

# IHP news 847 : UNGA80 High-Level week

( 26 September 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,

This week's IHP issue zooms in on the **High-Level Week** of [UNGA80](#) (the 80<sup>th</sup> UN General Assembly) in New York, first of all – with among others the just finished [UN HL meeting on NCDs & mental health](#) (25 Sept) (*with the US again playing an obstructive role*). On Sunday (**International Day of Peace**), UN SG Guterres [said](#) “*our warring world is crying for peace*”, and sadly, he's dead right. As you can imagine, the week is chock-full of news and reports, so we'll try to keep it short in this intro, unlike the rambling commander ( *and lately also [doctor -](#)*) in-chief from a particular country, by now widely considered the [greatest 'holistic' thinker the world has ever seen](#).

Besides **UNGA80 coverage & analysis**, there's also a big '**Global Health Governance & financing**' section, as usual in the past months (*with among others a critical assessment of the **Trump administration's new global health strategy**, the debate on **UNAIDS sunseting**, and increasing advocacy in the run-up to the Global Fund Replenishment in November*). And oh yes, the [2025 Planetary Health check](#) is even more dire than last year.

Anyway, here are just a few **points & tweets** that struck my attention this week, also with a view on the many among us currently busy 'reimagining' the global health architecture, 'resetting' global development while trying to figure out 'new narratives' for the polycrisis era:

- **Pedro Sanchez** (prime minister of Spain) **got the 2025 [Goalkeepers award](#) from the Gates Foundation**. The Foundation listed many good reasons for doing so, but failed to mention the most important one: Sanchez' no nonsense stance on Gaza (*for the past few years, moreover*) is in fact (and by far) his biggest 'global health' contribution. One of the only EU leaders you can't blame for **double standards**.
- Then some tweets: One by **Sarah Dalglish** (on Bluesky): “*It's just unbelievable. Never in my **public health nightmares** could I have imagined this.*” (no prizes to be won on what/who she was commenting)
- **Dries Lesage**: « **Artwashing, sportswashing** are all over the place now. The West protects genocidal Israel, most of the Global South Russian aggression. And most cover Rwanda. No respect for human life and human dignity. **About time for a global people's countermovement.** » (ps: and let's not get into Sudan's current “stakeholders”)
- **Robert Reich**: “*The 400 richest Americans are now worth a record \$6.6 trillion. The entire bottom 50% of America is worth just \$4.2 trillion. Our problem isn't a lack of resources. Our problem is ever-expanding inequality.*”
- **Eric Reinhart**: “*Reminder: if Democrats had had the basic political and ethical spine to properly tax billionaires at any point over the last 30 years (rather than simply selling themselves to their neoliberal donors), none of this fascist oligarchy shit would be happening now.*”

With that, as a proud member of the [‘Friends of Zucman’](#) ☺, I let you ponder for yourself what it’ll take to make global health “at a crossroads” truly ‘catalytic’, and how we can “boldly” take the global health architecture to where it has never dared to venture before, ‘unlocking’ at last ‘its full potential’.

Finally, we welcome [Rajeev B R](#) as **IHP resident** for the coming two months. Stay tuned for more of his work!

Enjoy your reading.

Kristof Decoster

## Featured Articles

### International Vaccinology Course in Seoul: Can Africa draw lessons from South Korea?

[Shiferaw Tesfaye Tilahun](#) (Ethiopian Public Health Institute)

*This year, I attended the [24th International Vaccinology Course \(IVC\) 2025](#) in Seoul, South Korea (8-12 September). In this short article, I’ll focus on some lessons Africa could learn from South Korea on the journey towards more health sovereignty - more in particular on vaccines.*

But let’s kick off with a bit of info on the course. As I’m currently a WHO/TDR Clinical Research Leadership fellow in Seoul, I’ve been in the country for some months now.

Unlike many programs that remain bound to a single location, the IVC is delivered simultaneously across three hubs: Seoul (IVI Headquarters), Kigali (IVI Africa Regional Office), and Stockholm (IVI European Regional Office). The organizers even factored in time zones to ensure real-time engagement, while also offering a virtual option that opens the doors to an even wider global audience. This blended model doesn’t just enrich the course with diverse perspectives from every corner of the world; it also reflects a growing commitment to sustainability by reducing the carbon footprint often associated with international travel.

The course featured three panel discussions, a cultural visit to the Korean museum, and, perhaps most memorably, a site visit to a state-of-the-art bio hub.

#### **Songdo International City: Global Biopharma Powerhouse**

Indeed, as part of the IVC, we had the opportunity to visit a remarkable hub, home to the world’s leading biopharmaceutical production capacity concentrated in a single city. Songdo, just 30 km southwest of Seoul, hosts not only major global raw material and subsidiary companies such as Saint-Gobain, Merck, Cytiva, and Sartorius, but also industry giants like Celltrion and Samsung

Biologics. Among them, Samsung Biologics and SK Bioscience are particularly well known for their vaccine manufacturing. Altogether, nearly [70](#) companies have joined forces to create this powerful biocluster.

To put its scale into perspective: [Songdo's production capacity](#) stands at 560,000 liters of biopharmaceutical products, far surpassing San Francisco (440,000 liters), Singapore (270,000 liters), and Ireland (230,000 liters).

Songdo is also a training ground for global talent in bioprocessing. South Korea was recently (2023) chosen as the [WHO Global Biomanufacturing Workforce Training Hub \(GTH\)](#). In fact, I personally had the chance to attend the GTH-Biomanufacturing training this July, alongside many professionals from low- and middle-income countries (LMICs).

More in general, South Korea offers one of the unique examples of how deliberate policy, such as [Bio-Vision 2016](#), sustained investment, reduced tariffs on vaccine materials through partnerships with WTO member states and strong public-private partnerships can transform a country's position in the global health ecosystem. The Biotechnology industry in South Korea has grown exponentially since the 1990s. Foreign investment in Korea is also growing fast making Korea home to now over [1,000 biotech companies](#).

Since 2021, nearly \$2 billion has been [allocated](#) over five years to position Korea as a global vaccine hub. Today, South Korea contributes [11%](#) of the global vaccines supply to GAVI, the Vaccine Alliance, making South Korea GAVI's fourth-largest global vaccine supplier and ranked as one of the top five global vaccine producers in 2025. "Mission accomplished", I guess.

### **Africa's ambition**

African countries and South Korea share a strikingly similar ambition: to achieve self-sufficiency in vaccine and biologics production. But from the above, it's clear South Korea is far ahead.

As most of you will know, a few years ago the Africa Centre for Disease Control set an ambitious target of achieving vaccine self-sufficiency by [2040](#) through local production. To achieve this, Africa will need over [12,000 skilled professionals](#) in the vaccine manufacturing ecosystem.

Change is already visible, for eg, through initiatives such as [ACHIEVE 2.0](#) from the International Vaccine Institute (IVI). ACHIEVE 2.0 aims to mobilize funds for Africa-based, end-to-end vaccine research and development, production, approval, and uptake. So far, Nigeria, Ghana, and Zambia have committed US\$ 25 million over the next five years, an important first step toward African ownership of vaccine manufacturing, though two more countries are needed to reach the target of five committed nations. Ethiopia has also expressed interest, and discussions are currently underway. Many other initiatives are seeing the light, with Africa CDC as a key driver of this agenda.

Yet major roadblocks remain: strategic initiatives, substantial investment in developing bio industries, multi-ministerial coordination, an efficient budget allocation system, and strong leadership will all be required to mimic South Korea's successful journey of the past decades.

### **Momentum**

Africa's population is nearly 29 times larger than South Korea's, and the collective GDP is about 1.5 times greater. The real question is not whether Africa can produce world-class vaccines like South Korea, but when it will start to do so. South Korea's journey certainly offers a roadmap.

There is certainly momentum in Africa, as first the pandemic and then subsequent global political shifts made it abundantly clear that health sovereignty is absolutely vital. It won't be easy though, as the geopolitical environment is difficult and the [pandemic agreement](#) reached earlier this year still needs an important annex (on Pathogen Access and Benefit Sharing ) which should facilitate vaccine technology knowledge transfer and equitable benefit sharing.

Yet, by learning from South Korea's strategies and tailoring them to the African context, Africa can no doubt build sustainable vaccine production capacity and, ultimately, secure true health sovereignty for its people.

Instead of asking "Why Africa", the world increasingly reckons, "Why not Africa?".

## Medics on the move for what matters: life and health for all

**Raffaella Ravinetto (ITM)**

Traditionally, medical neutrality has been taken for granted: while remaining devastating for populations and individuals, combat and weapon attacks would stop in front of a hospital, a health centre or an ambulance. Health care facilities and vehicles were 'bubbles of humanity' in the midst of violence and inhumanity. But in the last decade, we have [been witnessing an escalation of deadly attacks on healthcare providers and services](#), more and more carried out on purpose moreover. The ["growing violations of medical neutrality in conflict zones worldwide — with Gaza, over the past twenty months, standing as a devastating example"](#) are revolting for those who believe in the sanctity of each and every human life. And they are revolting for all of us who believe in health as a human right, and work towards achieving [equal chances at a healthy life for all](#).

As healthcare workers, health researchers, health policy-makers and health advocates, we cannot ignore the attacks on health services that happen on a near daily basis in Gaza, nor the ones occurring in other - mediatised or forgotten - crises in Ukraine, Yemen, Sudan, Afghanistan, Syria and elsewhere. We cannot ignore them, because *we* are human, and because *they* violate the ultimate goal of our work, which is building health for all and equity in health.

This is why on Monday 22<sup>nd</sup> September, a diverse group of colleagues from the three departments of [ITM](#) joined the international demonstration in front of the European Parliament, organized by the promoters of [Medics On The Move For What Matters](#). Our voices and our silence joined those of colleagues from medical humanitarian organizations, medical associations, faculties of medicine, and university hospitals, to call on European institutions to act to guarantee the right to receive and provide healthcare. We asked the European institutions to take concrete measures to protect the life of healthcare workers and patients, as per [Geneva Conventions](#). We asked them to defend the free passage of patients, medical supplies, and healthcare workers – even in besieged or occupied territories.

It was important to stand up publicly, together, for our values and in solidarity. But it will be equally important to show solidarity through our acts and actions, including by prioritizing research projects that aim to document barriers to accessing health care and improve health outcomes in conflict areas.

## Highlights of the week

### UNGA 80: Main action & high-level events

We first have a section with some of the **main high-level events** (with exception of **the one on NCDs – see a separate section**) and other key action. **Another UNGA80 related section** will focus more on **reports, other initiatives & news (+ analysis)** from this week.

#### Devex primer

[Devex](#)

This primer had a crisp **overview of what UNGA80 had in store**:

“... The U.N. General Assembly plays host to **several thematic summits**, starting with an **event** today in the General Assembly Hall **marking the 80th anniversary of the U.N.’s founding in October 1945**. The General Assembly held its first session in January 1946, the same year Trump was born in its future home of New York City. Later in the day, the U.N. will host a **high-level meeting to reflect on progress, or really the lack of progress, on achieving the Sustainable Development Goals**, followed by another **high-level meeting to mark the 30th anniversary of the landmark Beijing Women’s Conference**, which comes at a time of pushback on women’s rights in the United States and beyond.”

**“Other notable meetings include a climate summit** (not to be confused with **this week’s civil society-led Climate Week NYC**), **a series of high-level meetings on noncommunicable diseases and mental health and development financing**, **a commemoration of the international day of the elimination of nuclear weapons**, and a meeting on the fate of Rohingya refugees.....”

PS: **“What happens in Gaza doesn’t stay in Gaza: The Middle East crisis**, according to Elizabeth Campbell, who served in the U.S. State Department and the United Nations, **has implications for the future of the U.N. and multilateralism more generally**. Gaza, she told Devex during a recent Pro Briefing, “is the epicenter of absolutely everything that is going wrong. **It is the laboratory where all of the norms, all of the principles, international humanitarian law, all of that has been completely, what’s the word I’m looking for, destroyed**. No one is abiding by it. ... And of course that **challenge predated the Trump administration, and really began with the Biden administration....**”

## UNAIDS - Ahead of UNGA, global experts investigate how inequalities are making the world more vulnerable to pandemics

[https://www.unaids.org/en/resources/presscentre/featurestories/2025/september/20250922\\_unga80](https://www.unaids.org/en/resources/presscentre/featurestories/2025/september/20250922_unga80)

« In advance of the UN General Assembly High-Level Meetings, a group of experts co-chaired by Nobel prize winning economist Joe Stiglitz, former First Lady of Namibia Monica Geingos, and Director of the Institute of Health Equity Sir Michael Marmot met to review how inequality gaps within and between countries are impacting global health security. Economists, public health experts, and current and former government leaders from around the world took part in the **meeting of the Global Council on Inequality, AIDS and Pandemics**. The Council convened in New York at a time of growing concern that governance, economic, and social crises are undermining the world's capacity to respond to current and future disease outbreaks. Council members will meet with world leaders gathered this week at the UNGA. **A synthesis of the findings gathered over two years by the Council will be published in November ahead of the G20**. It will cover issues including the **debt crisis, social determinants, access to pandemic products, and the struggling role of community organizations in the current global environment**. »

## UN News – UNGA hosts first ever development finance summit to boost SDGs

<https://news.un.org/en/story/2025/09/1165944>

The first ever Biennial “Summit for a Sustainable, Inclusive and Resilient Global Economy.”

Some quotes:

“ “Get your house in the best possible order,” **International Monetary Fund Managing Director Kristalina Georgieva** said when discussing what countries can do to help support reforms. **Ms. Georgieva warned that global public debt is set to reach about 100 per cent GDP by the end of the decade which can deprive “many countries the fiscal space they need to absorb future shocks and to attend to the pressing needs of their populations.”....**”

« ... Speaking at the summit, **South Africa’s president Cyril Ramaphosa** – who will lead this year’s G20 meeting of industrialised nations – **stressed the need to close the \$4 trillion financing gap required to meet the SDGs**. To do so, he laid out suggestions including “faster” and “fairer” debt relief and restructuring, affordable and accessible financing, and reform of the global taxation rules to help curb illicit flows.....”

## IISD - SDG Moment 2025 Seeks to Accelerate Progress During SDGs’ Five Final Years

<https://sdg.iisd.org/news/sdg-moment-2025-seeks-to-accelerate-progress-during-sdgs-five-final-years/>

“The **SDG Moment 2025** brought together Heads of State and Government and stakeholder groups to **consider how to accelerate progress during the final five years of the 2030 Agenda for**

**Sustainable Development and its 17 SDGs....”** Organized as a townhall, the **event convened on 22 September.**

**“UN Secretary-General António Guterres cited “signs of hope,” including record numbers of girls in schools, a drop in child mortality, and over 90% of global population with electricity access. He said these successes are the result of deliberate decisions.....”**

## **SDGs and Beyond: Rethinking Multilateralism for the Post-2030 Era**

<https://www.unsdglearn.org/podcast/sdgs-and-beyond-rethinking-multilateralism-for-the-post-2030-era>

Still 5 years ago till the SDG deadline in 2030, but this was an interesting interview with **Jeffrey Sachs** (podcast & text below) on the **post-2030 era.**

## **IDS - The world is fragmenting but the SDGs still offer us a hopeful pathway**

Peter Taylor; [https://www.ids.ac.uk/opinions/the-world-is-fragmenting-but-the-sdgs-still-offer-us-a-hopeful-pathway/?utm\\_source=bluesky&utm\\_medium=social&utm\\_content=ap\\_tlqdpf74dl](https://www.ids.ac.uk/opinions/the-world-is-fragmenting-but-the-sdgs-still-offer-us-a-hopeful-pathway/?utm_source=bluesky&utm_medium=social&utm_content=ap_tlqdpf74dl)

Analysis. **“Ten years on from the creation of the UN Sustainable Development Goals, the scale of global consensus achieved in 2015 seems unimaginable in today’s geopolitical climate. But, as much as the world is fragmenting, and the credibility of the UN is waning, making progress towards the SDGs is more important than ever. We need to find new global solidarities to get behind them, seek ways to scale up what works across multiple goals, and use what we’ve learnt to make sure what comes after 2030 is fit for purpose.”**

PS: **“What comes after the SDGs:** The UN is understandably keen to focus on what can be achieved now, is itself likely to go through significant change processes, and **is delaying formal discussions about what might come after the SDGs until 2027.** However, debates continue and it is important that we learn from the past decade of the SDGs. Will the SDGs prove to be a basis for ongoing cooperation around global development challenges, or a reason to change the approach entirely? [Evidence](#) shows that the framework provided by the SDGs has helped frame the challenges globally and acted to steer efforts and focus minds. So **perhaps there is still an argument for a global framework, but of a quite different kind, more suited for a “post-Aid world”.** Should there, for example, be more control, accountability and priority settings at the regional or country-level, with a focus on local priorities and local ownership – set through initiatives such as citizen assemblies, and prioritising greater engagement of civil society?....”

