

IHP news 845 : UNGA80 kick-off

(12 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,

On Tuesday, the **80th session of the UN General Assembly (UNGA80)** opened. No, not in Geneva (*even if there actually seems to be a [precedent](#) for this*), but as usual in New York. While there was a good case for moving this year's UNGA meeting elsewhere (*not the least as the US declined Palestinian officials' visas*), these days perhaps the only place in the world that doesn't risk to get bombed by the current Israeli government is the US (*#bettersafethansorry #huh*).

While the high-level part of UNGA80 only starts in a few weeks, the dark **backdrop** is already more than, ahum, clear. After all, we find ourselves in the midst of 'a bizarre mix of the 19th and 21st century', in the words of somebody on Bluesky. With also a return to some of the darkest days of the 20th.

And so on Monday, in a Human Rights Council speech, **UN rights chief Volker Türk condemned the worldwide glorification of violence**, adding that **["No one is safe when human rights are under attack"](#)** - the 2025 update of Ursula & Emmanuel's *"No one is safe till everyone is safe"* mantra from during the pandemic. A few days later, **UN SG Guterres [stressed](#)** in a press briefing on his new [report](#) on the threat posed by the steady rise in military expenditure: ***"The world is spending far more on waging war than in building peace"***. A few telling stats from **"The Security We Need: Rebalancing Military Spending for a Sustainable and Peaceful Future"**: *"....The alarming amount spent on arms-related costs last year alone is 750 times the 2024 UN regular budget. It also equates to almost 13 times the development assistance provided by the [OECD's development assistance committee in 2024, indicating a stark trade-off between military expenditure and sustainable development."](#)*

That [bodes ill](#), given that the **'Triple Challenge'** (*"global health, climate change and global economic justice are deeply interdependent in a 'triple challenge' "*) is **"humanity's defining challenge"** this century, according to [Swee Kheng Khor](#) in one of the regional consultation papers on the Global Health architecture reform commissioned by the Wellcome Trust.

In this issue, we also pay attention to the **[Second Africa Climate Summit \(ACS2\)](#)** (8-10 September, Addis Ababa). Financial and other support with [adaptation](#) is one of the main asks of the continent, ahead of COP30 in Brazil. We also come back on [WHO's essential medicines updates](#) from last week and the slightly different [assessments from WHO \(Geneva\) and Africa CDC on the Mpox emergency](#). And on **World Suicide Prevention day** (10 September), the vital debate on [the need to change the narrative](#) continued (see also [Tedros](#), or a [Lancet Public Health series](#) from last year).

Flagging **some key reports and publications** already in this intro, then. Ahead of the **[UNGA HL meeting on NCDs](#)** (25 Sept), the **Lancet** published an **[NCD Countdown 2030 \(trend\) study on NCD](#)**

[mortality](#) and the **NCD Alliance** came up with an important [policy brief](#). Meanwhile, **UNICEF** reported that for the first time “[More School Kids are Now Obese Than Underweight](#)”.

We also want to draw your attention to a **Global Health Action** [special issue on the Global Financing Facility](#) (GFF), [the Global Fund's annual results report](#), a BMJ opinion on [political polarisation](#) as an “overlooked determinant of health” (“*When health becomes a culture war, evidence is ignored and public health suffers*”) and a [Foreign Policy special issue](#) on ‘The end of development’. In the FP’s opening essay, **Adam Tooze** [argued](#) for “*a more realistic alternative to western aid*” (and the SDG agenda?). Tooze had a fairly productive week, having also re-assessed his concept of ‘polycrisis’ in a **FT** op-ed a few days ago, [Polycrisis — is this the sequel?](#) - claiming “*three years on the idea of polycrisis is both more and less relevant.*”

And oh yes, don’t forget the [read of the week](#)!

Finally, a **reminder**: if you haven’t done so yet, do weigh in on the IHP newsletter in the ongoing [IHP survey](#). Thanks a million!

Enjoy your reading.

Kristof Decoster

Highlights of the week

The read of the week

Nature Medicine – Functions of the global health system in a new era

Kumanan Rasanathan, J-A Röttingen et al, <https://www.nature.com/articles/s41591-025-03936-9>

“In an irrevocably changed landscape, **reform of the global health system needs to answer key questions on functions, what should be delivered in different contexts and at different levels, and how the system should operate.**” Great stuff.

- Link: **K Bertram** - [Rethinking global health \(without creating even more layers of complex governance\)](#) (short blog on both the Wellcome commissioned papers & this Nature Medicine viewpoint)

Global Health Governance & Financing

We continue with this – hefty -section.

UN News - Military spending worldwide hits record \$2.7 trillion

<https://news.un.org/en/story/2025/09/1165809>

“Global military spending reached an unprecedented \$2.7 trillion in 2024 amid intensifying wars and rising geopolitical tensions worldwide. “The world is spending far more on waging war than in building peace,” the UN Secretary-General António Guterres said at a press briefing for his new [report](#) on the threat posed by the steady rise in military expenditure.”

“Spending on security needs increased across all five global regions during 2024, marking the steepest year-on-year rise for at least the last three decades. **Compared to the \$2.7 trillion directed to military budgets, the world could eliminate extreme poverty for just under \$300 billion....”**

- The report: [The Security We Need: Rebalancing Military Spending for a Sustainable and Peaceful Future](#).

“The report calls for a more human-centered and multidimensional approach that priorities diplomacy, international cooperation, and paves the way for sustainable development.”

- Related: Project Syndicate - [Globalization Is Dead, but Planetarization Has Yet to Be Born](#) (by B Badré) *“Future historians (if there are any) will wonder why, in the mid-2020s, humans poured unprecedented resources into preparing to fight each other, while neglecting collective action against obvious planetary threats. **If there is to be any hope of survival, a new mindset must take hold.**”*

Guardian - Alarm as WHO accepts increasing amount of dark money from corporate donors

https://www.theguardian.com/world/2025/sep/09/who-foundation-dark-money?CMP=Share_iOSApp_Other

Zooming in on **the WHO Foundation**. “Experts say millions in corporate funding and concealment of donors’ identities raises key conflict-of-interest concerns.”

“The [World Health Organization](#) Foundation took an increasing amount of dark money from corporate donors during the three years after its 2020 inception, research has shown, raising concerns among some experts and campaigners that big business is playing a larger role shaping the institution’s policies. **The level of dark money donations are increasing each year – 80% of the foundation’s funding in 2023 came from anonymous sources who made contributions of at least \$100,000, up from 15% during the first year, the report’s authors found.....”**

Related to a [BMJ GH article](#) from end of July.

- Related **tweet Andrew Harmer**: “The complete lack of transparency at WHO Foundation has been a problem for WHO 'watchers' from day one. Now there's a really bright light shining on it - good. “
- Related **tweet Ellen 't Hoen**: “The WHO Foundation should clean up its act. And **so should member states by supporting the @who.int with core financing.**”

CGD (blog) - A Lean World Health Organization for the Global Good: Four Responses to Our Proposal

Pete Baker; <https://www.cgdev.org/blog/lean-world-health-organization-global-good-four-responses-our-proposal>

“In July, the global health team [published](#) the first entry to CGD’s [Tough Times, Tough Choices](#) series, targeting the World Health Organization (WHO). We argued that WHO leadership and its member states lacked a clear, shared vision of the WHO’s needed role in the global health ecosystem—and were attempting to solve the current budget crisis via technical efficiencies and unstrategic, across-the-board cuts. Instead, we proposed a different approach: radically streamlining the WHO to fulfil its unique *global* functions: global leadership, global health security, and global public goods—the irreplaceable core of its mission and mandate. We recognised that this would be a challenging shift, [especially for the poorest countries](#) which are also facing significant aid cuts. Therefore, our proposal preserved most country-level funding for the poorest and most fragile states, at least in the interim....”

By now, CGD received **“four excellent responses to our brief which are published below, followed by a response.”**

- **“Zainab Naimy** pushes back against our proposed cuts at the country-level, and argues that deep country presence and partnerships are essential for the WHO to legitimately and effectively carry out its global normative roles.
- **Claire Chaumont** agrees the WHO must focus on its comparative advantages, but argues for a greater role on emerging threats such as climate change, industrial pollution, tobacco, and alcohol.
- **Peter Singer** agrees that the WHO cuts lack vision, but makes the case that results, not functions, should drive reform.
- **Nadia Yakhelef** argues for even greater country prioritisation, calling for more focus of resources on a full range of WHO services in the most fragile states.”

Euronews - EU health agenda goes global in von der Leyen’s address

<https://www.euronews.com/health/2025/09/10/eu-health-agenda-goes-global-in-von-der-leyens-address>

“One of the biggest surprises was her announcement of a Global Health Resilience Initiative, which she framed as a flagship effort to cement the EU’s role in shaping global health. However, no details have yet been provided on the initiative itself. Von der Leyen’s speech suggests not only renewed interest but also an ambition for the EU to take a leadership position in global health, especially as US engagement wanes. Still, challenges remain.”

See also **Euractiv** - [Health disinformation prompts new EU plan \(but no information\)](#)

“The Commission President announced a new “Global Health Resilience Initiative”, though she did not say if it would come with specific actions or boosted funding.”

Devex Pro – Between aid cuts and debt crises, Africa bets on its own tax systems

<https://www.devex.com/news/between-aid-cuts-and-debt-crises-africa-bets-on-its-own-tax-systems-110757>

(gated) **“After a decade of stalled reforms, urgency is finally driving African leaders to rethink domestic resource mobilization.”**

“During the Financing for Development conference in Sevilla, Spain, this year, experts said that there’s a \$4 trillion annual financing gap in achieving the Sustainable Development Goals — and 40% of that gap, or \$1.7 trillion, is in Africa. One of the primary culprits of this is tax collection. On average, sub-Saharan Africa collects just 16% of its GDP in taxes, far below the Organisation for Economic Co-operation and Development, or OECD, average of 34%. Between large informal economies, volatile revenues from oil and mining, weak tax administrations, illicit financial flows, and the eroding public trust that results from a lack of visible services, many countries on the continent struggle to secure a regular tax income, which leaves them with extremely limited public funds. But the landscape is shifting — largely because it has to. With massive cuts in foreign aid, debt crises squeezing national budgets, and global lenders pushing for stronger fiscal independence, governments across Africa are turning to digital tax systems, levies on multinational tech companies, and regional cooperation to capture revenues that once slipped away. In addition, countries are moving forward on developing a tax convention under the United Nations — something low- and middle-income countries have been pushing for over a decade. Some said it’s a silver lining to the aid cuts.....”

Devex- Delayed goal

[Devex](#);

(with an **update on the Gates Foundation’s Goalkeepers report & other Gates Foundation updates**)

“The Gates Foundation’s Goalkeepers report has become something of a mainstay in September, especially during the U.N. General Assembly. But those waiting for the report’s release **will have to wait until December this year. That’s because “uncertainty around current and potential aid cuts in the US and other donor countries, ongoing litigation, and pending U.S. congressional actions” make it difficult to forecast the long-term impact of global health funding decisions,** according to a press release.....” “Specifically, there’s **the Sept. 30 deadline for the U.S. budget talks,** which are sure to be contentious, along with **budget decisions in other donor countries. Meanwhile, at the end of November, the results of the Global Fund to Fight AIDS, Tuberculosis and Malaria’s eighth replenishment funding cycle will be revealed.”**

“But there’s still plenty coming from the Gates Foundation between now and December. That includes laying out a vision for how the world can cut child deaths in half by 2045 and continue to reinvest in global health, including funding for Gavi, the Vaccine Alliance and the Global Fund, and for the research and development and scaling of innovations, such as advanced malaria tools, single-dose HIV treatments, and neonatal/maternal vaccines. The foundation will also host and [livestream](#) its annual Goalkeepers event in New York City on Sept. 22, when it will: Announce Gates’ commitment to the Global Fund's 2026-2028 replenishment fundraising cycle..... Present the Global Goalkeeper Award and recognize this year’s Goalkeepers.....”

Devex – The Gates Foundation’s last 20 years: Planning for sustainability matters

A H Neel & Sara Bennett; <https://www.devex.com/news/the-gates-foundation-s-last-20-years-planning-for-sustainability-matters-110786>

With **four pieces of advice** for the Gates Foundation in its final 20 years: 1. Anchor plans in shared commitments; 2. Invest in learning health systems; 3. Foster local ownership; 4 Set incentives for sustainability.

Tim Schwab - In Trump's assault on immigrants, Bill Gates eyes big profits

<https://timschwab.substack.com/p/in-trumps-assault-on-immigrants-bill>

“Gates's massive investment in a company executing Trump's anti-immigrant policies should sharpen the public debate around oligarchy---and fascism.”

Based on a **report from the University of Washington’s Center for Human Rights**. “This criticism focuses on **Gates’s thirty-percent ownership stake in Signature Aviation**, which plays a critical role servicing Trump’s deportation of immigrants....”

