevent new infections.**”