

# IHP news 844 : A new world order?

( 5 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,

We start this week's intro with a reminder of the **IHP newsletter survey**. Hope you take some time to fill in the [questionnaire](#). (ps: *in case you need an extra incentive: the way [things are going](#) on this planet, this might in fact be your "final chance" to provide your feedback on IHP 😊!*)

Like me, you probably also watched the '[New World Order](#)' in full display earlier this week, live from Beijing. As **Yu Jie** put it in a **Chatham House expert comment**, "...*The events send a clear message – **China is casting itself as the standard-bearer of a multipolar world led by the Global South**, set against the Western narrative of a US-led liberal international order.*" At the [Shanghai Cooperation Organisation \(SCO\) summit](#), the Chinese president announced among others a "**global governance initiative**" founded on principles including 'sovereign equality', 'international rule of law' and 'multilateralism'. At the military parade on Wednesday, Xi sent a couple of "additional messages" 😊.

Kicking at an open door here, but clearly "Trump 2.0" has been handing the Chinese leader a tremendous opportunity as not much is left of this '**US-led liberal international order**' lately (*not to mention that few people like a global bully*). In short: Xi would be stupid not to accept the 'invitation'. While part of the Anglosaxon press keeps banging on about a new '[axis of upheaval](#)', for most others it's obvious the current US government has itself been one of the key disruptors in recent months - together with the '**Coalition of the Unwilling**' to do something substantial about the genocide in Gaza, sadly. Anyway, even if still a [work in progress](#) (Drezner), from where I sit, the "new world order" has a **fair amount of authoritarian leaders, mafia bosses and worse** running the show around the globe (*or if you want, in most of the "poles"*), "[Lost boys](#)" and others. Doubt [that'll end well](#).

One tiny silver lining perhaps: at least **Kim Yong-Un** (*whom I suspect fancies a bit of 'Riefenstahl aesthetic' once in a while*) was having a great time in the Chinese capital. Kim had arrived late at Xi's party, due to the train journey - conscious of his carbon footprint, as always (*or perhaps to set a 'planetary health' example [for his daughter](#)*). Anyway, a beaming Kim clearly enjoyed his place in the limelight. Heck, he probably felt like launching a few of the top-notch missiles on display for the festive occasion 😊!

Meanwhile, in Washington DC "**Trump 2.0**" diligently continues its fight against "[Woke, Weaponized, and Wasteful Spending](#)", with **PAHO** [one of the more recent casualties](#). Pfizer's Bourla reckoned the Donald deserves a Nobel Peace Prize [for operation Warp Speed and its role in the development of Covid vaccines](#) (yes, *Bourla's notorious "North Star" at it again*).

In more encouraging news, last week **President Cyril Ramaphosa** [launched a historic G20 experts taskforce](#) led by Joseph Stiglitz to combat extreme wealth inequality – an ‘**Extraordinary Committee of Independent Experts**’ (a name befitting our rather ‘extraordinary times’, sadly). Among the goals, according to Stiglitz: “... **to turn public frustration over inequality into actionable policy proposals for G20 leaders.**” Can’t wait.

In this issue, you’ll also learn more about [new \(WHO\) mental health data](#) - more than one billion people are living with a mental health disorder ( wonder what takes the other 7 billion so long 😊); **the run-up to the UN High-Level meeting on NCDs** (part of UNGA80, later this month); analyses ahead of the **new “PABS” pandemic agreement round about to start in Geneva** (on 15 September). And we certainly recommend you go through [a number of discussion papers commissioned by the Wellcome Trust](#) “bringing together bold proposals from five different world regions for a reimagined global health architecture.”

And there’s more on the publication front. While eagerly awaiting [WHO's first ever global report on Commercial Determinants of Health](#) (which we hope will materialize soon), earlier this week **BMJ** published the - rather timely - [Arms industry as a commercial determinant of health](#) collection (Jocelyn Clark: “*It’s not the arms industry, it’s a HARMS industry*”). Later today, WHO will release updated Model Lists of Essential Medicines.

Last but not least, check out also a vital [Lancet Comment by Kelley Lee et al](#) arguing for ‘**Good governance of PPPs**’. They’re absolutely right. Unfortunately, lots of damage in this respect was already done during the pandemic (among others).

Just ask the Americans.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Why History Matters for Oral Health Policy: Lessons from India

**Rajeev B R** ( DBT Wellcome Trust India Alliance Early Career Fellow & Assistant Professor at the Institute of Public Health, Bangalore)

Globally, oral health is often [overlooked](#) in policy discussions, program planning, and resource allocations, diminishing its perceived importance for overall well-being. Understanding the roots of this neglect requires a fresh lens, employing historical approaches to analyse the invisible forces that have shaped health outcomes over time. Drawing on my research into [oral health agenda-setting](#) in India and Brazil, informed by the [Multiple Streams Framework](#) (MSF), I set out to explore a central question: *Why does history matter for oral health policy-making?* The answer, as revealed by primary historical evidence, is that deeper currents, such as shifts in values, institutional

arrangements, and stakeholder ideologies, drive change, often more than scientific findings alone. In this short article, I focus mostly on lessons drawn from India.

### **Learning from the Past: Stories and Evidence**

Historical sources, such as policy documents, meeting minutes, media articles, and archival records, reveal how oral health priorities have evolved, who the key actors were, and what opportunities may have been missed.

My archival searches surfaced important political figures, such as [Fathima Jinnah](#), British India's first female dentist, who graduated in 1923 from R. Ahmed Dental College in Calcutta, challenging us to consider the gender and equity dimensions of professional education at a time when society was largely male-dominated. Other discoveries include the story of [Chinese Dentists](#), who migrated to South Indian cities during the Second World War, revealing the rich diversity of oral health heritage, as their grandchildren are still practising as dentists nowadays.

India has struggled with [fragmented](#) oral health policy efforts and a lack of robust supporting data, leading to its marginalisation in policy circles. In contrast, Brazil's integration of evidence into public health frameworks provides a model for building effective oral health systems through programs like [Smiling Brazil](#). The Smiling Brazil program was launched in 2004 to expand access to free services to oral health care services by reorganising the delivery of care, improving financial transfers, and providing equipment, among others.

### **Identifying policy windows and entrepreneurs**

By systematically analysing archives, government records, oral histories, and policy campaigns, it becomes possible to construct a more complete picture of India's oral health journey and to identify pivotal "policy windows" when momentum for change is possible. A prominent example is the [National Rural Health Mission](#), launched in 2005, which emerged as a critical policy window, leading to improved health outcomes and renewed attention to oral health within India's broader health agenda.

Recognising the roles of both established actors and new influencers, such as social media voices, can help identify policy entrepreneurs and optimise the timing of new interventions. Recent engagement, like Stanford University's Dr. Andrew Huberman's podcast on oral health, viewed nearly a million times on YouTube, demonstrates how global influencers can spotlight neglected issues such as oral health, which is gradually shaping discussions in India as well.

### **Looking back (cautiously) to move forward**

Progress in oral health demands asking: *How often do we look back to plan our research or policy work?* Historical analysis is embedded in theoretical frameworks such as MSF, and therefore, it is useful in highlighting the historical neglect. This should be approached with caution because the past is judged based on the information and understanding of the present. History is not just a record of what has been done; it is a toolkit for change, equipping policymakers with lessons, strategies, and cautionary tales for building a healthier, more equitable future.

# Highlights of the week

## Read of the week(end)

Wellcome (report summary) - Bold ideas for a reformed global health system

[https://wellcome.org/reports/bold-ideas-reformed-global-health-system?utm\\_source=linkedin&utm\\_medium=o-wellcome](https://wellcome.org/reports/bold-ideas-reformed-global-health-system?utm_source=linkedin&utm_medium=o-wellcome)

“Discussion papers commissioned by Wellcome bring together bold proposals from five different world regions for a reimagined global health architecture. “

“These **innovative thought leaders** outline ambitious visions for global health reform across five discussion papers, **rooted in different regions**: Khor Swee Kheng (Asia and the Pacific), Catherine Kyobutungi (Africa), Kelley Lee (Europe and North America), Paola Abril Campos Rivera (Latin America and the Caribbean), Shadi Saleh (Middle East and Central Asia).”

Check out **emerging themes and key takeaways** (per region). And do read the discussion papers!

PS: “These ideas are only the beginning. The **next step is to have inclusive conversations among regional and global stakeholders....**”

## Global Health Governance & Financing

HPW – Pan American Health Organization Targeted in New Round of US Funding Cuts

<https://healthpolicy-watch.news/pan-american-health-organization-targeted-in-new-round-of-us-funding-cuts/>

“A new White House pocket “**rescission package**”, **announced Friday**, threatens to throw the Pan American Health Organization (PAHO), the Americas region branch of the World Health Organization, into a financial crisis – if it is not opposed by the US Congress on a tight deadline. “ (for more on this pocket rescission package, see also the **section ‘Trump 2.0’**)

“The package, announced right at the start of the long US Labor Day weekend, cancels some \$5 billion more in US international aid and UN funding that had already been allocated by Congress to the International Labor Organization, the World Trade Organization, the Organization for Economic Co-Operation and Development (OECD), the Green Climate Fund, and UN-backed **peacekeeping operations as well as PAHO** – striking another deep blow at initiatives in fair trade, workers health and safety, and clean energy as well as global health. “

PS: **"The rescission package would ostensibly claw back some \$45 million in Congressional appropriations to PAHO, based on White House allegations that the regional health body faces "credible allegations of forced labor and human trafficking of Cuban doctors." ... Meanwhile, if the White House rescission order holds, at least \$45 million in US payments already appropriate by Congress to PAHO is at risk. In fact, the US government assessed payment to PAHO for the 2024-25 biennium was \$55.6 million a year. And of that amount, it still has some [\\$78.5 million outstanding](#). That represents the lion's share of \$116.9 million in unpaid assessed contributions from member states for 2024-2025...."**

**"The US is the single larger donor to PAHO, so a sustained cutoff in US funds would have lasting consequences on the organization, which has already shrunk down its budget from over \$1.14 million in the 2022-23 COVID era to a [planned budget of \\$762 million for 2026-2027](#), including \$662 million for base programs and \$100 million for special programs, including a placeholder for emergencies. Since PAHO is 75% self-funded by WHO member states that belong to the Americas region, the agency had comparatively been less affected by the global budget crisis hitting WHO headquarters and its five other regional offices in Asia, Europe and Africa, due to the US withdrawal from WHO in January....."**

## **President Cyril Ramaphosa launches historic G20 experts taskforce led by Joseph Stiglitz to combat extreme wealth inequality**

<https://www.thepresidency.gov.za/president-cyril-ramaphosa-launches-historic-g20-experts-taskforce-led-joseph-stiglitz-combat>

**"The G20 Presidency of South Africa today launched a new "Extraordinary Committee of Independent Experts" – commissioned by the President of South Africa, H.E. Mr Matamela Cyril Ramaphosa, and chaired by Nobel Prize-winning economist Professor Joseph Stiglitz – which will deliver the first ever-report on global inequality to G20 to world leaders since its inception. The Extraordinary Committee is launched amid macroeconomic fears that global wealth and income inequality, which was already very high, is set to sharply accelerate. Recent analysis shows that the world's richest 1 percent have increased their wealth by more than US\$33.9 trillion in real terms since 2015 – more than enough to eliminate annual global poverty 22 times over. New shocks to global trade patterns, international financing and critical minerals flows, along with the intensification of problems created by sovereign debt overhang and imbalanced tax regimes, are creating uncertainties for policymakers, consumers and firms, and look likely to deepen the divide. Inequality of this scale poses a serious systemic risk to global economic, social and political progress...."**

**"The six independent experts are Professor Joseph E. Stiglitz (USA); Dr Adriana E. Abdenur (Brazil); Ms Winnie Byanyima (Uganda); Professor Jayati Ghosh (India); Professor Imraan Valodia (South Africa); and Dr Wanga Zembe-Mkabile (South Africa). The experts will report on the state of wealth and income inequality, their impacts on growth, poverty, and multilateralism, and present a menu of effective solutions for leaders....."**

- Related: [Reuters - South Africa launches G20 taskforce to examine global wealth inequality](#)

Ramaphosa said in a statement **"people globally were aware of how inequality undermines dignity and the chance for a better future, citing unfair vaccine distribution during the COVID-19 pandemic as an example. "They see the impacts of rising food and energy prices, of debt, of trade wars, all driving this growing gap between the rich and the rest of the world, undermining progress and**

economic dynamism," Ramaphosa added. **"A new oligarchy in our global economy is becoming apparent."**

**"Stiglitz said the taskforce's goal is to turn public frustration over inequality into actionable policy proposals for G20 leaders.** "Inequality was always a choice – and G20 nations have the power to choose a different path on a range of economic and social policies," Stiglitz said."

## **World Health Summit newsletter (Commentary)- Institutional fragility, weakened solidarity and lack of systemic action**

Ilona Kickbusch [World Health Summit news](#);

"... let me take a stab at **3 issues that need to be addressed urgently** – but with an understanding that they cannot be solved overnight."

**"The first is the institutional fragility of international health organizations**, starting with the budget crisis at the World Health Organisation, which is confronting a 20% cut in funding for 2026–2027. The restructuring of the work of the organization raises concerns about the WHO's capacity to lead effectively in times when multilateralism is out of favor and new challenges loom. This in turn impacts on the **second big issue: weakened global solidarity amid shrinking trust**. This will play out in the **negotiations on a Pathogen Access and Benefit-Sharing System (Pabs)**, which remain to be negotiated for the Pandemic Agreement to take the next step in acceptance and ratification...**The third big issue is the lack of intersectoral and systemic action to address the consequences of the climate/health interface not only in relation to resurgence of vector borne diseases and their global spread, but also to non-communicable diseases**. If taken seriously just these three issues will keep health diplomacy busy leading up to 2030. But it needs to be done to give global health a new and sustainable base for action."

## **Development Today – Norway wants to be at the centre of Gavi reform**

<https://www.development-today.com/archive/2025/dt-6--2025/norway-wants-to-be-at-the-centre-of-gavi-reform>

(gated) **"As a top donor, Norway has clear expectations of the leadership at the vaccine alliance Gavi. It must reform itself. "We must think more in terms of systems.** That is crucial for building good health," Development Minister Åsmund Aukrust tells Development Today. **Norway is well-positioned to take a very active role in these efforts**, he says."

## **Lancet Comment – Good governance essential to expanding vaccine capacity and strengthening public trust**

Kelley Lee et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01681-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01681-2/fulltext)

**"Waning vaccine confidence is a growing concern globally, resulting in a resurgence of vaccine-preventable diseases such as measles.** Although vaccine confidence is affected by a wide range of factors across different locales and populations, **public confidence in the role of the private sector is one factor to consider.** Despite the essential roles of scientist-led biotechnology companies, working alongside pharmaceutical firms, in conducting clinical trials, manufacturing, and distributing life-saving vaccines, **public trust in the pharmaceutical sector as a whole has declined in some settings.**

Past actions by some parts of the pharmaceutical industry, such as contributing to the opioid crisis and perceived profiteering from COVID-19 vaccines, have fostered public suspicion and fuelled misinformation narratives. Accumulating evidence on the commercial determinants of health, illuminating how profit-seeking industries can harm health, has also eroded public trust in the private sector. Equity concerns are another consideration. ...”