Reuters - Melinda French Gates launches \$100 million push for women's health research

[Reuters;](#)

“ Philanthropist Melinda French Gates will invest \$50 million in a women's health fund that aims to close a vast gender gap in medical research, she said on Wednesday.”

“French Gates, whose **Pivotal** group joins the non-profit **Wellcome Leap** in the partnership worth \$100 million overall, pointed to data showing only 1% of pharmaceutical research funding went to women's health outside cancer in 2024. The aim of the partnership is to accelerate research in areas with the highest burdens of disease and **death, and which often affect women differently or disproportionately when compared to men, including cardiovascular disease, autoimmune conditions, and mental health....”**

“The new partnership will **choose two key projects by the end of 2026, and aim for results within 3-5 years**, the founders said....”

TGH – PEPFAR’s Transition Breeds New Opportunities for HIV Care

A Aslett & C Collins; <https://www.thinkglobalhealth.org/article/pepfars-transition-breeds-new-opportunities-for-hiv-care>

“Three principles could guide the funding shifts between HIV programs and partner countries to reduce donor dependency.”

“Three principles, drawn from our recent report on this subject, could guide the transition process. ... (1) Drive Increased Domestic Country Investments in HIV Programs; (2) Embed HIV

Services in Inclusive National Health Systems; (3) Make a Strategic Investment in Long-Acting HIV Prevention”

PMNCH - Navigating power, participation, and priorities: critical reflections for Global Financing Facility new strategy

Rajat Khosla, Flavia Bustreo, Agnes Soucat, and Joy Phumaphi; <https://pmnch.who.int/news-and-events/news/item/09-09-2025-navigating-power-participation-and-priorities-critical-reflections-for-global-financing-facility-new-strategy>

“The Global Financing Facility (GFF), launched by the World Bank in 2015, was seen as a landmark initiative to reduce the financing gap in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) through blended financing and strategic prioritization. The ‘GFF model’ sought to leverage the World Bank’s International Development Association (IDA) resources and enable integration of RMNCAH-N financing into national health systems. This approach aimed to improve on earlier donor-driven mechanisms, by linking specific RMNCAH-N grant financing to World Bank IDA financing. “

“New research published in this journal [i.e. Global Health Action]’s Special Series: Global Financing Facility for Women, Children and Adolescents: Examining National Priorities, Processes and Investments, reveals a more complex reality of GFF in action. It offers important lessons for strengthening GFF model moving forward, aligning with the Paris, Accra, Busan and Lusaka Agenda’s call for country leadership, sustainable financing, and inclusive processes....

“This commentary draws on the learning from this Series and reflects on what it means for the new GFF Strategy under development. The studies focused on the initial phase of the GFF (2015–2022) and spotlight key themes that need to be considered for the new strategy, including power asymmetries, stakeholder engagement, funding alignment, and attention to community health and quality of care.....”

Ps: quote: **“The new GFF Strategy may want to rather focus on developing multi-annual budget programs, using country Mid-Term Expenditures frameworks rather than the donor driven Investment Case tool.”**

Global Health Action - Behind the billions: policies, politics and power of the Global Financing Facility for women’s, children’s, and adolescents’ health

Asha S. George et al;
<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2554021?src=exp-la>

“This editorial introduces a Global Health Action Special Issue with articles exploring GFF-related country policy content, processes, funding mechanisms, and country-level implementation from 2015 to 2022. In an era of declining foreign aid, bold models like the GFF are vital for mobilizing domestic resources and improving coordination. Yet their designs must be strengthened to meet their purpose and objectives. This editorial summarizes policy analyses of the initial billions of US dollars catalyzed through the GFF and reflects on the implications for today’s context.”

- PS: Do check out also (in the same special issue): [Advancing the Lusaka Agenda: the Global Financing Facility's missed opportunities for catalysing sustainable health investment](#) (by Anne Musuva, Aloysius Ssenyonjo et al).

PMNCH - Launch of the Global Leaders Network Domestic Resource Mobilization webinar series

[PMNCH](#)

The webinar series started last Friday (on 5 September). **The backdrop:**

“The **momentum to advance DRM** is building through initiatives such as the [WHA resolution](#) to “*Strengthening Health Financing Globally*,” adopted in 2025, the [Health Financing Accelerator](#), the [G20 Joint Finance and Health Task Force](#), the [Lusaka Agenda](#), and the [ALM Health Initiative](#) among others. **Through a mapping exercise, The Global Leaders Network for Women’s, Children’s and Adolescents’ Health (the GLN) has identified 19 such initiatives.** However, these **initiatives are being implemented in a siloed fashion**, failing to address the systemic sidelining of financing for WCAH - especially in times of fiscal constraints when these populations are most at risk of being deprioritized. To maximize their impact, there is a pressing need to raise awareness, improve coordination, and reduce fragmentation of efforts, and to ensure that these initiatives collectively prioritize the health of women, children, and adolescents. **To advance this agenda, the GLN- chaired by H.E. Cyril Ramaphosa of South Africa and supported by PMNCH—is launching a webinar series to:** Explore various strategies and tactics for domestic resource mobilization; Spotlight best practices, country-led successes, and innovative financing models that have delivered good health outcomes, especially for women, children and adolescents; Socialise policy levers to enhance DRM for health and protect sustained allocations for WCAH; Highlight country examples where emerging policy recommendations emanating from high level political processes have been successfully implemented.”

Geneva Health Files - Japan: In the Transition of Global Health

A Chetrick (Yale School of Public Health) et al ; [Geneva Health Files](#) ;

With “a **perspective on Japan’s role in global health, also seen in the larger context of its ODA across areas of security, strategy and military objectives in Asia and beyond.**” “As a part of the G7 bloc, **Japan has also been influential in the Preparedness, Prevention and Response agenda** to govern health emergencies....”. “**In response to the major shift in geopolitics, Japan has tailored its foreign policy approach and has used Official Development Assistance (ODA) for economic development.** It has also **deployed the ODA as a diplomatic and strategic bargaining chip to achieve geopolitical security with China.** This piece takes a close look at how Japan’s ODA has changed over time.”

“.... in the context of global health, the recent adoption of the Pandemic Accord at the WHO this year, also provides opportunities for Japan. **We examine Japan’s role in shaping new legal instruments including the Pathogen Access Benefits Sharing System** – an annex to the Pandemic Agreement currently under negotiation. Without the U.S. in these negotiations, Japan will play a key role, along side other G7 members.....”

PS: “.... The year 2013 demarcated a pivotal shift in Japanese ODA, where national security became a central driver of aid allocation.”

Foreign Policy – The End of Development

Adam Tooze; https://foreignpolicy.com/2025/09/08/adam-tooze-un-sustainable-development-goals-us-aid-finance-economy/?tpcc=fp_live

“The West’s aid model was always a mirage. It’s time for a realistic alternative.” Part of a special FP issue.

“Adam Tooze argues in his [cover essay](#) that development was always more about power than values. Maybe our hopes about a global development agenda were “the final gasp of a unipolar, end-of-history fantasy,” he writes.

Tooze also zooms in on Xi’s Global Development Initiative, contrasting it with the SDG agenda.

A few quotes: “ Whatever happens to the individual components of the SDGs—worthy objectives such as reducing child mortality and digital inclusion—one thing is for sure: The age of a politically neutral, universally endorsed development agenda is over.”

“The more primal and urgent imperative driving development both at the individual and collective level is not so much the quest for rights but the will to power—power over resources, purchasing power, the ability to resist the influence of others, to have security but also, if possible, to assert one’s own zone of control. Development in this sense is not just about ticking boxes and chasing targets; it is inherently and necessarily political and geopolitical.”

“....If the rest of the West wants to both compete and cooperate with China over questions of global development, it will need to come up with its own, more practical and realistic alternative both to the SDGs and to Trumpian atavism.”

FP - How Big Finance Ate Foreign Aid

Daniela Gabor; https://foreignpolicy.com/2025/09/08/de-risking-development-finance-central-banks-government-debt-infrastructure-technology-public-private-resources/?tpcc=fp_live

“Investors have drained the global south in pursuit of aggressive profit maximization.” (from the same FP issue).

Coming back on the Seville Commitment. And on the flawed ‘investible development’ paradigm.

Devex – Evaluating the size of the aid cuts in 2025

<https://www.devex.com/news/money-matters-evaluating-the-size-of-the-aid-cuts-in-2025-110407>

“Aid is falling fast, and it could drop by up to \$35 billion this year, and by billions more in the coming year. That’s the top-level conclusion in projections from the [Organisation for Economic Co-operation and Development](#), which has already reported a fall of \$15.85 billion in 2024.”

“The projections for 2025 and for future years come with a high degree of uncertainty, largely because of a lack of clarity from the United States, which has in theory said it will spend around \$60 billion on aid in the year but is definitely not on track to do so....”

Independent (Comment) – A post-foreign aid world needs to be built on transformational tax and trade policies

<https://www.independent.co.uk/voices/us-aid-africa-uk-tax-trade-b2823023.html>

“As traditional donors like the US and UK cut back, the answer for Africa and the Global South is not in charity, but in a fundamental restructuring of how the world economy is organised, writes Fadhel Kaboub.”

“ Now, as traditional donors cut back on aid budgets — under pressure from domestic austerity and shifting geopolitical interests — many are asking what the future of development cooperation looks like. But this is the wrong question. The real question is: what should the post-aid world look like? The answer lies in transformative economic justice.”

“There are four essential pillars: First, trade justice. ... Second, debt justice. Third, tax justice Fourth, public finance sovereignty.”

PS: “... This is not an abstract agenda. It is already being pursued in various forms by Global South coalitions, scholars, and policymakers. In that spirit, I have proposed what I call the **"Geopolitical Bargain of the Century"** as a strategic repositioning of the Global South at the center of a truly multipolar world so as to reclaim sovereignty and negotiate from a position of collective strength — not as aid recipients, but as co-designers of a new international economic order of peace, justice, and sustainable prosperity....”

Global Fund Reports 70 Million Lives Saved – But Warns Progress Is At Risk

<https://www.theglobalfund.org/en/news/2025/2025-09-10-global-fund-reports-70-million-lives-saved-but-warns-progress-is-at-risk/>

“New report highlights major progress in the fight against AIDS, tuberculosis and malaria – but warns that without renewed commitment and investment, decades of hard-won gains could unravel. The Global Fund’s Eighth Replenishment is critical to keep the world on track toward ending these deadly diseases.”

PS: **“In 2024, the Global Fund invested US\$2.7 billion in health systems and disease surveillance in more than 100 countries to help detect, track and contain new outbreaks. This makes the Global Fund the largest provider of external grants for reinforcing pandemic preparedness and response.....”**

Independent - Global health fund battles Trump’s aid cuts by giving more to poorest nations

[Independent;](#)

“One of the world's largest global health initiatives will shift more of its resources to the very poorest countries to help them manage cuts in [foreign aid](#) – primarily from [Donald Trump](#) and the US. The Global Fund to Fight Aids, Tuberculosis and Malaria is trying to raise \$18 billion (\$13.3bn) for its work from 2027 to 2029. But it faces a challenging funding climate as many donor governments, including the UK, have pulled back from aid. It has also already warned some countries their existing grants for 2025-2026 may be cut as a result. "We're skewing our resources even more to the very poorest countries. We are particularly concerned about places where there is really no alternative," said Peter Sands....”

PS: “.... Mr Sands said future progress was at risk if funding dries up. The Global Fund had to warn countries this year that they may face an 11 per cent cut on average to their existing grants, as it is unclear if donors will give all the money they initially pledged for work in 2024-2026. The gap is currently around \$1.4 billion, he added....”

African Ambassadors Unite in Geneva to Call for Strong Global Fund Replenishment

<https://www.theglobalfund.org/en/updates/2025/2025-09-11-african-ambassadors-unite-geneva-call-strong-global-fund-replenishment/>

(11 Sept) “African Ambassadors and Permanent Representatives of the Africa Group met yesterday at the Global Health Campus in Geneva, calling on the international community to rally behind the Global Fund’s Eighth Replenishment. Convened under the theme “Catalyzing African Leadership for Global Health,” the meeting was hosted by the Republic of South Africa, co-host of the Eighth Replenishment with the United Kingdom, and current holder of the G20 Presidency. “

Devex - Corporate philanthropy surges, led by pharma giants

<https://www.devex.com/news/corporate-philanthropy-surges-led-by-pharma-giants-110798>

“The world’s 20 largest corporate givers have grown their giving by 87% on average between 2019 and 2023. But a new report offers more insights beyond these numbers, identifying what corporate givers overall consider when giving.”

“The world’s largest corporate givers have steadily increased their giving in recent years, according to the latest report by [The Bridgespan Group](#), a nonprofit that advises philanthropic organizations. Between 2019 and 2023, the top 20 corporate givers [grew their giving](#) by an average of 87%, partly due to increases in their companies’ overall value.”