## **Devex on the climate week & climate high-level meeting (24 Sept)**

[Devex](#)

Some analysis ahead of the HL event:

**“ ..... this year, only 36 out of 197 countries have published their NDCs, [writes my colleague Jesse Chase-Lubitz](#), who will be at Climate Week. Still missing from the list are some of the world’s biggest emitters, including India, Saudi Arabia, the European Union, and Indonesia.”**



**“A high-level meeting of 40 heads of state on Sept. 24, when each leader will give a preview of their country’s NDCs, will be the first window into the missing commitments. “This is an important moment,” Marcos Neto, assistant administrator at the [U.N. Development Programme](#), tells Jesse. He’s not especially worried about the number of NDCs still to be submitted — pointing out that there has been a consensus throughout the U.N. that “quality and ambition is more important than doing it in a hurry” and that so far the NDCs submitted are “fundamentally a better set of NDCs.” ...”**

PS: **update on the NDCs** (also via Devex): So far, [47 out of 197](#) countries have published their NDCs, with around 10 of them coming in this week.

## UN News - Climate Summit 2025: The path to COP30

<https://news.un.org/en/story/2025/09/1165897>

Some more analysis ahead of the climate summit. “Floods in South Asia, wildfires across North America, and record-breaking heat in Europe have underscored what scientists have warned for years: **climate change is escalating faster than the political response**. Against this backdrop, the UN Secretary-General is holding a **climate summit** during the high-level week of the General Assembly, **pressing nations to raise their climate pledges ahead of November’s UN climate conference (COP30) in Belém, Brazil**. The summit, which takes place **on 24 September** at UN Headquarters, is **designed as a launchpad for COP30** but, unlike the sprawling negotiations of a UN climate conference, this is a **targeted high-level event where Heads of State, Government leaders, businesses, and civil society are expected to present concrete pledges and new national climate plans. ....”**

PS: **“... Observers will watch closely for three signals**. First, will major emitters bring plans that close the emissions gap? Second, is climate finance scaled up beyond symbolic pledges, especially for the Loss and Damage Fund (which has attracted just under \$789 million in pledges so far, far short of what is needed)? And finally, will leaders acknowledge that expanding coal, oil, and gas is incompatible with Paris targets? ....”

## UN News – New national climate plans unveiled at high-level summit ahead of COP30 conference

<https://news.un.org/en/story/2025/09/1165943>

Coverage of the HL meeting. **“From accelerating the move to clean energy to planting acres of trees, leaders from more than 100 countries announced or reiterated new national climate action plans during a meeting on Wednesday as part of the high-level week of the UN General Assembly. “**

PS: **“At the outset, leading climate scientists Johan Rockström and Katharine Hayhoe provided a stark assessment of global efforts so far to honour the Paris Agreement, the landmark 2015 treaty that seeks to limit global temperature rise to 1.5 degrees Celsius above pre-industrial levels. Ten years on, greenhouse gas emissions that cause global warming continue to rise, and annual global temperature change exceeded 1.5 degrees for the first time last year. “This is a deep concern,” said Professor Rockström, chief scientist at Conservation International. “An even deeper concern is that warming appears to be accelerating, outpacing emissions.” Yet it is still possible to meet**



the 1.5-degree goal and the two experts highlighted solutions, including transitioning from fossil fuels to clean energy sources and transforming food systems to eliminate waste. ...”

PS: “At the meeting, **President Xi Jinping of China announced that by 2035, the country will reduce economy-wide net greenhouse gas emissions by seven to 10 per cent from peak levels.** The country will also increase the share of non-fossil fuels in total energy consumption to over 30 per cent, expand wind and solar power capacity sixfold compared to 2020 levels, and make “new energy vehicles” the mainstream in new vehicle sales, he said in a video message....”

- See also **Climate Change News** – [China unveils underwhelming emissions-cutting target for 2035](#)

“Experts say China’s new 2035 goal to cut emissions by 7-10% from “peak levels” **does not fully reflect its expansion of clean energy on the ground.**”

### **Devex – ‘Something is working’: UN climate chief optimistic about green transition**

<https://www.theguardian.com/environment/2025/sep/20/simon-stiell-un-climate-chief-climate-progress-green-transition>

Interview from earlier this week. “Exclusive: **Simon Stiell** believes **economic benefits will compel countries to speed up climate action.**” Too rosy view but worth a read.

- And via [Climate change news – UN climate chief says new national climate plans will fall short on emissions cuts](#)

“With **2035 targets expected to be too weak to meet global goals to limit warming**, the UN’s Simon Stiel says **COP30 should focus on how countries can speed up delivery of their plans.**”

### **Guardian - Nations’ plans to ramp up coal, gas and oil extraction ‘will put climate goals beyond reach’**

<https://www.theguardian.com/environment/2025/sep/22/fossil-fuels-coal-gas-oil-extraction-climate-goals-beyond-reach>

Less upbeat news. “**New data shows governments now planning more fossil fuel production in coming decades than they were in 2023.**”

“... Far from reducing reliance on fossil fuels, **nations are planning higher levels of fossil fuel production for the coming decades than they did in 2023**, the last time comparable data was compiled. This increase goes against the commitments that countries have made at UN climate summits to “transition away from fossil fuels” and phase down production, particularly of coal. **If all of the planned new extraction takes place, the world will produce more than double the quantity of fossil fuels in 2030 than would be consistent with holding global temperature rises to 1.5C above preindustrial levels.**”

“... The **Production Gap 2025 report**, from the SEI, the Climate Analytics thinktank and the International Institute for Sustainable Development, analysed 20 major producers of fossil fuels around the world, including the US, Russia, Saudi Arabia, China, Canada, Brazil, Australia and the UK, together representing about 80% of global fossil fuel production.....”

- And [via the Guardian](#) : “According to research published on Monday by the **Industrial Transition Accelerator**, of more than 700 low-carbon industrial installations in planning and development around the world, only 15 a year were gaining the finance necessary to go into full production. This represented a \$1.6tn (£1.2tn) opportunity for investors, the group said.”

PS: “... Governments are obliged, under the Paris agreement, to produce fresh national plans – known as nationally determined contributions, or NDCs – on curbing greenhouse gases. They were due in February, but **Stiell extended the deadline to this month ahead of the [crunch Cop30 climate summit in Brazil in November](#)**, where the next decade of climate action will be discussed.....”

- And another link: [Climate Change News – Colombia announces fossil fuel phase-out summit to be held in 2026](#)

“...Colombia launches a call for the Global South to lead ending their use. “

### Climate Change News – Brazil pledges 1 billion in first contribution to COP30 rainforest fund

<https://www.climatechangenews.com/2025/09/24/brazil-pledges-1bn-in-first-contribution-to-cop30-rainforest-fund/>

(gated) “Brazil, which will launch the new investment-driven fund for forest protection at the Belém climate summit, calls on other governments to put in seed capital.”

### UN News - 30 Years advancing gender equality: Achievements, setbacks, and the road ahead

<https://news.un.org/en/story/2025/09/1165892>

“In the **three decades since the groundbreaking Beijing Declaration on women’s rights was adopted** by the nations of the world, great progress has been made but women and girls still face unacceptable levels of violence and discrimination. **At this year’s General Assembly, UN delegates will reflect on the achievements made and raise awareness about the huge amount of work that still needs to be done.** In the days leading up to the **commemoration on Monday 22 September**, UN Women, the agency responsible for overseeing gender equality and women’s empowerment, and the UN Department of Economic and Social Affairs (DESA) sounded the alarm: **none of the gender equality targets are on track. ....”**

- Related: [CGD blog – Beijing + 30: Looking Back on Women’s Rights, Progress and Backlash \(by M Buvinic\)](#)

“... How significant was Beijing for women around the world? To answer this question, I look back at the common history of the global women’s movement and the UN starting in the 1970s and offer reflections on progress for women framed by this history. Facts on this blog draw on the UN Foundation newly launched [\*“The United Nations and the Global Women’s Movement: Learning from the Past, Looking to the Future,”\*](#)—a comprehensive research review of the relationship of the UN and the global women’s movement over five decades (1970s-2020s), including archival research and structured interviews with women movement leaders. ....”

## Devex – Can the UN really reform itself?

<https://www.devex.com/news/can-the-un-really-reform-itself-110874>

(gated) “In a Devex Pro Briefing, U.N. experts document obstacles to far-reaching reforms proposed to the global organization.”

Among others, **Richard Gowan**: “For his part, Gowan argues that U.N. Secretary-General António Guterres’ consolidation project has been hindered by internal bureaucratic resistance, a lack of clarity in U.S. plans for the U.N., and a dwindling timetable as Guterres enters his final year as head of the world body. “When you talk to diplomats, most of them will say: Yeah, we support UN80. This needs to happen just to keep the ship afloat, but we’re going to wait for the next person, whoever she is, or whoever he is, and we’re going to see if we can find a new secretary-general who will have the time and the political capital to really drive a much bigger strategic review of where the U.N. is going.”.....”

## Some more UNGA80 reports, initiatives, analysis & news

- Via [PAN’s newsletter](#) :

**Accra Reset**: “Ghana’s President John Dramani Mahama and Nigeria’s former President Olusegun Obasanjo launched the **Accra Reset** on [UNGA’s sidelines](#) to reimagine country-led global health systems that center health sovereignty and look for new ways for international cooperation.....”

See **Rockefeller Foundation**: “On the sidelines of [hashtag#UNGA80](#), Ghana President John Dramani Mahama announced the Presidential Council, a new coalition of country leaders from around the world to create a modern global health system that is country-led, effective, and resilient.....”

## WHO – Uncontrolled high blood pressure puts over a billion people at risk

<https://www.who.int/news/item/23-09-2025-uncontrolled-high-blood-pressure-puts-over-a-billion-people-at-risk>

“The World Health Organization (WHO) today released its second [Global hypertension report](#), showing that 1.4 billion people lived with hypertension in 2024, yet just over one in five have it under control either through medication or addressing modifiable health risks.”

**“The new report—released at an event co-hosted by WHO, Bloomberg Philanthropies, and Resolve to Save Lives during the 80<sup>th</sup> United Nations General Assembly—also reveals that only 28% of low-income countries report that all WHO-recommended hypertension medicines are generally available in pharmacies or primary care facilities.....”**

**“Analysis of data from 195 countries and territories shows that 99 of them have national hypertension control rates below 20%. The majority of the affected people live in low- and middle-income countries, where health systems face resource constraints....”**

**“The report highlights major gaps in hypertension prevention, diagnosis, treatment, and long-term care. Key barriers include weak health promotion policies (on risk factors such as alcohol, tobacco use, physical inactivity, salt, and trans fats), limited access to validated blood pressure devices, lack of standardized treatment protocols and trained primary care teams, unreliable supply chains and costly medicines, inadequate financial protection for patients, and insufficient information systems to monitor trends.....”**

- Related: **HPW coverage** - [Focus on Hypertension and Mental Health on Eve of UN Meeting on NCDs](#).

### **Devex - New partnerships bring price parity between lenacapavir and oral PrEP**

<https://www.devex.com/news/new-partnerships-bring-price-parity-between-lenacapavir-and-oral-prep-110834>

Very important news. **“India-based generic manufacturers are expected to produce the highly effective new injection that prevents HIV transmission at \$40 — the same price as daily oral PrEP.”**

**“At UNGA, two new partnerships were announced to bring generics to 120 low- and middle-income countries by 2027 at \$40 per person per year — the same as a year of daily oral PrEP. One partnership involves Dr. Reddy’s Laboratories, Unitaid, the Clinton Health Access Initiative, and Wits RHI; the other pairs the Gates Foundation with Hetero. “This is a massive step forward to jumpstart the market,” said Mitchell Warren, executive director of [AVAC](#). ....”**

**“Oral PrEP has been available since 2012, but uptake is slow, with just 3.5 million people using it last year. Trevor Mundel, president of global health at the [Gates Foundation](#), said the aim is to reach 10 million people with lenacapavir, enough to “turn off the tap of new infections.” Former U.S. President Bill Clinton called it “truly transformational” to offer six months of protection at the same cost as daily pills.....”**

- Related **tweet Andrew Green**: **“ But activists are still frustrated because Gilead, which controls the patent on the injectable, is limiting the generic to only 115 low- and middle-income countries. That excludes dozens of countries where HIV incidence is rising quickly and w/in communities that cannot afford to pay full price.”**
- See also **Third World Network** - [Price must decrease for ALL, activists react to \\$40 generic lenacapavir](#)

**“Although the decrease from the [original list price of \\$28,218](#) is much welcomed, TWN joined 12 civil society organizations and coalitions in a [statement](#) arguing that Gilead’s restrictive licensing**

**blocks access in many countries, despite generic production being feasible at low cost, as today's announcements show and [studies](#) corroborate.....** ..... deliberately excluded from its voluntary license for lenacapavir—among them Brazil, Malaysia, Mexico, Argentina, Peru, China and many others across Latin America, Asia, Eastern Europe and the Middle East, and which still cannot access lenacapavir under this price....”

## **World Bank - Poverty, Prosperity, and Planet Report: Pathways Out of the Polycrisis**

<https://www.worldbank.org/en/publication/poverty-prosperity-and-planet?s=09>

**“The World Bank Group has set a clear mission: ending poverty and boosting shared prosperity on a livable planet. This report offers the first post-pandemic assessment of global progress toward these interlinked goals, and explores potential pathways out of today's polycrisis - an environment where multiple and interconnected challenges are impacting the world simultaneously. The report's messages are presented around progress in terms of the goals, pathways to move forward, and priorities depending on where countries stand on the interlinked goals.”**

## **Devex – How to adapt digital development solutions to a +1.5°C world**

<https://www.devex.com/news/sponsored/how-to-adapt-digital-development-solutions-to-a-1-5-c-world-110835>

**“Digital tools are critical for development, but they are increasingly vulnerable to climate shocks. A new report explores the risks and delivers a bold blueprint for climate-resilient digital development. »**

**“... new report from the [Vodafone Foundation](#), in partnership with Devex, titled “[Tech 1.5: Adapting digital solutions for a +1.5°C world](#),” explores how digital development can withstand and adapt to the realities of a rapidly changing climate. Based on a global survey of over 1,130 development professionals, alongside in-depth interviews and high-level roundtable discussions, the research focuses on three critical sectors: health, education, and disaster resilience.....”**

## **Devex – Bloomberg Philanthropies makes landmark investment in eye health**

<https://www.devex.com/news/bloomberg-philanthropies-makes-landmark-investment-in-eye-health-110901>

**“Dr. Kelly Henning, lead of Bloomberg Philanthropies’ public health program, says the charity’s investment complements its other health programs, such as road safety, where poor vision has been linked to cases of road crashes.”**

**“Bloomberg Philanthropies, one of the biggest philanthropic charities globally, is investing \$75 million in a new initiative aimed at improving or restoring the sight of millions of people. The investment will include the distribution of nearly 7 million pairs of eyeglasses, vision screenings for 11.5 million people, and cataract surgeries to restore the eyesight of 250,000 people, the charity announced on Wednesday during its own forum on the sidelines of the 80th U.N. General Assembly in New York.....”**

**“This is the first time the charity is investing in addressing vision impairment, an often neglected and underfunded health issue that affects an [estimated 2.2 billion people](#). Of that number, at least 1 billion people have unaddressed vision impairment or blindness, 90% of whom live in low- and middle-income countries....”**

**“Yet, [new research](#) by the [International Agency for the Prevention of Blindness](#), [Seva Foundation](#), and [Fred Hollows Foundation](#) published on the same day found that a \$1 investment in improving eye health can yield \$28 in economic returns in LMICs. In addition, they found that fully eliminating avoidable vision impairment would lead to \$447 billion in annual economic returns, as well as employment for 22 million more people per year, 1.2 million fewer road crash injuries, 12 million fewer people living with depression, and 304 million people relieved of unpaid caregiving.....”**

## **Wellcome – New initiative will transform mental health support in humanitarian crises**

[Wellcome](#)

**“Wellcome is supporting a bold new United Nations initiative that will develop evidence-based mental health interventions making them accessible to more people affected by humanitarian crises.” “The Greentree Acceleration Plan is a new United Nations initiative to scale up mental health and psychosocial support in humanitarian settings worldwide. Wellcome has committed US\$13.2 million in funding to support its launch....”**

## **Countries making unprecedented efforts, but billions still lack basic services in health care facilities - WHO/UNICEF new report warns**

<https://www.who.int/news/item/24-09-2025-countries-making-unprecedented-efforts-but-billions-still-lack-basic-services-in-health-care-facilities---who-unicef-new-report-warns>

Over 100 countries have made unprecedented efforts to improve basic services in health care facilities according to the latest joint WHO/UNICEF global progress report, *Essential Services for Quality Care: Water, Sanitation, Hygiene, Health Care Waste and Electricity Services in Health Care Facilities*. While there is progress in establishing standards, conducting baseline assessments, and developing national roadmaps, billions are still served by facilities without the basics. A significant acceleration of effort and investment is urgently needed to meet 2030 global targets.