“... In this context, many countries and regions recognise the importance of investing in local vaccine capacity to bolster their health security ahead of a future pandemic....”

“... Given this context, it is timely to reflect on the governance of public–private partnerships (PPPs) in new vaccine development. .... Advancing good governance practices for PPPs across this therapeutic pipeline is essential to strengthening public trust in the vaccines produced. By engaging the public sector, PPPs are intended to prioritise public health over profit.... .... **To help promote public trust, we propose the following actions.....”** (check out what Lee et al suggest).

They conclude: “... Good governance of PPPs is one essential approach for strengthening and protecting public confidence in these remarkable breakthroughs. For this to happen, governments and the private sector must both ensure that they are accountable and transparent to the public.”

## Devex - Awaiting the FIND-ings

“An explosive [investigation from Swissinfo](#) charts the decline — and possible fall — of the [Foundation for Innovative New Diagnostics](#), aka FIND. Major donors, including the [Gates Foundation](#), have suspended their support pending the outcome of an official investigation into **alleged mismanagement and financial impropriety** at the Geneva-based organization, which [played a critical role](#) in the COVID-19 response. The investigators trace the problem to an unnamed board chairperson, whose travel spending and involvement in FIND’s day-to-day management raised concerns. After flagging these issues, some employees allege that they were fired and that their private emails were illegally accessed. FIND insists that no wrongdoing has occurred. **The official investigation into this messy situation is apparently finished, but the report has not been publicly released even as the future of the organization hangs in the balance....”**

## ORF - Financing for Development: Toward an “Aid Plus” Model

E Hung-Ling He et al; <https://www.orfonline.org/expert-speak/financing-for-development-toward-an-aid-plus-model>

(good one) “Meeting the SDGs requires moving beyond aid—toward an ‘Aid Plus’ model that blends investment, tax reform, and systemic financial change.”

## WB – Defragmenting the global aid architecture: A New Playbook for Development Impact

<https://www.worldbank.org/en/news/immersive-story/2025/07/17/ida-s-role-in-aid-architecture>



Via LinkedIn (Duncan Green): “A new World Bank study of aid fragmentation finds that the number of donor agencies has increased over the last two decades — up from 227 in 2004-08 to 608 in 2019-23 — whilst the average size of individual aid projects has decreased — down from US\$1.6 million in 2000-02 to US\$0.9 million in 2021-23. It also finds that despite multiple donor declarations on the importance aligning aid with country priorities and systems, **the share of development finance delivered through recipient governments has almost halved since 2007-09.**”

### Devex: Brave new World Bank

<https://www.devex.com/news/money-matters-a-crucial-few-weeks-for-the-united-states-aid-budget-110406>

“The World Bank .... was in the middle of a reform program when U.S. President Donald Trump swept to power. [The program’s still ongoing](#), although **the word “climate” has disappeared rather suddenly** from the rhetoric and literature, and been **replaced with a focus on jobs**. It’s not obvious that the substance has changed to match the language, though. **The reforms have just gone into what one observer called “stealth mode.”....**”

### Tim Schwab - Why is Gates giving \$600 million to China?

<https://timschwab.substack.com/p/why-is-gates-giving-600-million-to>

**“The Gates Foundation's donations, aimed at expanding China's colonial interests across Africa, might be questionable under any U.S. political administration----but especially Trump.”**

**PS: “Given that many of Trump’s advisors and allies in his second presidential term are also eager to challenge Gates, as I reported last November, the foundation’s ties to China could be a significant political liability right now....”**

### Devex – Philanthropic initiative launches long-term fund to replace USAID stopgap

<https://www.devex.com/news/philanthropic-initiative-launches-long-term-fund-to-replace-usaid-stopgap-110746>

“While donations in response to USAID cuts have waned, **Founders Pledge's** Katrina Sill says “broad donor interest in supporting the most impactful global health and development opportunities is as strong as ever.”

“**Founders Pledge**, a global initiative in which entrepreneurs pledge to commit a portion of their personal wealth to charity, **announced the launch of its [new Catalytic Impact Fund](#)**. It will support programs that help create broader systemic changes, remove barriers to making progress, and serve as an early-stage funding to crowd-in capital from other sources where it can. **Some of the grants in the fund’s pipeline include:** • Developing a network of organizations that “can inform and shape the future of U.S. foreign assistance. • Removing barriers to access to new drugs in low- and middle-income countries and combating infections and antimicrobial resistance. • Improving tax policies for financial and health benefits in low and middle-income countries....”



PS: “The first grant from the new catalytic fund, worth \$200,000, will go to the [Clinton Health Access Initiative](#) to support the international NGO’s work with ministries of health in optimizing **their limited resources**, such as identifying where ministries can save costs and reallocate funding for high-impact programs, as their health budgets shrink with the cuts in donor funding. The organization is also channeling at least \$800,000 from the Rapid Response Fund for this work....”

## Project Syndicate - Century Bonds Could Transform Development Finance

H W Ryder; <https://www.project-syndicate.org/commentary/century-bonds-loans-instead-of-grants-to-mdbs-by-hannah-wanjie-ryder-2025-09>

“If traditional donor grants have become politically toxic or financially burdensome for **rich countries**, why don't they instead **issue 100-year, ultra-low-interest bonds to multilateral development banks**? This simple idea is neither radical nor unprecedented, and it would be a game-changer for developing economies.” Cool idea.

## Global Tax Justice

### Eurodad – Breaking the ice in the UN Tax Convention negotiations

[https://www.eurodad.org/breaking\\_the\\_ice\\_in\\_the\\_un\\_tax\\_convention\\_negotiations](https://www.eurodad.org/breaking_the_ice_in_the_un_tax_convention_negotiations)

Recommended analysis. “History was in the making in **New York during the latest round of negotiations for the UN Convention on International Tax Cooperation**, and important progress was made. But much still needs to be resolved- not least on taxation and sustainable development.”

Quote: “....The **Terms of Reference for the UN Tax Convention** makes it clear that a **central objective** of the process is **to establish “an international tax system for sustainable development”**, and that the future convention should include a commitment on “International tax cooperation approaches that will contribute to the achievement of sustainable development in its three dimensions, economic, social and environmental, in a balanced and integrated manner”. But how should this look in reality? ....”

## UHC & PHC

### TGH - Using Health Taxes to Promote Public Good

Mary-Ann Etiebet (CEO Vital Strategies); <https://www.thinkglobalhealth.org/article/using-health-taxes-to-promote-public-good>

“To accelerate progress on health taxes, **governments should address three challenges that have stalled the reform.**”

“To accelerate progress on health taxes, governments need to address three persistent challenges that have stalled the reform that can put countries on a path toward economic sovereignty and healthier lives: **country-specific data, coordination across sectors, and—most of all—countering industry interference and misinformation.** ...”

## Improving Healthcare-Related Financial Protection in Low- and Middle- Income Countries: A Rapid Evidence Review

S Witter et al; <https://www.evidencefund.com/lib/HSAF574I>

“This rapid evidence review synthesises published literature on policy interventions aimed at improving healthcare-related financial protection. The scope encompasses a **wide typology of interventions**, including health financing reforms, demand-side financing, and social protection schemes. **The review analyses empirical studies conducted across 39 low- and middle-income countries.**”

“Some of the **key messages**:

1. Despite global commitments to universal health coverage, financial hardship from out-of-pocket healthcare spending is worsening.
2. No single intervention consistently ensures financial protection. Governments must adopt multi-pronged, context-specific strategies that address both health system factors and broader social determinants and social protections.
3. Financial protection is affected through multiple channels but evaluations still focus on ‘classic’ health financing interventions such as insurance, neglecting to study potentially impactful wider policies.
4. Policy makers should make financial protection an explicit objective and ensure it is monitored in a disaggregated way.”

## TGH – Microfinance to Replace Declining Aid: A Roadmap in Trust

A Wong; <https://www.thinkglobalhealth.org/article/microfinance-to-replace-declining-aid-a-roadmap-in-trust>

“With global aid dropping, microfinance institutions can shape the future of health equity...”

“As donor and foreign aid funding recedes, microfinance institutions (MFIs) are emerging as **unexpected but powerful allies in expanding access to primary care**. Having decades-long roots in poor communities, MFIs bring trust, credibility, and a proven ability to mobilize at scale—making them well positioned to fill critical gaps in fragile health systems. More important, they can bring solutions to scale among populations that public health systems often consider unreachable.....”

“... To achieve Sustainable Development Goal 3 (good health and well-being), systems will need to be anchored in institutions that remain when donor campaigns end—those built to stay, not designed with finite funding and a campaign-like deadline. **Health programs delivered in partnership with in-country financial institutions focused on serving the extreme poor help shift the focus from externally imposed sustainability to locally rooted ownership, a shift that could be key to advancing universal health coverage in low-resource settings.**”

With **examples from Bangladesh, South-Africa and Indonesia.**

## **Lancet Primary Care - Transforming primary care in LMICs through advanced practice nursing**

Abdulqadir J Nashwan; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00033-0/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00033-0/fulltext)

“Primary care is the frontline of equitable and accessible health services globally. In low-income and middle-income countries (LMICs), however, primary care systems are increasingly strained by growing burdens of chronic and infectious diseases, systemic underfunding, and acute shortages of health-care professionals. **Amid these persistent challenges, advanced practice nurses (APNs; ie, nurse practitioners, clinical nurse specialists, and nurse anaesthetists) offer a scalable and effective solution to expand access to and quality of primary care in LMICs.**”

“... APNs are clinically trained to assess, diagnose, treat, and manage various health conditions. Their scope of practice frequently overlaps with that of primary care physicians, particularly in chronic-disease management, preventive care, and health education. **Evidence from multiple LMICs—such as Kenya, South Africa, India, Brazil, and the Philippines—indicates that APNs can provide up to 90% of primary care services that are traditionally delivered by physicians, with equivalent or superior patient satisfaction, clinical efficacy, and cost-effectiveness....**”

“**Despite these advantages, there is little integration of APNs into primary care in LMICs due to several entrenched barriers....**”

“... To use the full potential of APNs in transforming primary care in LMICs, **reforms are required across four interconnected domains....**”

## **PPPR**

As already flagged in last week’s IHP issue, a **new round of (mostly PABS Annex related) pandemic agreement negotiations** [starts on 15 September](#) in Geneva.

Check out [Initial text proposals from IGWG members](#).

## **KEI - Table top simulations and licensing proposals round out country submissions on pathogen access and benefit sharing**

<https://www.keionline.org/40968>

Good curtain raiser.

## HPW - New Proposal to Empower Developing Country Manufacturers During Pandemics

<https://healthpolicy-watch.news/new-proposal-to-empower-developing-country-manufacturers-during-pandemics/>

Also setting the scene for 15 September. **“Regulating pharmaceutical companies that manufacture essential health products during a public health emergency is a key flashpoint between developed and developing countries ahead of the final round of talks on the pandemic agreement. This is evident in some of the [17 submissions](#) made to the Intergovernmental Negotiating Working Group (IGWG), which is coordinating the final phase of the talks. These talks begin on 15 September and focus on an annex to the pandemic agreement [adopted at the World Health Assembly \(WHA\) in May.](#)”**

**“... Hours and hours of negotiations failed to secure agreement on PABS, which was then kicked down the road in an annex, enabling the WHA to adopt the deal. However, **with less than nine months until the next WHA, it remains unclear whether member states will be able to reach a compromise.** The IGWG only has [about seven months of negotiating time](#) as the PABS annex has to be completed by 17 April 2026 to meet the deadline of submission to the World Health Assembly in May 2026, according to WHO legal officer Steven Solomon.”**

**“... The [recent submission by the Group for Equity](#), a powerhouse interest group of 33 developing countries, wants manufacturers that are part of the PABS system to grant the World Health Organization (WHO) “non-exclusive licenses that can be sub-licensed to manufacturers in developing countries” during a public health emergency of international concern (PHEIC) and a pandemic. This would enable them to make vaccines, diagnostics and therapeutic products. The Group believes that manufacturers in developing countries that provide pathogen materials and sequencing information should be the primary beneficiaries of such licenses. They also want such a license to “include provision of the full regulatory dossier, technical know-how, and any necessary materials”. **Two diseases – polio and mpox – are currently designated as PHEICs by the World Health Organization (WHO).** If the Group’s proposal were adopted, it would mean that manufacturers in mpox hotspot countries that share information – such as the sequencing of the new mpox clades – could obtain licenses to produce any vaccines and therapeutics that develop as a result.....”** “The **Group of Equity includes countries with significant capacity to produce pharmaceutical products, including Bangladesh, Brazil, China, India, Indonesia, Malaysia, Thailand, Mexico, South Africa, Ethiopia and Egypt.**”

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

## Geneva Health Files – Developing Countries Outline Contours of the Pathogen Access Benefits Sharing System for Global Health

[Geneva Health Files](#);

In today’s edition **we examine more than a dozen submissions from WHO member states and synthesize an overall picture for you on the common features across these proposals that will be discussed in the forthcoming negotiations.** “....The **submissions are characterized by a common**

**structure** including elements such as objective; scope; definitions or use of terms; on terms and conditions for access; the sharing of benefits; the governance structure including describing the role for WHO, and the Conference of Parties'; even rules for exports; allocation and distribution of medical products during pandemics and Public Health Emergencies of International Concern (PHEICs). In addition, some countries have also fleshed out model agreements on terms of access, and contracts to enable standard transfer agreements both biological samples and digital information."

A few quotes:

**"Access Agreements, Cyber Bio-Security, Binding Contracts Linking Access to Benefits, Dispute Settlement: features of submissions by developing countries."**

**"The proposals, particularly from developing countries, read like a determined contest to wrest equity deliverables during health emergencies. The level of detail in these early stages show that some of the most fleshed out proposals have come from developing countries...."**

"What is also striking is **underlying geopolitical concerns**, with a fair amount of emphasis on bio-security measures, most notably from Russia, among other...."

**Thread Thiru Balasubramaniam (re a gated Politico Pro article)**

<https://bsky.app/profile/thirugeneva.bsky.social/post/3lxjksesxs22d>

**"Developing countries' demands for the crucial missing phase of the pandemic agreement are in.**

Politico: "STAGE SET FOR ANOTHER NORTH-SOUTH BATTLE ON "PHARMA IP: **Developing countries have submitted their demands for the crucial missing phase of the pandemic agreement.** Will the EU sign up to it?"

Politico: "Gauntlet thrown down: **The Group for Equity, the main negotiating bloc for developing countries, has now unveiled its proposal.**"

Politico: "The **main takeaway** is the punchy demand for manufacturers in developing countries to receive an automatic license to any health products developed with the help of the pathogen data system during a pandemic."