“Pharmaceutical companies — [Johnson & Johnson](#), Eli Lilly and Company, [AstraZeneca](#), and [Amgen Inc.](#) — account for the top four largest corporate givers. Their average annual philanthropic giving from 2019 to 2023 was within the range of \$2 billion to just over \$3 billion. [Gilead Sciences Inc.](#) was also in the top 20 with an average annual giving of \$340 million....”

“Donating medicines and vaccines is one of the major ways pharmaceutical companies give. For example, most of AstraZeneca’s 2023 giving was through medicine donations to patient-access programs in low- and middle-income countries, Gwendolyn Lim, partner and head of the Bridgespan Southeast Asia office, told Devex....”

“The report provides insights into what issues top corporate givers care about and how they approach giving. Here are five key takeaways....”

PPPR & GHS

Medicines Law & Policy – WHO Members meet to finalise the Pathogen Access and Benefit Sharing Instrument

Ellen ‘t Hoen; <https://medicineslawandpolicy.org/2025/09/who-members-meet-to-finalise-the-pathogen-access-and-benefit-sharing-instrument/>

Next week, the **second meeting of the Intergovernmental Working Group (IGWG)** tasked with **negotiating the PABS Instrument** will take place in Geneva. **Related brief.**

“... The first meeting of the IGWG was held 9-10 July and mainly covered procedural issues related to the work of the IGWG. **The second meeting of the IGWG will take place from 15 – 19 September 2025 and is expected to go into substantive details.** The WHO has provided a 2-page draft outline of elements to be addressed by the PABS system....”

CGD (blog) - Avoiding Trillion-Dollar Delays in Pandemics

R Agarwal; <https://www.cgdev.org/blog/avoiding-trillion-dollar-delays-pandemics>

- Linked to a new CGD paper - [Avoiding Trillion-Dollar Delays: Pooled Pandemic Financing to Reduce Global Losses](#)

The author proposes “**Day Zero Financing**—a pre-approved, pooled liquidity line backed by multilateral development banks and donors—that would enable countries to swiftly access vaccines, tests, and treatments. While the mechanism need not be pre-funded in peacetime, a ready-to-activate framework with pre-agreed terms would allow for faster deployment of counter-cyclical resources when needed....”

Africa CDC - Risk-ranking Exercise Approves 25 Priority Diseases in Central Africa to Boost Health Security

<https://africacdc.org/news-item/risk-ranking-exercise-approves-25-priority-diseases-in-central-africa-to-boost-health-security/>

“Central Africa has approved 25 priority diseases for targeted prevention, detection, and response in a major step towards stronger epidemic preparedness. Africa CDC in partnership with the European Centre for Disease Prevention and Control (ECDC) developed the list—covering threats such as viral hemorrhagic fevers, measles, dengue, cholera, yellow fever, mpox, and meningitis through a rigorous risk-ranking exercise. Experts from nine African Union Member States in Central Africa, together with regional and international partners, assessed diseases using epidemiological, socio-economic, and operational criteria. **The rating exercise carefully considered**

factors including frequency of outbreaks and cross-border spread, severity, case fatality rates and inclusion in the International Health Regulations (IHR, 2005) list of notifiable diseases.

PS: **“This risk-ranking exercise was first applied in 2024 by Africa CDC at continental level. Since then, it has shaped strategic public health preparedness and response initiatives. Building on this, Africa CDC is now focusing on regional-level risk assessments and prioritizations to ensure preparedness and response planning that is better adapted to the specific contexts of each region.”**

Mpox

HPW – WHO Ends International Emergency Declaration for Mpox – But African Continental Alert Remains

<https://healthpolicy-watch.news/who-ends-international-emergency-declaration-for-mpox-but-vigilance-still-needed/>

From end of last week. **“WHO has ended its declaration of a Public Health Emergency of International Concern (PHEIC) for Mpox, announced in August 2024, saying that cases in the most affected areas of Africa had leveled off or were declining. However, continued vigilance in testing – along with regular supplies of vaccines and drug treatments remains essential** to ensure that the outbreak of a new and more deadly strains of mpox remains under control, particularly in a period of diminished donor support for African health systems, **the global health agency warned.** “This decision is based on sustained declines in cases and as in the Democratic Republic of the Congo, and in other affected countries, including Burundi, Sierra, Leone and Uganda,” said **WHO Director General Dr Tedros Adhanom Ghebreyesus**, at a **press briefing on Friday**, noting that he was **lifting the emergency upon the recommendation of WHO’s Mpox Emergency Committee of experts**, that had met Thursday. “We also have a better understanding of the drivers of transmission, the risk factors for severity and the most affected countries have developed a sustained response capacity,” Tedros said.

“But “lifting the emergency declaration does not mean the threat is over, nor that our response will stop,” Tedros added, noting that **only yesterday, Africa Centers for Disease Control had met and declared [that mpox remains a “continental health emergency.”](#)** “We note...the possibility of continued flare ups and new outbreaks remains requiring adequate surveillance and response capacity. Ongoing efforts are needed to protect the most vulnerable groups, particularly young children and people living with HIV.””

PS: “ The global health emergency was first declared after the deadly Clade 1 mpox, which has a fatality rate as high as 10%, surged in the Democratic Republic of Congo, followed by a less virulent but [more contagious Clade 1b variant, as well as Clade 2.](#) The variants [spread across some 29 African member states](#) as well as to other far flung [countries from China to the Philippines.](#) Unlike the previous global mpox outbreak of 2022-2023, which primarily affected men who have sex with men, the new Clade 1b variant raced through communities infecting women and children as well. ... In recent months, however, cases on the continent, the epicenter of the outbreak, have tailed off, with a 28% decline in new cases between June and July [according to a recent Africa CDC update](#).....”

PS: “.... Meanwhile, nearly 6 million vaccines have been pledged to African communities, said Tedros, with more than 3 million doses delivered to 12 countries – although just under 1 million vaccine doses have in fact been administered to date. “So we have made much progress, but we still face significant challenges,” Tedros said. “Mpox clades continue to circulate surveillance and access to diagnostics remains patchy. Response capacities are under strain from limited funding and community engagement requires sustained investment and local partner coordination, who and our partners are working to mitigate these risks and sustain support to countries. **Financial resources are still very much needed to support this work.**”

- See also Science - <https://www.science.org/content/article/africa-s-mpox-epidemic-no-longer-international-emergency-who-says>

PS: “....**Africa CDC** noted that case numbers for the continent in July and August have indeed dropped by 52% compared with April and May. But **the agency remains seriously concerned.** “**New countries such as Liberia, Ghana, and Guinea are now emerging [as mpox hot spots] and need urgent attention—especially around surveillance, lab decentralization, and vaccination,**” says epidemiologist Yap Boum, who heads the mpox response for Africa CDC. Boum says he is **concerned about people living with HIV, who are especially vulnerable to other infectious diseases.** Cuts in foreign assistance by the United States and other countries have reduced access to anti-HIV medication in sub-Saharan African countries, **making this large population even more likely to suffer life-threatening complications from mpox,** he says.....”

Ebola outbreak DRC

Cidrap News - WHO shares more DR Congo Ebola outbreak details as more suspected cases reported

<https://www.cidrap.umn.edu/ebola/who-shares-more-dr-congo-ebola-outbreak-details-more-suspected-cases-reported>

From early this week. “**Whole-genome sequencing suggests that the virus represents a new zoonotic spillover and is not directly linked to earlier outbreaks in the area in 2008 and 2008-2009.**”

“**The WHO said the outbreak's location is not far from Tshikapa, the capital of Kasai province, as well as the border between the DRC and Angola.** Though the affected area is hard to reach, population movements between different parts of the province are frequent, especially between Bulape and the provincial capital. **So far, the source of the outbreak hasn't been identified, and the illness onset date and the history of health visits of the index patient hasn't been determined,** which the WHO said increases the likelihood of ongoing community transmission. It assessed the health risk as high for the DRC, moderate for Africa, and low at the global level.”

Reuters - Congo's Ebola-hit towns under confinement as cases tick up

[Reuters;](#)

“Towns affected by Congo's latest Ebola outbreak have erected checkpoints to restrict population movements, officials said this week, as cases increased slightly and **aid workers warned that the response was underfunded.**”

“... **The World Health Organization said last week that Congo had a stockpile of treatments as well as 2,000 doses of the Ervebo vaccine** that would be transported to Kasai to vaccinate contacts and frontline health workers.”

“Several aid workers have voiced concern that Congo, which has experienced more than a dozen Ebola outbreaks, could struggle to mount an effective response this time given recent cuts to foreign assistance and the dismantling of the U.S. Agency for International Development under President Donald Trump. "Alongside other partners, **USAID** has established itself as a key pillar. This withdrawal will undoubtedly leave a void that will be difficult to fill," one Congo-based international aid worker said, speaking on condition of anonymity to avoid reprisals. **"The reduction in immediately available funds from key donors is already making it more challenging to respond quickly and reach the communities that need help,"** Save the Children country director Greg Ramm told Reuters.”

Cidrap News - Suspected cases in DR Congo Ebola outbreak rise to 68

<https://www.cidrap.umn.edu/ebola/suspected-cases-dr-congo-ebola-outbreak-rise-68>

Update from Africa CDC's press briefing yesterday.

“Africa CDC said the identification of more affected health districts raises the risk of cross-border transmission, especially to Angola, requiring scaled-up surveillance, case management, and infection prevention and control measures.....”

“... **MSF, WHO open Ebola treatment center:** In a related development, **Doctors Without Borders (MSF)** yesterday said that, **in coordination with the DRC health ministry and the World Health Organization (WHO)**, it has **joined the multiagency response** and is on the ground in Kasai province...”

- See also the **Telegraph** - [Suspected Ebola cases double as virus spreads to DRC villages](#). (11 Sept)

AMR

WHO policy brief on strengthening primary health care-oriented health systems to address antimicrobial resistance

<https://www.who.int/publications/i/item/9789240111929>

WHO's new policy brief that describes 8 priority AMR interventions for mainstreaming AMR into PHC-oriented health systems, along with an AMR/PHC country scoping tool and stakeholder consideration list.

Trump 2.0

Reuters - World Health Organization says US CDC needs to be protected

<https://www.reuters.com/business/healthcare-pharmaceuticals/world-health-organization-says-us-cdc-needs-be-protected-2025-09-07/>

"The World Health Organization on Sunday called for the "protection of public health excellence" at the U.S. Centers for Disease Control and Prevention. "No institution is perfect and continued improvements are always needed to make sure the latest science and evidence is applied to emerging challenges in real time, but the work of the US CDC has been invaluable and must be protected," WHO Director General Tedros Adhanom Ghebreyesus said in a post on X."

Devex - US foreign aid legal showdown heads to the Supreme Court

https://www.devex.com/news/us-foreign-aid-legal-showdown-heads-to-the-supreme-court-110791?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky#Echobox=1757371449

"The Trump administration has asked the Supreme Court to stay a district court's preliminary injunction issued last week requiring it to spend foreign assistance funding before it expires Sept. 30."

"... The lawsuit challenging the Trump administration's decisions on how to spend foreign aid is heading to the Supreme Court in a case that has broader implications for who controls U.S. government spending. The administration [asked the high court](#) to intervene on Monday after a lower court compelled it to spend foreign assistance funds that have already been appropriated by Congress. That sets up a potential fight in the highest court in one of the most closely watched battles over not only foreign aid dollars but also how much power the executive branch has over government spending, which is typically the purview of Congress. **It's a test that key administration officials, including budget chief Russell Vought, have said they want, arguing that the executive branch and the president should be able to spend less than what Congress intended...."**

Stat – Kennedy makes his formal pitch to fight chronic disease in new MAHA report

<https://www.statnews.com/2025/09/09/rfk-maha-report-make-our-children-healthy-again-strategy/>

"The plan doubles down on cultural, voluntary approaches."

"Overall, the "Make Our Children Healthy Again Strategy" presented to President Trump suggests Kennedy's game plan will involve little regulation or policy. Instead, it will double down on MAHA's cultural messaging, ask companies to make voluntary commitments, and push federal agencies to conduct new chronic disease-related studies, including of previously approved medical interventions.

PS: "The report builds on an initial "assessment" of chronic disease, published in May by the same commission, which blames ill health mostly on poor diet, sedentary lifestyle, chronic stress, and the "overmedicalization" of children."

- And via the NYT: [Kennedy Releases Childhood Health Report. It's Vague on Next Steps](#)

“Yet even with the familiar rhetoric, **the report is very likely to disappoint some corners of Mr. Kennedy’s MAHA coalition.** It **demonstrates both the ambitions and limits of his agenda.** It **stops short of calling for direct restrictions on pesticides and ultraprocessed foods,** which Mr. Kennedy has called major threats. **The strategy suggests collaboration — not confrontation — with the food and agriculture industries,** saying that the government will back “precision agricultural techniques” to help farmers use less pesticides. After The Times reported on the draft, some members of the MAHA movement expressed [frustration](#) at what they saw as signs of Mr. Kennedy’s capitulations to these industries.....”