... The report will be officially launched at a high-level meeting on 24 September at the United Nations in New York, convened by Hungary and the Philippines as co-chairs of the Group of Friends in Support of WASH in Health Care Facilities.

## **Devex – 90% of rich countries' global health R&D goes to domestic institutions**

<https://www.devex.com/news/90-of-rich-countries-global-health-r-d-goes-to-domestic-institutions-110900>

**“A large part of the funding for research and development between 2007 and 2023 was spent on neglected and emerging infectious diseases affecting low- and middle-income countries. A new report finds the vast majority of those investments went to institutions in high-income countries.”**

“A [new report](#) has found that the majority of funding for global health research and development is flowing to high-income countries. The report titled **“The ripple effect: How global health R&D delivers for everyone”** makes the case for governments to sustain such investments amid shrinking donor aid budgets. But it also illustrates the need to diversify funding to help develop local infrastructure and systems in low- and middle-income countries.”

“... Between 2007 and 2023, data from **Impact Global Health**, the research and policy organization that published the report, show **\$71 billion, or 66%, of the total funding for global health R&D came from 44 high-income countries**. While a large part of that was spent on neglected diseases (63%) and emerging infectious diseases (33%) affecting LMICs, about 90% of the \$71 billion funding went to domestic institutions in high-income countries, such as universities, government agencies, and nonprofit organizations. **Only about 10% of the funding from high-income countries went directly to LMICs**, such as Brazil, Costa Rica, Gambia, Peru, South Africa, and Uganda...”

## **TGH – Global Health Multilateralism Without the United States: What Comes Next?**

T J Bollyky & C Searchinger ; <https://www.thinkglobalhealth.org/article/global-health-multilateralism-without-the-united-states-what-comes-next>

Analysis ahead of the HL week. **“The UN General Assembly could clarify whether common ground still exists for global health multilateralism.”**

**“... The discontinuance of U.S. support for global health multilateralism goes beyond the WHO.** The Trump administration's recent rescission package removed funding to the Pan American Health Organization (the oldest international health agency), the United Nations Children's Fund (UNICEF), and the Joint United Nations Program on HIV/AIDS (UNAIDS). Earlier this year, the United States stopped funding Gavi, a global health initiative that manages a multilateral partnership on vaccination; U.S. leaders also announced that the country would neither adopt the new amendments to the International Health Regulations nor sign the Pandemic Treaty, both international legal instruments designed to promote a more equitable response when countries confront the next global outbreak. **Aspects of the U.S. retreat from global health multilateralism have spread internationally.....”**

**“...this broader pullback reflects a deepening dissatisfaction,** shared by traditional donor nations and long-time aid recipients alike, with how global health governance performed during that crisis and with the long-time dependencies and vulnerabilities that the global system has failed to resolve....”

Bollyky et al conclude, however: **“... The story of multilateral cooperation, however, is not over.... .... The UNGA is an opportunity for governments to critically shape what comes next for global health multilateralism and to find whatever common ground still exists. ”**

## **HPW – ‘The Elders’ Highlight Global Leadership Vacuum Amid Climate and Pandemic Threats**

<https://healthpolicy-watch.news/elders-highlight-global-leadership-vacuum-amid-climate-and-pandemic-threats/>



Great panel(s). *(the wisdom of the Elders contrasted quite a bit with what we're currently seeing on the global stage....)*

**“Despite the massive challenges of climate change, disease outbreaks and conflict, there is a glaring lack of leadership committed to long-term, science-based solutions, former world leaders told a meeting on the sidelines of the UN General Assembly (UNGA) in New York....”**

**“...Mary Robinson, Ireland’s former President, said that leaders need to be in “crisis mode” to tackle climate change and health. “Some [leaders] are saying extraordinary things, but the science is clear, and it’s vital on climate and health. Somehow leaders are not actually grounding their way forward on science,” said Robinson....” “ Her sentiment was echoed by Helen Clark, the former Prime Minister of New Zealand, who reminded the audience that the world had faced darker times – but conceded that at present “leadership is a missing component” ....”**

**“Clark stressed that the UN High-Level Meeting on Pandemic Preparedness in a year’s time needs to be a rallying point for countries, who need to address the crises of health and climate together....”**

The **second panel** featured Wellcome CEO John-Arne Røttingen, The Gates Foundation’s Dr Chris Elias, and Dr. Chikwe Ihekweazu, Executive Director, WHO Health Emergencies Programme, WHO – among others.

**Devex – Investing in health is investing in climate resilience, says WHO envoy**

[Devex](#) ;

**“Vanessa Kerry, WHO’s special envoy for climate change and health, says health systems are not just a cost but a driver of prosperity and a frontline defense against climate shocks.”**

**“Her message revolved around two themes: health drives prosperity, and investing in health is one of the most effective ways to build climate resilience....”**

## **UN HL Meeting on the Prevention and Control of NCDs & promotion of Mental Health & wellbeing (25 Sept): final advocacy & publications ahead of the meeting**

**In this section**, you find some relevant reads (both scientific reports & advocacy) **ahead** of the UN HL meeting.

In a **next section** we continue with coverage & analysis of the HL meeting.

**Lancet GH (Health Policy) – Financing policies to sustain improved prevention, control, and management of non-communicable diseases and mental health conditions**

David Watkins et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00347-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00347-X/fulltext)

“All countries have pledged to tackle the growing burden of non-communicable diseases and mental health conditions, but financing has not followed. **This Health Policy summarises the background research and key messages from a financing dialogue convened by WHO and the World Bank in June, 2024.** Although each country context is unique, policies to lower the costs of essential medicines and improve the implementation of excise taxes on tobacco and other unhealthy products would be priorities for most countries. Multisectoral coalitions play a key role in advocating for non-communicable disease and mental health services and for increased and smarter spending on health in general. Development assistance, although limited in size, can be used to catalyse national action and overcome implementation barriers. **Adopting the seven key actions recommended in this Health Policy can help governments to increase their spending for non-communicable disease and mental health services** and improve efficiency in the use of available resources.”

PS: “...To complement the national response, **development assistance** can be directed towards catalytic, time-bound efforts to overcome known barriers to the implementation of evidence-based interventions. It **can also be used to finance international functions, including the development of public goods, mitigation of cross-border flow of unhealthy products, and cultivation of leadership and stewardship.**”

### Lancet Letter - Improving survival and reducing suffering for children with NCDs

James R Downing, Dr Tedros et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01875-6/fulltext?dgcid=bluesky\\_organic\\_corr25\\_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01875-6/fulltext?dgcid=bluesky_organic_corr25_lancet)

“.... **A paradigm shift is needed from generalised NCD strategies to specific, child-centred commitments backed by global frameworks, measurable targets, and long-term investment.** Inequities in outcomes for children in low-income and middle-income countries remain; less than 30% of children with cancer survive and children younger than 5 years with sickle cell disease have a nearly 50% mortality rate. Sustainable, cost-effective, and scalable models are possible.”

“**On Sept 25, 2025, heads of state and government will meet for the Fourth High-level Meeting of the UN General Assembly** on the prevention and control of NCDs and the promotion of mental health and wellbeing in order to adopt a new Political Declaration. This meeting is an opportunity to galvanise a global movement for children with chronic and catastrophic diseases, especially cancers and sickle cell disease, and ensure they are no longer left behind. **Meeting attendees will recommit to the Global Initiative for Childhood Cancer, build momentum for comprehensive actions on sickle cell disease, integrate these conditions into universal health coverage discussions, and advocate for palliative care as a human right.** .... We call on heads of state and government to scale up these initiatives through country-led plans, health workforce training, and integration into universal health coverage. “

### BMJ - COPD has an image problem—can this man fix it?

<https://www.bmj.com/content/390/bmj.r2011>

**“Chronic respiratory diseases are among the top causes of death and disability worldwide, yet receive little political or media attention. Rebecca Coombes speaks to WHO’s special envoy tasked with changing that. “**

**“... José Luis Castro, the World Health Organization’s director general special envoy for chronic respiratory diseases (CRDs), spoke to *The BMJ* as global ministers assemble in New York for a high level meeting on non-communicable diseases (NCDs). Castro’s mandate is to raise the profile of the respiratory diseases that kill millions but rarely make headlines. COPD ( chronic obstructive pulmonary disease) is the deadliest—now the third leading cause of death worldwide, outside pandemic years....”**

**“... WHO’s essential medicines list includes inhaled corticosteroids, but access is patchy in low and middle income countries. Steroid inhalers are available in fewer than half of primary care facilities....”** “There are too many countries that lack affordable, quality inhalers—and patients are forced to choose between being treated and going broke,” says Castro. “We need to make these medicines affordable, to have procurement networks to ensure prices that the system can afford, and to have supply chains for the production of quality inhalers in these countries. It needs to be done now.” **Castro says pharmaceutical companies must also do more. ...”**

### **Project Syndicate - Health Taxes Are a Win-Win**

**G Brown;** <https://www.project-syndicate.org/commentary/world-leaders-must-embrace-health-taxes-un-general-assembly-by-gordon-brown-2025-09>

Ahead of the HL meeting, **Gordon Brown** promotes health taxes (tobacco, alcohol, sugar) as a fiscal & health solution for self-sufficiency in the Global South.

### **Lancet Letter - World Heart Federation: global ambitions on NCDs**

**Bente Mikkelsen et al;** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01847-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01847-1/fulltext)

**“The World Heart Federation calls for a renewed global commitment: to redefine targets across all ages, scale proven interventions, and embed cardiovascular prevention and control into sustainable development strategies. “**

### **HPW – A Problem Shared Is a Problem Halved: Why Cities Are Essential for Confronting the NCD Crisis**

**A Rojhani & E Krug;** <https://healthpolicy-watch.news/a-problem-shared-is-a-problem-halved-why-cities-are-essential-for-confronting-the-ncd-crisis/>

Authors are pointing towards empowering municipal action, increasing financing & technical support for urban NCD solutions ahead of the HLM.

**“... Against this backdrop [of the UN HL meeting], one of the most powerful allies in the fight against NCDs is at risk of being overlooked: cities....” “... Now is the time for national governments to empower municipalities to advance this kind of urban NCD prevention – at the September meeting and beyond – by increasing funding and giving local leaders greater authority to spearhead solutions that are working in cities around the world. Similarly, international bodies should support cities’ work with financing and technical tools that are tailored to their needs. ....”**

## Devex - Experts push for action in tackling NCDs crisis

<https://www.devex.com/news/experts-push-for-action-in-tackling-ncds-crisis-110884>

“While the high-level meeting at UNGA80 can bring attention to NCDs, **targeted investments and accountability systems are needed** to translate a piece of paper into measurable progress on the ground.” (Coverage of a **panel session** on the sidelines of UNGA80)

## Tim France (on LinkedIn) – Whose voice? Time to rethink partnerships in global NCD advocacy

<https://www.linkedin.com/pulse/whose-voice-time-rethink-partnerships-global-ncd-advocacy-tim-france-hv5ye/?trackingId=DEUq5yXnBA3m42uSwXFB0g%3D%3D>

**Tim France** draws attention towards the concerning industry partnerships that risk blurring advocacy by bringing their commercial interests into play that jeopardise transparency and therefore require safeguards.

Excerpts: “As we approach the 4th UN high-level meeting on NCDs in New York this week, I’m reminded of a problem that has concerned me for years in this specific sector: **the uneasy tensions created when industry influence intersects with global health advocacy**. A recent **“shout-out”**, amplifying **praise for IDF (International Diabetes Federation) from its corporate partner Novo Nordisk**, jumped off my feed at me because it illustrates this problem all too clearly...”

“.... Which brings me back to **the bigger picture**. If **industry partnerships are handled without sufficient transparency and safeguards, they risk blurring the line between advocacy and commercial interest**. As governments gather in New York to debate the future of NCD responses, this should be front of mind: **the credibility of global health advocacy depends on ensuring that the voices shaping the agenda are free from undue influence**. The NCD sector appears to not have got the memo on this...”

## Devex - Air pollution gets ignored in UNGA noncommunicable disease declaration

<https://www.devex.com/news/air-pollution-gets-ignored-in-unga-noncommunicable-disease-declaration-110888>

“**Experts on air pollution raise alarms over the problem's absence from the upcoming declaration on noncommunicable diseases at the U.N. General Assembly.**”

## Reuters – Alcohol lobby takes on WHO in battle over health impacts

<https://www.reuters.com/business/healthcare-pharmaceuticals/alcohol-lobby-takes-who-battle-over-health-impacts-2025-09-24/>

“**The Belgian beer industry, Mexico's tequila makers and Heineken (HEIN.AS), opens all lobbied governments this summer to resist a push by the U.N.'s health agency to introduce tougher rules targeting alcohol**, letters and an email reviewed by Reuters show. The previously unreported efforts

reflect how the **\$1 trillion global drinks industry** is taking on the **World Health Organization** over its **hardening stance** that there is no risk-free level of drinking....”

## UN HL meeting on NCDs & mental health: Coverage & analysis

[Rev.4: Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being](#) (final version – 24 Sept)

### HPW – UN Declaration on Noncommunicable Diseases Fails to Win Approval After US Foils Consensus

<https://healthpolicy-watch.news/un-declaration-on-noncommunicable-diseases-fails-to-get-approval-due-to-us-objections/>

“A painstakingly negotiated [Political Declaration on Noncommunicable Diseases](#) with overwhelming support from UN member states failed to win formal endorsement at a special High Level Session of the General Assembly Thursday – after the United States [torpedoed its adoption by consensus](#). The last minute moves means that the draft declaration will have to face a vote in the GA – most likely next month, observers said. ...”

With an overview of the HL meeting & key interventions (including by **Tedros & many member states, who all supported the declaration**).