"**Other details:** The license would apply during a public health emergency of international concern (PHEIC), the alert level one rung below a pandemic, and cover access to technical know-how and any "necessary materials."

"**That sounds quite a lot like the sorts of measures EU capitals blackballed during inter-institutional negotiations over the EU's Compulsory Licensing regulation, to the frustration of MEPs.**" "Agreement on anything along the lines developing countries have proposed here would represent a significant climbdown for the Commission."

- And a resource: [Briefing paper on Pathogen Access and Benefit Sharing \(PABS\)](#)

(very much recommended) Briefing Paper prepared by Anna Bezruki in partnership with Pandemic Action Network (PAN).

“... This paper is intended to provide an outline of what was agreed upon in the Pandemic Agreement regarding the establishment of the PABS system. The paper also seeks to provide answers to some frequently asked questions about the possibilities for the PABS system, and provides a brief overview of some of the other access and benefit-sharing systems in other international agreements.”

## Mpox

### HPW – Mpox Cases Rise in Ghana, Philippines and China – But Decline Overall

<https://healthpolicy-watch.news/mpox-cases-rise-in-ghana-philippines-and-china-but-decline-overall/>

Cfr last week's Africa CDC media briefing.

**“Ghana has seen an “exponential” increase in mpox cases over the past week, while there have been smaller increases in the Democratic Republic of the Congo (DRC), Guinea, Burundi, and Kenya, according to the Africa Centres for Disease Control and Prevention (Africa CDC). Ghana now has 313 confirmed cases, an 87% increase over the previous week when it had 167 cases, said Professor Yap Boum, the institution’s deputy lead on mpox at a media briefing on Thursday. Ghana and Guinea have both applied for vaccines to Africa CDC. The DRC, Uganda, Sierra Leone, Burundi, Guinea, Liberia account for 86% of cases on the continent. While there was a small 7% uptick in cases over the past week, overall cases are down 76% since the peak of the epidemic.”**

**“... Overall, however, mpox cases are decreasing – particularly in African countries with a 28% reduction in cases between June and July, although 21 still have active cases.....”**

### Africa CDC - Strong Public Engagement in Africa's Mpox Fight – But Gaps Persist

<https://africacdc.org/news-item/strong-public-engagement-in-africas-mpox-fight-but-gaps-persist/>

**“... An interim analysis of a new study by the Africa Centres for Disease Control and Prevention (Africa CDC) reveals strong public engagement, with above-average vaccine acceptance across all surveyed countries and firm trust in health information shared via television, radio and frontline health workers.....”**

**“The study, conducted between December 2024 and August 2025 across nine countries — Burundi, the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), the Republic of Congo, Kenya, Nigeria, Uganda, Rwanda and Côte d'Ivoire — involved over 17,300 quantitative surveys and 210 semi-structured interviews. Participants included health workers, traditional and religious leaders, community members, mpox survivors and their contacts, offering a rich and diverse perspective on the continent's response.....”**

# Cholera

## Africa CDC - President Hakainde Hichilema, AU Cholera Champion, Joins Partners to Unveil Africa's New Continental Cholera Plan

<https://africacdc.org/news-item/president-hakainde-hichilema-au-cholera-champion-joins-partners-to-unveil-africas-new-continental-cholera-plan/>

"The Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO) launched a **six-month 1.0 continental preparedness and response plan against cholera** under the leadership of H.E. President Hakainde Hichilema, the African Union Cholera Champion, in Lusaka, Zambia, on 26 August. ... The plan is built around seven priorities: **strengthened coordination, enhanced surveillance, expanded laboratory capacity, effective case management, WASH interventions, vaccination, and community engagement**. It will be driven by the Continental Cholera IMST, integrated with the Mpox IMST, and **co-led by Africa CDC and WHO** to deliver rapid, coordinated responses while leveraging technical expertise and logistics support."

"In parallel, Africa CDC and WHO will support the AU Cholera Champion in **establishing the African Continental Task Force on Cholera Control**. This body will bring together Member States and key partners to **align with the 2030 Global Cholera Elimination targets, create National Presidential Task Forces, and mobilize resources, including vaccines**, to accelerate elimination across Africa."

"... The new plan requires \$231.7 million for supplies and response, plus \$100 million to scale African Oral Cholera Vaccine production...."

- Related: [Continental Cholera Emergency Preparedness and Response Plan for Africa 1.0](#)

## Cidrap News - Surges in Africa are driving a worsening cholera situation, WHO says

<https://www.cidrap.umn.edu/cholera/surges-africa-are-driving-worsening-cholera-situation-who-says>

(29 August) "The global cholera situation continues to deteriorate, led by outbreaks and high case-fatality rates (CFRs) in five African countries beset by poverty, conflict, and mass displacement, the World Health Organization (WHO) said today in an outbreak **update**."

PS: "Today, the WHO and Africa Centres for Disease Control and Prevention **launched** a continent-wide cholera emergency preparedness and response plan to address the issue. The plan calls for an approach similar to the one that's been used to battle mpox outbreaks in Africa. But the agency warned that, in the short-term, the situation is likely to get worse. ... "Given the scale, severity, and interconnected nature of these outbreaks, **the risk of further spread within and between countries is considered very high**," the WHO said in its outbreak update. "Without urgent and coordinated public health measures, including improved case management, WASH interventions, vaccination campaigns, and cross-border collaboration, **cholera transmission is likely to expand across countries**."



## BMJ GH – Mpox exposes fundamental obstacles for vaccinating children in outbreaks

N Russell et al; <https://gh.bmj.com/content/10/9/e019009>

**“Children could not be included in mpox vaccination roll-out within the first 100 days of the latest Mpox outbreak in the Democratic Republic of Congo and are yet to be rolled out in many countries with rising cases, despite this age group accounting for a large proportion of suspected cases and deaths. Mpox has highlighted major ongoing structural barriers for inclusion of children in outbreak and pandemic response efforts. These barriers include lack of early inclusion of children and pregnant women in clinical trials, including safety and efficacy studies of vaccines and an underutilisation of emergency regulatory pathways due to legal and financial considerations related to liability and indemnification arising from ‘off-label’ use of novel medical products. WHO-coordinated response mechanisms and international pandemic response coalitions must do more to address these specific obstacles to ensure that children and population groups most at risk are protected during outbreaks.”**

## More on Health Emergencies & health security

### Telegraph – At least 15 dead in Ebola outbreak in DRC

<https://www.telegraph.co.uk/global-health/science-and-disease/at-least-16-dead-in-ebola-outbreak-in-drc/>

“The country has been on high alert since the first suspected case of the deadly haemorrhagic fever was detected in August.”

- See also WHO Afro - [Democratic Republic of the Congo declares Ebola virus disease outbreak in Kasai Province](#)

### Africa CDC - New Advisory Group on Surveillance to Boost Africa’s Health Security

<https://africacdc.org/news-item/new-advisory-group-on-surveillance-to-boost-africas-health-security-2/>

“Africa is the continent worst affected by disease outbreaks, registering a 40% rise between 2022 and 2024. However, **the establishment of the Continental Surveillance Advisory Group (CSAG)** is expected to be a game-changer, enhancing disease forecasting, monitoring, identification and reporting – ultimately strengthening Africa’s overall disease surveillance capabilities. **The CSAG’s creation was a key outcome of a meeting organised by the Africa Centres for Disease Control and Prevention (Africa CDC), bringing together surveillance directors from 47 African Union Member States.....”**

## Africa CDC - New Warehouses to Strengthen Africa's Rapid Health Emergency Response

<https://africacdc.org/news-item/new-warehouses-to-strengthen-africas-rapid-health-emergency-response/>

**“One of the key pillars of the Africa CDC Supply Chain Framework is strengthening warehousing capacity to enhance emergency preparedness and response through the prepositioning of essential emergency response products. This is being translated into action through the construction of strategic warehouses in Ethiopia and Cameroon.”**

**“The Africa CDC’s long-term objective is to build a mega warehouse equipped with state-of-the-art facilities to boost the continent’s emergency response capacity.** A detailed feasibility study is already underway with a consultant on board. **In the short term, however, Africa CDC is building a temporary warehouse at its headquarters in Addis Ababa** — with support from the World Food Programme (WFP) — expected to be completed by the end of 2025. **At the same time, Africa CDC is constructing a regional warehouse in Douala**, located within the African Union Continental Logistics Base, with financing from the African Development Bank....”

Together, these hubs will play a central role in prepositioning and deploying emergency health commodities quickly and effectively across the continent.

## The Conversation - Ethiopia's emergency medical response system is up and running – what other countries can learn from it

<https://theconversation.com/ethiopias-emergency-medical-response-system-is-up-and-running-what-other-countries-can-learn-from-it-263351>

**“Ethiopia has built a national emergency medical team and hosts Africa’s first World Health Organization (WHO)-certified regional training hub. It offers a robust, African-led model for strengthening health emergency response systems across the continent.** The Conversation Africa asked Boniface Oyugi, *who has researched the emergence of this medical team and regional centre, what other African countries can learn from Ethiopia’s experience....”*

## HIV

## The Conversation - HIV is on the rise among older Africans, but care and research overlook this group – lessons from Kenya and South Africa

Francesc Xavier Gomez-Olive Casas et al; <https://theconversation.com/hiv-is-on-the-rise-among-older-africans-but-care-and-research-overlook-this-group-lessons-from-kenya-and-south-africa-263235>

« **The study, a sub-study of the AWI-Gen study in Africa**, followed over 7,000 adults aged 40 and older in four locations. **Three were in South Africa** – the urban setting of Soweto in the country’s industrial heartland and the rural setting of Bushbuckridge in the north-east of the country, and Dikagale, Mamabolo and Mothiba in the north – **and one in Nairobi slums in Kenya.** These **settings**

allow for comparison of east and southern Africa, the two African regions with higher prevalence of HIV. At the same time, it permits a comparison between rural and urban settings....”

“... The conclusion that can be drawn from our findings is that the world needs to stop seeing HIV as only a “young person’s disease”. The narrative needs to change, as must the response. Ageing with HIV is now a global public health reality – especially in sub-Saharan Africa – and the HIV response must evolve to reflect that....”

## Trump 2.0

### Devex – Money Matters: A crucial few weeks for the United States aid budget

<https://www.devex.com/news/money-matters-a-crucial-few-weeks-for-the-united-states-aid-budget-110406>

“It’s already been a momentous year for U.S. foreign assistance, but we’re entering another crucial phase this month. Congress will return from its summer recess, and decide on what it wants to allocate for future years. So far, both houses have indicated they want to spend far more than the White House has requested, and it’s not at all clear how things will shake out....”

“... Last week, after a court ruling in favor of the administration, the White House sent a “pocket rescission” worth almost \$5 billion back to Congress. It’s a legally questionable maneuver, which effectively freezes those funds until the end of the fiscal year. **It marks the first shots in a battle over the budget that will shift to Congress next week, when it returns from recess on Sept. 9. At that stage, expect a huge tussle over spending.** Foreign assistance will be just a line item in a much wider budget fight — but **Congress’ decision could be extremely consequential. In theory, at least, it’s Congress rather than the White House that sets the foreign assistance budget, and what we’ve seen so far suggests that it wants much higher spending than the Trump administration has requested....”**

### Devex - USAID's 'final mission' has just ended. Now what?

<https://www.devex.com/news/usaids-final-mission-has-just-ended-now-what-110751>

“Today, the few staff left at the U.S. Agency for International Development have been officially severed from the agency. It marks the end of what Jeremy Lewin, USAID’s deputy administrator, previously called USAID’s **“final mission”** — a wind-down period that lasted from March 28 until Sept. 2....”

### Devex - Trump's \$5B 'pocket rescission' escalates foreign aid funding fight

<https://www.devex.com/news/trump-s-5b-pocket-rescission-escalates-foreign-aid-funding-fight-110744>

From last week. With some more info on the ‘pocket rescission’. **“On Friday, the Trump administration proposed another \$5 billion cut to foreign aid spending. It might not matter if Congress approves or not.”**

**“The White House [proposed another budget “rescission”](#) on Friday, which would cancel roughly \$5 billion in U.S. foreign aid funding that Congress already approved in previous fiscal years, but which the Trump administration has deemed wasteful in its broadside attack on global development programs. This proposal builds on the cancellation of [roughly \\$8 billion](#) in foreign aid funding earlier this summer, but adds an additional wrinkle.** Because it was submitted so close to the end of the fiscal year on Sept. 30, the funds in question will expire regardless of whether Congress votes for or against the administration’s request....”

**“This controversial maneuver — known as a “pocket rescission” — has not been used since 1977, and is poised to intensify the battle over whether the Trump administration’s aggressive budget cuts violate the U.S. Constitution, which gives Congress authority over federal spending. It also confirms that the Trump administration’s campaign against foreign aid is far from finished — even after dismantling the [U.S. Agency for International Development](#), canceling the majority of its programs, and shifting control of remaining funds to the State Department.”**

**“... Trump’s proposal on Friday to rescind another \$5 billion in foreign aid funding focuses on USAID’s development assistance account, contributions to international organizations, peacekeeping operations, and the Democracy Fund. In its justifications for rescinding the funds, the White House repeated claims that they “conflicted with American values,” “interfered with the sovereignty of other countries,” “bankrolled corrupt leaders’ evasion of their responsibilities to their citizens,” and provided “no clear benefit to Americans.” The rescission proposal singles out programs focused on climate change, LGBTQI+ rights, and localization to make its case....”**

**PS: “Initial reactions to Friday’s rescission suggested lawmakers could put up a stronger fight over the constitutional issues at stake in this proposal.”**

- See also [Devex](#):

**“Whether Congress steps in or not, the U.S. aid community is still facing a harsh reality: Billions of foreign aid dollars are slated to expire on Sept. 30, and the Trump administration has not appeared in a hurry to spend the money before that happens. In a move that left little doubt about who is the driving force behind the administration’s anti-aid agenda, Secretary of State Marco Rubio [announced Friday](#) that Vought will oversee USAID’s “closeout.”**

- And via [CGD - The Pocket Rescission Gambit: Trump's Strategy to Cut Foreign Aid Without Congressional Approval](#) (by E Collinson et al)

**Concluding: “...In short, the administration envisions dramatically less development spending in the near future. A looming question is whether the White House will see a challenge to that vision from Capitol Hill.** House appropriators recently advanced a development and diplomacy spending bill that sought cuts that, while quite deep, were not nearly as aggressive as the administration proposed. Likewise, lawmakers don’t seem ready to throw in the towel when it comes to development programming as a whole—specifying a desire to see continued investment in agriculture, education, and even women’s economic empowerment abroad. Meanwhile, the Senate Appropriations Committee has signaled plans to move ahead with its own bill markup in the coming

weeks. While the fate of ongoing spending debates remains uncertain, the administration's continued willingness to circumvent the standard appropriations processes signals the potential for a broader shift in how development policy is executed, regardless of Congress's intent."