Malaria, HIV & TB

BMJ – The resurgence of malaria in Africa is an avoidable crisis—here’s what we must do

<https://www.bmj.com/content/390/bmj.r1874>

“As malaria resurges and progress in malaria control stalls, **Africa’s response must be led and owned by Africans,** say Jean Kaseya and Nebiyu Dereje.”

“ **At Africa CDC,** we are **calling for a continent-wide response that is anchored in five key priorities.....”**

Geneva Solutions - Global Fund boss warns aid cuts jeopardise progress against malaria

<https://genevasolutions.news/articles/global-fund-boss-warns-aid-cuts-jeopardise-progress-against-malaria>

“**Climate change, conflicts and a lack of funding compounded by recent aid cuts** are hurting hard-won gains in fighting the disease that claims 600,000 lives each year, according to one of the world’s top health funders. **The Geneva-based organisation is also being forced to shrink its activities and consider layoffs.....”**

“**.... a perfect storm of climate change, conflicts, resistance to insecticides and a lack of funding – compounded by recent aid cuts – is stalling fragile progress in some of the worst-affected areas,** Sands said. **Sub-Saharan Africa shoulders the biggest burden,** accounting for 94 per cent of the 240 million malaria cases recorded in 2022 worldwide.....”

“... Sands said **a study by Roll Back Malaria,** a partnership between private and public sector organisations, suggests that, **in total, including adults, there could be more than 100,000 additional deaths this year.....”**

“... **Sands said a shift towards national health systems less reliant on aid will take time,** while the impact of the sudden withdrawal of support could cause immediate setbacks in fighting epidemics

like malaria. **“There is a lot at stake. Malaria is a disease that reacts very quickly to changing circumstances, and it doesn’t react in small percentage changes””**

CGD (blog) – A New Malaria Drug Can Treat Infants—If Health Systems Support It

P Yadav & C Searchinger; <https://www.thinkglobalhealth.org/article/a-new-malaria-drug-can-treat-infants-if-health-systems-support-it>

“In July, Coartem Baby became the first approved malaria treatment for newborns and infants.”

PS: **“Novartis plans to launch Coartem Baby on a not-for-profit basis later this year, and industry watchers expect eight African countries—Burkina Faso, Ivory Coast, Kenya, Malawi, Mozambique, Nigeria, Tanzania, and Uganda—to approve the drug quickly, thanks to a partnership with Switzerland's drug regulator, Swissmedic. Yet, although Coartem Baby merits celebration, its benefits will depend on its integration with other malaria tools and the strength of the health systems where the drug is deployed. Overcoming these hurdles could prove challenging as global health funding and coordination stand at a crossroads.”**

Plos GPH - A deadly equation: The global toll of US TB funding cuts

S Mandal et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004899>

“.... this study analyses the dependency of and potential impact of funding cuts to 26 high-burden TB countries (HBCs). We modelled three recovery scenarios: (1) minimal impact (services recover within three months), (2) moderate impact (recovery within one year), and (3) worst-case scenario (long-term service reduction).....”

“... across all 26 HBCs, additional TB cases between 2025 and 2030 are estimated at 0.63 million (CI 0.45–0.81) (minimal impact), 1.66 million (CI 1.2–2.1) (moderate impact), and 10.67 million (CI 7.85–13.19) (worst-case). Corresponding TB deaths are projected to increase by 99,900 (CI 65,200–130,000), 268,600 (CI 185,800–337,900), and 2,243,700 (CI 1,570,800–2,807,300), respectively....”

Devex – Can health systems keep pace with HIV prevention’s breakthrough?

Paul Adepoju ; <https://www.devex.com/news/can-health-systems-keep-pace-with-hiv-prevention-s-breakthrough-110782>

“Lenacapavir trials proved the science works. But experts say the real test is if health systems, governments, and donors can deliver. »

Quote: **“With injectables, you re-medicalize prevention,”** said professor Glenda Gray, director of the Infectious Disease and Oncology Research Institute at the [University of the Witwatersrand](https://www.wits.ac.za/). **“You need a nurse, HIV testing, diagnostics at the point of delivery, and a supply chain that never fails. That is not simple.””**

UHC & PHC

Independent – Across Africa, a shortage of care marks the end of life

<https://www.the-independent.com/news/africa-uganda-kimono-ghana-covid-b2818289.html>

“Africa's population of older people is ballooning but across the continent, medical care is out of reach for many of them.”

“... Across much of Africa, older people fall into a blind spot of public health systems that prioritize infectious diseases, maternal care and children. Trained geriatricians are rare, national health care programs are limited, and clinics are rarely equipped to manage chronic conditions tied to aging. Many older people have little access to doctors and, if they see one, often forego necessary diagnostics or treatment to cut the costs.....”

SRHR

NYT - \$10 Million in Contraceptives Have Been Destroyed on Orders From Trump Officials

<https://www.nytimes.com/2025/09/11/health/usaaid-contraceptives-destroyed-trump.html>

“The birth control pills, IUDs and hormonal implants were purchased by U.S.A.I.D. for women in low-income countries. They had been in limbo in a Belgian warehouse after the U.S. cut much of its foreign aid.”

Run-up to UN HL meeting on NCDs (25 Sept)

HPW - Weakened UN Political Declaration on NCDs Removes Target to Tax Harmful Products

<https://healthpolicy-watch.news/exclusive-weakened-un-political-declaration-on-ncds-removes-target-to-tax-harmful-products/>

“The final political declaration for the United Nations High-Level Meeting (HLM) on NCDs is substantially weaker than the zero draft, no longer referring to taxing sugar-sweetened beverages – while describing higher taxes on tobacco and alcohol as “considerations... in line with national circumstances” rather than concrete proposals. However, targets for reducing tobacco use and increasing access to hypertensive management and mental health care have survived the negotiations.”

“Health Policy Watch can exclusively reveal the final declaration (see link below), after negotiations between the 193 UN member states were concluded last week. The declaration is due to be adopted at the HLM on 25 September.....”

- Related: NCD Alliance (Policy Brief) [Delivering on Health and Financial Protection for All: Financing Benchmarks for Essential NCD Services and Options for Improving Access to Affordable NCD Medicines](#)

“This report demonstrates the size of the current funding gap in essential NCD care. To achieve universal coverage and provide financial protection for a package of 13 essential NCD primary healthcare interventions, countries should aim to spend 1.1% to 1.7% of gross national income (GNI). Based on the limited available data on allocation of health budgets on NCDs, it finds that currently, most countries invest just 0.26% to 0.46% of GNI on the same package. This report also identifies that variations in pricing across and within countries is having a significant effect on the value gained from these health budgets allocations. From a four-country case study, if all countries were able to obtain these medicines at the minimum prices observed, the benchmark estimates for necessary spending would be 20-50% lower at 0.91% to 0.89% of GNI. Finally, the report highlights policies identified through a literature review that can effectively improve the affordability and availability of NCD medicines, bringing countries closer to achieving universal health coverage for their populations.”

Report by **University of Washington** researchers.

See again HPW:

“A significant proportion of government spending on NCDs goes to medicines, with a wide variation in medicine prices across countries. Dr David Watkins, lead author of the report, models potential cost-savings of 20% to 50% if the best prices were available globally. “Ministries of Health and Finance must act decisively on these findings,” said Watkins. “This analysis provides governments with data to support smarter investment on NCDs, mental health, and neurological conditions in their policies and budgets. It’s not just about increasing investment but about making health budgets go further.”

Lancet World Report – Concerns over global NCD negotiations

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01855-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01855-0/fulltext)

“Ahead of the 4th UN High-Level Meeting on non-communicable diseases, there are fears about how the text of the key political declaration is being watered down. Faith McLellan reports.”

The Lancet: Chronic disease deaths decline globally, but progress is slowing

[Benchmarking progress in non-communicable diseases: a global analysis of cause-specific mortality from 2001 to 2019](#) (by NCD Countdown 2030 Collaborators)

Cfr the press release:

“Death rates from chronic diseases have fallen in four out of five countries around the world in the last decade - but progress has slowed, suggests an analysis led by researchers at Imperial College London and published in The Lancet.”

“... This study is believed to be the first global analysis to not only track changes in NCD mortality

at the national level but also benchmark progress against historical performance and the regional best-performers. The analysis suggests deaths from chronic diseases has fallen in nearly 80% of countries in the last decade. However almost two thirds of all countries – including nearly all high-income countries in Europe, north America, Australasia and the Pacific – experienced a slowdown in the rate of decline for mortality in 2010 to 2019 compared to the previous decade. The United States was one of the worst performers among high-income countries, experiencing the smallest decrease in risk over 2010-2019.....”

“Ahead of the upcoming Fourth High-level Meeting of the UN General Assembly, authors say these trends show an urgent need for greater investment in tackling chronic diseases and ensuring approaches effectively reach people most in need....”

- Related [Lancet Comment – Estimating trends in non-communicable disease mortality: implications for global health data and policy research](#) (by Z Ward)

Excerpt:

“Although a few countries have released recent vital registration data, due to data limitations, these estimates of global NCD mortality cover the period of 2010–19, and therefore do not reflect the effect of the COVID-19 pandemic. Understanding the long-term biological and health system effects of COVID-19 on NCD outcomes will be important, and highlights the fundamentally interconnected nature of public health. At a biological level, it is well known that infectious diseases affect NCDs (eg, infection-related cancers, post-viral autoimmune diseases), and that chronic disease comorbidities affect infectious disease outcomes (eg, diabetes and obesity as risk factors for COVID-19 mortality). At a health system level, both infectious and non-communicable diseases share scarce resources, especially health-care workforce personnel. These feedback loops, which occur at multiple levels, are therefore important to consider. A focus solely on NCD outcomes thus risks reinforcing the artificial divide between infectious and non-communicable diseases that often persists in public health and medicine. Instead, a more holistic, integrated view of population health should inform policy.....”

“Nevertheless, as a leading cause of ill health, estimating trends in NCD-specific mortality is useful to track progress and provide global insights. The primary outcome of the probability of NCD death before age 80 years (ie, unconditional probability) provides a useful high-level indicator to compare outcomes across settings and over time, allowing for country-specific benchmarking against both historical trends and regional leaders. Building on this comprehensive descriptive analysis of available WHO data, further inferential analyses are needed to understand the reasons for differential trends in NCD mortality, accounting for local demographic, epidemiological, and health system contexts that might be drivers of or barriers to progress. “

Ward concludes: “As highlighted by this study, descriptive analysis of epidemiological data is useful for tracking progress, to identify settings that are both leading and falling behind. As a result of the demographic and epidemiological transitions faced by many countries, NCD control will remain an important policy priority in the years to come. Commitments to sustaining and improving global health data collection will be needed to help accelerate progress in improving NCD outcomes and averting the high burden of premature mortality.”

Lancet - The IASLC–Lancet Commission: a transformative global approach to lung cancer

C S Pramesh et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01719-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01719-2/fulltext)

“... advances have been largely restricted to high-income countries, perpetuating, and sometimes even worsening, global inequities. **Lung cancer remains a major public health problem and the leading cause of cancer mortality worldwide with 1·8 million deaths (one in every five cancer deaths) and 4·6 million disability-adjusted life-years lost annually.** Despite this huge burden and the fact that more than 80% of lung cancers are preventable, there is great need for further progress. **The global burden of lung cancer is predicted to double by 2050, disproportionately so in low-income and middle-income countries. This makes equity an imperative in any conversation on lung cancer control.....**”

“**Despite the substantial burden, global progress in lung cancer control has been suboptimal for several reasons:** the stigma associated with its primary risk factor (smoking); the profit motive in selling and taxing tobacco products; nihilism associated with the scarcity of efficacious therapies resulting in poor outcomes; and challenges in the implementation of screening and early detection...”

“... The [International Association for the Study of Lung Cancer \(IASLC\)–Lancet Commission](#) on Lung Cancer represents a bold departure from accepting the status quo, and will propose actionable solutions for global lung cancer control. This partnership brings together a collaborative approach across multiple specialties, including oncology, surgery, radiation, pathology, pulmonology, imaging, epidemiology, and public health, combined with the scientific rigour and global credibility of a science-led effort supported by a strong platform for advocacy. Together, we can amplify and accelerate the global narrative for change. **With an emphasis on equity, person-centred approaches to lung cancer, innovation, and global relevance, the Commission aims for transformational change—from prevention to palliation, from biology to redesigning health-care delivery, and from evidence to health policy.** This Commission will emphasise the need for a systems-based approach to address the complexity of lung cancer.....”