As for the US, though: “.... In a **blustery statement**, **US Health and Human Services Secretary Robert F Kennedy Jr** charged that the UN draft went too far in recommending measures like taxes on unhealthy products – while not going far enough on other chronic disease related issues. The US veto means the draft must be submitted to a formal member state vote to be endorsed – since the declaration was supposed to be by consensus. .... **Addressing the High Level meeting**, **Kennedy charged that the final draft text, “exceeds the UN’s proper role while ignoring the most pressing health issues, and that’s why the United States will reject it. “More specifically. We cannot accept language that pushes destructive gender ideology,” Kennedy said. “Neither can we accept claims of a constitutional or international right to abortion, the WHO cannot claim credibility or leadership until it undergoes radical reform. The United States objects to the political declaration of non communicable diseases. ....”**

PS: “Over earlier US objections, **the draft declaration refers to WHO in half a dozen sections, recognizing: “the key role of the World Health Organization as the directing and coordinating authority on international health** in accordance with its Constitution to continue to support Member States through its normative and standard-setting work, provision of technical cooperation, assistance and policy advice, and the promotion of multisectoral and multistakeholder partnerships and dialogues.”

“... Meanwhile, **Jeremy Farrar, WHO Assistant Director General** said that while the politics around the declaration is regrettable, what really matters is the momentum being seen at the national level.....”

- See also [Devex – Swipe left](#) :

**“U.S. Health and Human Services Secretary Robert F. Kennedy Jr. addressed the [U.N. General Assembly](#)’s high-level meeting on noncommunicable diseases with a clear message: The U.S. plans to swipe left on the political declaration up for adoption. .... He said President Donald Trump wants to lead a global effort against ultra-processed foods and related illnesses, but the declaration does “both too little and too much.”** Calling it “misdirected” and “filled with controversy,” he added that the United States “cannot accept language that pushes destructive gender ideology,” and argued the [World Health Organization](#) cannot claim credibility for leadership until it undertakes a radical transformation. **“The United States will walk away from the declaration, but we will never walk away from the world or our commitment to end chronic disease. We stand ready to lead,”** he concluded.”

- PS: (via the [NYT](#)): **“The text of the U.N. declaration does not mention reproductive rights or gender ideology.** The word “gender” appears several times in the document, but only in the context of the specific health challenges facing women.....

## More on NCDs & determinants of health

**The Lancet: Cancer deaths expected to rise to over 18 million in 2050—an increase of nearly 75% from 2024, study forecasts**

Lancet - [The global, regional, and national burden of cancer, 1990–2023, with forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2023](#)

Via the **press release**:

**“Globally, the number of new cancer cases has more than doubled since 1990 to 18.5 million in 2023; whilst the number of cancer deaths increased 74% to 10.4 million (both excluding non-melanoma skin cancers)—with the majority of people affected living in low- and middle-income countries.** Over 40% of cancer deaths globally are linked to 44 modifiable risk factors including tobacco use, an unhealthy diet, and high blood sugar—presenting an opportunity for prevention. **The number of new cancer cases worldwide are predicted to rise 61% over the next 25 years to 30.5 million in 2050; and the annual global cancer death toll forecast to increase by nearly 75% to 18.6 million—mostly driven by population growth and increasingly ageing populations.”**

**“Although global rates for cancer deaths (when adjusted for age) have decreased, this is not the case for some low- and middle-income countries where rates, as well as numbers, are on the rise.** To meet the challenge of the growing number of cancer cases and deaths, the authors say it is imperative that greater efforts are made by policymakers, governments, and agencies to prevent, diagnose, and treat cancer at the country, regional, and global levels. ...”

**HPW - Let’s turn the tide on NCDs – GSCF launches the Self-Care Manifesto**

<https://healthpolicy-watch.news/lets-turn-the-tide-on-ncds-gscf-launches-the-self-care-manifesto/>

“At first glance, **self-care** might sound like an individual responsibility, but it’s a powerful public health strategy with benefits that ripple across entire societies. The **“Health for All, by All” self-care manifesto launched by the United for Self-Care Coalition on the sidelines of United Nations General Assembly this week champions this very idea**, aligning with the new 2025 **UN Political Declaration on NCDs**. The manifesto argues that **by investing in self-care, we can make healthcare more accessible, more efficient, and more equitable.....”**

### **Africa CDC to boost NCD Surveillance across 10 countries in East and Southern Africa**

<https://africacdc.org/news-item/africa-cdc-to-boost-ncd-surveillance-across-10-countries-in-east-and-southern-africa/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) has partnered with the Novo Nordisk Foundation, a Danish enterprise Foundation, to strengthening public health workforce capacity for Non-Communicable Disease (NCD) surveillance across ten African Union (AU) Member States. The Novo Nordisk Foundation has awarded a grant of USD 2.65m towards the initiative, and the Africa Public Health Foundation (APHF) will act as fund manager for the grant. ....”

### **Nature Africa - Too many Mr Bigs: Africa’s obesity crisis comes into focus**

<https://www.nature.com/articles/d44148-025-00292-1>

“Obesity rates are surging across Africa. Governments are beginning to act, but stronger measures are needed to stem a public health crisis.”

### **The Conversation – Calling deaths ‘preventable’ can obscure barriers to health care access and shift blame to individuals**

Z W Schultz; <https://theconversation.com/calling-deaths-preventable-can-obscure-barriers-to-health-care-access-and-shift-blame-to-individuals-260915>

With focus on the US – but broader relevance.

### **Lancet Public Health (Editorial) - Housing: a determinant of health and equity**

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00229-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00229-4/fulltext)

“Housing is a fundamental human right. Yet, UN Habitat estimates that 2.8 billion people around the world face some form of housing inadequacy, 1 billion people live in informal settlements and slums, and 300 million people are homeless. Adequate, safe, and affordable housing is not a luxury. The Sustainable Development Goal target 11.1—ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums by 2030—is clear, and the next 5 years will be crucial for countries to meet their targets. Housing is increasingly recognised as a determinant of health and wellbeing, yet governments are slow to act and poor housing remains a substantial challenge and a threat to public health in many countries.”



“... To add to the increasing body of work on housing and to foster change, **in this issue of The Lancet Public Health, a series of papers on housing as a determinant of health** provides a comprehensive assessment of the complexity of the relationship between housing and public health, the many layers that can shape housing systems, and the opportunities that housing policies offer for a healthy, sustainable, and equitable future.....”

## PPPR

### WHO - Amended International Health Regulations enter into force

[https://hq\\_who\\_departmentofcommunications.cmail19.com/t/d-e-ggtuhl-ikudkhlul-t/](https://hq_who_departmentofcommunications.cmail19.com/t/d-e-ggtuhl-ikudkhlul-t/)

From end of last week (**19 September 2025**) “ Today marks a milestone in global health governance as **the amendments to the International Health Regulations (IHR) enter into force**. .... The IHR are global regulations that guide 196 States Parties, including all 194 WHO Member States, on their rights and obligations concerning public health risks. They recognize that infectious diseases and other public health risks do not respect borders, and that coordinated global action is critical....”

“... In 2024, [WHO Member States adopted amendments](#) by consensus at the Seventy-seventh World Health Assembly in Geneva. One of the changes is the **introduction of a new level of global alert – a “pandemic emergency” – to trigger stronger international collaboration when a health risk escalates beyond a public health emergency of international concern (PHEIC)** and poses the risk of becoming, or has already become, a pandemic, with widespread impact on the health system and disruption to societies. The amendments also introduce the **establishment of National IHR Authorities** by governments to coordinate IHR implementation, and include **provisions to strengthen access to medical products and financing based on equity and solidarity.**”

PS: “**Eleven of the 196 IHR States Parties rejected the 2024 amendments**. For them, previous versions of IHR continue to apply, though rejections may be withdrawn at any time. WHO will support IHR States Parties, as requested, in integrating the amendments to the regulations into national legal frameworks and strengthening institutional capacities to work together to build a safer, healthier future for all....”

- Related: [Development Discourse – New Amendments to International Health Regulations Enter Into Force Globally](#)

Cfr tweet Kalypso Chalkidou: “**The challenge ahead will be ensuring that all countries, regardless of income or capacity, can implement these measures effectively**. Without equitable access to resources and sustained political will, the promise of the strengthened IHR could fall short.”

### WHO - Member States advance vital work in support of WHO Pandemic Agreement

<https://www.who.int/news/item/25-09-2025-member-states-advance-vital-work-in-support-of-who-pandemic-agreement>

**Official WHO press statement** after the second intergovernmental meeting.

**“WHO Member States held their second intergovernmental meeting from 15-19 September, to further develop the Pathogens Access and Benefit Sharing (PABS) system, a critical annex to the WHO Pandemic Agreement....”**

PS: “Ambassador da Silva Nunes said the **first draft PABS annex was expected to be drafted and negotiated in November and December 2025....”**

## **HPW – WHO Opens Door to Stakeholders in Final Phase of Pandemic Agreement Talks**

<https://healthpolicy-watch.news/who-opens-door-to-stakeholders-in-final-phase-of-pandemic-agreement-talks/>

**“Text-based negotiations on the final piece missing from the World Health Organization’s (WHO) Pandemic Agreement will begin in November – and “relevant stakeholders’ will be allowed to observe them for the first time as a “pilot”. ” “ This was resolved at the second meeting of the WHO Intergovernmental Working Group (IGWG), which concluded last Friday evening.”**

**“The Group of Equity proposed to the IGWG that the negotiations be opened up to “relevant stakeholders’, groups that have been formally recognised by the WHO. Several stakeholders have also made this call throughout the Pandemic Agreement negotiations. .... There are over 200 stakeholders, according to a WHO list. These include intergovernmental agencies, such as the United Nations, African Union, Pan-American Health Organization and the South Centre. Groups with observer status, including the vaccine alliance, Gavi, and the Global Fund, non-state actors in official relations with the WHO and other stakeholders recognised by the WHO can also attend. This opens the door to groups such as the Coalition for Epidemic Preparedness Innovations (CEPI), Drugs for Neglected Diseases initiative (DNDi), KEI, Medicines Patent Pool, Médecins Sans Frontières (MSF) and the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)....”**

PS: **“The meeting discussed the draft outline of elements that need to be addressed by the outstanding annex on a Pathogen Access and Benefit-Sharing (PABS) System, including operation, access, benefit-sharing and governance, scope and use of terms, according to its report.”**

**“After a series of informal meetings in the week of 6 October, the IGWG Bureau will prepare a draft of the annex, “taking into account all elements, building on the draft outline of elements and taking into consideration written submissions by IGWG Members, inputs received during the second meeting of the IGWG, and informal discussions”, according to the report. The actual negotiations will begin later at the third IGWG meeting from 3-7 November and continue at the final meeting of the year from 1-5 December.”**

## **CGD (blog)- Financing for Future Pandemics: Three Strategic Shifts We Need Now**

H Barroy, K Chalkidou & S Gupta; <https://www.cgdev.org/blog/financing-future-pandemics-strategic-shifts-we-need-now>

“... While the creation of the [Pandemic Fund](#) marked a significant step forward, the broader financing ecosystem remains fragmented. The [IMF's Resilience and Sustainability Facility \(RSF\)](#), despite its potential to support long-term investment at highly concessional rates, remains underutilized for PPR. Crucially, there is **still no scalable model for blended finance that bridges short-term emergency needs with long-term resilience**. Building better synergies that contribute to more sustainable and efficient financing models are therefore essential....”

“To move from fragmented efforts to a coherent, scalable, and sustainable financing architecture, **three strategic shifts are needed**: 1. Promote greater use of the RSF for PPR; 2. Mainstream new financing models; 3. Strengthen coordination and accountability....”

### The Independent Panel - Ellen Johnson Sirleaf and Helen Clark Urge Leaders to Use their Power to Make the World Safer from Pandemic Threats

<https://theindependentpanel.org/news/ellen-johnson-sirleaf-and-helen-clark-urge-leaders-to-use-their-power-to-make-the-world-safer-from-pandemic-threats/>

(19 Sept) “Her Excellency Ellen Johnson Sirleaf and the Right Honourable Helen Clark, co-chairs of The Independent Panel for Pandemic Preparedness and Response, today **released a new report outlining six priority areas for world leaders to focus on ahead of the 2026 UN High-level Meeting on Pandemic Prevention, Preparedness and Response...**”

The new [report](#) is titled: **The Power to Lead for a Safer World.**

### Nature News - Exclusive: RfK Jr cancelled mRNA research — but the US military is still funding it

[https://www.nature.com/articles/d41586-025-03093-6?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=16951367](https://www.nature.com/articles/d41586-025-03093-6?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=16951367)

“The **Department of Defense is continuing to bankroll projects** to develop vaccines against deadly pathogens.”

## AMR

### EU launches €253 million One Health Partnership against antimicrobial resistance

<https://www.publicnow.com/view/9B21A076EAC16DB5BDF12AA1CD079C6E5BD849CE?1758624425>

“The European Union has officially launched the [Partnership on One Health Antimicrobial Resistance \(OHAMR\)](#), a 10-year initiative with a budget of €253 million, co-funded with €75 million by [Horizon Europe](#). Aimed at combating the global health issue of antimicrobial resistance (AMR), which accounts for over 35,000 deaths annually in the EU, **the programme will provide innovative solutions by uniting 53 organisations across 30 countries....**”

“Ekaterina Zaharieva, Commissioner for Startups, Research and Innovation, stated, ***“Europe is ready to lead in the global fight against antimicrobial resistance. This partnership embodies our commitment to step up, innovate, and protect the foundations of modern medicine.”*** Coordinated by the Swedish Research Council, OHAMR emphasises the One Health approach to reducing antimicrobial use and resistance by strengthening research capacity, fostering collaborative research, supporting policy translation, and enhancing data utilisation.....”

## **Ebola DRC – Still a funding gap**

### **Reuters – Urgent support needed to prevent Ebola spreading in Congo, says Red Cross federation**

**Reuters:**

From late last week. **“Health facilities in the epicentre of an Ebola outbreak in the Democratic Republic of Congo are overwhelmed and essential supplies are running out, the International Federation of Red Cross and Red Crescent Societies said on Monday.** More resources are urgently needed to contain the outbreak, the IFRC said, as supplies of clean water and protective equipment near depletion.....”

- See also Stat - [A new Ebola outbreak in Congo kills dozens as health officials warn of lack of funds](#)

**“WHO spokesperson Tarik Jasarevic told the AP on Thursday that the organization’s only current funding for the outbreak response is a \$2 million emergency fund and around \$2.3 million from the United Kingdom, Germany, and the Gavi vaccine alliance.** That is far below the **WHO’s projected cost of around \$20 million** to respond to the outbreak over the next three months. “Without immediate support, gaps in operations will persist, jeopardizing efforts to contain the outbreak and protect vulnerable communities,” Jasarevic said.”

**“The Congolese authorities’ current national response plan is estimated at \$78 million.”**

### **CDC Says It’s Coordinating With the WHO, White House on Congo’s Ebola Outbreak**

**Notus:**

**“The Centers for Disease Control and Prevention said it is coordinating with the White House and the World Health Organization to respond to the Ebola outbreak in the Democratic Republic of Congo after infectious disease experts raised concerns about the U.S. government’s approach to the crisis.** The agency has deployed two epidemiologists and a senior advisor to Congo from the agency’s headquarters in Atlanta and is working to deploy more staff in coordination with the Democratic Republic of Congo’s Ministry of Health, a CDC spokesperson said in an email to NOTUS.....”

## Nature News – Ebola outbreak in the DRC: why is it so deadly?

[https://www.nature.com/articles/d41586-025-03101-9?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=16931283](https://www.nature.com/articles/d41586-025-03101-9?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=16931283)

**“Spillover event’ in which an animal infected humans** is likely to be the cause of 47 confirmed cases and 25 deaths.”

“Although the precise source of the outbreak is not known, **researchers say that it probably arose from a spillover event**, in which the virus transfers from an infected animal, such as a bat, to humans. **“It’s not identical to previous strains that have been identified, which strongly suggests that it’s a new spillover event,”** says epidemiologist Peter Horby of the Pandemic Sciences Institute at the University of Oxford, UK.....”

PS: **“Roll-out of the Ervebo vaccine, developed by pharmaceutical company Merck**, headquartered in Rahway, New Jersey, **has already begun**, says Bosa. **“With targeted geographical vaccination, we may see a quick end to this,”** he adds. Treatment with monoclonal antibody therapy (Mab114) is also in progress in treatment centres in Bulape.....”