### **Politico - Pushback to Trump's foreign aid cuts is coming from a surprising corner**

<https://www.politico.com/news/2025/09/02/trump-evangelicals-foreign-humanitarian-aid-congress-00537322>

"The **National Association of Evangelicals** is headed to Capitol Hill to convince lawmakers to keep feeding the world's hungry."

"Evangelical Christians who made an alliance with President Donald Trump to end abortion rights are now seeing how much it's cost one of their other priorities: caring for the poor. Four in five evangelicals voted for Trump in November. But Trump's decision to pull back hundreds of millions in foreign aid and shutter the agency that dispensed it have proven costly to evangelicals who run some of the many nonprofits that have long partnered with the U.S. government to provide help to countries that don't have enough food."

"Eager to see assistance flowing again, the National Association of Evangelicals will take its concerns to Capitol Hill after lawmakers return this week from their summer break. The lobbying campaign by the association's 40 Christian denominations marks a rare policy split with Trump. Its success or failure will show whether evangelicals have enough clout to convince GOP lawmakers loyal to Trump to cross him...."

### **AVAC - PEPFAR Reemerges to Support Rollout of LEN for PrEP**

<https://mailchi.mp/avac/global-health-watch-april18-2107321?e=f66302bb8e>

"The President's Emergency Plan for AIDS Relief (PEPFAR) and Gilead Sciences yesterday announced plans to procure injectable lenacapavir for PrEP (LEN) in "countries with the largest HIV/AIDS epidemics...with a focus on preventing mother-to-child transmission." This is not new news, since PEPFAR and the Global Fund had already announced an ambition to reach two million people with LEN in the first three years – and the Global Fund recommitted to the ambition in their July announcement with Gilead. But given the past seven months and PEPFAR's absence from planning, it is good to see PEPFAR committing to prevention and PrEP again. ..."

- For more, see [PEPFAR's Support of American Innovation to Reach up to 2 Million People by 2028 with Breakthrough HIV Drug Lenacapavir](#)
- And see Stat - [Trump administration confirms plan for PEPFAR to distribute Gilead's new HIV prevention drug](#)

"However, a State Department official would not say how much money is being provided."

- See also the WP - [Trump administration to help share new HIV drug with impacted nations](#)

"Critics said it appeared to sidestep LGBTQ+ people."

**“The State Department said it would work with Gilead Sciences, a U.S.-based firm that developed the drug, and the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure that up to 2 million people in up to a dozen countries could receive Lenacapavir by 2028. ....”**

PS: “... others were dubious, noting that **Thursday’s announcement appeared to sidestep LGBTQ+ people, the most at-risk population for HIV**, and made clear that **the Trump administration would not work with nongovernmental organizations to administer the doses to populations with reason to fear their own government**. The plan to target up to 2 million people over several years also falls far below what advocacy groups had been pushing for.....” And so far not clear whether South-Africa will be one of the countries.

### **Guardian - Trump’s aid cuts in east Africa led to unwanted abortion and babies being born with HIV – report**

<https://www.theguardian.com/global-development/2025/sep/03/trumps-aid-cuts-in-east-africa-led-to-unwanted-abortions-and-babies-being-born-with-hiv-report>

**“Doctors, nurses, patients and other experts describe the loss of decades of progress in beating the virus in 100 days after Pefar was disrupted.”**

“Aid cuts in east [Africa](#) have led to cases of babies being born with HIV because mothers could not get medication, a rise in life-threatening infections, and at least one woman having an unwanted abortion, according to interviews with medical staff, patients and experts. **A report by Physicians for Human Rights (PHR) sets out dozens of examples of the impact of disruption to Pefar – the president’s emergency plan for aids relief – in Tanzania and Uganda**. The report is based on interviews with 39 doctors, nurses, people living with HIV, service providers and other experts. **It focuses on the first 100 days after Pefar-funded programmes were instructed to stop work** as part of a US government freeze on foreign aid.....”

The report aims to put some more pressure on US Congress.

### **Stat – Trump says CDC is ‘being ripped apart’ over Covid products, calls for drugmakers to prove their benefits**

<https://www.statnews.com/2025/09/01/trump-cdc-truth-social-covid/>

**“President appears divided between RFK Jr. and detractors, despite clear evidence favoring vaccines.”**

### **ProPublica - Death, Sexual Violence and Human Trafficking: Fallout From U.S. Aid Withdrawal Hits the World’s Most Fragile Locations**

<https://www.propublica.org/article/trump-usaid-malawi-state-department-crime-sexual-violence-trafficking>

(from end of May) **“Exclusive State Department records show: As the Trump administration abandons its humanitarian commitments, diplomats are reporting that the cuts have led to violence and instability while undermining anti-terrorism initiatives.”**

### **Euractiv - MAGA’s health wrecking ball is heading for Europe**

<https://www.euractiv.com/section/health-consumers/news/magas-health-wrecking-ball-is-heading-for-europe/>

“Experts warn an anti-vaccination US will hit vaccine confidence and markets globally.”

“As US health policy becomes increasingly isolationist, Europe is losing input from American experts and researchers. However, the greatest danger is a virus called ideology.”

“... **An anti-vaccination US government will likely increase the energy, legitimacy and resources of anti-vaccination activists**, which would probably damage vaccine confidence and markets globally. In other words, **spreading a dangerous infodemic is likely to be the worst side-effect of Trump’s health policy.**”

- Based on a [Health Policy article - The second Trump administration: A policy analysis of challenges and opportunities for European health policymakers](#) (by S Greer et al)

### **Lancet Haematology (Comment) - USAID's enduring impact on anaemia management must be preserved**

O Dary et al; [https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026\(25\)00199-1/fulltext](https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026(25)00199-1/fulltext)

“The *Lancet Haematology* Commission on anaemia serves as a reminder not only of the widespread and harmful impact of this public health issue, but also of the scientific and programmatic advances in managing the disease and the knowledge gaps that need to be addressed. **Since its founding in 1961, the United States Agency for International Development (USAID) has actively worked to address anaemia and many other global challenges. In this Comment, we highlight some of USAID's past and recent contributions to the management of anaemia and micronutrient deficiencies, as a tribute to an institution that supported vital public goods worldwide until its operations were halted by the incoming US administration in January, 2025....**”

### **Science News - Legal adviser warns NIH not to kill 900 grants a second time**

<https://www.science.org/content/article/despite-supreme-court-win-nih-may-not-quickly-kill-again-some-900-grants-sensitive>

“Advice follows Supreme Court ruling that threatened previously restored grants, but reprieve may be brief.”



## Science News - House Republicans add to support for maintaining NIH budget in 2026

<https://www.science.org/content/article/house-republicans-add-support-maintaining-nih-budget-2026>

Both chambers of Congress have now rejected Trump's proposed 40% cut

## NCDs

### Devex (Opinion) - Now is the moment to eliminate a human-made health challenge: Trans fat

Korinna Schumann (Austria's minister of labor, social affairs, health, care and consumer protection); Jan Christian Vestre (Norway's minister of health and care services); Dr. Hilal bin Ali bin Hilal Alsabti (Oman's minister of health); Ong Ye Kung (Singapore's minister for health and coordinating minister for social policies); and Dr. Tedros Adhanom Ghebreyesus (WHO DG);

<https://www.devex.com/news/now-is-the-moment-to-eliminate-a-human-made-health-challenge-trans-fat-110743>

"Ahead of the U.N. General Assembly high-level meeting on noncommunicable diseases, Austria, Norway, Oman, Singapore, and WHO are calling for the global scale-up of efforts to eliminate human-made trans fat from manufactured foods."

### Nature (Editorial) - Ultra-processed foods — it's time for an improved definition

[https://www.nature.com/articles/d41586-025-02750-0?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=16587378](https://www.nature.com/articles/d41586-025-02750-0?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=16587378)

"The worst excesses of industrial food production must be reined in, while ensuring people have access to adequate calories."

- Related Nature News briefing - [Are ultra-processed foods really so unhealthy? What the science says](#)

"These foods have been linked to obesity and other health troubles, but some scientists argue the grouping is too broad to guide dietary choices."

### Lancet (Editorial) - Heart failure: time to prioritise prevention

<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2825%2901775-1/fulltext>

"...heart failure has typically been viewed as the final stage of other cardiovascular conditions, meaning it has been underprioritised in the cardiovascular health agenda. A new Series published in The Lancet calls to reframe heart failure as a preventable chronic disease, setting out an

**ambitious vision to address the growing burden.** The Series underscores how epidemiological shifts and advances in understanding heart failure necessitate the **move towards prevention.....”**

- From the new [Lancet series ‘Heart Failure Prevention’](#)

“Heart failure remains one of the 21st century’s greatest unmet clinical and public health challenges. Heart failure is a highly prevalent chronic condition that affects approximately 55 million people worldwide. Although heart failure can be prevented, the global burden of this condition continues to grow fuelled by an ageing population, improved survival after myocardial infarction, and increasing prevalence of metabolic and kidney disease. Public health efforts for cardiovascular disease prevention have primarily targeted coronary heart disease. Despite overlapping prevention targets for coronary heart disease and heart failure, prevention of the latter requires tailored approaches to target its unique pathophysiology and heterogeneous subtypes. **This Lancet Series serves as a call to action for clinicians, health systems, and governments to prioritise the primary prevention of heart failure.**”

### **Guardian – Doctors find drug that is better than aspirin at preventing heart attacks**

<https://www.theguardian.com/society/2025/aug/31/doctors-find-drug-that-is-better-than-aspirin-at-preventing-heart-attacks-clopidogrel>

“Discovery that clopidogrel is a more effective blood thinner **could transform health guidelines worldwide.**”

“**Doctors have found a drug that is better than aspirin at preventing heart attacks and strokes, in a discovery that could transform health guidelines worldwide.** For decades, millions of people have been advised to take aspirin to reduce their risk of experiencing a serious cardiovascular event. A daily low-dose aspirin makes blood less sticky and helps prevent heart attacks and strokes. But now a new study, presented at the world’s largest heart conference, has found that clopidogrel, a commonly prescribed blood thinner, is more effective – and with no extra risk. The stunning discovery was **revealed at the European Society of Cardiology congress in Madrid**, with the data behind the findings **simultaneously published in the Lancet medical journal....”**

## **Mental Health**

### **WHO - Over a billion people living with mental health conditions – services require urgent scale-up**

<https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up>

“**More than 1 billion people are living with mental health disorders, according to new data released by the World Health Organization (WHO)**, with conditions such as anxiety and depression inflicting immense human and economic tolls. While many countries have bolstered their mental

health policies and programmes, **greater investment and action are needed globally to scale up services to protect and promote people's mental health.**"

"Mental health conditions such as anxiety and depression are highly prevalent in all countries and communities, affecting people of all ages and income levels. They represent the second biggest reason for long-term disability, contributing to loss of healthy life. They drive up health-care costs for affected people and families while inflicting substantial economic losses on a global scale. **The new findings published in two reports – [World mental health today](#) and [Mental Health Atlas 2024](#) – highlight some areas of progress while exposing significant gaps in addressing mental health conditions worldwide.** The reports serve as critical tools to inform national strategies and **shape global dialogue ahead of the [2025 United Nations High-Level Meeting on noncommunicable diseases and promotion of mental health and well-being](#), taking place in New York on 25 September 2025....."**

- Related Devex coverage – [More than 1 billion people are living with a mental health disorder](#)

"Yet **governments on average are spending just around 2% of their budgets on mental health services, the same since 2017**, and the median number of mental health specialists is 13.5 per 100,000 people....."

- For a **quick overview of some key findings**, see also [UN News](#).

## Commercial determinants of health

**BMJ News - WHO insists "critical" report on industry harming health won't be axed, despite experts' fears**

<https://www.bmj.com/content/390/bmj.r1852>

**"Researchers have urged the World Health Organization not to scrap a landmark report on the commercial determinants of health amid concern that it is at risk from the financial crisis engulfing the agency."**

**"WHO's first ever global report on the commercial determinants of health, analysing the effect of corporate industries on peoples' health and recommending policy, was due to be published this year. But after rumours that the report could be scrapped in the wake of US aid cuts, 12 academics, experts, and former employees of WHO wrote its director general, Tedros Adhanom Ghebreyesus, last month to express "extreme concern" that work in this area "may be entirely lost."** In their **letter to Tedros**, seen by *The BMJ*, the experts claimed that the report has been threatened by the "financial crisis that WHO is facing following the withdrawal of the USA and its funding from the organisation." ...."

**"... In response to the letter WHO told *The BMJ* that the agency "remains firmly committed to advancing action on the commercial determinants of health."** A spokesperson said, "Despite the challenges of restructuring and budgetary pressures, this **work is continuing. We are pleased to confirm that WHO's Global Report on the Commercial Determinants of Health remains on track**

and is planned for release in 2025.” However, the agency did not confirm a publication date for the report.....”

## BMJ Series - Arms industry as a commercial determinant of health

<https://www.bmj.com/collections/arms-industry-health>

**“The BMJ Series on the arms industry as a commercial determinant of health uncovers the role of the arms trade in health and calls for more scrutiny of its health-harming activities and its unhealthy relationship with governments. An international group of experts lay out the direct and wider harms of arms and show how weapons manufacturers use commercial strategies to subvert public health agendas and shape discourse around security and violence. The Series argues that, like the tobacco, alcohol, and fossil fuel industries, the arms industry should be seen as a commercial determinant of health, where corporate practices matter as much as products when considering how industries can harm health.”**

PS: **“Global military expenditure is already over \$2.7 trillion annually, generating mindboggling profits to arms companies.”**

Do start with the [Editorial introducing the series](#), in which **Jocelyn Clark and Kamran Abbasi** raise concerns about the **current “warfare vs welfare” debates** and decisions by governments, calling for more scrutiny of the arms industry and renewed support for a global peace dividend.

## SRHR

### BMJ News - UN calls for ban on all forms of surrogacy

<https://www.bmj.com/content/390/bmj.r1850>

**“Countries should move towards banning all forms of surrogacy, a new UN report has said. The UN’s special rapporteur on violence against women and girls, Reem al Salem, called for a ban on the grounds of the “exploitation and violence against women and girls” that characterises surrogacy arrangements, as well as health risks to the mother and baby.”**

**“Al Salem will present the report to the UN General Assembly in October 2025. It will call for the 193 UN member states to “take steps towards eradicating surrogacy in all its forms.” Pending its abolition, states should adopt a legal and policy framework for surrogacy that is modelled on the Nordic model for prostitution and includes penalties for commissioning parents and surrogacy agencies alongside decriminalisation and exit support strategies for surrogate mothers.....”**

## Conflict/War/Genocide & health

### BMJ (Feature) – Can humanitarian aid organisations afford to stay neutral?

<https://www.bmj.com/content/390/bmj.r1821>

**“Speakers at the MSF Health and Humanity Summit** discussed present predicaments and the uncertain future of humanitarian aid responses, Marty Logan reports.”