World Suicide Prevention day (10 September)

UN News – ‘Shift the narrative’ on suicide to prevent loss of 720,000 lives annually

<https://news.un.org/en/story/2025/09/1165817>

“**More than 720,000 people commit suicide every year and many more attempt it.** Now the head of the UN’s World Health Organization (WHO) is calling for “shifting the narrative” on the issue “to challenge harmful myths, reduce stigma and foster compassionate conversations.” “

“... **“We must move from silence to openness, from stigma to empathy, and from neglect to support,”** said Dr. Tedros. “We must create environments where people feel safe to speak up and seek help,” he said. **“Shifting the narrative on suicide also means driving systemic change,** where governments prioritise and invest in quality mental health care and policies to ensure everyone gets the support they need.”.....”

Lancet Public Health (series) - A public health approach to suicide prevention

https://www.thelancet.com/series-do/suicide-prevention?dgcid=bluesky_organic_lanpubsuicideprevention24_lanpub

Series from 2024, but worth a reminder.

“The Series, **A public health approach to suicide prevention**, published in The Lancet Public Health argues that a **change in the narrative is needed to move from presenting suicide as a mental health issue to also acknowledging the impact of social factors, such as poverty, debt, addictions, homelessness, abuse, discrimination and social isolation**, on a person’s decision to consider suicide. “The Series highlights how clinical treatment services are critical for people in a suicidal crisis, but upstream measures that address social factors must also be included in national suicide prevention strategies to prevent people reaching crisis point. Tackling the social factors which contribute to suicide requires a policy re-set with a whole of government commitment for suicide prevention efforts – a **“suicide prevention in all policies” approach.**”

- And a link: Our World in Data - [Bans on highly toxic pesticides could be an effective way to save lives from suicide](#)

“Pesticide poisoning is a common method of suicide in many low- to middle-income countries. Banning highly toxic pesticides and substituting them with less fatal ones can save lives.”

Determinants of Health

BMJ – Political polarisation: an overlooked determinant of health

<https://www.bmj.com/content/390/bmj.r1858>

“Writing from the US, Lucinda Hiam **discusses how political polarisation is costing lives**. When **health becomes a culture war**, evidence is ignored and public health suffers.”

“... **Just as poverty, housing, and education are recognised as key determinants of health, we must now acknowledge that political polarisation belongs on that list**. When health behaviours are based on political identity rather than evidence, effective public health responses become extremely difficult, and health suffers. One clear example is vaccination....”

“... **The CDC shooting serves as a tragic reminder that political polarisation has become a public health emergency**. In an era of global health threats, we cannot afford to let political divisions undermine the institutions designed to protect us all. If we want healthier populations, we must treat **polarisation itself as a risk factor....**”

- Related: KFF Health News - [Researchers Shift Tactics To Tackle Extremism as Public Health Threat](#)

HPW - Global First: More School Kids are Now Obese Than Underweight

<https://healthpolicy-watch.news/global-first-more-school-kids-are-now-obese-than-underweight/>

“For the first time, more school children and adolescents worldwide are obese than underweight, according to a [report](#) released on Wednesday by the United Nations Children’s Fund (UNICEF). One in five children and adolescents aged 5-19 globally are overweight (some 391 million), while **one in 10 are obese – putting them at risk of life-threatening diseases such as high blood pressure and diabetes.”**

“Only sub-Saharan Africa and South Asia have more underweight than obese children, according to the report which draws on data from over 190 countries. The report, which is called [Feeding Profit: How Food Environments are Failing Children](#), lays the blame for the changing shape of children on **ultra-processed food that is high in sugar, refined starch, salt, unhealthy fats and additives.....”**

PS: **“The UN agency warns that the long-term health and economic benefits will be expensive for many countries, **projecting that, by 2035, the global economic impact of overweight and obesity is expected to surpass \$4 trillion every year.....”****

“It **proposes several possible interventions to transform food environments and ensure children have access to nutritious diets.....”** “ These include mandatory policies to improve children’s food environments, such as front-of-pack labelling, marketing restrictions, taxes and subsidies for healthy food. It also proposes banning the provision or sale of ultra-processed and junk foods in schools and prohibiting food marketing and sponsorship in schools....”

BMJ (Feature) - What’s next for sugar taxes?

<https://www.bmj.com/content/390/bmj.r1897>

“Chris Stokel-Walker explores **where the world has got to with sugar taxes, whether they’re working, and related controversies.”**

PS: (in spite of the rather disappointing NCD declaration on SSBs), **“... The UN meeting in New York is nonetheless a big moment, says PAHO’s Da Silva Gomes. “These are policies that require major action outside the health sector,” he says. “Whenever this becomes a priority at a supra-ministerial level, we have a greater chance of achieving policy coherence.””**

“But the meeting shouldn’t only focus on SSBs. “The next frontier is food taxes,” says Popkin. “We have eight or nine countries that now have meaningful taxes on food.” He points to trailblazing nations such as Colombia, which has a 15% tax on ultra-processed foods that will increase to 20% at the end of this year. “That’s really meaningful,” he says.....”

Africa Climate Summit (Addis, 8-10 Sept)

Devex – Continental climate congress

[Devex](#):

Analysis ahead of the summit. “The **Africa Climate Summit is back — this time in Addis Ababa, Ethiopia**. Starting today, global leaders will gather for the **second ACS, co-hosted by Ethiopia and the African Union**, with a big goal in mind: **unifying Africa’s voice ahead of the COP30 U.N. climate summit happening in Brazil in November.**”

“The first summit in Nairobi in 2023 secured more than \$20 billion in pledges and resulted in the Nairobi Declaration — a call for financial reform and the introduction of new international taxes to fund climate action. This year, leaders are **expected to emerge with a unified African position ahead of COP30** and adopt the rather clunky title of the **Addis Ababa Declaration on Accelerating Climate Action and Finance for Africa’s Green Future.**”

Climate Change News – Second Africa Climate Summit seeks to jump hurdles to green industrialisation

<https://www.climatechangenews.com/2025/09/08/second-africa-climate-summit-seeks-to-jump-hurdles-to-green-industrialisation/>

“A report on progress since the first summit in 2023 says financial, infrastructure and trade obstacles are hampering “climate-positive growth”. “As the second Africa Climate Summit began in Ethiopia on Monday, a progress report launched by Kenya’s president highlighted how shortfalls in clean energy and infrastructure, a decline in manufacturing capacity, high debt levels and limited participation in global value chains are holding back green growth on the continent.....”

PS: “... The progress report called for global financing systems to be reformed to reflect current development realities, including by expanding concessional finance, delivering faster debt relief and exploring new international levies on shipping, aviation and fossil fuels. ...”

Guardian - Hopes rise for green economy boom at Africa Climate Summit

<https://www.theguardian.com/environment/2025/sep/08/green-economy-boom-africa-climate-summit-renewable-energy-solar>

“Renewables are thriving, with Africa breaking solar energy records – but action is needed to plug financing gap.”

“A report **published at the summit on Monday** showed that while Africa needed at least \$70bn a year to adapt to the effects of the climate crisis, and possibly much more, only \$15bn was provided in adaptation finance to the continent in 2023. Without urgent action to address that vast financing gap, Africa’s future costs from climate impacts will balloon, wiping out a fifth of GDP by 2050.”

PS: "... Patrick Verkooijen, the chief executive of the Global Center on Adaptation thinktank, says **rich countries must increase their finance for adaptation in Africa**, which is responsible for only 4% of global greenhouse gas emissions while bearing the brunt of climate breakdown. **"Europe [and other countries] will shoot themselves in the foot if they defund ODA [official development assistance],"** he said. **"African leaders will see it as a stab in the back."**

"While Africa is behind in climate adaptation, its riches are increasingly sought after by China and the rest of the rich world. Africa has some of the biggest deposits of "critical minerals" – elements vital to building renewable energy components. Cobalt, lithium, copper, nickel, rare earths and other minerals are abundant in parts of Africa, which has spurred a global scramble for the resources."

Devex - End on a good note

<https://www.devex.com/news/devex-newswire-corporate-giving-especially-among-pharma-giants-soars-110811>

The second Africa Climate Summit in Ethiopia closed with a sense that **the continent's global leadership on climate is crystallizing**, my colleague Ayenat Mersie, who was on the ground, tells me.

"We have African leadership not only for the African continent but also for the rest of the world," said U.K. climate envoy Rachel Kyte. Echoing that sentiment, Mukhtar Babayev, president of the 29th U.N. Climate Change Conference, said: "Today we need to consider different leaders in different regions. **In the African continent, Ethiopia, Kenya, Tanzania are emerging** ... and we need to think about how to bring more and more leader countries in the process."

"A draft Addis Ababa Declaration backs that posture with specifics. It calls for accelerated reform of multilateral development banks to increase concessional finance and lower borrowing costs, urges broader reform of the international financial architecture, and stresses that adaptation finance "must avoid debt-creating instruments."

On new vehicles, the draft "welcomes" the Africa Climate Innovation Compact and the African Climate Facility — an initiative of Ethiopian Prime Minister Abiy Ahmed Ali — with the goal of mobilizing **\$50 billion a year in catalytic capital to scale African climate solutions**. Details remain thin, but that follows Monday's announcement of \$100 billion from financial institutions to support green industrialization.The draft also proposes **shifting the cadence of the summit to every three years**, rotating across subregions of the African Union."

Climate Change News - Addis summit trumpets African climate solutions, while quietly backing gas

<https://www.climatechangenews.com/2025/09/11/addis-summit-trumpets-african-climate-solutions-while-quietly-backing-gas/>

(gated) "While African countries sent a message to support the continent's climate solutions with homegrown resources, they were also criticized for their softer stance on fossil fuels."

Africa Eco News - Turning point for Africa as climate fund, resilience framework launched in Addis

<https://africaeconews.co.ke/turning-point-for-africa-as-climate-fund-resilience-framework-launched-in-addis/>

“In a defining moment for Africa’s climate future, a **diverse coalition of climate change leaders across sectors**, convened in Addis Ababa, Ethiopia, on the sidelines of the Africa Climate Summit (ACS2) to **re-imagine the continent’s climate finance and resilience frameworks**. The purpose of the diverse coalition of civil society leaders, government officials, development partners, and grassroots voices was to witness **the official launch of two transformative initiatives, the Climate Justice Impact Fund for Africa (CJIFA) and the Africa Just Resilience Framework (JRF)**; both aimed at **reshaping how the continent responds to the growing climate crisis.....**”

“These groundbreaking **initiatives, spearheaded by the Pan African Climate Justice Alliance (PACJA)**, aim to re-direct the centre of gravity in climate action from boardrooms in the Global North to the hearts of Africa’s communities, where the fight for survival in a changing climate is most urgent and unrelenting....”

- And a Link: [The African Peoples’ Just Transition, Climate and Development Declaration 2025](#)

“On the 7th September 2025, **the Africa Peoples’ Assembly on the margins of the 2nd Africa Climate Summit**, led by Climate Action Network (CAN) Africa, the International Trade Union Confederation Africa (ITUC-Africa), and the Africa Movement of Movements, **convened in Addis Ababa, Ethiopia....**”

More on planetary health

CESR - Justice is now: civil society calls for reparative climate finance for Africa

<https://www.cesr.org/justice-is-now-civil-society-calls-for-reparative-climate-finance-for-africa/>

“Last week, CESR joined allies from across the continent at **the Fifth African Conference on Debt and Development (AfCoDD V)**, convened by the **African Forum and Network on Debt and Development** (AFRODAD). Under the banner *“Reparations and Reparative Justice for an African Financial Architecture and Transformation”*, **this year’s gathering focused on the urgent need to reimagine finance systems to serve people and planet, not profits and creditors.**”

Speaking on behalf of CESR’s climate justice team, **Peninnah Mbabazi exposed how climate injustice and debt distress intersect to undermine rights across Africa.** This message reinforced **growing demands from civil society to reframe climate finance through a reparations lens.....**”

Guardian - 'There is only one player': why China is becoming a world leader in green energy

<https://www.theguardian.com/environment/2025/sep/07/china-fossil-fuel-us-climate-environment-energy>

"As US reneges on climate breakdown pledges, China's response to crisis will shape geopolitics and our future." Also with some **China-related analysis ahead of COP30.**

- And via Devex - [Sunny forecast](#)

"Climate finance from multilateral development banks rose 10% in 2024 to a record \$137 billion, with \$85 billion directed to low- and middle-income economies, [according to a joint report from the European Investment Bank and the European Bank for Reconstruction and Development](#). Private finance mobilized by MDBs also surged, climbing 33% to \$134 billion. The figures, released Tuesday, come ahead of the 30th U.N. Climate Change Conference, or COP30, in Belém, Brazil, where expanding climate finance will be a central theme. MDBs say climate finance has more than doubled in low- and middle-income countries over the past five years, with nearly 70% going to mitigation and 31% to adaptation...."

Action on climate change faces new threat: The doomers who think it's too late to act

P Hotez & M Mann; <https://www.livescience.com/planet-earth/climate-change/action-on-climate-change-faces-new-threat-the-doomers-who-think-its-too-late-to-act>

"Doom-mongering convinces many would-be climate advocates that climate action is a hopeless cause. But the blistering attacks against mainstream climate science and scientists advance an agenda of division, dividing the rank-and-file climate activists and leading voices from the scientific community."