PS: **“ DRC’s ministry of health has confirmed that the outbreak was caused by Zaire ebolavirus. Z. ebolavirus is the most dangerous strain of the virus, but there are approved vaccines and drugs for it, which could stem the outbreak if rolled out quickly enough, say researchers.....”**

## Trump 2.0’s “America First Global Health Strategy”

<https://www.state.gov/releases/office-of-the-spokesperson/2025/09/america-first-global-health-strategy/>

As already mentioned in last week’s IHP newsletter, the **Trump administration’s new global health strategy was published end of last week.**

Below you find some more coverage & analysis:

### Devex – Trump administration releases long-awaited global health strategy

<https://www.devex.com/news/trump-administration-releases-long-awaited-global-health-strategy-110860>

“It emphasizes **direct relationships and coinvestments with aid-receiving countries, boosting front-line health supplies and workers, protecting Americans from outbreaks originating abroad, and promoting American-made health products.**”

- See also [HPW – ‘America First’ Global Health Strategy Commits US to Funding Medicine and Health Workers – For Now](#)

## TGH – The New America First Global Health Strategy: Three Observations

S Psaki, T Bollyky et al ; <https://www.thinkglobalhealth.org/article/the-new-america-first-global-health-strategy-three-observations>

**“What the strategy means for supply chain reforms, transnational threats, and congressional oversight on global health spending.”**

“To achieve those objectives, the strategy outlines dramatic changes to how the United States has operated in global health historically. Although many of those shifts hold promise, they pose new challenges. **We highlight three of the policy and implementation obstacles that the State Department and Congress will face:** .... Loud Inclusions but Quiet Omissions .... Supply Chain Reforms Will Depend on Careful Execution .... Bilateral Partnerships Won't Solve All Transnational Threats .... Congress Will Have Less Oversight of How Taxpayer Money Is Spent.....”

**They conclude:** “Overall, the America First Global Health Strategy is a welcome step toward clarity on the role the U.S. government expects to play in global health during the Trump administration and charts a roadmap for input from Congress. This new strategy maintains some long-standing priorities, but envisions a very different approach to pursuing them, one that comes **with substantial challenges in implementation**. **Many of these shifts, including eliminating the silos in global health, streamlining supply chain systems, working more directly with partner governments, and prioritizing the development of robust global biosurveillance capacity, have the potential to build a solid foundation for continued U.S. leadership in global health.** “

## Nina Schwalbe- Global Health Cannot Be America First

[Nina Schwalbe \(on Substack\)](#);

“The President didn’t rewrite the U.S. global health strategy — **he killed it.**”

Schwalbe has a point. Read why.

Including this, of course: “...**Calling the new US global health strategy ‘America First’ is an oxymoron. By definition, a global health strategy can’t put America first — it’s global.**”

## NPR - What's in — and what's missing — in the new U.S. strategy for global health

[NPR](#);

Also with some first expert reactions. (and do check out in particular **what’s missing** in the new GH strategy)

See also Andrew Green ( [the Forsaken](#) ) : “**Trump’s new global health policy appears eager to cut funding to the NGOs that actually reach communities with HIV services, where government clinics are unable.** ...”

## Devex – What role will Africa CDC play in an ‘America First’ global health vision?

<https://www.devex.com/news/what-role-will-africa-cdc-play-in-an-america-first-global-health-vision-110890>

“The Trump administration says its future involvement in global health will prioritize country-to-country relationships. **The Pan-African public health agency is working to ensure it will still play a role in the country’s strategy.** »

« ... **Africa CDC sees its role as crucial to supporting bilateral relationships.** In its **statement** Monday, it called upon the U.S. to “promote collaboration” through regional and continental bodies to “better support the bilateral aspect of the America First Global Health Strategy.” ....”

PS: “ An Africa CDC spokesperson told Devex on Wednesday that the **concern by the AU committee of government leaders “was not about the legal scope, but rather about the perception that Africa’s continental public health institution might be excluded or singled out”** and that **“Africa’s public health agency must never be portrayed as ineligible or suspect.”** “.... In subsequent meetings with senior U.S. government officials, this perception was fully clarified. We were assured — and this was also stated publicly at the launch of the U.S. Global Health Strategy — that the **United States remains firmly committed to working with Africa CDC in implementing this strategy,**” the spokesperson said....”

PS: « The senior aide told Devex that **another reason Africa CDC was excluded from the global compacts in the bill is that the U.S. government has expressed concern to it about contributions it receives from the Chinese government, and how this could impact data security....”**

## TGH – America First in Global Health: How Africa Should Respond

E Okereke; <https://www.thinkglobalhealth.org/article/america-first-in-global-health-how-africa-should-respond>

“A new U.S. strategy reframes health assistance from a global public good to a strategic asset for national advantage.”

**Absolute must-read** – on how Africa should respond to the Trump administration’s new Global Health strategy.

## Devex – Trump's 'America First' global health plan sidelines NGOs

[https://www.devex.com/news/trump-s-america-first-global-health-plan-sidelines-ngos-110881?utm\\_term=Autofeed&utm\\_medium=Social&utm\\_source=Bluesky#Echobox=1758755796](https://www.devex.com/news/trump-s-america-first-global-health-plan-sidelines-ngos-110881?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky#Echobox=1758755796)

“A U.S.-based global health NGO was denied entry to a U.N. side event on the future of U.S. global health aid. It put a sharp edge on the Trump administration's plan to work with governments and the private sector — **but not NGOs.**”



“... Monday’s event [on the sidelines of UNGA80] offered a **clear picture of who the Trump administration wants involved in that process** — putting U.S. officials on stage with African health ministers and American tech and pharmaceutical companies — but not NGO leaders....”

PS: “... in discussions about the strategy, Smith — from the State Department — has stated that **the Trump administration intends to begin its new bilateral agreement model in the dozen or so countries with the largest U.S. global health funding portfolios, rather than in countries that are particularly primed for transitioning away from aid....**”

### Devex - Mark Green urges aid community to re-engage as US resets assistance

<https://www.devex.com/news/mark-green-urges-aid-community-to-re-engage-as-us-resets-assistance-110891>

“Former USAID Administrator Mark Green urged the development community to re-engage, warning that redesign must not become “retreat,” and stressing **their expertise is vital** to shaping the future of U.S. foreign aid.”

## Other Trump 2.0 updates

### Guardian - ‘Pay no attention’: global health agencies dismiss false Trump claim on everyday painkillers

<https://www.theguardian.com/society/2025/sep/23/global-health-agencies-dismiss-false-trump-claim-everyday-painkillers>

“Medical experts and regulators say US president should not be questioning established science.”

Eg. “**The World Health Organization said on Tuesday** that questioning the value of lifesaving vaccines was misguided and that evidence linking paracetamol use in pregnancy and autism was “inconsistent”....” *(looks like some WHO staff will have a full workday debunking Trump, Kennedy & co in the coming months and years... (deep sigh))*

### Devex - UNICEF scrubs sex ed pages targeted by US conservative group

<https://www.devex.com/news/unicef-scrubs-sex-ed-pages-targeted-by-us-conservative-group-110848>

“As **UNICEF faces steep funding cuts, at least six sex ed guides flagged by US conservative group C-Fam were removed from its website.** Staff say the move could set a troubling precedent.”

### Nature (News) - Hotly anticipated US vaccine meeting ends with confusion — and a few decisions

<https://www.nature.com/articles/d41586-025-03054-z>

“Vaccine advisers chosen by US health secretary Robert F. Kennedy Jr vote to restrict one childhood vaccine, but delay their decision on another.”

### **Stat - Trump threatens 100% tariffs on prescription drugs — unless companies build in the U.S.**

<https://www.statnews.com/2025/09/25/trump-pharma-tariffs-us-manufacturing-most-favored-nations/#>

“The post from the president comes days before the deadline he set for drug companies to lower their prices.”

## **Global Health Governance & financing**

Hefty (and important) section again.

### **Gates Foundation - With Millions of Children’s Lives on the Line, Bill Gates Says Humanity Is at a Crossroads**

[https://www.gatesfoundation.org/ideas/media-center/press-releases/2025/09/global-fund-pledge-goalkeepers?utm\\_source=twitter&utm\\_medium=social&utm\\_campaign=gk2025&utm\\_content=TM](https://www.gatesfoundation.org/ideas/media-center/press-releases/2025/09/global-fund-pledge-goalkeepers?utm_source=twitter&utm_medium=social&utm_campaign=gk2025&utm_content=TM)

“At 2025 Goalkeepers event, Gates lays out roadmap for saving millions more children’s lives by 2045 if governments stretch every dollar and scale a pipeline of affordable, lifesaving innovations. Announces new pledge to the Global Fund 2026-2028 replenishment to prevent deaths from AIDS, TB, and malaria (of \$912 million over three years to the GF’s 2026-2028 replenishment.)

PS: “The foundation’s new pledge brings its total commitments to the Global Fund to \$4.9 billion since 2002, making it one of the foundation’s largest investments. ....

- And via Reuters - [Spanish Prime Minister Pedro Sánchez received the Gates Foundation's Global Goalkeeper Award for 2025 for Spain's increased support for global health and expanded development aid.](#)
- See also the Telegraph : [Gates Foundation pledges \\$1bn to fund fighting HIV, TB and malaria, piling pressure on UK](#)

“....Speaking at the Gates foundation annual event in New York on Monday, **Pedro Sanchez, the Prime Minister of Spain, said that Western governments are sending the “wrong message” by increasing defence expenditure and decreasing aid expenditure.** Mr Sanchez added that countries must “face the reality that we have in the eastern flank of Europe, which is this neo-imperialism of (Russian President Vladimir) Putin, vis-a-vis countries such as Ukraine, but **not create this false, or fake trade-off between aid and defence expenditure.**” ....”

- Related: [Global Fund Celebrates Private Sector Pledges Exceeding US\\$1 Billion on Sidelines of UN General Assembly](#) With an overview of private sector contributions so far.

## NEJM - From Health to Wealth — Reframing Global Aid through the Gates Foundation's Final Chapter

Steven Phillips;

[https://www.nejm.org/doi/full/10.1056/NEJMp2508188?query=featured\\_secondary\\_home#ap1](https://www.nejm.org/doi/full/10.1056/NEJMp2508188?query=featured_secondary_home#ap1)

Pretty cool NEJM Perspective.

In the words of Jocalyn Clark (on Bluesky): **“Really excellent overview (& reminder) of the evolution of the #GlobalHealth and development landscape over the decades of Gates Foundation investments and influence. And the implications for the Foundation's sunset plan...”**

A few excerpts:

**“... As BMGF enters its final chapter, this gap becomes unavoidable. The foundation’s core proposition — that health begets wealth — must contend with the mixed macroeconomic evidence. The sunset strategy must move beyond validating the efficacy of biomedical and public health interventions to demonstrating that large-scale health investments can build inclusive prosperity and local capacity. Several critiques of BMGF should be confronted in this reckoning....”**

**“... Doing so will require more than massive funding. It will demand longitudinal studies tracing how health gains translate into educational, labor, and productivity outcomes. It will necessitate deeper institutional collaboration between ministries of health and finance, and an integrated approach to embedding health within national development strategies. It will also require support for locally led models and innovations that prioritize community ownership and context sensitivity. Above all, BMGF’s final act must help build a fairer and more open global health system — one that weighs disease control alongside the need for community voice, equity, and power sharing....”**

## HPW (op-ed) – Staff Unrest at WHO – ‘Extraordinary’ Assembly Shifts Gears from Silence to Sirens

<https://healthpolicy-watch.news/staff-unrest-at-who-extraordinary-assembly-shifts-gears-from-silence-to-sirens/>

Ps: *“The op-ed was submitted by a group of WHO staff representing diverse levels and functions in the organization, who requested anonymity, due to fear of reprisals.”*

**“In a [4 September message](#), the WHO/HQ Staff Association called for an Extraordinary General Assembly (EGA), now due to take place on Monday, 22 September. The message acknowledged what many staff were feeling: profound change, deep uncertainty, and a heavy personal and professional toll. Their statement flagged key concerns raised by many WHO staff about the**

process that WHO's top leadership has followed to make steep cuts in positions, worldwide and particularly at its Geneva Headquarters. ..."

**"Transparency, fairness and sustainability cited as key concerns in process ...."** "An Open House was convened on 9 September to hear staff points of view. That is to be followed by the EGA on Monday, where **staff members will vote on three resolutions contained in a "Call to Action" that has been circulating in parallel. ...**"

Yet, authors of this op-ed argue: **"... the question remains: what purpose does a petition serve if there is no really independent mechanism to review the decisions being taken?...."**

They conclude: **".... For this petition to be truly extraordinary, staff, represented by the Staff Association, should also push for a genuinely independent mechanism where they can hold the Director-General himself accountable for all his decisions and actions—including the dishonourable removal of those who served with integrity. While the damage has already been done to those who lost their jobs due to so called restructuring, such an independent mechanism could protect others in the future."**

## **EU renews support for WHO's Universal Health Coverage Partnership**

<https://www.who.int/news/item/22-09-2025-eu-renews-support-for-who-s-universal-health-coverage-partnership>

**"The World Health Organization (WHO) and the European Union (EU) have renewed their collaboration on achieving universal health coverage with the launch of Phase V (2025–2028) of the Universal Health Coverage (UHC) Partnership – WHO's largest platform for strengthening health systems and advancing primary health care. The announcement was made today by the European Commissioner for International Partnerships, Jozef Síkela and WHO Director-General, Dr Tedros Adhanom Ghebreyesus on the sidelines of the 80th UN General Assembly in New York City. With a new EU financial support of €40 million and an additional contribution foreseen in 2027, the EU and WHO will focus through this Phase V on building resilient, equitable, and people-centred health systems – key to achieving the health-related Sustainable Development Goals (SDGs). The EU is a founding and leading donor to the UHC Partnership, enabling WHO to provide long-term, in-country technical support aligned with national health priorities....."**

## **Reuters – UN proposes closing UNAIDS in 2026 as funding cuts bite**

<https://www.reuters.com/business/healthcare-pharmaceuticals/un-proposes-closing-unaid-2026-funding-cuts-bite-2025-09-19/>

From late last week. **"The United Nations agency focusing on the HIV/AIDS pandemic could close by the end of next year as the U.N. restructures in the face of a funding crisis, according to a U.N. document published online. UNAIDS will "sunset" by the end of 2026, the document published on Thursday reads, part of a set of proposals from the U.N. to member states which they will have to decide on. It adds that UNAIDS' expertise should be shifted into the wider U.N. system in the following year."**

PS: **"... UNAIDS said in a statement in response to the document that it already had a transition plan in place which would see a 55% reduction in staff in the short term and a review in 2027 that would**

ultimately lead to its closure....” “ It said **any accelerated timeline** as outlined in the U.N. document, which was drafted by the Secretary General, **would have to be approved by the UNAIDS board.**”

- see also (via [Devex](#)) **W Byanyima** at an UNGA80 event (responding to the Guterres plan):  
“**“We are not going to disappear before the [HIV] pandemic itself has been sunset,”**  
**Byanyima said, drawing applause. “We will change, but we are not going to disappear.” )**
- See also [Devex](#):

“The same day that the U.S. unveiled its global health plan, **United Nations Secretary-General António Guterres rolled out his own reform blueprint** — which my colleague Colum Lynch describes as a sweeping proposal to merge agencies, cut senior posts, and consolidate functions across the U.N. system in the name of efficiency. **The proposal** — **which will still require approval by U.N. member states** — **calls for merging UNOPS into the U.N. Development Programme, combining the U.N. Population Fund and UN Women, and shuttering or sunseting UNAIDS by the end of 2026.** “

## Sunseting UNAIDS would be a Historic ERROR

Erika Castellanos; [LinkedIn](#)

“... UNAIDS is not merely another UN programmatic node. **It is the only UN body whose governance structure embeds communities, including people living with HIV, key populations and civil society, within its Programme Coordinating Board, giving communities an institutionalized voice and a formal seat at the table.** That design is not symbolic. It is the **backbone** of a response that has consistently centered **human rights, community-led monitoring and lived experience alongside epidemiology and programmatic evidence.** To erase this arrangement in the name of “mainstreaming” is to invert the very lesson HIV taught global health: *responses succeed when communities are not afterthoughts but co-architects....*”

Also raising some additional concerns.