**“The humanitarian aid sector must abandon its traditional stance of neutrality and expand beyond a medical response to include political engagement when necessary, an international conference in Kathmandu, Nepal, heard on 19 August....”**

With among others, the **views of T Aloudat (New Humanitarian):** “ ... Aloudat said that, **instead of time limited emergencies, many global crises are now protracted events that can impact an area’s balance of power. Despite this change, however, humanitarian organisations have continued to be “apolitical and neutral.”** “Apolitical was always a political choice, and it’s become more so now. **But we need to be more political today—not for the sake of politics itself, but to acknowledge that neutrality is siding with the hegemonic powers....”**

### **Lancet Comment - Stop the starvation: restore civilian aid and protect health care in Gaza**

Paul B Spiegel; K Blanchet et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01768-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01768-4/fulltext)

By members of the **Center for Humanitarian Health (CHH)–Lancet Commission on Health, Conflict, and Forced Displacement.**

They conclude: “Gaza’s civilians are suffering from a collapse of humanitarian norms and impunity. We, members of the CHH–Lancet Commission, call for an immediate ceasefire to rehabilitate the shattered health system. Unimpeded, depoliticised access through impartial channels to support Gazan providers must be prioritised; without it, war and human-made famine will worsen. Those responsible must be held to account. Gaza is the test of humanitarian norms: stop the starvation, restore civilian aid, and protect health care and civilian infrastructure.”

### **Lancet - Aid as a weapon: the Gaza Humanitarian Foundation**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01693-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01693-9/fulltext)

By O Jabali et al.

### **Lancet Letter - World Medical Association complicity: selective ethics and the destruction of Gaza's health system**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01691-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01691-5/fulltext)

By B Suann et al.

### **Lancet Editorial – The nuclear threat: policy, science, and public opinion**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01817-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01817-3/fulltext)

Today's Lancet editorial. Concluding: **"However, assembling evidence can only take us so far. Organisations such as the Union of Concerned Scientists and the International Physicians for the Prevention of Nuclear War focus on policy as much as science. While there is [much public support for disarmament](#), surveys also suggest that a substantial and potentially increasing proportion of the public is willing for nuclear weapons to be used, and not only in retaliation. At a time when the prospect of nuclear attack is rising, there is need for a reinvigorated broad and cohesive civil society movement to shape public opinion about the threat, risks, and policy solutions related to nuclear weapons that doctors and scientists can help to lead."**

### Lancet Offline – Offline: Help us, please

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01767-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01767-2/fulltext)

**".... Migration is a health issue, as our UCL–Lancet Commission on Migration and Health made clear in its first 2018 report** (a follow-up Commission report is forthcoming). Ibrahim Abubakar and colleagues called on the UN to appoint a Special Envoy on Migration and Health. That proposal has been ignored. The Commission also called on national governments to name country-level focal points for migration and health. Again, little progress. **We wanted to see migration evolve into an issue about human wellbeing, and away from one defined by sovereignty and security. It is disappointing to observe the silence of medical colleges and associations, national scholarly academies, and senior medical leaders about the legitimisation of hate and racism in public discourse.** Often quick to issue press statements promoting their own interests, they remain quiet when it comes to defending the interests of those who lack a public platform. Instead, it is left to others...."

### Lancet World Report - The weaponisation of water

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01087-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01087-6/fulltext)

**"Water and water infrastructure are being increasingly targeted with impunity in conflicts from Gaza to Ukraine. The effects on health are complex, compounding, and longlasting. Rebecca Sers reports."**

## Decolonize Global Health

### The Conversation - Africa's innovations are overlooked because global measures don't fit: what needs to change

A Egbetokun et al ; <https://theconversation.com/africas-innovations-are-overlooked-because-global-measures-dont-fit-what-needs-to-change-257984>

**"Science, technology and innovation measurements are essential because they allow policymakers to see whether investments are yielding results. Without adequate metrics, scarce resources can be misdirected and progress towards Africa's development goals will stall. But are African governments, development partners and scholars measuring what matters? As a group of researchers who have spent years studying science, technology and innovation systems in South Africa, Nigeria and other African countries, we sought to answer this question."**

**“In a recent study we found that the indicators used to track innovation in Africa are largely borrowed from high-income countries, and may be missing the mark. If innovation is to help solve Africa’s challenges – like youth unemployment, food insecurity, digital exclusion and climate vulnerability – then the way African governments measure it needs to change....”**

**... Innovation indicators such as research and development expenditure, patent counts and numbers of researchers are useful. But only up to a point. They assume a formal, high-tech, research-intensive model of innovation typical of rich countries. In contrast, African economies are dominated by informal firms, grassroots inventiveness and frugal solutions born of necessity....”**

## **SS&M - Donor preferences for recipient control of international development aid**

J Hennessey et al; <https://www.sciencedirect.com/science/article/pii/S0277953625008664>

**“Locally-led’ and ‘decolonization’ of aid are a focus of modern aid programs. There is limited evidence on whether donor country citizens support this rhetoric. Our experiment finds donors are highly resistant to recipient control of aid. Results hold when controlling for recipient government quality and type of aid. Our findings show donor preferences risk undermining contemporary aid practice.”**

**“... Using Indonesia as the recipient country setting, we conducted a discrete choice experiment amongst 1,523 Australians aged 18+ to describe donor preferences for recipient control and nine other characteristics of Australia’s health aid program. We found that donors have a strong aversion to recipient control and are unwilling to cede control of either aims or implementation....”**

With a number of recommendations.

- And via [Devex: what’s next for INGOs](#)

**“Christian Aid, a U.K. organization, has already decided it will move its primary model from that of a delivery organization to a fundraiser for partners in the global south. Others are making a virtue of necessity and [taking a long look at their real point of difference](#)....”**

## **Access to Medicines, Vaccines & other health technologies**

### **Journal of Law, Medicine & Ethics - Trust Beyond Borders: European External Regulatory Influence on Access to Medicines**

Pramiti Parwani et al; <https://pubmed.ncbi.nlm.nih.gov/40799076/>

« European institutions are widely recognized as wielding regulatory power in a globalized market, exporting its standards across borders and between sectors. This paper asks what institutional dynamics catalyze European external regulatory impact on pharmaceutical governance in low- and middle-income countries (LMICs). **The research focuses on two European regulatory bodies, the European Medicines Agency (EMA) and the European Patent Office (EPO), and explores the dynamics of their technocratic outreach beyond European borders.** We find that trust is a key underlying institutional dynamic facilitating some forms of European external relations. The



agencies extend their influence through technical assistance, collaboration, and work-sharing with LMIC regulators, **fostering a one-sided relationship of “technocratic trust.”** This trust, reinforced by international regulatory frameworks that position the EMA and EPO as “trustworthy” regulators, **enables these agencies to expand their regulatory influence beyond Europe.** By critically examining the **impact of this trust-building on LMICs’ regulatory autonomy,** this research contributes to the broader discourse on European regulatory power in global health governance and highlights potential implications for pharmaceutical markets and access in LMICs.”

## **Lancet Microbe (Comment) – Protecting the future of vaccine development amidst US funding withdrawal for mRNA vaccine research**

E Petersen et al; [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(25\)00154-5/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(25)00154-5/fulltext)

“... The global mRNA research community now faces an urgent dual challenge: securing **alternative funding and preserving the momentum built in advancing the platform over the past 5 years.** Without coordinated action, there is a real risk of eroding the collaborative, evidence-based global vaccine ecosystem that emerged in the wake of COVID-19. **To sustain and advance this progress, five main priority areas should be addressed:** diversifying funding sources, strengthening regional manufacturing hubs, investing in fundamental science, combating misinformation and misinterpretation, and broadening the technology landscape with parallel investment in other platforms....”

## **Stop TB - Historical Drop of DR-TB Treatment Cost Below \$300 After Third Major Cut in 2025 by Stop TB’s Global Drug Facility**

<https://www.stoptb.org/news/breaking-news-historical-drop-dr-tb-treatment-cost-below-300-after-third-major-cut-2025-stop>

“The Stop TB Partnership’s Global Drug Facility (GDF) has announced a **30% price reduction** for bedaquiline produced by Lupin, now available at just **\$63 per treatment course.** This latest decrease brings the lowest **cost of the full BPaLM regimen**—the most widely recommended treatment for drug-resistant tuberculosis (DR-TB)—**below \$300 for the first time,** now priced at **\$284 per course.....”**

“... This announcement follows two earlier price reductions in 2025...”

## **Planetary Health**

### **ITM - Climate change could reprogram malaria mosquitoes**

<https://www.itg.be/en/health-stories/press-releases/climate-change-could-reprogram-malaria-mosquitoes>

“First-of-its-kind, realistic climate simulations reveal how warming and humidity changes rewire *Anopheles stephensi* biology and immunity.”

## UN News - Air pollution is on the rise – but not everywhere, says UN weather agency

<https://news.un.org/en/story/2025/09/1165779>

On the latest *WMO Air Quality and Climate Bulletin*. “As billions continue to breathe polluted air that causes more than 4.5 million premature deaths every year, **UN climate experts on Friday highlighted how damaging microscopic smoke particles from wildfires play their part, travelling halfway across the world.**”

PS: Featuring also a **reduction in emissions in some parts of the world, “particularly eastern China and Europe, year on year”.**

## New Humanitarian - Why African nations are looking to unite on climate and conflict

<https://www.thenewhumanitarian.org/interview/2025/09/04/african-nations-are-looking-unite-climate-conflict-common-african-position>

“Ahead of the Africa Climate Summit, Policy reporter Will Worley spoke to **one of the early drafters of the new Common African Position.**”

“A few years ago, the **link between climate change and conflict** was a niche policy area. It has now begun to dominate [UN climate summits](#). That recognition is about to be elevated a step higher as **the Africa Climate Summit prepares to pass the Common African Position: a key policy document on climate, peace, and security.** African diplomats like Ali Mohamed, Kenya’s special climate envoy, [hope](#) the summit – to be **held 8-10 September in Ethiopia’s Addis Ababa** – will be a “game changer” that will “spark a seismic shift for a unified, continent-wide climate pact to replace isolated national plans” ....”

## FP - The Coming Ecological Cold War

N Gilman; <https://foreignpolicy.com/2025/09/01/ecological-cold-war-climate-china-europe-usa-russia/>

“Decarbonization isn’t just about technology and markets—it’s a geopolitical revolution.”

“**We are on the verge of a new Cold War**, defined not by an ideological contest over the proper relationship between politics and the economy, but over the metabolic basis of modernity. **Call it the Green Entente vs. the Axis of Petrostates.**”

## Reuters – World Bank urges fresh push on economic threat of pollution

[Reuters](#);

“**Degraded land, polluted air and water hitting economies. Around 80% of low-income populace face all three.** World Bank 'will not waver' on mission, senior MD says.”

**“Degraded land, polluted air and water stress pose a direct global economic threat but using natural resources more efficiently could cut pollution by half, one of the World Bank's senior managing directors told Reuters. The damage is particularly acute for low-income countries most at threat from poverty, climate change and biodiversity loss, Axel van Trotsenburg said. Speaking alongside the publication of a new report on Monday, he said around 80% of people in low-income nations were exposed to all three and the World Bank was committed to responding even as many countries cut aid budgets. ... More broadly, 90% of the world's population face at least one of the challenges, with the report urging countries to repurpose subsidies currently spent on harmful activities.....”**

**“The report is published against a fractious political backdrop ahead of November's COP30 climate talks in Brazil. The World Bank and other multilateral lenders are also awaiting the outcome of a U.S. review ordered by President Donald Trump in February.”**

**“... While ecological threats were often seen as being distant, the report zeroed in on economic impacts happening now.**

- Related [World Bank press release – Protecting Nature Boosts Growth and Jobs, Shows New Report](#)

## **Guardian - Finance for transition mineral mining is driving destruction and abuse, says report**

[Guardian](#)

**“Hundreds of billions of dollars invested in extractive mining for green transition with few safeguards, research finds.”**

PS: **“The research has been undertaken by the Forests & Finance coalition, an initiative that researches who is funding the companies involved in a range of industries affecting tropical forests and the communities that rely on them in south-east Asia, central and west Africa, and parts of South America....”**

## **Inside Climate News – Despite Lack of Federal Support, US Scientists Continue Work on Key Global Climate Reports**

<https://insideclimatenews.org/news/30082025/us-climate-research-ipcc/>

**“Amid rising repression of climate science domestically, researchers from universities around the country are lending their expertise to an international effort. Even as the U.S. federal government rapidly retreats from science-based decision-making, adopts climate-damaging energy policies and disengages from international climate efforts, 46 American researchers have been chosen as authors for the upcoming three main global climate reports from the Intergovernmental Panel on Climate Change. ...”**

PS: **“The number of U.S. scientists working on the IPCC reports has decreased markedly over the past decade, from 210 during the panel's 5th assessment cycle to 46 in the current cycle, according**

to the panel's records. But there are still more Americans or scientists with dual citizenship and U.S. university affiliations contributing to the reports than from any other country. ... **The IPCC has announced a total of 664 authors for the current assessment cycle. For the first time, there are more authors, 51 percent, from developing and emerging-economy countries than from developed countries. The percentage of female authors increased from 33 percent in the last cycle to 44 percent, bringing the IPCC closer to its goal of gender and geographic parity**, Skea said. "You're seeing many more people providing strong scientific contributions from what you might call the emerging scientific countries, like China, India, Brazil, South Africa and Kenya," Skea said. "They're all coming through the system in much greater numbers, which can only be a good thing." ..."

### **Guardian – Underestimating support for climate action limits political decision making, study says**

<https://www.theguardian.com/environment/2025/sep/02/politicians-underestimate-support-climate-action-limiting-policies-study>

"Research reveals **huge disparity between perceived and actual willingness of public to contribute to fixing climate.**" RE a United Nations Environment Assembly (UNEA) meeting and new research on the 'misperception gap'. (see also the "**89 % Project**").

## **Miscellaneous**

### **Al Jazeera - US and EU sanctions have killed 38 million people since 1970**

J Hickel et al ; <https://www.aljazeera.com/opinions/2025/9/3/us-and-eu-sanctions-have-killed-38-million-people-since-1970>

Analysis linked to a recent [Lancet Global Health](#) article.

## **Global health governance & Governance of Health**

### **Reuters - Tariffs cause 'unprecedented' disruption to global trade rules, WTO chief says**

<https://www.reuters.com/world/china/tariffs-cause-unprecedented-disruption-global-trade-rules-wto-chief-says-2025-09-02/>

"The share of global trade done on WTO terms has fallen to 72% and could fall further, amid the biggest disruption to the international trading system since World War Two, the Director-General of the World Trade Organization said on Tuesday."

"Since U.S. President Donald Trump began imposing higher [import tariffs](#) this year on most trading partners, **the share of global trade conducted under the WTO's Most Favoured Nation terms is**

down from about 80%, WTO data shows. The principle requires WTO members to treat others equally and the decline has stoked concerns that the 30-year-old organisation set up to uphold free trade is being [sidelined](#)....”