Access to medicines, vaccines & other health technologies

WHO updates list of essential medicines to include key cancer, diabetes treatments

<https://www.who.int/news/item/05-09-2025-who-updates-list-of-essential-medicines-to-include-key-cancer--diabetes-treatments>

From late last week.

"Today, the World Health Organization (WHO) has released updated editions of its Model Lists of Essential Medicines (EML) and Essential Medicines for Children (EMLc), adding new treatments for various types of cancer and for diabetes with associated comorbidities such as obesity. Medicines for cystic fibrosis, psoriasis, haemophilia and blood-related disorders are among the other additions...."

PS: **“WHO EML and EMLc include medicines for the priority health needs of populations. They are adopted in over 150 countries, serving as a basis for public sector procurement, supply of medicines, and health insurance and reimbursement schemes. The revisions mark the 24th edition of WHO EML and the 10th edition of EMLc.....”**

- Coverage and analysis via [HPW – WHO Includes Popular Anti-Obesity Drugs on Essential Medicines List for Diabetes Control](#)

“WHO’s 2025 Essential Medicines Lists (EML), published Friday, has included the active ingredients in popular weight loss drugs like Ozempic and Wegovy – semaglutide or other comparable GLP-1 receptor agonists – in a recommendation that recognizes the growing importance of the drugs in clinical treatment of diabetes worldwide. These drugs, as well as new PD-1/PD-L1 cancer therapies, notably pembrolizumab and two other therapeutic alternatives, were also among the 20 new medicines added to the 2025 WHO EML. The EML also includes rapid acting insulin analogues to the list for the first time. Longer-acting synthetic insulin formulas were first included in the list in 2021, as an alternative to human-derived insulin products....”

“... Another 15 drugs were added to a separate Essential Medicines List for children (EMLc) in this year’s listing, which is published every two years. The new list includes new drugs for cystic fibrosis and haemophilia, as well as recently approved vaccines for malaria and mpox.”

PS: **“Inclusion of new insulin analogues and GLP-1 agonist drugs welcomed by access advocates: Elizabeth Jarman, of Médecins Sans Frontières ACCESS initiative welcomed the WHO’s inclusion of the insulin analogues and GLP-1 agonists as a “critical milestone” – but called upon countries to make the treatments more affordable as well.”**

PS: **“New cystic fibrosis drug addition hailed as a breakthrough : Meanwhile, a leading cystic fibrosis patient advocate group hailed the inclusion of the new drug ivacaftor and its therapeutic alternatives, as a “historic breakthrough in the fight for global access to lifesaving cystic fibrosis treatment.””**

- See also [Stat – Patient groups cheer as the WHO adds diabetes and cystic fibrosis drugs to its essential medicines list](#)

“Advocates hope the move will usher in a new era of accessibility for low- and middle-income countries.”

- And via [Geneva Health Files – WHO Expands Essential Medicines List \(EML\) to Include Treatments For Diabetes Linked with Obesity, Cystic Fibrosis, Cancers](#)

PS: **“....During the discussions of the WHO Expert Committee in May 2025, when some of the proceedings were webcast, WHO officials had said the expert committee was tasked with dealing with three diseases for which the EML list had no medicines — two rare diseases like cystic fibrosis and spinal muscular atrophy affecting smaller, specific communities. And the other - obesity, which affects hundreds of millions of patients. So, the committee was tasked with finding a balance of solutions across such different situations, while focusing on maximizing the resources to the needs of the majority of the populations at a time when high-income and low-income countries alike are facing constrained health budgets. Officials also highlighted the time it took developing countries**

to access drugs. They pointed out that it takes 5–7 years for EML-listed small molecules to reach LMICs, and 8–10 years for biologics like monoclonal antibodies. And the delay is worse for rare and expensive medicines, they said.....”

And a link:

- Medicines, Law & Policy - [Treatment for cystic fibrosis added to Essential Medicines List by the World Health Organization: A victory for campaigners, though prices still ‘toxic’](#) (by Kaitlin Mara)

Spotlight - A new HIV prevention jab could end AIDS – unless secrecy and greed get in the way

F Hassan et al; <https://www.spotlightnsp.co.za/2025/09/09/a-new-hiv-prevention-jab-could-end-aids-unless-secrecy-and-greed-get-in-the-way/>

“A new HIV prevention jab has the potential to bring an end to the AIDS epidemic. **But a lack of ambition and unjustifiable secrecy over pricing** is holding it back, argue three leading health activists.”

Re the lack of ambition: “.... the **current rollout targets look worryingly timid, particularly for vulnerable communities**. According to the National Department of Health, South Africa’s projected initial target for the first two years of the roll out (April 2026 – March 2028 and subject to registration or interim approval by the South African Health Products Regulatory Authority) of just under 500 000 people, includes the general population and certain vulnerable or key risk population groups – for the latter, the targets are woefully low: 69 799 sex workers, 37 857 transgender people, and 155 946 gay, bisexual, and other men who have sex with men. **This barely scratches the surface of the actual need in vulnerable populations. At this rate, access will be severely rationed**, and the epidemic will continue to outpace us....

On the secrecy, they conclude: “.... **The Global Fund’s willing decision to shield Gilead’s pricing from public disclosure undermines accountability and risks reversing years of hard-won progress towards transparency in medicine pricing in the Global South and elsewhere**. This is a **dangerous precedent for the global HIV movement** as pharmaceutical multinational companies are finding new ways to normalise price secrecy – and the Global Fund has just approved that tactic. While civil society in Global South countries such as South Africa are defending the right to know how public funds are spent, global institutions like the Global Fund in Geneva, are enabling practices that give pharmaceutical corporations a free pass.....”

Reuters - India looking beyond US for pharma exports amid tariff tensions

<https://www.reuters.com/world/china/india-looking-beyond-us-pharma-exports-amid-tariff-tensions-2025-09-04/>

“**India is seeking to boost drug exports to semi-regulated markets in Africa, Latin America and Southeast Asia to reduce its dependence on the U.S., where tariff concerns pose risks**, officials from a government-backed trade body told Reuters on Thursday. **The Pharmaceuticals Export Promotion Council of India (Pharmexcil) also plans to push for sales of finished goods to China to**

bridge the trade deficit, the officials said. The Indian industry imports more than 60% of its raw materials and active pharmaceutical ingredients from China.....”

Globe & Mail - Canadians can benefit from tumbling prices on weight-loss drugs

P Singer & N Loder; <https://www.theglobeandmail.com/opinion/article-canadians-can-benefit-from-tumbling-prices-on-weight-loss-drugs/>

“Canada is in a unique position, as it’s the **only G7 country where patent protection on semaglutide is about to lapse.**”

“In just four months, the patent for semaglutide, a key weight loss medication which goes under the brand names Ozempic and Wegovy, will expire in countries like India, China, Brazil – and also in Canada. This could mark a historic turning point for global public health. With more than a billion people living with obesity worldwide, the potential for generic, affordable semaglutide to transform the management of obesity, diabetes, and related metabolic disease is so mind-bogglingly large, we think the time is ripe for governments – including in Canada – to start to plan for how to maximize their potential....”

“While American patients who pay for semaglutide themselves spend US\$499 a month, **Indian manufacturers are gearing up to produce biosimilar versions at a manufacturing cost of less than US\$6 a month.....**”

“Canada is in a unique position as the only G7 country with patent protection lapsing. It could lead a consortium of countries – including populous middle-income ones like Nigeria and Indonesia – in a pooled-purchasing mechanism.... .. Another option is pay-for-results schemes. The European and Islamic development banks, alongside the Gates Foundation, have used this model for polio eradication. Those funding the rollout of a medical intervention pay for outcomes. Adapting this for semaglutide delivery could mean paying implementers when agreed public health outcomes are met – something that could incentivize innovation in delivery....”

Conflict & Health

Lancet (Offline) – The unavoidable reckoning

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01777-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01777-5/fulltext)

Excerpt: **“There will be consequences. At Chatham House's London Conference, held in June, speakers from countries in the Global South, such as Indonesia and Brazil, made clear they were now utterly cynical about the West's rhetoric regarding a liberal international order. The carnage inflicted on Gaza proves that one country is always allowed a free pass. The post-war order was invented by the West, for the West. But our values are no longer trusted. Whatever diplomatic and moral leverage we once had is being lost. Countries are turning away, seeking a different leadership. They want a spokesperson for the Global South. China, most probably.** We ask ourselves each week: should we keep publishing letters about Gaza? Do they make any difference? Prospects for newborn life. Wounds from explosive weapons. A paediatric meningitis outbreak amid health system collapse. Is anybody listening? Maybe not. But when, in 10 or 20 years’ time, people

look back at this **state-sponsored cruelty** they will see that at least some in the medical community did issue a howl of outrage and resistance. And so, **for the rest of you, El Akkad has one final request. When the realities of the crimes committed against Gazans emerge—and those realities will emerge, because journalists cannot be denied entry forever—please do not pretend to be appalled, please do not say you did not understand, and please do not say you were misled.”**

Devex – Red Cross official calls on philanthropy to assist in crisis zones

<https://www.devex.com/news/red-cross-official-calls-on-philanthropy-to-assist-in-crisis-zones-110814>

“The world is facing a compounding number of crises, from wars to climate change, from civic spaces shrinking to the spread of misinformation and disinformation. **Philanthropy is shaping up to play a critical role in addressing development challenges** as traditional donor funding dries up. But **there are questions as to what role it can play and if it can assist in some of the most challenging humanitarian contexts....”**

Miscellaneous

Guardian - Prison time, fines and ostracisation: anti-gay law shocks community in African country seen as relatively safe

<https://www.theguardian.com/global-development/2025/sep/06/anti-gay-law-african-jail-term-five-years-promoting-homosexuality-burkina-faso>

“Jail terms of up to five years for ‘promoting homosexuality’ in Burkina Faso is **latest in push for ‘family values’ sweeping the continent.”**

IDS – Women from religious minorities groomed for sexual exploitation and conversion

<https://www.ids.ac.uk/news/women-from-religious-minorities-groomed-for-sexual-exploitation-and-conversion/>

“Women from religious minorities across different faiths and countries are being groomed under the guise of love, security, or marriage for the purposes of sexual exploitation and coerced religious conversion, [new research reveals](#). “

Global health governance & Governance of Health

Geneva Solutions - UN feels the blues as general assembly kicks off

<https://genevasolutions.news/global-news/un-feels-the-blues-as-general-assembly-kicks-off>

“As the United Nations prepares to open the 80th session of the General Assembly on Tuesday, **reform efforts under the so-called UN80 initiative face criticism for being too focused on the short term while failing to offer a clear strategic vision.**” (ps: the latter would, among others, include merging of some UN organisations)

PS: “Richard Gowan concurs: **the UN80 process is only the beginning. The bigger reforms, he says, will be left to Guterres’s successor....**”

Global Policy – How Do Informal International Organizations Promote the Sustainable Development Goals Through Orchestration?

Dan Xu; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70085>

“Informal intergovernmental organizations (IIGOs), such as G20, G7, and BRICS, have become increasingly pivotal actors in global governance. By implication, they are afforded a key role in advancing the Sustainable Development Goals (SDGs). Without a permanent secretariat, however, IIGOs govern through orchestration, relying heavily on intermediary organizations. For instance, the G20 frequently enlists the OECD to provide analytical support and to implement its Action Plan on the 2030 Agenda for Sustainable Development. **This article examines the dynamics between informal and formal international organizations, exploring how IIGOs choose specific intermediaries. Using the case of the G20 and a mixed-method approach, I examine how IIGOs select intermediaries to promote the SDGs...**”

Frontiers in Public Health - Stakeholder perceptions of the WHO country offices in Africa: implications for organisational reforms

O O Olu et al ; <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1542835/full>

« Governmental institutions, UN agencies, NGOs/civil society, donors, and others constituted 35% (303), 25% (216), 22% (190), 11% (95), and 6% (52) of the respondents, respectively. **Twenty-six percent (225) of the stakeholders considered the ability of the World Health Organisation African Region country offices to manage threats as fair or poor.** They were unaware of the organisation’s core functions, particularly the function of shaping the research agenda and articulating evidence-based policy options. **Regarding the accessibility/technology and timeliness of how the organisation communicates public health information, 38% (329) and 34% (294) of stakeholders, respectively, rated the organisation fairly and poorly.** The majority of partners identified **health system strengthening, communicable and non-communicable diseases prevention, emergency preparedness and response, immunisation, and polio eradication as the top five areas for the organisation to focus on at the country level.** In general, many of the respondents would like to see improvements in the quality of the organisation’s technical assistance, better integration into the wider United Nations system, and better recognition of and support to civil societies. **The donors (25%) were the most critical of the organisation.** »

Frontiers in Public Health (Policy Brief) - Identifying the opportunities and barriers: a cross-sectional review of the health development coordination mechanisms in the World Health Organization African Region

<https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1559742/full>

« This study thus aimed to examine the current status and characteristics of health sector coordination mechanisms and the role of WHO in health coordination across the 47 member states of the WHO African Region. ... The findings revealed that **only 9 member states (23%) had a functioning central health sector coordination platform**, all of which had signed the IHP + compact and adopted the Sector-Wide Approach. **Nearly half (47%) lacked a central platform**, despite 41% hosting a significant number of development partners and 36% having signed the IHP+. **Sixteen member states (34%) operated multiple fragmented, programme-specific coordination mechanisms with minimal linkage to any overarching platform**, despite most of them (81%) being IHP + signatories. **In eight member states, parallel humanitarian and development coordination systems coexisted**. Coordination was identified by stakeholders as one of the top five priorities for WHO support. **Based on these findings, five key recommendations are proposed**: strengthening national coordination capacities; streamlining multiple coordination mechanisms; addressing coordination challenges in protracted crisis settings; clearly defining WHO's coordination role in line with partner expectations; and providing context-specific support across core health system functions.”