## TGH - After U.S. Retreat, Europe Recasts Its Role in Global Health

Emma Ross (Chatham House); <https://www.thinkglobalhealth.org/article/after-u-s-retreat-europe-recasts-its-role-in-global-health>

**“Europe is transitioning from a supportive role in the shadow of U.S. dominance to political and normative leadership in global health.”**

“Europe is transitioning from a supportive role in the shadow of U.S. dominance to political and normative leadership in global health, **framing this issue more as one of security and resilience than of development cooperation, its previous characterization.** ...”

“...As the fiscal space tightens, European countries are expected to focus on supporting the multilateral institutions and initiatives they have traditionally championed, though at lower levels...”

Re **“The Center of Gravity Shifts From Geneva”**: “ .... Another knock-on effect of the U.S. WHO withdrawal is **intensifying debate over Geneva's future as the global health diplomacy hub**. Given the WHO's restructuring of its headquarters and dramatically contracting of its staff and programs, regions showing increased public health interest, and growing calls to shift from Eurocentric power concentration, **serious discussion is emerging about how to reshape WHO's structure and redistribute global health governance institutions**. More authority will need to be granted to regions on the front lines of pressing health challenges, **either to WHO regional offices or even further decentralized to more than 800 WHO collaborating centers across more than 90 member states**. This trend is starting already and will inevitably result in more distributed decision-making power, leadership, and resources. **A federation model could be an appropriate way forward**, Geneva retaining control over matters requiring global consensus, uniformity, or coordination. “

Concluding: **“As the move toward regionalization in global health continues, champions of the multilateral approach must build coalitions with those regional groups to minimize the risk of uneven preparedness across the world**. As regions build their capacity, the WHO's hands-on approach should decline, transitioning to complementary role rather than substituting for local capacity. **Europe faces a strategic crossroad in its global health engagement and must decide whether it intends to shape opportunities for a new, polycentric, global health governance model as it unfolds.** “

### **BMJ Editorial – Loss of Global Britain in global health**

C Wenham; <https://www.bmj.com/content/390/bmj.r1970>

“Lack of political engagement is increasing health risks in the UK and abroad.”

Concluding: **“... without political will, the UK's global health legacy risks fading into memory.”**

### **BMJ Editorial – Supporting the Global Fund to Fight AIDS, Tuberculosis, and Malaria**

Peter Piot et al; <https://www.bmj.com/content/390/bmj.r1943>

**“UK must step up to support global multilateral efforts to tackle disease.”** With focus on UK's support, as a co-host of the Replenishment in November.

**“... In November 2025 the Global Fund hosts its eighth replenishment, seeking to raise \$18bn in funding for the next three years**. It estimates this funding will save up to 23 million lives and prevent 400 million new infections across these three diseases by 2029 if delivered synergistically with the domestic efforts of affected countries. **In low income countries, such development assistance for health represents nearly 30% of total health expenditures, with a higher percentage for the three diseases covered by the Global Fund**. At a time when others are stepping back, the UK's leadership, as co-host with South Africa, of the Global Fund's replenishment matters more than ever.....”

**“With intense pressure on resources, questions arise about whether specific funding for HIV, TB, and malaria remains justified as a priority**. And indeed, there are calls for reform of disease specific programmes and other global health organisations, including the Global Fund, to ensure local ownership, capacity, and resiliency. Yet **the scale of the fund's impact is undeniable: these three**

diseases together account for nearly 2.5 million deaths annually and cost economies billions in lost productivity. In sub-Saharan Africa, HIV remains the leading cause of mortality among adults of working age, and TB is now the leading infectious cause of death worldwide. **Affordable interventions produce big health benefits.** Progress on HIV and TB is possible only with collaboration and shared responsibility. No single nation can succeed while others fall behind. **The UK government must therefore resolutely support the Global Fund, at a level not below the £1bn given in the last replenishment."**

### ECDPM (paper) - A shared agenda to advance health sovereignty through Africa-EU-Global Fund partnerships

<https://ecdpm.org/work/shared-agenda-advance-health-sovereignty-through-africa-eu-global-fund-partnerships>

**"Philomena Apiko and Katja van der Meer highlight how the Global Fund aligns with Africa's agenda for health sovereignty,** demonstrating the fund's role in supporting continental health frameworks, regional health financing hubs and cross-border health initiatives."

**"... The analysis shows that the Global Fund and the EU's Global Health Strategy share a broad range of priorities. It also identifies opportunities to strengthen cooperation** between the Global Fund and the EU to achieve the ambitions of the Global Gateway strategy and health-related Team Europe Initiatives (TEIs). Deeper engagement could transform shared priorities into greater joint impact. The paper highlights the Global Fund's unique strengths, including its market shaping, catalytic financing model, focus on vulnerable populations and a governance model that prioritises equity and community voice. For the EU, investing in the Global Fund can be a strategic move that strengthens global health security and fosters stronger partnerships. **Team Europe, African partners and the Global Fund need to collaborate more strategically to secure financing and explore innovative models towards achieving universal health coverage and for a healthier, more equitable world...."**

### Plos GPH – The Trump Administration's 'earthquake' is why we need the New Public Health Order

Peg Murray-Evans, Sophie Harman, Moses Mulumba et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005040>

**« Trump's earthquake is an opportunity to double-down on Africa CDC's vision for a New Public Health Order,** one where Africa is not dependent on foreign aid or the whims of global powers. The main focus of this new order has been rapid investment and interest in the local manufacturing of vaccines and medical counter-measures, to meet Africa CDC's ambition to make 60% of vaccines for Africa, in Africa. **Financing cuts, an emerging trade war, and ensuing supply chain disruption** could derail this ambition. To prevent this and really deliver on a New Public Health Order for Africa, **we argue that urgent action is required on the decentralisation of power over vaccine and other medical supply chains, financing that supports African health priorities, high-level regional political cooperation, and meaningful community participation."**

### BMJ Feature – Surviving the aid cuts: how countries are sustaining health services

<https://www.bmj.com/content/390/bmj.r1961>



“Cuts to foreign aid have endangered millions of lives and left public health infrastructure teetering. **Simon Williams** reports on **how affected countries are stepping up to fill the gap.**”  
**Informative piece on what’s being done in various SSA countries.**

“...Amid the devastating consequences of the cuts, **there are signs that countries are stepping up and their actions may lead to more sustainable health services for the future.** .... Some nations have started to **explore new ways of funding health services**—including by allocating more of their domestic budget to healthcare, incorporating specific services into national health programmes and funding, or introducing new taxes or increasing existing ones to raise revenue.....”

“...**South Africa’s approach** is part of a **trend to integrate specific “vertical” health programmes into general healthcare.** Kuppalli says there are also efforts to incorporate HIV, TB, and malaria programmes into broader universal health coverage in many other countries.....”

PS: “...For the countries that have been most reliant on foreign aid it is too early to go it alone, and so there is still an important role for global funds to play....” “ “Although the US is retreating from global aid commitments, **other funders are still active and trying to plug what gaps they can....**”

## **The Forsaken – Not going back**

A Green; <https://theforsaken.substack.com/p/not-going-back>

“The Trump administration's aid cuts have **Malawi rethinking its relationship with donors.**”

“... **Up to this point, Malawi had thought itself in a partnership—albeit an asymmetrical one—jointly fighting with donors like the United States to end the country’s AIDS epidemic.** It turned out the Trump administration saw U.S. aid as an investment, to be withdrawn whenever Washington was displeased with the returns.... .... That **prompted Malawian health officials, only weeks after the funding pause, to release a framework recalibrating their relationship with donors.** “To prevent this type of service disruption from happening again in future,” the framework reads, the ministry intends to set priorities, which partners can work to support. Donors are expected to incorporate and train government employees in every component of any project they fund. And the Malawian government will retain control of all supply chains and digital systems.....”

## **Bloomberg - Rights Groups Call for Probe of World Bank Hospital Funding**

[\*\*Bloomberg;\*\*](#)

“**More than 50 human rights organizations and international development experts are calling on the World Bank to investigate its health-care investments in Africa and Asia, citing alleged patient abuses.** The groups are **urging the International Finance Corp. to freeze funding to for-profit health-care providers and to investigate,** and are asking the bank to put in place procedures to ensure those harmed can seek remedies. The groups wrote that Bloomberg's findings “corroborate years of evidence and concerns” about harm caused by the IFC's healthcare investments to patients, workers and health systems.”

## Devex - Public backs global cooperation as trust in institutions falters

<https://www.devex.com/news/public-backs-global-cooperation-as-trust-in-institutions-falters-110849>

(see also last week's IHP news) **"A global survey of over 35,000 people shows overwhelming support for cooperation on jobs, health, and climate, but declining trust in the institutions tasked with delivering it."**

"The [Rockefeller Foundation] [poll](#) showed an overwhelming belief that global cooperation is important for jobs, economic development, food and water security, global health, climate, and poverty and inequality...."

## Global Cooperation Project - Public Good Narrative Project

J Glennie & B Phillips ; <https://globalcooperation.institute/public-good-narrative-project/?s=09>

Important project for our times – towards a **new narrative**.

If you're short of time, check out the 4-page [exec summary](#).

## Lancet Global Health (Comment) - Global health reimaged: proposed functions, structures, and forms from five regions

S Saleh, K Lee, C Kyobutungi et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00406-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00406-1/fulltext)

Must-read from the **authors of the 5 regional Wellcome consultation papers**.

"The Wellcome Trust commissioned a set of five regional proposals as starting points to reimagine global health in this new era, including potential forms and functions of a new global health architecture, and the pathways to get there. **Although each of these Wellcome-commissioned proposals suggests a new global health architecture, a common consensus emerges on the need for substantive change to better prepare for global health challenges of the future.** Despite their diverse origins and approaches, **the five proposals converge on several fundamental points.** .... "

PS: "....Although there is broad convergence on the need for reform, **several critical issues remain unresolved and demand deeper discussion....**" (as you notice, you'll have to read this Comment 😊)

## Devex - Helen Clark: Global health reforms need 'adult conversation'

<https://www.devex.com/news/helen-clark-global-health-reforms-need-adult-conversation-110924>

"I think if the key funders came together and said, 'Look, you know, we can't continue to fund this range of agencies. This is the kind of set of reforms we need,' something would happen," the former prime minister of New Zealand said at a Devex event during UNGA80."

**“The views of low- and middle-income countries are also vital, she said... ... “What you tend to find, having worked in the multilateral system, is that the funders will say one thing at one board and a different thing at a different board. ... So who’s coordinating backstage?” she said. “I think if the key funders came together and said, ‘Look, you know, we can’t continue to fund this range of agencies. This is the kind of set of reforms we need,’ something would happen. But that hasn’t happened yet.”**

**“What has happened to date is that different entities have come out with the Lusaka Agenda, which provides a framework for better coordination between global health initiatives. But Clark said the conversation needs to move beyond just how entities work together, to an examination of the role of the [World Health Organization](#). “There needs to be what I refer to as an adult conversation about what’s the best configuration here,” she said.”**

**“That conversation needs to include multilateral development banks, given the trillions of dollars or euros they have at their disposal, said Donnelly, chair of the G20 and G7 Health and Development Partnership...”**

### **Lancet eClinical Medicine (Editorial)- Reimagining global health architecture for a sustainable future**

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(25\)00465-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00465-1/fulltext)

**“Global health architecture—the system of principles, agreements, and actors of global health—emerged in its modern form in the post-Second World War period that assumed steady economic expansion. Today, this growth-dependent model is in crisis; debt-driven instability undermines health expenditure, ecological limits are exceeded, and political distortion fuels militarisation and weakens multilateral institutions. The COVID-19 pandemic revealed serious shortcomings in coordination, financing, and leadership in global health—5 years on, these governance gaps remain unresolved. Global political polarisation has intensified, further weakening trust in multilateral institutions and straining under-resourced health systems. Addressing this vacuum in global health architecture requires more than institutional reform; it calls for a broader socioecological transformation. One Health, an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals, and ecosystems, has emerged as the conceptual pillar of this transformation. World Environmental Health Day, marked on Sept 26, 2025, and led by the International Federation of Environmental Health, focuses this year on clean air and serves as a reminder of the need to place sustainability and the integration of One Health in all policies to shape a new global health architecture.....”**

Concluding: **“... The new global health architecture grounded in a socioecological transformation should prioritise equity by protecting the rights and interests of poorer nations and populations, while limiting the dominance of corporate or geopolitical agendas. The growth-dependent model underpinning global health architecture has reached its limits; what follows must be scientifically grounded, structurally fair, and ethically defensible.”**

### **Lancet Letter – Health rights and accountability**

Paul Hunt; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01808-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01808-2/fulltext)

“... If we are serious about accountability for global health, we cannot depend upon states and their international agencies. The state-centred approach is not working. Instead, we must look to where human and collective rights belong: communities, peoples, and social movements. We need a global health coalition of robustly independent organisations that are closely aligned with these constituencies. The global health coalition should establish a human rights accountability panel or platform. The coalition's organisations—and their communities, peoples, and social movements—would ask the panel to consider carefully selected and defined global health issues and hold specific human rights duty-bearers to account, such as a state, corporation, or multi-stakeholder initiative...”

“... In short, health rights and accountability from below, also known as a bottom-up approach, would address today's feeble accountability for global health.”

## Global Policy - Development Cooperation at a Tipping Point: How do policy norms break?

<https://www.globalpolicyjournal.com/blog/26/09/2025/development-cooperation-tipping-point-how-do-policy-norms-break>

“Stephan Klingebiel and Andy Sumner on the fragmentation of the global normative landscape and the need for pragmatic adaptation from policymakers.”

Must-read blog linked to a new Discussion paper - [Development cooperation at a tipping point: how, why and through what mechanisms do policy norms break?](#)

“ The paper makes the case that the return of Donald Trump to the US presidency is more than a shift in one country's policies. It marks a potential normative tipping point in global development cooperation. To explain this, the paper sets out four key arguments that together describe how norms break, what replaces them, and why it matters....”

## Global Tax & Debt Justice

### CESR - Key Voices: Steven Dean on global tax justice, racial capitalism, and dismantling Global Jim Crow

<https://www.cesr.org/key-voices-steven-dean-on-global-tax-justice-racial-capitalism-and-dismantling-global-jim-crow/>

“Tax rules shape who gets to live with dignity and who is denied that right. In this edition of Key Voices, our series highlighting allies advancing economic justice and human rights, professor of law Steven Dean unpacks the racial and colonial foundations of the global tax system and explains why reclaiming taxing rights is essential to building a just world.”

“...For Steven, tax rules are not just technical instruments. They are deeply political tools that determine who has access to resources, and who does not. CESR has worked alongside Dean to challenge the dominant narratives shaping global tax policy, including through a [joint civil society statement](#) calling on the OECD to integrate human rights into its approach and in a [UN submission to](#)

the [Committee on the Elimination of Racial Discrimination \(CERD\)](#) addressing how global tax rules reinforce racial injustice. .... His latest book, [Racial Capitalism and International Tax Law: The Story of Global Jim Crow](#), explores how the global tax regime took shape as newly independent, majority-Black nations in Africa began to assert their right to tax multinationals. This shift threatened the power of wealthy states and helped cement the OECD's dominance in global tax policy....”