PS: “Okonjo-Iweala, a former Nigerian finance minister, voiced concern at the Trump administration's plans to cut \$29 million in funding to the WTO, alongside other organisations....”

- See also this [Reuters update on WTO: White House drops World Trade Organization from list of funding cuts](#)

“The White House has quietly dropped the World Trade Organization from a list of [\\$4.9 billion in foreign aid cuts](#) announced last Friday after the move sparked concern among lawmakers, trade groups and the head of the global trade body.....”

### Geneva Solutions - Washington cuts sow confusion at International Labour Organization

<https://genevasolutions.news/global-news/washington-cuts-sow-confusion-at-international-labour-organization>

“Donald Trump announced a \$107 million funding cut while simultaneously appointing his economic advisor as the ILO’s new deputy director. *The Geneva-based organisation is under pressure and its staff is anxious.*”

“On August 29, the White House announced the cancellation of \$5 billion in international aid. ... .. The other major victim is the International Labor Organization (ILO), deprived of \$107m because it is now considered by Washington as “a group that works to unionize foreign workers and punish US corporate interests abroad,” according to the [statement](#) posted by the White House.

### Global Policy - Problem-Solving by Low-Authority International Organizations: ECOWAS' COVID-19 Response

Kilian Spandler et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70062>

“Dominant theories stipulate that high levels of authority are a prerequisite for effective problem-solving by international organizations (IOs). How, then, can we explain that African health organizations possess relatively low levels of authority, yet their response to COVID-19 has been touted as a remarkable success? In this article, we explain how low-authority IOs can engage in effective problem-solving. By rethinking the conventional zero-sum relation between national sovereignty and an IO's problem-solving potential, we develop a novel framework that allows us to analyze diverse cooperation logics pursued by various organizational actors within an IO. **Applying this framework to the response of ECOWAS and its sub-agency, the West African Health Organization (WAHO), to the COVID-19 pandemic reveals that problem-solving cooperation dominated over symbolic and autonomy-oriented cooperation logics.** This prevalence of problem-solving did not derive from ECOWAS' authority over states, but emerged because its member states saw it as expedient to address these issues through the organization. **Our analysis shows that low-authority IOs can problem-solve if member states consider them to be transmitters instead of constraints of national sovereignty, that is, as suppliers of organizational services that enhance state capacities.**”

## Devex - The bowtie bows out: Adesina's 10 years at AfDB

<https://www.devex.com/news/the-bowtie-bows-out-adesina-s-10-years-at-afdb-110719>

**"From the High 5s to Mission 300, Adesina reshaped AfDB into a more visible and innovative bank, though not without its challenges."**

Adesina **succeeded Rwanda's Donald Kaberuka to lead AfDB in 2015.** His successor is [Mauritanian economist Sidi Ould Tah](#).

**"After a decade at the helm of the [African Development Bank](#), Akinwumi Adesina is stepping down — leaving behind a bigger, more visible, and more innovative institution. The Nigerian economist, often referred to as Africa's "optimist in chief," tripled the bank's capital from \$93 billion to \$318 billion and set out a clear vision through his signature "High 5s" agenda: Power Africa, Feed Africa, Industrialize Africa, Integrate Africa, and Improve Quality of Life."**

**"Under his watch, AfDB pioneered new approaches to development finance, including the first hybrid capital issuance by a multilateral development bank. "Most would acknowledge that AfDB has become very innovative when it comes to financial innovations,"** says Annalisa Prizzon of [ODI Global](#), who also credits Adesina with leaving behind a transparent portfolio and a coherent 10-year strategy. The bank also **launched flagship initiatives** such as **the Africa Investment Forum** and **Mission 300**, a joint effort with the [World Bank](#) to connect 300 million Africans to electricity by 2030...."

**"Adesina's legacy is strong, and he has weathered some significant storms during his tenure, not least COVID19 and some allegations of impropriety,"** said Hannah Ryder CEO of [Development Reimagined](#), who also pointed to his laudable record of having women in senior positions at the bank. **But questions remain about where the bank fell short. "We see that the bank never fully became Africa's go-to financial institution," Chanda said. "In moments of debt distress, affected countries still turn first to the World Bank, the IMF, and bilateral creditors for relief."** She added that AfDB could have played a stronger role by putting in place quick-response mechanisms to address liquidity crises before they escalated into defaults. **There were also some missed opportunities when it came to donor engagement. "Adesina worked hard to navigate traditional donors,** although it also meant he paid less attention to innovating in the Bank's analysis and structure, **and less attention to emerging donors such as China,** who had previously created a 10 year fund under Kaberuka's tenure, which has not yet been replenished," said Ryder. **Nevertheless, Adesina's imprint on the institution is undeniable. He leaves behind a bank with greater visibility, more resources, and a stronger role on the global stage than when he arrived — though also with unfinished business on debt, governance, and Africa's voice in international forums. That task will now fall to Tah."**

- Related: Devex - [New AfDB president inherits a bigger bank — and tougher challenges](#)

**"Sidi Ould Tah takes over the African Development Bank presidency with promises of reform, new partnerships, and a focus on jobs, even as the bank confronts tight budgets and a looming African Development Fund replenishment."**

**"...Tah laid out four priorities for his first 100 days. The first was listening to shareholders, partners, and staff; the second was accelerating reforms to reduce bureaucratic delays. The third was**

**strengthening partnerships** to mobilize capital, including through the replenishment of the AfDB's concessional lending arm. And the **fourth was expanding access to finance** to spark job creation, with a specific focus on women and young people....”

### **Devex – How the New Development Bank built a multibillion-dollar portfolio**

(gated) <https://www.devex.com/news/how-the-new-development-bank-built-a-multibillion-dollar-portfolio-110742>

**“The BRICS-led development bank is spending nearly \$28 billion in 92 projects in six member countries.”**

**“In July 2015, Brazil, Russia, India, China, and South Africa, known as BRICS, established the New Development Bank. Despite its small membership, NDB’s total project financing matches that of long-standing multilaterals. Its total project approvals by the end of 2024 amounted to \$39 billion, according to its website.....”**

### **Results UK - the next frontline: health systems as the foundation of European defence**

<https://results.org.uk/publication/the-next-frontline-health-systems-as-the-foundation-of-european-defence/>

**“The need for strong health systems during a conflict; The role of the Global Fund in building health resilience in Ukraine; Why the UK must retain its £1 billion commitment at the next replenishment.”**

**“Since its inception, the Global Fund has been a driving force in the global health landscape, supporting communities and national efforts to dramatically cut death rates from these deadly diseases and strengthen fragile health systems in some of the world’s most vulnerable contexts. In times of crisis, this mission becomes even more urgent. This report will highlight the devastating impact that Russia’s invasion has had on efforts to tackle TB and HIV in Ukraine, and how tackling the resurgence of infectious diseases is vital to protecting global health security and peace.”**

### **Reuters – UN refugee agency plans to reduce spending by a fifth as cuts bite**

<https://www.reuters.com/world/un-refugee-agency-plans-reduce-spending-by-fifth-cuts-bite-2025-09-01/>

**“The U.N. refugee agency plans to scale back its budget by nearly a fifth next year due to "financial constraints", even as the war in Sudan and other crises cause a surge in people fleeing their homes, its projected budget showed. The UNHCR agency also plans to close its Southern Africa bureau and scrap nearly 4,000 jobs as cuts leave it with \$8.5 billion to spend in 2026, down from \$10.2 billion in 2025, according to the document published online on Monday....”**



## UHC & PHC

### Lancet (Comment) - Milei's chainsaw health reforms in Argentina: the libertarian turn in public health

A Rubinstein et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01729-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01729-5/fulltext)

Concluding: « **Although a comprehensive assessment of Milei's health policies remains premature, they signal a profound ideological shift that privileges austerity, diminishes federal health responsibilities, and retreats from redistribution, departing from Argentina's long-standing health-care traditions.** These reforms raise concerns about worsening health outcomes and inequalities, particularly for vulnerable populations. «

### BMJ GH (blog) - Eliminating Uncorrected Refractive Error by 2030: LMICs Need Policies and a Roadmap, Not Just Intentions

I P Sharma et al; <https://blogs.bmj.com/bmjgh/2025/09/04/eliminating-uncorrected-refractive-error-by-2030-lmics-need-policies-and-a-roadmap-not-just-intentions/>

“[Eye health](#) intersects with several key UN Sustainable Development Goals (SDGs), making it a critical issue globally. **An estimated 2.2 billion people suffer from impaired vision, and [uncorrected refractive error \(URE\)](#) is among the primary, preventable causes of vision loss.** In low- and middle-income countries (LMICs), approximately [two-thirds of those who need spectacles lack access to them.](#) “

“**In 2021, the World Health Assembly endorsed an ambitious global target: increase [effective refractive error coverage \(eREC\)](#) by 40% by 2030. Countries have made this commitment, but with less than five years remaining, [most are off-track.](#)** The barrier is not a lack of solutions—spectacles and basic refractive services are affordable and effective. **What is missing is a systematic, scalable, and sustainable delivery model to deliver these solutions equitably to populations who need them most.**”

## Pandemic preparedness & response/ Global Health Security

### The Telegraph - To stop disease X, we must invest in African health

*Ibrahima Socé Fall (CEO of the Institut Pasteur de Dakar )* <https://www.telegraph.co.uk/global-health/science-and-disease/to-stop-disease-x-we-must-invest-in-african-health/>

“We must recognise that the next pandemic is most likely to emerge in a region already burdened by infectious disease.”

“... In most cases, the smartest way to prepare for the next pandemic is by strengthening our ability to fight long-standing threats like malaria, dengue, and tuberculosis. It’s a **strategic two-in-one approach**: tackling today’s biggest killers while building the infrastructure needed to detect and contain future outbreaks. Reducing the burden of endemic diseases also frees up critical resources to respond to emerging or re-emerging threats – whether Ebola, mpox, or the next unknown “Disease X” . ...”

“... That’s why strengthening laboratories and surveillance networks in Africa and other vulnerable regions is an urgent imperative. .... The encouraging news is that **Africa is no longer waiting for the world to act. From Dakar to Nairobi to Johannesburg, a surge of home-grown scientific leadership is driving progress....”**

PS: “... We must ensure these people (on the frontlines) – and these places – have the resources they need to detect the next outbreak early and spare the world from another devastating crisis. This is precisely the mission of **DIATROPIX**, based right here in Institut Pasteur Dakar, which is **empowering African nations by developing and producing rapid diagnostic tests locally**. By equipping these frontline heroes with accessible, accurate, and timely diagnostic tools, DIATROPIX directly contributes to building the resilient health infrastructure essential for global health security. This same commitment to building resilience and sovereignty also drives **vaccine and biologics innovation through the Vaccine Research Centre (VRC)** at Institut Pasteur Dakar....”

### **Global Health Research and Policy - To tier or not to tier: the institutionalization of the World Health Organization’s power to determine pandemic emergency in the amended International Health Regulations (2005)**

Yi Zhang et al; <https://ghrp.biomedcentral.com/articles/10.1186/s41256-025-00438-6>

“The **binary nature of a Public Health Emergency of International Concern (PHEIC)** alert was brought to attention during COVID-19, with the COVID-19 IHR Emergency Committee and some States Parties advocating for an intermediate or regional tier of warning. **However, the recent amendments to the International Health Regulations (2005) yielded an unexpected outcome: no proposed lower tier was added to the binary alert framework; instead, ‘pandemic emergency’ was introduced as a tier of alert within the PHEIC framework. This paper argues that the influence of introducing a ‘pandemic emergency’ tier within the World Health Organization’s alert framework, as outlined in the amendments to the International Health Regulations (2005), has been underestimated.** While a proposed intermediate alert received some support, it is unlikely to function effectively in raising awareness or mobilizing resources. In contrast, a ‘pandemic emergency’ alert—previously framed as a descriptive, non-binding concept —has been perceived as a more effective tool for alerting against communicable disease threats. **The formalization of a de facto determination of pandemic emergency results in a de jure expansion of the World Health Organization’s emergency powers, demonstrating what is often termed as a ‘ratchet effect’.** Moreover, the amended International Health Regulations (2005) grant the World Health Organization enhanced legal competences, notably in a binding way....”

And a link:

- SS&M - [A pyramid of human ecology of disease for pandemic preparedness](#)

# Planetary health

## Reuters - Ethiopia bids to host 2027 UN climate summit

[Reuters](#);

**“ Ethiopia launched a bid on Wednesday to host the United Nations climate change summit in 2027 in the capital Addis Ababa, putting it in competition with Nigeria, which wants Lagos to play host....”**

## Nature (News) - Earth's capacity to store carbon could max out surprisingly soon

<https://www.nature.com/articles/d41586-025-02790-6?s=09>

**“Around 1,460 gigatonnes of carbon dioxide can be safely stored underground, but this limit could be reached by 2200.”**

**“The planet's capacity to store carbon-dioxide emissions in rock formations is much smaller than previous estimates suggest and it could run out as early as 2200, according to a study published in Nature today. To meet the goal of the 2015 Paris agreement — limiting global warming to 1.5–2 °C above pre-industrial temperatures — vast amounts of CO<sub>2</sub> will need to be removed from the atmosphere. One way to do that is to capture CO<sub>2</sub> produced by industry and store it deep underground. Researchers report that Earth can safely store around 1,460 gigatonnes of carbon dioxide (GtCO<sub>2</sub>) — a number much lower than the 10,000–40,000 GtCO<sub>2</sub> often cited in previous studies.... “**

PS: **“..... Even if the 1,460 GtCO<sub>2</sub> capacity was used exclusively for removing carbon from the atmosphere, the effort would reverse global warming by only 0.7 °C. Current trends suggest that global warming will increase by up to 3 °C this century, even if all the identified geological storage for reversing climate change is used, it would not reverse warming back to 2 °C, says Joeri Rogelj, a co-author of the study and climate scientist at Imperial College London.” ...”**

## Guardian - Weatherwatch: Repair of ozone layer is making the planet warmer, study finds

[https://www.theguardian.com/news/2025/sep/04/weatherwatch-repair-of-ozone-layer-is-making-the-planet-warmer-study-finds?CMP=share\\_btn\\_url](https://www.theguardian.com/news/2025/sep/04/weatherwatch-repair-of-ozone-layer-is-making-the-planet-warmer-study-finds?CMP=share_btn_url)

**“Scientists say ozone is warming Earth by 40% more than expected but that repair is still right thing to do.”**

PS: **“....By 2050 they estimate that ozone will be the second-largest contributor to warming after carbon dioxide....”**

## Geneva Health Files - The International Court of Justice (ICJ) Advisory Opinion on Climate Change and Global Health Law [Guest Essay]

[Geneva Health Files](#);

**“Legal scholars Margaretha Wewerinke-Singh and Jorge E. Viñuales, have written this analysis for our readers, examining the Opinion from the perspective of global health law. The authors worked on the legal strategy on bringing climate change before the International Court of Justice (ICJ), spearheaded by law students from the Pacific. In their essay, they discuss “relevant conduct”; how the Court interprets human rights; the right to health; the right to a clean, healthy sustainable environment; and how by elevating the scientific findings of the IPCC and the WHO, it recognizes the “legal actionability” in an acutely hostile political climate of manipulation and disinformation.....”**

### PIK - How measures to protect the environment and reduce the rich–poor divide interact

<https://www.pik-potsdam.de/en/news/latest-news/how-measures-to-protect-the-environment-and-reduce-the-rich-poor-divide-interact>

**“Governments around the world are grappling with the challenges of environmental degradation and economic inequality. But until now, there has been no comprehensive analysis of how these two problems are interrelated, and how policies to protect the environment and reduce the rich–poor divide complement or hinder each other. The study “The Economics of Inequality and the Environment” looks at this interaction with a literature analysis. It was co-authored by the Potsdam Institute for Climate Impact Research (PIK) and has now been published in the renowned Journal of Economic Literature. The study identifies the theoretical mechanisms underlying the interplay between the environment and income inequality, and takes stock of the empirical evidence on the strength of these mechanisms. The conceptual starting point is “social welfare” – the sum of individual utility – which policymakers strive to maximise. This utility is derived from goods and services, from leisure, and from environmental quality. The core idea is that environmental policy doesn’t just influence the third component, but all aspects of welfare. This is because environmental policy measures also change people’s economic situation via prices and incomes – and usually differentially for the rich and the poor....”**

Check out the rest of the findings.