CGD (blog) - Development Agencies on What Being Effective Means to Them

B Cichoka et al; <https://www.cgdev.org/blog/development-agencies-what-being-effective-means-them>

“... In this blog, we share emerging findings from our ongoing research series on how **development agencies are thinking about their effectiveness**. Based on 44 interviews with officials from the **development agencies of four countries—France, New Zealand, Norway, and South Korea**—we find that **agencies most often understand their effectiveness in terms of adaptability and flexibility, followed by considerations related to effective resource allocation and improved organisational structures**. However, our findings also reveal that there is no clear global guidance on what effective action entails today, making it difficult for agencies to align their approaches.”

CGD - How Can Development Agencies Leverage Their Comparative Advantage?

R Calleja et al; <https://www.cgdev.org/blog/how-can-development-agencies-leverage-their-comparative-advantage>

In the same CGD series.

“As part of an ongoing research series, we've asked officials about how their agencies understand their own effectiveness and what it means to be an effective agency in the changing development landscape. We find that **increasingly, agency officials view leveraging their comparative advantage as a way to deepen efficiencies and improve impact**. This includes thinking about how budget cuts—both their own and cuts by other agencies—are shifting the cooperation landscape, and their relative strengths in this new normal. As a result, some are thinking more actively about what their comparative advantages are in the current landscape, and how to integrate them into their

strategies and operations to support effectiveness. **In this blog, we explore how agencies can strategically leverage their comparative advantage, the challenges they may face, and propose a simple framework for identifying and operationalizing their strengths.....”**

Devex – Cooper pipeline

[Devex](#);

“The United Kingdom has a new minister in charge of its aid department, following a reshuffle late last week.”

“Yvette Cooper, previously the home secretary, will now become the foreign secretary and lead the Foreign, Commonwealth & Development Office. Cooper’s former role involved leading on issues around migration, a highly contentious issue in the U.K. — and one which has absorbed large chunks of U.K. ODA for the past few years. David Lammy will move from his former role as foreign secretary to become deputy prime minister, after the previous holder of the post, Angela Rayner, resigned over a tax scandal. Lammy had held the post for a year, but also oversaw the FCDO brief while his party was in opposition, and had been a powerful force in steering the direction of Labour aid policy, consistently clashing with other figures over whether to restore an independent department to distribute aid, which he appears to have broadly opposed. He had been in the middle of planning a conference on the future direction of aid, as well as a new aid strategy. Now the future of those initiatives remains uncertain.”

PS: **“Cooper has limited international development experience.** A search on Hansard, the official record of the U.K. Parliament, finds that she has used the phrase “international development” only five times in her parliamentary career, the last time in 2015, and that she has never used the words “international aid” or “official development assistance.””

Development Today – Scandinavian aid: Two towers and a broken bridge

<https://www.development-today.com/archive/2025/dt-7--2025/scandinavian-aid-two-towers-and-a-broken-bridge>

(gated) **“As disruptive forces reshape the Nordic aid scene, Sweden, Denmark, and Norway, three of the world’s top donors, have headed in very different directions.** While their security policy is increasingly aligned in the shadow of the war in Ukraine, cooperation in the development field has faltered. **Aid alliances are cracking within and between the countries.”**

Review of International Political Economy - Layering of informal organisations in international regimes: the G20 Common Framework and the sovereign debt regime

Isabel Rodriguez-Toribio et al ;

<https://www.tandfonline.com/doi/full/10.1080/09692290.2025.2553558?src=exp-la>

“Given that informal organisations are thought to be easy to reform, why do states sometimes choose to create new informal institution rather than reforming existing ones? We argue states may introduce new informal layers to international regimes when the leading international

organisation, even if still largely informal, becomes increasingly institutionalised, making it difficult to reform and integrate new members with diverse preferences. Further, we suggest the impact of new informal institutions on cooperation depends on the extent to which they create tensions with existing rules in the regime. We focus on the sovereign debt regime, which saw the introduction in November 2020 of the **Common Framework for Debt Treatments**, a new informal institution within the G20. **We demonstrate that states created the Common Framework partly in response to the institutionalisation of the Paris Club, which made it more difficult to integrate China. We examine the impact of the Common Framework by comparing creditor coordination in Zambia and Sri Lanka, with only Zambia eligible for the Common Framework.** This comparison reveals greater creditor coordination in Zambia than Sri Lanka, though the tensions introduced by the Common Framework nonetheless undermined the speed and quality of cooperation.”

CGD – Why Social Policy Belongs in the IMF’s Core Mandate on Fiscal Policy

S Gupta; <https://www.cgdev.org/blog/why-social-policy-belongs-imfs-core-mandate-fiscal-policy>

“In this blog post ... I want to examine the evolution of the IMF’s thinking on social policy and how it has become integral to its policy advice. Social policy now permeates many aspects of the IMF’s work, including fiscal policy, banking systems, trade and industrial policies, and growth-oriented reforms. Here, I will focus specifically on the fiscal dimensions of social policy.....”

Global health financing

BMJ GH (Commentary) - Taxes for tuberculosis: could tobacco and sugar tax revenue fund tuberculosis control interventions?

M Coleman et al; <https://gh.bmj.com/content/10/9/e019770>

« ...International sources of funding are increasingly precarious for countries with high-tuberculosis incidence. **Tobacco and sugar taxes generate domestic revenue and simultaneously reduce tuberculosis vulnerability (eg, lung damage, diabetes, undernutrition).** With advocacy, revenue from tobacco and sugar taxes could fund sustainable community-wide tuberculosis and nutrition interventions. »

Foreign Affairs - Contesting the liberal script? The AIIB and the World Bank in development finance

Jesslene Lee et al; <https://academic.oup.com/ia/article/101/5/1655/8247831>

“... The article advances the argument that the AIIB’s funding priorities align with those of the World Bank, due to overlapping mandates, an extensive degree of co-financing in AIIB projects and China’s own motivations for leading the formation of the AIIB. The analysis finds that the AIIB does not contest and is largely aligned with the liberal script of development finance in its funded projects... The AIIB may well be expanding the ‘liberal script’ of development finance—one that is tailored to the infrastructural needs of the Asian region.”

UHC & PHC

SSM Health Systems - Financing and Purchasing Mechanisms of Primary Health Care in Southeast Asia Region: Findings from A Scoping Review

<https://www.sciencedirect.com/science/article/pii/S2949856225000844>

By Hsu Myat Mon et al.

Devex (Opinion) – African pharmacies have potential as the next frontier in primary care

O Edoka; <https://www.devex.com/news/african-pharmacies-have-potential-as-the-next-frontier-in-primary-care-110699>

“Turning the humble local African pharmacy into a comprehensive health hub is a way for our continent to leapfrog care delivery.”

« ... Instead of sidelining these outlets, governments should integrate them into primary care as practical, high-impact partners. **Here are five concrete steps to unlock the potential of pharmacies....**”

Pandemic preparedness & response/ Global Health Security

BMJ GH – The WHO pandemic agreement: why countries will not use compulsory licensing – and how to fix it

W Jon; <https://gh.bmj.com/content/10/9/e020856>

“The WHO Pandemic Agreement, adopted in May 2025, aims to ensure equitable vaccine access but relies on voluntary technology transfer, risking a repeat of past failures when rights holders refuse to cooperate. Without mandatory technology transfer and protection from trade disputes, countries will likely face the same barriers that prevented local vaccine production during COVID-19. **A non-challenge provision, similar to the World Trade Organization (WTO’s) 2022 Ministerial Decision on COVID-19 vaccines, would shield countries from retaliatory WTO trade disputes when they authorise compulsory licences for generic production or mandate technology transfer if adopted.** The ongoing Pathogen Access and Benefit-Sharing Annex negotiation is the critical opportunity to incorporate binding commitments, including mandatory technology transfer and a non-challenge provision.”

BMJ GH - From preparedness to solidarity reimagining global health security post-COVID-19

A Osbourne; <https://gh.bmj.com/content/10/9/e021178>

“This commentary underscores the critical importance of trust, transparency and solidarity, often overlooked pillars in achieving effective and equitable pandemic responses. It calls for enforceable international commitments and a shift towards collective action. By advocating for a solidarity-based framework, this study can inform future policy reforms, guide research priorities and promote more inclusive, cooperative global health practices.”

Plos GPH - The utility of infectious disease modelling in informing decisions for outbreak response: A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005120>

By Duaa Rao et al.

HP&P - Operationalising Multisector partnerships: A Theory of Action and Reflection tool for zoonotic influenzas

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf064/8250351?searchresult=1>

by S S Abbas, G Bloom et al.

Planetary health

Guardian - Linking of oil giants to major heatwaves marks ‘leap forward’ for legal liability cases

<https://www.theguardian.com/environment/2025/sep/10/link-oil-giants-heatwaves-research-legal-liability>

“Study shows how individual fossil fuel companies are making previously impossible heatwaves happen and could have to pay compensation.” Cfr a new [study](#) in **Nature**.

- Related: **Carbon brief - [Study links world’s top oil and gas firms to 200 ‘more intense’ heatwaves](#)**

“Global warming linked to the world’s biggest oil and gas companies **made all “major” 21st century heatwaves more intense and frequent.**”

HPW - Wildfires Were A Major Contributor to Air Pollution in 2025 – Highlighting “Vicious Cycle” of Warming

<https://healthpolicy-watch.news/wildfires-were-a-major-contributor-to-air-pollution-in-2025-highlighting-vicious-cycle-of-warming/>

(see also last week's IHP news).

“China saw a decline in overall air pollution levels of health-harmful particulate matter (PM) 2.5 in 2024 as compared to 2023 thanks to ardent mitigation efforts of leading pollution sources. But India remained a global air pollution hotspot, while wildfire activity led to above average PM 2.5 levels in Canada, Siberia and central Africa, according to the [latest Air Quality and Climate Bulletin](#) of the **World Meteorological Organization (WMO), released on Friday.....”**

“Highest rise in the Amazon : The biggest anomaly, however, was in the Amazon basin where dramatic increases in air pollution, as compared to 2023 levels, were driven by [record wildfires](#) and drought-fuelled fires in northern South America. Both wildfires and droughts are being worsened by climate change. Wildfires are a big contributor to particle pollution and the problem is expected to increase as the climate warms, posing growing risks for infrastructure, ecosystems and human health, warns the new WMO bulletin. It also underlines the “vicious cycle” that global warming is exacerbating. As its title suggests, the report traces the complex interplay between air quality and climate, highlighting the role of tiny particles called aerosols in wildfires, winter fog, shipping emissions and urban pollution in climate trends – mainly warming, but some cooling as well. It stresses the need for improved atmospheric monitoring and more integrated policies to safeguard human and environmental health and reduce agricultural and economic losses.....”

Guardian - Polar geoengineering is dangerous and far too costly, say scientists

<https://www.theguardian.com/environment/2025/sep/09/polar-geoengineering-branded-dangerous-and-unimaginably-expensive>

“Underwater curtains and ice thickening divert attention from cutting fossil fuel use, warns climate research group.”

Covid

Guardian – Disposable face masks used during Covid have left chemical timebomb, research suggests

<https://www.theguardian.com/environment/2025/sep/08/disposable-face-masks-covid-chemical-timebomb>

“An estimated 129bn were being used every month around the world at height of pandemic, with no recycling stream.”

“Billions of tonnes of plastic face masks created to protect people from the spread of the virus are now breaking down, releasing microplastics and chemical additives including endocrine disruptors, the research found. As a result, the very equipment whose use was intended to protect people during the pandemic now poses a risk to the health of people and planet, potentially for generations.....”