## Tax Justice Network - Why Climate Justice Needs Tax Sovereignty

B Agata et al; <https://taxjustice.net/2025/09/24/why-climate-justice-needs-tax-sovereignty/>

“This October, climate and tax justice movements will gather in Brazil for [A Climate for Change: Towards Just Taxation for Climate Finance](#). The two-day conference at UNICAMP (13–14 October 2025) comes at a pivotal moment: just weeks before COP30 in Belém and on the road to the next stage of UN tax convention talks in Nairobi. “

“The arc from **Belém to Nairobi** defines the crossroads we face. In Belém, governments will deliberate on how to mobilise trillions for the climate transition. In Nairobi, they will decide who sets the tax rules that determine where that money comes from and who controls it. **Linking the two is vital: without tax justice, climate finance will remain unreliable, unequal, and undemocratic. Without climate justice, tax revenues will remain misdirected, inequitable, and detached from the people and priorities that matter most. ....”**

- And a link: [Debt justice and girls' rights: Malala Fund and partners launch advocacy tool ahead of G20 Summit](#)

## Planetary Health

PIK – Seven of nine planetary boundaries now breached – ocean acidification joins the danger zone

<https://www.pik-potsdam.de/en/news/latest-news/seven-of-nine-planetary-boundaries-now-breached-2013-ocean-acidification-joins-the-danger-zone>

“A new report from the Planetary Boundaries Science Lab at the Potsdam Institute for Climate Impact Research (PIK) reveals that 7 of the 9 critical Earth system boundaries have now been breached, one more than last year.”

“The seven breached boundaries are: Climate Change, Biosphere Integrity, Land System Change, Freshwater Use, Biogeochemical Flows, Novel Entities, and **Ocean Acidification (new in 2025)**. All of these seven boundaries show worsening trends....”

In other words, the **2025 Planetary Health Check** is dire.

## Climate Change News - As China and EU disappoint, prospects of meeting 1.5C climate target fade

<https://www.climatechangenews.com/2025/09/25/as-china-and-eu-disappoint-prospects-of-meeting-1-5c-climate-target-fade/>

(gated) “After Donald Trump’s tirade against global climate action earlier this week, **many campaigners were hoping for a more robust response from the European Union and China.**”

## NYT – It Isn’t Just the U.S. The Whole World Has Soured on Climate Politics.

David Wallace-Wells; <https://www.nytimes.com/2025/09/16/magazine/climate-politics-us-world-paris-agreement.html?smid=nytcore-ios-share&referringSource=articleShare>

Interesting long essay. “How do we think about the climate future, **now that the era marked by the Paris Agreement has so utterly disappeared?**”

PS: **the good news:** “.... global leaders may be talking less about the risks of warming and the necessity of limiting it, these days, but **on the ground, decarbonization is nevertheless racing ahead. “It’s not about climate politics anymore,” says Christiana Figueres**, former head of the U.N.’s Framework Convention on Climate Change and one of the architects of Paris. **“It’s about climate economy.”**

## Guardian – Fossil fuel burning poses threat to health of 1.6bn people, data shows

<https://www.theguardian.com/environment/2025/sep/24/fossil-fuel-burning-threat-health-16bn-people-data-shows>

**“New interactive map tracking PM2.5 air pollution reveals 900m people in path of ‘super-emitting’ industrial facilities.”**

**“A new [interactive map from Climate Trace](#), a coalition of academics and analysts that tracks pollution and greenhouse gases, **shows that PM2.5 and other toxins are being poured into the air near the homes of about 1.6 billion people.** Of these, **about 900 million are in the path of “super-emitting” industrial facilities** – including power plants, refineries, ports and mines – that deliver outsize doses of toxic air.....”**

**“The organisation highlighted 10 urban areas particularly badly affected by super-emitters, including Karachi in Pakistan; Guangzhou in China; Seoul in South Korea; and New York in the US, where leaders from around the world are meeting this week for the UN general assembly.....”**

## Access to medicines, vaccines and other health technologies

In addition to some of the news already reported in the #UNGA80 sections.

## Addis Insight -Africa CDC Unveils \$3.2 Billion Plan to Transform Vaccine and Drug Production

<https://www.addisinsight.net/2025/09/22/africa-cdc-unveils-3-2-billion-plan-to-transform-vaccine-and-drug-production/>

(12 Sept) “The Africa Centres for Disease Control and Prevention (Africa CDC) has announced a landmark \$3.2 billion financing package to accelerate vaccine and pharmaceutical production across the continent. The initiative is widely viewed as a turning point for African health sovereignty, aimed at reducing the region’s chronic dependence on imported medicines and strengthening its long-term economic resilience.”

“... Abebe Getenu, Africa CDC’s local producer coordinator, confirmed that \$2 billion will come from the African Export–Import Bank (Afreximbank), while the remaining \$1.2 billion will be provided by the Gavi Africa Vaccine Alliance. The combined investment is designed to expand existing manufacturing capacities and build new, state-of-the-art facilities capable of producing vaccines and essential drugs at scale.”

## Human Resources for Health

### Guardian - Violence in GP surgeries driven by waiting times and drug refusals, global study shows

<https://www.theguardian.com/society/2025/sep/23/violence-in-gp-surgeries-driven-by-waiting-times-and-drug-refusals-global-study-shows>

“Research covering 24 countries finds female and younger staff face worst aggression from patients.”

“The research, by Shihning Chou, an associate professor of forensic psychology at the University of Nottingham, is the first to look at aggression against GP staff as a global phenomenon. She based her findings on an analysis of 50 previous studies from 24 countries, including the UK, China, Australia, Germany, Ireland, Kuwait and Barbados.....”

- See the Research in [BJGP: Violence and abuse towards general practice staff by patients and the public: a scoping review](#)
- Related: [Project Syndicate – Violence Against Health Workers Must End](#)

“The World Health Organization estimates that as many as 38% of health-care workers suffer some form of physical violence, perpetrated mostly by patients and visitors, at some point in their careers. This harms not only the workers, but also the health of the populations they serve.....”



## Devex – Collaboration key to combatting health worker shortages

<https://www.devex.com/news/sponsored/collaboration-key-to-combatting-health-worker-shortages-110907>

“How can host countries and countries of origin work together to address global workforce shortages through effective cooperation mechanisms? **On the sidelines of UNGA80, experts discussed potential solutions.**”

## Global health governance & Governance of Health

### ODI - Dialogue #3: UN Reform in a Post-Aid World

H Aly et al ; <https://odi.org/en/publications/dialogue-3-un-reform-in-a-post-aid-world/>

“Between October 2024 and June 2026, ODI Global is hosting a groundbreaking series of dialogues to co-create a new vision for Northern bilateral donorship – one that meets the challenges and complexities of the 21st century. This third dialogue, held in Bern in September 2025 and co-hosted with the Swiss Agency for Development and Cooperation (SDC) brought together over 40 bilateral donor officials, current and former UN officials, researchers, civil society and leading thinkers to tackle the question of UN Reform in a Post-Aid World.”

“This publication summarises the conversations and ideas shared, offering a snapshot of the evolving perspectives, and new possibilities that defined the dialogue. From honest acknowledgements of donor behaviours that undermine the UN’s ability to deliver on its core value proposition to urgent calls for reimagining the UN’s role amidst its current financial crisis and shrinking global aid budgets, the dialogue considered what a longer-term vision of the UN in a “post-aid world” might look like.”

With five key takeaways.

### TGH - WHO, PAHO, and the Future of Health in the Americas

V Costoya; <https://www.thinkglobalhealth.org/article/who-paho-and-the-future-of-health-in-the-americas>

“For Latin America and the Caribbean, preserving the integrity of the WHO and PAHO is not optional but a strategic necessity.”

“As global leaders gather at this week's UN General Assembly in New York City to debate the future of multilateral cooperation, the financing of international institutions, and the solutions to the increasing burden of noncommunicable diseases, this article outlines three interconnected points on the urgent need for global health investment in Latin America: (1) The critical role that the WHO and its regional office, the Pan American Health Organization (PAHO), play in sustaining public health systems in LAC. (2) The importance of primary health care as a driver of equitable human development. (3) Why the weakening of global health governance threatens both fundamental human rights and economic efficiency.”

Among others pointing to **Argentina under Milei** as a case in point.

### **Development Today – Danish aid steady, but business interests and realpolitik penetrate the budget**

<https://www.development-today.com/archive/2025/dt-7--2025/danish-aid-steady-but-business-interests-and-realpolitik-penetrate-the-budget>

(gated) “On the surface, **Denmark’s aid is steady and predictable**. But in this time of global turmoil and the downward spiral in global aid, **Danish development assistance is increasingly being transformed into a realpolitik toolbox in the hands of Foreign Minister Lars Løkke Rasmussen**. The aid budget proposal for 2026 solidifies this trend.”

### **Devex (Pro) – The state of French aid: A look into AFD’s €21 billion portfolio**

(Gated) [https://www.devex.com/news/the-state-of-french-aid-a-look-into-afd-s-21-billion-portfolio-110866?utm\\_source=twitter&utm\\_medium=social&utm\\_campaign=devex\\_social\\_icons](https://www.devex.com/news/the-state-of-french-aid-a-look-into-afd-s-21-billion-portfolio-110866?utm_source=twitter&utm_medium=social&utm_campaign=devex_social_icons)

“According to the French Development Agency, its economic model enables it to turn every €1 invested by the French government twelvefold.”

“In 2024, France was the world’s fifth largest bilateral donor. Despite its recent drop in official development aid, the country remains one of the most generous donors across the globe, contributing 0.48% of its gross national income to foreign aid in 2024. ...”

“At the center of Paris’ development push is the French Development Agency, AFD, which uses government subsidies to borrow from other sources and lend on, according to our data reporter Miguel Antonio Tamonan. Just 15% of AFD’s annual €25 billion capacity comes from public money, while the rest is borrowed or cofinanced....”

“Sub-Saharan Africa remains the top destination for AFD’s loans and grants, while India leads among country recipients, with €1.8 billion largely focused on transport. Energy, water and sanitation, and climate action dominate AFD’s sectoral portfolio — with 427 active projects accounting for €20.7 billion (\$24.4 billion) across the world....”

### **CGD - Foundations in a World of Falling Aid Flows**

C Kenny; <https://www.cgdev.org/blog/foundations-world-falling-aid-flows>

“...this week in New York, foundations that work in global development are [busy discussing their role in a changed world](#). I think they have a critical role, but it is a role that acknowledges, advertises and responds to their limits.”

Kenny then discusses “An Agenda for Philanthropy”. With a number of recommendations for the foundations.

## Brookings – Rethinking multilateralism for a new era

B S Coulibaly et al; <https://www.brookings.edu/articles/rethinking-multilateralism-for-a-new-era/>

“From trade wars to the climate crisis, many of today’s challenges require international cooperation. Yet current multilateral arrangements are struggling. It is time to rebuild a multilateral system fit for today’s challenges and reflective of contemporary economic and geopolitical dynamics.”

“... There are competing visions of multilateralism today, from the expansive to the minimalist. What is clear is that, in the face of today’s political realities, multilateralism must have a narrower, sharper focus on areas where global collective action is truly necessary, such as global public goods and core disciplines against beggar-thy-neighbor policies—climate protection, global public health, global financial stability, essential rules for international trade and finance, and AI safety. The institutional architecture of multilateralism must be rethought. One important question is whether existing multilateral development banks can be repurposed to focus on the provision of global public goods or whether new institutions are needed.....”

## Global Public Health - Health diplomacy for a resilient Africa: Addressing shared threats and fostering regional collaboration

Majani Edward et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2553637?src=>

“Africa faces complex, interconnected health challenges like endemic diseases and pandemics, which overwhelm its healthcare systems. **This article argues that health diplomacy is a vital tool for tackling these issues through regional collaboration.** Health diplomacy, in the African context, means **strategic engagement and negotiation among countries, regional bodies, non-state actors, and international partners.** The article highlights the urgent need for this approach due to increased cross-border movement, climate change, shared resource constraints, and geopolitical interdependencies. **It identifies key areas where health diplomacy is crucial: disease surveillance and control, cross-border healthcare access, harmonizing health policies, and joint procurement of medical supplies.** The article also **examines the roles of major players like the African Union (AU), Regional Economic Communities (RECs), NGOs, and international organizations.** Looking ahead, it outlines strategies to strengthen health diplomacy by leveraging digital health, addressing climate-related health risks, promoting youth and gender inclusion, and securing sustainable financing. “

## Global health financing

### Health Science Reports - A Wake-Up Call: Can Africa Sustain HIV/AIDS Programs Without Foreign Aid?

Olivier Uwishema et al; <https://onlinelibrary.wiley.com/doi/10.1002/hsr2.71248>

“This study investigates the implications of foreign aid withdrawal and explores sustainable strategies for the future of HIV/AIDS care on the continent..... We conducted a comparative case analysis, **using Botswana as a model for successful domestic financing,** and evaluated potential fiscal strategies and integration into Universal Health Coverage (UHC).”

“... Botswana's model—marked by diversified revenue sources, strong governance, and UHC integration—demonstrated resilience to funding fluctuations. Innovative fiscal measures such as sin taxes, private-sector partnerships, and integrated national financing frameworks emerged as viable tools for sustainability. However, challenges persist, including political instability, weak governance, and economic fragility.”

## UHC & PHC

### ONE – The ONE Data Agent

#### ONE

New (AI powered) resource for finding health financing information.

This week's ONE Aftershocks newsletter also has “**3 things to know**” related to UHC & health spending.

### BMJ GH - Progress in epidemic-ready primary health care: early pilot results from four African countries (Ethiopia, Nigeria, Sierra Leone and Uganda), December 2023 – October 2024

<https://gh.bmj.com/content/10/9/e019249>

“Primary healthcare (PHC) is the first point of contact with communities and essential for epidemic preparedness. The COVID-19 pandemic exposed gaps in PHC resilience. **Epidemic Ready Primary Healthcare (ERPHC)** was designed to bridge these gaps by strengthening PHC to prevent, detect and respond to outbreaks while maintaining essential services. An ERPHC pilot was initiated in December 2023 in 654 PHC facilities across Ethiopia, Nigeria, Sierra Leone and Uganda....”

## Pandemic preparedness & response/ Global Health Security

### Global Health Action - Analysing the engagement with pandemic preparedness, prevention and response in selected English language political manifestoes in 2024

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2559453?src=exp-la>

By Clare Wenham et al.

# Planetary health

## Chatham House (Expert Comment) – A new international order is forming. Will China make it ‘green’?

A Aberg et al ; <https://www.chathamhouse.org/2025/09/new-international-order-forming-will-china-make-it-green>

“China’s new climate plan announced at the UN General Assembly has a disappointing headline target – but **Beijing is likely to over-deliver, and it’s in its interest to place low-carbon development at the centre of its push for a new international order.**”

## Devex - African climate diplomacy gets Addis Ababa Declaration. What’s in it?

<https://www.devex.com/news/african-climate-diplomacy-gets-addis-ababa-declaration-what-s-in-it-110867>

“Leaders put **debt relief and adaptation finance** at the center of Africa’s climate agenda, but delivery will be the real test as civil society pushes for accountability.”

“African leaders [adopted the Addis Ababa Declaration](#) at the Africa Climate Summit earlier this month, **pledging to press for global financial reforms, scale up adaptation finance, and mobilize billions for local climate solutions.** The document reflects lessons from the first summit in Nairobi two years ago. But civil society groups say its credibility will hinge on whether governments deliver — and whether new mechanisms to track progress are actually implemented.....”

## Ecological Economics - Introduction to the special issue: ‘Biodiversity and finance: Risk, disclosure and double materiality

C Guo et al ; <https://www.sciencedirect.com/science/article/abs/pii/S0921800925002812>

Among others, “**the biodiversity financing gap is estimated at \$598–\$824 billion annually.**”

## Guardian - Global investment in renewable energy up 10% on 2024 despite Trump rollback

<https://www.theguardian.com/environment/2025/sep/23/global-investment-in-renewable-energy-up-10-on-2024-despite-trump-rollback>

“Growth rate slightly lower than previous first-half years but sector still strong and resilient, experts say.”