### Foundations Launch \$50 Million Adaptation and Resilience Fund for Communities Facing Climate Risks

[https://www.climateworks.org/press-release/foundations-launch-50-million-adaptation-and-resilience-fund/?utm\\_source=%3Ca%20href=](https://www.climateworks.org/press-release/foundations-launch-50-million-adaptation-and-resilience-fund/?utm_source=%3Ca%20href=)

In case you missed this (from early August). **“Collaborative effort from global philanthropies will spark climate resilience, ease the burden of economic impacts, and protect communities from escalating climate risks.”**

**“A new Adaptation and Resilience Fund (A&R Fund) will help deliver over \$50 million to locally led adaptation solutions that support people facing the greatest climate risks such as extreme heat, floods, and droughts. The funding will spur community resilience in low- and middle-income geographies with projects that range from early warning systems to innovative financial tools. The effort is led by ClimateWorks Foundation in partnership with Howden Foundation, Laudes Foundation, Quadrature Climate Foundation, and The Rockefeller Foundation.... This funding fulfills a \$50 million commitment made by philanthropies last year in response to the [UN Secretary-General’s Call to Action on Extreme Heat](#). With more than 2.4 billion people at risk of severe heat every year, philanthropy can act as a critical support for communities facing health and economic impacts. Initial grants will support efforts to combat extreme heat in urban areas in South Asia, Southeast Asia, and sub-Saharan Africa. ...”**

## Covid

### Lancet Primary Care - Long COVID: a neglected disability in primary care

S Motilal et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00038-X/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00038-X/fulltext)

Study from Trinidad & Tobago.

## Mpox

### Global Public health - Mpox in conflict zones: Lessons from displaced populations in the Democratic Republic of Congo (DRC)

Majani Edward; <https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2551008?src=>

“The Mpox outbreak in the Democratic Republic of Congo (DRC) highlights the critical intersection of conflict, displacement and public health. **With over 15,000 reported cases and 700 deaths, the crisis has disproportionately affected internally displaced persons (IDPs), particularly women and girls, who face heightened vulnerabilities due to caregiving roles and unsanitary living conditions in overcrowded camps.** These conditions, compounded by limited healthcare access, poor sanitation and widespread stigma, have amplified disease transmission. The inadequacies of vaccination campaigns, diagnosis and treatment further exacerbate the situation, underscoring systemic healthcare challenges in conflict zones. **This article explores the lessons learned from the Mpox outbreak, emphasising the need to integrate health considerations into humanitarian responses and the importance of addressing stigma and empowering women as community leaders.** Key recommendations include improving living conditions in camps, strengthening healthcare infrastructure, combating misinformation, prioritising women and girls in response strategies, and fostering global collaboration for sustainable solutions.”

## Infectious diseases & NTDs

WHO Bulletin - Integration of mental health services with HIV prevention, treatment and care

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293646.pdf?sfvrsn=14e606ab\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293646.pdf?sfvrsn=14e606ab_3)

By Erin K Ferencick et al.

Science – After ‘humiliating’ raid, Burkina Faso halts ‘gene drive’ project to fight malaria

<https://www.science.org/content/article/after-humiliating-raid-burkina-faso-halts-gene-drive-project-fight-malaria>

**“Disinformation campaign may have triggered “brutal” shutdown of mosquito lab.”**

“On **11 August**, the **international nonprofit Target Malaria** celebrated a milestone: In the village of Souroukoudingan, Burkina Faso, its researchers released about 16,000 male mosquitoes genetically modified to produce almost exclusively male offspring. **The release, the first of its kind in Africa, was part of a project supported by the Gates Foundation that aims to rid the world of malaria using a so-called gene drive, a controversial technique to help desirable genes spread through a population fast.** But a week later, that dream suffered a major setback. **On 18 August, judicial police showed up at the Research Institute in Health Sciences (IRSS) in Bobo-Dioulasso, a key partner in Target Malaria, to stage what scientists described as a “brutal, humiliating” raid.** According to minutes of a 26 August meeting between researchers and the country’s science minister, IRSS scientists were “treated like criminals, with their offices and laboratories sealed and marked as crime scenes.” The minutes noted that “everyone was searched, including their vehicles, on the grounds that researchers might be carrying mosquitoes in their pockets.” **Four days later, the government suspended all of Target Malaria’s activities in Burkina Faso indefinitely....”**

**“... The move is “a real blow” to hopes for gene drives,** says Fredros Okumu, a vector biologist at the University of Glasgow and the Ifakara Health Institute in Tanzania....”

PS: **“Target Malaria was founded in 2012 with the aim of developing genetically modified mosquitoes to help fight malaria, which kills more than half a million people every year, most of them African children under age 5. Coordinated by ICL with partner institutions in Burkina Faso, Mali, and Uganda, it has focused on gene drives, which can lead certain gene variants to be passed on preferentially to the next generation. .... But opposition to the project has grown, fueled in part by false accusations spread through social media, such as that Target Malaria was weaponizing mosquitoes to spread disease or sterilize people. The claims are part of a wider pattern of disinformation campaigns in the region often linked to Russian networks,** says Mark Duerksen, a security expert at the Africa Center for Strategic Studies, which is funded by the U.S. Department of Defense. “We’ve seen this kind of public health disinformation really take off in the last 12, 18 months,” he says....”

## Science - Mosquito-borne viruses surge in a warming Europe

<https://www.science.org/content/article/mosquito-borne-viruses-surge-warming-europe>

“Chikungunya cases break records in France; West Nile virus appears near Rome.”

## Plos Med - Identifying care gaps along the HIV treatment failure cascade: A multistate analysis of viral load monitoring, re-suppression, and regimen switches in Zambia

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004720>

By Kombatende Sikombe et al.

## AMR

## Oxford launches major new AI vaccine research programme with the Ellison Institute of Technology

<https://www.ox.ac.uk/news/2025-09-01-oxford-launches-major-new-ai-vaccine-research-programme-ellison-institute-technology>

“The University of Oxford, through its strategic partnership with the [Ellison Institute of Technology \(EIT\)](#), has received research funding of £118m to launch an ambitious new programme of vaccine research. Led by the [Oxford Vaccine Group](#), the new initiative based in the University - Col-AI (Correlates of Immunity-Artificial Intelligence) - will combine Oxford’s expertise in human challenge studies, immune science and vaccine development with EITs cutting edge Artificial Intelligence (AI) innovation technology to better understand how the body fights infection and how vaccines protect us. **The Col-AI programme will study how the immune system responds to important germs that cause serious infections and contribute to antibiotic resistance - such as *Streptococcus pneumoniae*, *Staphylococcus aureus*, and *E. coli*, - amongst others, which cause widespread illness but have resisted traditional vaccine approaches...**”

## Lancet Infectious Diseases - Global policy responses to antimicrobial resistance, 2021–22: a systematic governance analysis of 161 countries and territories

Jay Patel et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00406-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00406-2/fulltext)

**Interpretation of the findings:** “The global response to antimicrobial resistance was greatly affected by the income level of the nation, highlighting global disparities in antimicrobial resistance governance capacity. Lower scores in lower-income regions likely reflect systemic challenges, such as less public health spending and less access clean water and sanitation. Implementation tools should be prioritised in the design and execution of NAPs, especially measures that improve infection prevention and control, surveillance systems for antimicrobial use, and stewardship programmes.”



## NCDs

### WHO - Quality of care for chronic conditions: literature review and Delphi survey on the possible contribution of purchasing arrangements in low- and middle-income countries

Grace Ku et al ; <https://iris.who.int/handle/10665/382496>

**“This background paper, which provided information to Purchasing for quality chronic care: summary report, a joint publication by the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development, mainly aims to equip stakeholders with a more advanced understanding of chronic conditions, of what is important for managing the quality of care, a sense of the priority issues in LMICs and what purchasing arrangements could accomplish....”**

### Telegraph – How India became the diabetes capital of the world

<https://www.telegraph.co.uk/global-health/science-and-disease/how-india-became-the-diabetes-capital-of-the-world/#comment>

**“The country is now home to a quarter of all global cases – and scientists are racing to understand why.”**

**“India now accounts for a quarter of all global diabetes cases, with an estimated 212 million people living with the disease, according to a major study published in 2023. That tally, which combines known cases with an estimate for those that have so far gone undetected, is about eight times as high as it was in 1990, and means India has now probably surpassed China and the United States combined.**

**“...Scientists are now racing to understand what went wrong, and what can be done to fix it. They say a combination of factors, from changing dietary habits, urbanisation, and even genetic traits that developed over centuries have created the perfect conditions for diabetes rates to soar. They also say that getting diabetes under control in the world’s most populous country could take decades and may harm India’s development for years to come....”**

**PS: “.... The Indian government is currently scaling up initiatives to provide healthcare for people living with diabetes, and hopes to reach at least 75 million people with or at risk of developing the disease by the end of the year. The programme, which is being funded in part by the WHO, involves increasing the number of screening programmes across the country for adults over 30, subsidising drugs and blood sugar monitors, and deploying healthcare teams to rural areas to train medical staff in how to care for people with diabetes....”**

**“There is some hope, however, that the arrival of weight loss jabs could help to bring diabetes rates down. Semaglutide – the active ingredient in Ozempic which can be used to improve blood sugar control and promote weight loss – will go off patent in India in March next year, a change experts believe will trigger a significant price drop. Prices are expected to plunge by 70-90 per cent to cost between £25-£50 per month, down from an average of £200-£250 per month. While the drugs will still be out of reach for many, especially those on or below the poverty line, it is hoped that they**

will become better accessible to India's booming middle class. But experts warn that even the jobs are unlikely to help in the short term....”

## **Lancet (Comment)- Optional hypertension: a new concept emerging from trials of intensive blood pressure control**

John W McEvoy; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01670-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01670-8/fulltext)

- Comment related to a new [Lancet study – Benefit–harm trade-offs of intensive blood pressure control versus standard blood pressure control on cardiovascular and renal outcomes: an individual participant data analysis of randomised controlled trials](#)

**“Essential hypertension might be one of the most dangerous ideas in medicine.** Used since the late 19th century, it proposes that elevated blood pressure is a compensatory physiological reaction for maintaining tissue perfusion in the setting of diseased arterial vessels. Because diseased arterial vessels are common (eg, atherosclerosis and arterial stiffness), it follows that essential hypertension must also be common and that blood pressure lowering, particularly below traditional blood pressure targets, can be harmful if it overcomes this proposed compensation. However, **a number of lines of evidence have since shown this idea to be profoundly flawed.** The most important of these lines of evidence comes from randomised clinical trials....”

**“It is my view that the meta-analysis by Guo and colleagues brings evidence in the field of hypertension to a tipping point, whereby the idea of essential hypertension should be debunked and relegated to history books.... “**

**The comment concludes:** “....In conclusion, with clear and consistent evidence such as that provided by Guo and colleagues, **hypertension can no longer be tolerated where treatment is available and accessible.** We have effective treatments and know how to cure hypertension in most individuals. **Guo and colleagues show that such cure leads to a favourable balance of benefit compared with harm.** A logical fallacy of essential hypertension is that elevated blood pressure is itself the most common cause of disease in arterial vessels. Therefore, if essential hypertension even exists at all, it probably does so only in late-stage hypertension and is caused by hypertension. It follows that early and intensive treatment of hypertension be at least attempted in all adults where possible. Indeed, **I believe that hypertension should now be considered much more optional than essential.**”

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

### **Discussion paper - How to be ‘anti-AI’ in the 21st century: overcoming the inevitability narrative**

Masoumeh Iran Mansouri & and David J. Bailey; [Bristol University](#);

**“The general consensus appears to be that AI has the potential to provide solutions to most of society’s major problems, but not without introducing its own downsides, which need to be addressed in order to reap the (spectacular) benefits it has to offer. In this debate piece we offer an alternative perspective. AI, we posit, is irredeemably harmful, seemingly inevitable, yet open to contestation in a range of more or less fundamental ways which are yet to be properly**

**understood, and which we set out here to schematise as a range of alternative ways to be ‘anti-AI’ in the face of an overwhelming sense that ‘there is no alternative’.**

(going from ‘taming’ AI to ‘smashing AI’).

## **Recent Progress in Nutrition - Engaging with an Industrial Pandemic: Drivers of and Responses to the Expansion of Ultra-Processed Foods in East and Southern Africa**

**René Loewenson ; <https://www.lidsen.com/journals/rpn/rpn-05-03-018>**

**“.... While there is clear policy recognition of the need to respond effectively, widely, and more rapidly across SSA, and while a range of responses are underway, the findings suggest that the response is not yet matching the scale or pace of the challenge.....”**

## **Mental health & psycho-social wellbeing**

### **HP&P - The Political Economy of Adolescent Mental Health in Kenya**

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf057/8244113?searchresult=1>

By Albert Tele et al.

### **The Lancet Regional Health – Western Pacific Series - Child and adolescent mental health in the Western Pacific region**

<https://www.thelancet.com/series-do/western-pacific-child-adolescent-mental-health>

Published this week.

## **Sexual & Reproductive health rights**

### **Devex – How \$9.7M in lost US contraceptives disrupted family planning globally**

<https://www.devex.com/news/how-9-7m-in-lost-us-contraceptives-disrupted-family-planning-globally-110738>

**“This is about women planning their families and planning their pregnancies,” said IPPF's Mallah Tabot. “It has nothing to do with abortions.”**

## The Conversation - Birth control in Africa: study tracks the use of long-acting contraception in 26 countries

O Bolarinwa et al; <https://theconversation.com/birth-control-in-africa-study-tracks-the-use-of-long-acting-contraception-in-26-countries-263555>

Obasanjo Bolarinwa unpacks his [research](#) into the use of long-acting contraceptives among sexually active women in 26 sub-Saharan African countries.

- And a link: **Global Public Health - [The value of self-care during climate-related extreme weather events \(EWE\) to support sexual and reproductive health and rights](#)**

## Neonatal and child health

Plos GPH - Institutionalising community participation in decision-making in maternal and newborn health services in low-and middle-income countries: An analysis from 102 national health ministries

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005139>

By O Cocoman et al.

## Access to medicines & health technology

**FT - How Novo Nordisk failed to protect its GLP-1 patent**

Luke McDonagh; <https://www.ft.com/content/7509365c-2db9-4e0a-80fa-79b03d2c4f13>

(gated) **“Traditional intellectual property tools have proved insufficient against pharmacy compounders producing weight-loss drugs.”**

**“Novo Nordisk’s escalation of lawsuits against the US pharmacies that sell discounted obesity and diabetes medication has raised an important question about pharmaceutical intellectual property. How should we balance corporate R&D incentives with fair access to drugs?....”**

**“ .... In one sense, the US is in the midst of a remarkable experiment in distributed production of a scarce health product — prioritising patient access over artificial scarcity created by IP monopolies. It resonates with prior access crises over HIV/Aids drugs and Covid-19 vaccines. On the other hand, the impact on Novo Nordisk has been significant. IP offers market exclusivity, which pharmaceutical companies argue is needed to recoup research investments. Losing market share, it was forced to cut prices and lower sales forecasts. The CEO has since left the company. Novo Nordisk’s frustration is understandable. Despite holding a portfolio of patents on semaglutide, its IP arsenal has proven surprisingly ineffective. The enforcement problem is structural. Unlike taking action against generic manufacturers — which are typically large-scale operations, Novo**

must prove its rights are being infringed by independent compounding pharmacies scattered across the US.....”

### **BMJ GH - Equity in rhetoric and (in)action: a thematic analysis of Canada’s approach to intellectual property rights in pandemics**

<https://gh.bmj.com/content/10/9/e018783>

By D E Klein et al.

### **Bloomberg - GSK Set for \$500 Million Payment From mRNA Lawsuit Settlement**

<https://www.bloomberg.com/news/articles/2025-08-08/gsk-set-for-500-million-payment-from-mrna-lawsuit-settlement?srnd=undefined>

**“CureVac NV has settled a long-running patent dispute over mRNA vaccines with [Pfizer Inc.](#) and [BioNTech SE](#) in the US, which will see CureVac’s former collaborator [GSK Plc](#) receive as much as \$500 million and 1% of royalties from future vaccine sales. The **settlement comes as BioNTech looks to [close the purchase](#) of its former rival CureVac for about \$1.25 billion.** GSK will receive \$370 million upfront, with another \$130 million on the closing of the acquisition.....”**

### **MSF warns that US trade pressure may interfere with access to medicines in Brazil**

<https://msfaccess.org/msf-warns-us-trade-pressure-may-interfere-access-medicines-brazil>

“Investigation launched by Washington echoes pressure from major pharmaceutical companies and baselessly accuses Brazil of failing to adopt intellectual property protection measures.”

### **FT – Novartis strikes deal worth up to \$5.2bn for Chinese cardio drug rights**

<https://www.ft.com/content/d57325e4-5bc1-447c-a981-80820e17628a>

**“Argo Biopharma collaboration adds to record total this year spent by big pharma on treatments from Chinese companies.”**

### **Book - Pharmaceutical Knowledge Commons for the Most Neglected Populations in Global Health: The Drugs for Neglected Diseases initiative**

M Fraundorfer; <https://academic.oup.com/book/60886>

**“This book presents the first in-depth study of how the Drugs for Neglected Diseases initiative (DNDi) has reshaped the global politics of neglected tropical diseases over the past twenty years. By weaving together concepts from different academic disciplines (commons, common goods, orchestration, and healthcare innovation ecosystems) into a novel theoretical framework for the analysis of transformational change in global health, the book argues that DNDi has orchestrated pharmaceutical knowledge commons to produce novel treatments and other knowledge for**

**neglected tropical diseases as common goods.** Focusing on Chagas disease, the leishmaniasis, and sleeping sickness, the book examines the strengths and weaknesses of DNDi's collaborative governance model and illustrates how **pharmaceutical knowledge commons** help conceptualize processes of innovative transformation in global health to serve the common good. ... **DNDi was created in 2003 to confront these flaws by developing a not-for-profit approach that would put neglected patients, rather than profits, first.** In the past two decades, **DNDi has consolidated its alternative pharmaceutical model**, showing how to develop novel treatments for a range of neglected tropical diseases and empower R&D (research and development) communities from NTD-endemic countries. **Despite these achievements, DNDi's political role in global health has remained underexplored."**

- And a link: [African drugmaker Aspen posts \\$63 million loss due to contract dispute](#)

## Human resources for health

### BMJ Editorial - Stemming medical brain drain

O V Olasusi et al ; <https://www.bmj.com/content/390/bmj.r1749>

« Low and middle income countries should prioritise investment in healthcare and professionals. »

PS: « **Regional and global multilateral health organisations must do more to support low and middle income countries to stem brain drain.** They can ensure adherence to ethical recruitment, call on destination countries to achieve self-sufficiency, advocate for development assistance for source countries, and foster bilateral agreements among source and destination countries...."»

### HSG (blog) - Two neighbors, two paths: What Ghana and Nigeria teach us about achieving Universal Health Coverage through health workforce reform

O Amarauche; <https://healthsystemsglobal.org/news/two-neighbors-two-paths-what-ghana-and-nigeria-teach-us-about-achieving-universal-health-coverage-through-health-workforce-reform/>

This **blog is based on findings from the article: "Addressing health workforce shortages as a precursor to attaining universal health coverage: A comparative policy analysis of Nigeria and Ghana,"** published in Social Science & Medicine (2024). <https://doi.org/10.1016/j.socscimed.2024.117095> ...."

### IJHPM - How Organisational and Socio-Cultural Contexts Shape Healthcare Workers' Intrinsic, Prosocial, and Public Service Motivation in Africa: A Scoping Review

D Diallo, B Marchal et al ; [https://www.ijhpm.com/article\\_4780.html](https://www.ijhpm.com/article_4780.html)

« In Africa, the poor quality of care is often attributed to a lack of motivated health workers (HW). **Most reforms implemented in African health systems rely on performance-based financial incentives.** Evidence suggests that financial incentives may have adverse effects, such as crowding

out autonomous forms of motivation, including intrinsic, prosocial, and public service motivation (PSM). **We aim to map conceptual definitions of autonomous motivation and unpack the relationship between context and societal culture in shaping the motivation of HW in Africa. »**

### **SSM Health Systems - Community health worker contributions to climate resilient health systems: A qualitative study of how community health workers navigate extreme weather events in the Philippines**

<https://www.sciencedirect.com/science/article/pii/S2949856225000820>

By B Beggs.

### **Plos GPH –A realist perspective on optimizing community health workers’ roles and functions to deliver integrated people-centred care**

Usangiphile E. Buthelez et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004926>

This realist qualitative study was **conducted in five rural communities in KwaZulu-Natal, South Africa.**

### **SSM Health Systems - Performance and Challenges of Accredited Social Health Activists (ASHAs) on Key Maternal and Newborn Health (MNH) Service Coverage in India: A Systematic Review and Meta-Analysis**

<https://www.sciencedirect.com/science/article/pii/S2949856225000868>

By S Chawla et al.

## **Decolonize Global Health**

### **Development in Practice – Northern NGO-centrism in localisation processes: reproducing power inequities in the aid field**

G van Selm et al; <https://www.tandfonline.com/doi/full/10.1080/09614524.2025.2543349>

Via LinkedIn: **“The Emperor’s New Clothes of Localisation:** Localisation is meant to shift power and resources closer to communities. But our latest study finds that, too often, it leaves Northern NGOs holding the reins — and even strengthens their position. **Based on 53 interviews with NGOs in Ghana, Uganda, and Europe, we show how “doing localisation” has become a competitive advantage for Northern actors, becoming a new form of cultural capital. Meanwhile the deep community capital of Southern NGOs remains undervalued and underfunded.**

If localisation is to fulfil its promise, it must move from local delivery under Northern direction to local authority over priorities, resources, and standards.”



## Miscellaneous

### Development and change (Debate) - Is Renewable Energy Enough to Save the Planet, or Humanity?

J Ghosh; <https://onlinelibrary.wiley.com/doi/10.1111/dech.70011>

“This contribution argues that **the ‘green transition’ towards net zero carbon emissions is not possible within a capitalist market-oriented framework**, and requires significant public intervention. But simply **changing the energy mix towards renewables will not be sufficient to save the planet or humanity: more fundamental changes in economic and social arrangements are needed. Poverty elimination, massive reductions in inequality, empowering women and other marginalized groups, and transforming food systems**, in addition to the shift to greater use of electricity generated through renewable sources, will all be vital.”

### BMJ Opinion - Argentina and the US share an ideological blueprint to destroy science and healthcare

<https://www.bmj.com/content/390/bmj.r1824>

“When health is subordinated to market forces, deregulation, and austerity, the burden falls on vulnerable communities, write **Alejandra Sánchez Cabezas and Juan Franco.**”

## Papers & reports

### Health Research Policy & Systems - Ideas matter: An analysis of the effects of framing on health system strengthening in Zimbabwe

A T Mhazo et al ; <https://link.springer.com/article/10.1186/s12961-025-01327-7>

« **This study used framing theory to examine changes in the portrayal of HSS in Zimbabwe from the mid-2000s to the period post-2020.**”

**Results:** « **Four main frames were identified, namely HSS as (i) a donor imperative, (ii) a pathway to resolve crisis, (iii) a strategy for achieving long-term stability and (iv) a foundational investment for a resilient health system.** HSS as a remedy for a crisis frame has been the most influential, but the greater involvement of donors in crisis response may have entrenched the mis-framings of HSS as a donor imperative. Donors have shifted from outlining strategies to assigning responsibility for HSS, with framing for more governmental funding. The government’s response to those framing shifts has been more symbolic rather than substantive, undermining health system performance. Recently, donors have started to reduce their funding to align with framing towards more governmental responsibility, resulting in health system shocks in critical areas such as human resources.” **Conclusions:** “The vulnerability and emotional frames that attracted donor funding during peak crisis have lost potency over time. Shifts in framing require proactive action, as policy underreaction can lead to exacerbated problems, missed opportunities for improvement and a loss of public trust in government effectiveness and responsiveness. **Nascent, overly futuristic framings**

such as “resilience” need to be interpreted with caution, as they may cloud the reality that HSS is simply sufficient investment in basic functions. HSS needs to be reframed as a routine, country-owned strategy aimed at improving health system performance rather than a crisis response shaped by donor interventions.”

### Knowledge translation platforms: Broker, intermediary or more? A scoping review of definitions, functions and characteristics

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01383-z>

By B. Schmidt, N Jessani et al.

### WHO Bulletin – Integration of traditional and complementary medicine into primary health-care systems, a systematic review

[https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293465.pdf?sfvrsn=d6ae1f58\\_3](https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293465.pdf?sfvrsn=d6ae1f58_3)

By Minmin Wang, Minghui Ren et al.

### Health Research Policy & Systems - Impact upfront: novel format for Novo Nordisk Foundation funding

Gert Vilhelm Balling et al ; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01385-x>

“Many retrospective assessments of the wider, societal impacts from health research funding use the Payback Framework or other frameworks. Much of this experience was collated in the 2018 Statement by the International School on Research Impact Assessment (ISRIA). Despite increased interest, especially in engaged research and a wider range of evaluation approaches, **rarely do health and other research funders take a prospective approach and analyse the potential impact from a proposal to inform an impact management approach aimed at boosting impact. In this paper, experts from the Novo Nordisk Foundation, a leading philanthropic funder of research, describe how they are developing and applying such a pioneering approach...**”

## Blogs & op-eds

### K Bertram – RIP Global Health as We Knew It

<https://katribertram.wordpress.com/2025/08/29/rip-global-health-as-we-knew-it/>

Gloomy blog. “**Global health** has always been a contested term. **Its entire existence is currently contested. What next?**”

## **LSE - Humanitarian Resets Past and Present – where have we come from and where shall we go?**

Hugo Slim; <https://blogs.lse.ac.uk/activism-influence-change/2025/08/28/humanitarian-resets-past-and-present-where-have-we-come-from-and-where-shall-we-go/>

**“Hugo Slim looks at the history of ‘humanitarian resets’ – major overhauls of the system, often in response to changes in funding or political environment, or major system failures.”**

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

### **Justice Nonvignon**

**“The Abuja Declaration target of 15% annual budgetary allocation to health has been a nice measure of progress, but should we not be revisiting - not simply be expecting countries to live up to what they have not done over 24 years, but assessing whether or not its really fit-for-purpose in this day and age? If it's not, what would be a more realistic rate or measure, and what else could we measure? I hope we can use these health financing dialogues to critic these and not just expect countries to make magic by announcing big initiatives.”**

### **Kalypso Chalkidou**

(Quoting from <https://www.gmfus.org/news/assistance-partnership-changing-lens-aid-africa> )

**"While the reformist narrative signals an important shift, it risks overestimating the current agency of African states within a global system that continues to operate on asymmetrical terms."**

### **Jeremy Farrar**

**“One of the key long term trends of 21stC with profound implications, & little discussed. Demographic shifts globally. Major implications for health, health work force and services.”**

### **Simon Kuestenmacher**

**“More than half of all Premier League clubs are now sponsored by gambling / betting companies. Any advertisement for sports betting / gambling should be forbidden - not just on football jerseys but a flat out ban. It's one of those random things that annoy me more than it should.”**

### **The Pandemic Fund**

**“The Pandemic Fund is delivering impact across Africa. At #RC75 in Lusaka, African leaders called for stronger health security—and the Fund is answering that call. \$430M to 28 countries in Africa Catalyzed \$258M in co-financing. Boosting labs, surveillance & health workforce.”**

## Agnès Soucat

**“The new financing framework for public investment in the post COVID19 era is emerging: Public Development Banks mobilize more than US\$ 2.5 trillion per year. Yet a fraction of these investments go to human capital development. If 10% of these investments would go to strengthening systems for health for example, this would mobilize US\$230 billion per year for health commons** such as pandemic preparedness, One Health and decarbonization of health infrastructure and supply chains, but also nutrition, women's health and climate resilience of health systems.....”

## Richard Murphy

**“‘Austerity is the midwife of fascism’ : History shows it clearly: austerity creates the conditions in which fascism thrives.** When governments strip away public services, weaken safety nets and deepen inequality, people lose hope in democracy and turn to authoritarian “strongmen.”