“**Investment in renewable energy has continued to increase around the world** despite moves by Donald Trump’s White House to [cancel](#) and [derail](#) low-carbon projects. In **the first half of 2025, investment globally in renewable technologies and projects reached a record \$386bn, up by about 10% on the same period last year.** Investment in energy around the world is likely to hit about

**\$3.3 trillion (£2.4tn) this year.** While more than \$1tn of the total is still likely to flow into fossil fuels, double that amount – **about \$2.2tn – is expected for low-carbon forms of energy....”**

**“A [report from the Zero Carbon Analytics thinktank](#), published on Tuesday, shows that **the rate of increase in renewable energy investment has not slowed significantly.** Between the first half of 2023 and of 2024, the total increased by 12% and from 2022 to 2023 the increase was 17%.....”**

### **Lancet Public Health (Viewpoint) - What is a Wellbeing Economy, and what might its impact be on population health?**

Prof Gerry McCartney, et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00192-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00192-6/fulltext)

**“The current polycrisis (intersecting and mutually-reinforcing crises that are impacting our ecological, social, and economic systems) has foregrounded the need to transform economies to put them in service of people and planet, rather than design them in pursuit of ever more economic growth. This approach, termed a **Wellbeing Economy**, is the subject of considerable policy interest and could have substantial impacts on population health if widely implemented. **We discuss different interpretations of similar terms for economic systems and how these interpretations imply incremental reforms to the dominant capitalist model, or a radical break in economic design.** We detail routes to a Wellbeing Economy and suggest that more radical approaches hold greater potential to address the polycrisis and protect population health. We summarise how the implementation of a Wellbeing Economy could be a commensurate response to the polycrisis that might also yield substantial benefits for population health.”**

### **Carbon Brief - Guest post: Fungal infections are adapting to climate change – and threatening public health**

<https://www.devex.com/news/mark-green-urges-aid-community-to-re-engage-as-us-resets-assistance-110891>

**“Fungi are learning to adapt to climate change, posing a major threat to human health.”**

## **Infectious diseases & NTDs**

### **Plos Med – A need for new tools for prevention of malaria in pregnancy**

Makoto Saito et al;  
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004729>

**“Intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine–pyrimethamine (SP) is a chemoprevention strategy against malaria in pregnancy. A recent PLOS Medicine study highlights the need for better understanding of the mechanism by which IPTp-SP reduces low birthweight, as well as novel measures to prevent malaria earlier in gestation....”**

## Lancet Primary Care (Viewpoint) - Introduction and roll-out of malaria vaccine in Sierra Leone: early lessons and experiences from the first 8 months of implementation

[https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00037-8/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00037-8/fulltext)

By D M Kangbai et al.

## AMR

### Cidrap News - Report: National action plans on antimicrobial resistance have had no impact on antibiotic sales

<https://www.cidrap.umn.edu/antimicrobial-stewardship/report-national-action-plans-antimicrobial-resistance-have-had-no-impact>

« An analysis of antibiotic sales data from 37 countries found that **implementation of national action plans (NAPs) for addressing antimicrobial resistance (AMR) was not associated with changes in antibiotic sales**, researchers reported yesterday in *Infection Control & Hospital Epidemiology*. »

### WHO – Updated WHO dashboard offers new insights on antimicrobial resistance and use

<https://www.who.int/news/item/25-09-2025-updated-who-dashboard-offers-new-insights-on-antimicrobial-resistance-and-use>

“Today, the World Health Organization (WHO) launched an enhanced version of its **Global Antimicrobial Resistance and Use Surveillance System (GLASS) dashboard**, advancing global efforts to improve worldwide monitoring of antimicrobial resistance (AMR) and use (AMU). The dashboard **includes AMR and AMU data for the period 2016–2023**, as reported by 141 countries, territories, and areas (CTAs) participating in the WHO global surveillance initiative.....”

## NCDs

### The Lancet Series on Alzheimer’s disease

<https://www.thelancet.com/series-do/alzheimers-disease>

“The initial successes of anti-amyloid  $\beta$  monoclonal antibodies offer new perspectives for improving the clinical trajectory of Alzheimer’s disease for the first time since its identification in 1906. The impact of this treatment will extend from diagnosis and understanding disease pathophysiology to the development of prevention strategies. This **three-part Series** summarises the updated diagnostic criteria and their implementation in academic memory clinics; discusses treatment advancements made with biological drugs and places them in the context of traditional symptomatic and



psychosocial interventions; and shares debates on the concept of Alzheimer's disease; its socioeconomic implications on the use of health-care resources; how more mature fields of medicine can inform the way forward in Alzheimer's disease; and solutions under development for diagnosis, treatment, and prevention."

- Start with [the Editorial: Alzheimer's disease: are health systems ready?](#)

### **Telegraph – Hunger has created a hidden diabetes crisis, experts warn**

[Telegraph](#):

"A little-known form of the disease affects up to 25 million people, yet much of the global health community does not officially recognise it." Re **type 5 diabetes**.

"It mostly affects teenagers and young adults who are underweight or experienced severe food insecurity as children. But there are concerns that these people, who mostly live in poor or remote regions of Africa and South Asia, are not receiving the correct treatment – mistaking type 5 for other forms of diabetes can have harmful, even deadly, ramifications...."

### **Nature News – A Chinese AI tool can manage chronic disease — could it revolutionize health care?**

[Nature News](#):

"Artificial intelligence could reduce the strain that ageing populations put on medical systems."

### **Nature Medicine - The arts for disease prevention and health promotion: a systematic review**

<https://www.nature.com/articles/s41591-025-03962-7>

By J Sonke et al.

## **Social & commercial determinants of health**

### **Health Promotion (Editorial) - Health promotion in the algorithmic age: recognizing the information environment as a determinant of health**

<https://academic.oup.com/heapro/article/40/5/daaf166/8262715?login=false>

By Tina D Purna et al.

## Mental health & psycho-social wellbeing

Journal of Global Health -Rethinking mental healthcare: operationalising intersectionality through a community-driven social clinic model

<https://jogh.org/2025/jogh-15-03034>

By Anuj Kapilashrami et al.

## Access to medicines & health technology

GHF - What the India–UK FTA Tells Us About the Future of IP and the Access to Medicines [GUEST ESSAY]

P Parwani; [https://genevahealthfiles.substack.com/p/what-the-indiauk-fta-tells-us-about?utm\\_campaign=email-post&r=97mey&utm\\_source=substack&utm\\_medium=email](https://genevahealthfiles.substack.com/p/what-the-indiauk-fta-tells-us-about?utm_campaign=email-post&r=97mey&utm_source=substack&utm_medium=email)

**“Recently, India and the United Kingdom signed a Comprehensive Economic and Trade Agreement (CETA). In this edition, we look at how the intellectual property (IP) chapter has the potential to limit access to generic medicines, both within India as well as across other developing countries. ....” “This FTA marks India’s second major trade agreement with a European partner in as many years, following the Trade and Economic Partnership Agreement between India and European Free Trade Association (EFTA) signed in 2024. These trade agreements also reflect a broader trend, with ongoing negotiations underway with the European Union, United States and other trading partners. In this light, the provisions of the India–UK FTA are particularly noteworthy as they could well serve as a template or benchmark for future negotiations, not only for India but also countries..... “**

**“... Seen in isolation, none of the above-mentioned provisions represent substantive TRIPS-plus obligations (i.e. IP standards which exceed the minimum thresholds established under the TRIPS Agreement). However, taken collectively, they reflect a subtle recalibration of India’s IP regime — one that narrows the space for compulsory licensing, imposes procedural constraints that reduce patent oversight by patent offices and civil society, and promotes regulatory convergence with a patent office that has historically applied maximalist IP standards.”**

Parwani concludes : **“... Overall, the IP provisions in the UK-India FTA, while different from the TRIPS-plus IP provisions that have historically raised concerns, nonetheless mark a quiet but significant shift in India’s IP regime with the potential to undermine both domestic and global access to affordable medicines. Particularly concerning is the emphasis on voluntary mechanisms for technology transfer, contradicting India’s previous advocacy for compulsory technology transfer.....”**

BMJ News - Is big pharma falling out of love with the UK?

<https://www.bmj.com/content/390/bmj.r1988>

“Amid a string of cancelled projects and investments, **Jacqui Wise** looks into **why drug companies seem to be turning their back on Britain.**”

“... **The UK’s pharmaceutical industry is under pressure from different directions.** It’s not just the threat of US tariffs: China is also becoming a far bigger player. Brexit may also play a part, with companies choosing to base their factories in mainland Europe rather than the UK.....”

### **The Telegraph – Inside Singapore’s ‘biosecure ballroom’, where scientists take on the world’s deadliest diseases**

<https://www.telegraph.co.uk/global-health/science-and-disease/singapores-biosecure-ballroom-scientists-deadliest-diseases/>

“Exclusive: **Merck and Wellcome** are investing a further **£56m** into an innovative lab designing cheap vaccines for low-income countries.”

“... **The innovative facility, called ACES,** is at the forefront of the next stage in a unique **partnership between the pharmaceutical giant Merck (MSD in Europe) and the British philanthropic powerhouse Wellcome.....**”

“... **MSD and Wellcome** are together committing a further **£56 million** over the next four years to the not-for-profit – which is expanding its portfolio to also tackle superbugs, having relocated from India to Singapore and established its own manufacturing hub. MSD’s investment in southeast Asia comes **as the company scrapped a £1 billion expansion in Britain,** warning the UK has undervalued innovative medicines.....”

### **WHO - WHO publishes full guideline report to help countries ensure safe, equitable access to controlled medicines**

<https://www.who.int/news/item/19-09-2025-who-publishes-full-guideline-report-to-help-countries-ensure-safe--equitable-access-to-controlled-medicines>

“The World Health Organization (WHO) published the **full edition of its guideline on balanced national controlled medicines policies,** marking the first comprehensive global framework designed to ensure access to controlled drugs for medical and scientific uses, while minimizing risks to public health that may arise due to misuse and diversion. This publication followed a rapid communication released during the Seventy-eighth World Health Assembly that outlined the new guideline. **Many controlled medicines,** including opioids, benzodiazepines, barbiturates and amphetamines, **are essential for managing pain, conducting surgeries, treating seizures, supporting palliative care, and managing mental health and substance use disorders — yet millions of patients worldwide still cannot access them.....**”

### **TGH – Why India Lacks Access to Its Homegrown Drugs for Mental Illness**

S Khasbage; <https://www.thinkglobalhealth.org/article/why-india-lacks-access-to-its-homegrown-drugs-for-mental-illness>

“Nearly 100 million Indians deal with depression or anxiety, but 85% with common mental disorders do not get help.”

## Human resources for health

**BMJ GH - It is not just about the training: rethinking strategies to strengthen the global emergency response workforce**

<https://gh.bmj.com/content/10/9/e017454>

by M Shamout et al.

## Miscellaneous

**IISD - Doha Political Declaration Agreed Ahead of World Social Summit**

<https://sdg.iisd.org/news/doha-political-declaration-agreed-ahead-of-world-social-summit/>

“The **Doha Political Declaration** reaffirms the intergovernmental commitments related to social development, including those in the political declarations of the 2019 and 2023 SDG Summits, the Pact for the Future and its annexes, the Addis Ababa Action Agenda, and the Compromiso de Sevilla – the outcome of the recent Fourth International Conference on Financing for Development. **It highlights the interlinked priorities of poverty eradication, full and productive employment and decent work for all, and social integration as “essential to achieving sustainable development”.**”

“The Declaration emphasizes that **“social justice cannot be attained in the absence of peace and security or in the absence of respect for all human rights and fundamental freedoms” .....**”

**ILO flagship report - The State of Social Justice 2025**

<https://www.ilo.org/research-and-publications/state-social-justice-2025>

Study published ahead of the Doha World Social Summit.

**Key messages** via the **press release** - [Global progress on social justice slowed by persistent inequalities, new ILO report warns](#)

“ **New assessment shows advances in poverty reduction, education and productivity, but progress has stalled in recent years, leaving deep inequalities and eroding trust in institutions.**”

**WHO Traditional Medicine Global Library to launch in 2025**

<https://www.who.int/news/item/25-09-2025-traditional-medicine-global-library-to-launch-in-2025>

“The World Health Organization (WHO) is preparing to launch the world’s most comprehensive digital knowledge repository for traditional, complementary and integrative medicine. **The Traditional Medicine Global Library (TMGL) will be released in December 2025 at the upcoming WHO Global Summit on Traditional Medicine in New Delhi, India.**”

### **UNU (paper) Corporate accountability in food system governance? A case study of the Access to Nutrition Initiative’s Global Index**

[https://collections.unu.edu/eserv/UNU:10337/ATNi\\_Corporate\\_accountability\\_in\\_food\\_system\\_governance.pdf](https://collections.unu.edu/eserv/UNU:10337/ATNi_Corporate_accountability_in_food_system_governance.pdf)

“... We assess the Index's strengths and limitations and, ultimately, its suitability as a tool for monitoring food and beverage (F&B) company performance on improving equitable access to healthy diets globally and for encouraging them to do more. The brief also considers the Access to Nutrition Initiative's (ATNi) updated theory of change and impact on healthy, equitable and sustainable food system transformation more broadly. ....”

## **Papers & reports**

### **New journal: Journal of Global Health Law – an Introduction**

<https://www.elgaronline.com/view/journals/jghl/aop/article-10.4337-jghl.2023.0001/article-10.4337-jghl.2023.0001.xml>

Check it out.

### **UNDP - Resilient Human Development: Advancing Human Development amidst Shocks and Crises**

<https://www.undp.org/latin-america/publications/resilient-human-development-advancing-human-development-amidst-shocks-and-crises>

“This paper introduces the **concept of Resilient Human Development**, a framework that adapts the human development approach to today’s reality of recurring, overlapping crises and interlinked stressors—climate, economic, political, and social shocks. It is the **first background paper of the Latin America and the Caribbean (LAC) Regional Human Development Report 2025.**”

“Building on Amartya Sen and Mahbub ul Haq’s vision of human development, the paper argues that resilience is essential for safeguarding and expanding people’s capabilities and agency in uncertain times. **It emphasizes that development must now explicitly account for shocks and crises**, ensuring that individuals and communities can not only withstand disruptions but also rebuild and flourish afterward....”

## **Plos GPH - The Dialogic Health Systems Research Framework (DHSRF): A tool for facilitating self-criticality, researcher interactions and knowledge management in Health Systems Research & Policy Studies**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004209>

By Ritu Priya et al.

## **HP&P - Informal health care providers in Nigerian slums: perspectives on how to link them with the formal health system**

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf068/8258677?searchresult=1>

By Iheomimichineke Ojiakor et al.

## **Tweets (via X & Bluesky)**

### **Dr Tedros**

« **The health of all peoples is fundamental to the attainment of peace** - the @who.int Constitution is timeless. It's as relevant today as it was in 1948. **Choose peace.** »

### **Pete Baker** (on LinkedIn)

“Gates Foundation has announced its pledge of \$912m to The Global Fund, kicking off the next phase of their replenishment. The US has also quietly announced that the most it will give is 20% of the total. **This enables us to draw a picture of the cuts coming to the Global Fund.**”

“Assuming (optimistically) that key other donors match their Gavi contribution changes (France 25% cuts, UK 18% cuts, EC 9% cuts, Canada 29% increase) and all others (eg Japan) match their 2022 levels of funding, **we calculate a total envelope of \$10.1bn or 31% cut in nominal terms compared to the global funds 2022 replenishment.** And with 13% inflation over this period, the buying power of the fund has reduced by 40%. **Much greater cuts than this, including a zero US contribution remain possible.....**”

### **Patrick Wintour**

“Rambling largely teleprompter free speech taking us deep into the deepest recesses of the President's psyche. One hour long. If there was a theme, apart from his record of being right about everything, it was that open borders and wind farms will destroy European freedoms. **The world knew it was led by a narcissist with a scrambled mind, but not quite this scrambled.**”

## Katri Bertram

(quote from a [blog](#) related to UNGA80): **“Global health is increasingly reminding me of the Security Council, where there has been an urgent call and proposals for reform for decades, but the existing members themselves have a veto power to block any reform.** We know who those players in health are. No matter how much we reimagine away, they still pay for nearly all of our efforts, and we’ve created and continue to accept sick dependencies and tied funding. We don’t seem ready to leap or let go (of our salaries) yet.”

## Andrew Green

**“In its new global health policy, the #Trump administration** crow's about decades of U.S. investments that have saved 26 million lives. At the same time, though, **the strategy condemns the organizations America has partnered with to actually save those lives.”**