Preprint - The global return-on-investment of COVID-19 vaccines in the first year of the vaccination programme

H Benjamin et al; <https://www.medrxiv.org/content/10.1101/2025.09.02.25334932v1>

(with focus on the first year of vaccination) **“Vaccine development and delivery cost \$79.4 billion, but the health and economic benefits of vaccination were valued between \$4.83 trillion–\$37.8 trillion.** High-income countries saw the greatest health benefits per-person vaccinated, and low-income countries gained the greatest non-health benefits per-person vaccinated, when expressed as a proportion of GDP per capita. This **estimated ROIs of \$59.8–\$475 per dollar invested.”**

Mpox

Plos Med - Vaccination strategies to achieve outbreak control for MPXV Clade I with a one-time mass campaign in sub-Saharan Africa: A scenario-based modelling study

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004726>

By Shihui Jin et al.

AMR

The Milbank Quarterly - Policy Options for Antimicrobial Resistance: Exploring Lessons From Environmental Governance

<https://www.milbank.org/quarterly/articles/policy-options-for-antimicrobial-resistance-exploring-lessons-from-environmental-governance/>

By I Weldon, K Outtersson et al.

Quadripartite One Health Legislative Assessment Tool for AMR

<https://www.qjsamr.org/publications/m/item/quadripartite-one-health-legislative-assessment-tool-for-amr>

“This One Health Legislative Assessment Tool for AMR provides guidance on how to assess national legislation relevant to addressing AMR. The Tool assists in identifying regulatory gaps in the legislative framework and enables prioritization of potential solutions.”

“It helps countries identify legal gaps, create governance structures across sectors, and strengthen laws to tackle antimicrobial resistance under the One Health approach. The guidance places strong emphasis on medicine laws and systems that often span across the human and veterinary sectors. Already tested and implemented in numerous countries....”

NCDs

Preprint -Potential Lives Saved Through Widespread Global Availability of GLP-1 Receptor Agonists: A Modeling Study

D Brook, P Singer; <https://www.medrxiv.org/content/10.1101/2024.11.11.24317112v2>

“Using global population data, T2DM and obesity prevalence, cardiovascular risk, and mortality reduction from GLP-1s, **we estimate that between ~2.1 million (for people with T2DM or obesity with CVD) and ~3.1 million (for people with T2DM or obesity with/without CVD) lives could be saved annually with widespread global access to GLP-1 receptor agonists.....**”

AP- As world gets hotter, Americans are turning to more sugar, study finds

<https://apnews.com/article/heat-hot-climate-sugar-soda-diabetes-dee1cb27322afb3e556fd2c6f8ecf1ae>

“Global warming in the United States is amping up the country’s sweet tooth, a new study found.”

“When the temperature rises, Americans — especially those with less money and education — **drink lots more sugary beverages and a bit more frozen desserts.** It amounts to more than 100 million pounds of added sugar (358 million kilograms) consumed in a year, compared to 15 years earlier, according to a team of researchers in the U.S. and United Kingdom writing in Monday’s **Nature Climate Change.**”

Lancet Diabetes & Endocrinology - Global, regional, and national cascades of diabetes care, 2000–23: a systematic review and modelling analysis using findings from the Global Burden of Disease Study

L K Stafford et al; [Lancet Diabetes and Endocrinology](#);

“Nearly half of people living with diabetes are undiagnosed, latest estimates suggest.”

Social & commercial determinants of health

SS&M - Addressing housing insecurity as a social determinant of health: A systematic review of interventions in healthcare settings

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625008883>

By Han Yan et al.

Sexual & Reproductive health rights

Global Health Action - Who is at the table and who has the power? Case study analysis of decision-making processes for the Global Financing Facility in Tanzania

Donat Shamba et al;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2552531?src=exp-la>

Findings: **“Stakeholders praised the GFF’s country-led, evidence-based approach and local autonomy. However, closed-door decision-making in phase one excluded civil society and the private sector.** Invisible power imbalances in funding allocations left stillbirths and adolescent health without dedicated budgets, while vulnerable groups (e.g. people with disabilities) were overlooked. Disbursement-linked indicators emphasized measurable outcomes, reflecting visible power. Phase two showed adaptive learning, with improved inclusivity. **Conclusion: “While government-led, global actors (e.g. World Bank, donors) heavily influenced decisions. Greater civil society engagement is needed for accountability.** Future efforts must address power imbalances through meaningful citizen participation to strengthen RMNCAH-N services.”

HP&P - Adolescent mental, sexual and reproductive health in Ghana: a stakeholder analysis of actors’ influence over policy formulation and implementation

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf059/8250202?searchresult=1>

By Emelia Afi Agblevor, Irene Agyepong et al.

Lancet Obstetrics Gynaecology and Women's Health - Maternal wellbeing: a WHO definition and conceptual framework

<https://www.sciencedirect.com/science/article/abs/pii/S3050503825000172>

The [World Health Organization](#)’s definition and conceptual framework on maternal well-being has been published in the Lancet Obstetrics Gynaecology and Women's Health.

The conceptual framework describes six domains key to maternal well-being: health and nutrition; provision and experience of care; security, safety, and sustainable environment; relationships and connectedness; maternal autonomy, agency, and resilience; and culture and values.

The definition and conceptual framework were developed through a multistakeholder consultative process between 2022 and early 2025, including women's representatives.

Access to medicines & health technology

Foreign Affairs - Pharmaceutical and biotechnology firms' pandemic foreign policies

Joanna Spear; <https://academic.oup.com/ia/article-abstract/101/5/1877/8221754?redirectedFrom=fulltext>

“This article addresses some practical questions about the international behaviour of pharmaceutical and biotechnology firms making vaccines against COVID-19 and, by doing so, seeks to operationalize the idea that these firms had distinct foreign policies. Building on the existing literature on non-state actors as foreign policy actors, this article asks how firms formulated and implemented their foreign policies during the COVID-19 pandemic. At two specific points during the pandemic, pharmaceutical and biotechnology firms had strong hands to play in their negotiations with multiple states. First, when governments were scrambling to secure advanced purchase agreements for vaccine doses early in the pandemic and were willing to make major concessions to the firms; and second, when the firms' vaccine candidates had been authorized for use and multiple governments wanted their deliveries as quickly as possible, with firms controlling when governments received their orders. Following Christopher Hill's work, the firms are found to have undertaken five sets of activities that, taken together, amount to them having foreign policies: setting objectives and goals; deciding their pandemic strategies; establishing timelines for the achievement of each goal; deciding on instruments; and implementing their strategies to achieve their objectives. The vaccine firms had distinct strategies and notably gave profits different degrees of importance in their pandemic foreign policies.”

NYT - U.S. Drugmakers Warn White House of Chaos as Trump Weighs Curbs on China

<https://www.nytimes.com/2025/09/10/business/trump-medicines-china-biotech.html>

“Behind the scenes, major pharmaceutical companies and Trump-tied billionaires are furiously lobbying in opposite directions over proposed anti-China measures.”

“At the heart of the possible clampdown is a drafted executive order that threatens to cut off the pipeline of Chinese-invented experimental treatments. Major pharmaceutical companies have been buying the rights to drugs created in China for cancer, obesity, heart disease and Crohn's disease. The prospect of the order, a draft of which was obtained by The New York Times, has set off furious behind-the-scenes lobbying efforts by two diametrically opposed groups — each with billions of dollars at stake.....”

“Prominent investors and corporate executives with close ties to the White House, including the tech billionaire Peter Thiel, the Google co-founder Sergey Brin, the Koch family and staff at the investment firm run by President Trump's son-in-law Jared Kushner, have argued for a decisive crackdown against what they view as an existential threat by China to U.S. biotechnology, according to four people briefed on their lobbying who asked for anonymity to discuss private conversations. These investors have money at risk because they hold hard-to-sell investments in fledgling American companies that have been struggling to keep up with China's surging biotech sector.”

“On the other side are the world’s largest drugmakers, including Pfizer and AstraZeneca. In the last few years, they have been on a shopping spree in China for low-priced experimental drugs, spurning smaller American biotech companies that are developing similar medicines.....”

Human resources for health

Plos GPH - Reliance on migrant healthcare workers in the United Kingdom: A critical discourse analysis

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005141>

By Zakia Arfeen et al.

Decolonize Global Health

Global Food Security - Increasing inequality in agri-food value chains: global trends from 1995-2020

Meghna Goyal, Jason Hickel & Praveen Jha;

<https://www.sciencedirect.com/science/article/pii/S2211912425000586>

Related tweet Hickel: “....We have this new paper, led by Meghna Goyal, which provides **the first global view of inequality in the agri-food system**. We find that **agricultural production has increasingly shifted to the South, but income is increasingly captured in the North.**”

Development Policy - Why the Polycrisis can also be a Polytunity

Yuen Yuen Ang; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.70032>

“The term “polycrisis” has become a buzzword of the 2020s. Elite responses are trapped in doom because they fail or decline to diagnose the root causes of crisis in the first place. **Yuen Yuen Ang argues that the polycrisis is only paralyzing for those attached to the old, Western-centric order. For others, especially in the Global South, it presents what she coins as a polytunity—a generative and truly global moment to rethink the intellectual foundations of development.**”

“Ang coins the term polytunity to invert the gloomy, Western-centric framing of the polycrisis. She identifies its intellectual root as the industrial-colonial paradigm, inherited from past centuries of modernization, and highlights its distorting effects. **Ang introduces an alternative paradigm: Adaptive, Inclusive, and Moral (AIM) political economy....**”

BMJ GH - Low-research settings: is there a need for specific attention from funders?

S de Silva et al ; <https://gh.bmj.com/content/10/9/e017226>

“.... **An important distinction needs to be made between low-resource and low-research countries**, as countries of diverse World Bank income classifications and population size appeared as low-research countries in our search. We discuss potential contributors to these inequalities and implications for potential funders and collaborators. Owing to the English language bias of the database used for our search, this piece is aimed, in particular, at Anglophone institutions. **It highlights potential issues of coloniality in the healthcare research landscape** and provides suggestions to address research equity through more active engagement with countries.”

Conflict/War & Health

VoxDev - More than one billion people reside in economies mired in fragility and conflict

S Hill et al; <https://voxdev.org/topic/macroeconomics-growth/more-one-billion-people-reside-economies-mired-fragility-and-conflict>

“In fragile and conflict-affected situations (FCS), weak institutions, chronic instability, and repeated shocks have stalled growth for many years. **With bold reforms and sustained global backing, FCS economies could harness untapped resources and demographic potential to drive lasting, inclusive development.**”

“The **39 economies classified as being in fragile and conflict-affected situations (FCS)** span all regions and income groups, but share common vulnerabilities: chronic instability, weak institutional capacity, exposure to severe shocks – and, in many cases, widespread conflict and violence. **About half are in sub-Saharan Africa, with the majority relying heavily on commodity exports.** A comparable share is currently experiencing conflict and has been classified as FCS for at least 15 years (Figure 1). Since 2000, per capita incomes of FCS economies have not just lagged – they have fallen further behind other emerging markets and developing economies (EMDEs), as well as advanced economies – especially since the COVID-19 pandemic (World Bank 2025)....”

Miscellaneous

ODI (Briefing/policy paper) - Make aid go further – give cash first in crises

K Holloway; <https://odi.org/en/publications/make-aid-go-further-give-cash-first-in-crises/>

“**Cash has consistently proven to be the most effective modality of assistance.** If it is not championed now, significant gains in cost-efficiency and cost-effectiveness will be lost. In the face of difficult trade-offs and funding cuts, cash provides a cost-efficient option that cuts across outcomes, mandates and timeframes. **Giving cash first as the default response helps support and accelerate community recovery and is an investment in longer-term economic growth and livelihoods.**”

“To make ‘cash first’ go further, large or consolidated transfers should be systematically considered. **The humanitarian reset provides an opportunity to modernise the aid sector and make it fit for cash-first responses.** Donors, governments and the wider humanitarian system all have a part to play in using resources as efficiently as they can – to scale up cash and make aid go further.”

Economist (Leader) – Nitazenes: another failure of drug prohibition

<https://www.economist.com/leaders/2025/09/10/nitazenes-another-failure-of-drug-prohibition>

“As countries crack down on fentanyl, a new synthetic opioid takes off.”

Devex – Water and sanitation fall through the cracks of development

<https://www.devex.com/news/water-and-sanitation-fall-through-the-cracks-of-development-110763>

“WASH is essential to everything from schools to hospitals, yet programs are chronically underfunded, leaving 1 in 4 people without safe water and billions without proper sanitation.”

Papers & reports

BMJ GH – Health justice in fragile and shock-prone settings: from theory to practice towards building resilient health systems

G Loffreda, S Witter et al; <https://gh.bmj.com/content/10/9/e017155>

“Health justice is an emerging imperative in global health and health policy and systems research, particularly in fragile and shock-prone settings where inequities are deepened by political instability, conflict and structural violence. **This practice paper explores how the ReBUILD for Resilience consortium has sought to operationalise health justice as a guiding principle and embedded practice in four diverse contexts: Myanmar, Nepal, Lebanon and Sierra Leone.** Drawing from political philosophy, public health ethics and the capability approach, we outline a framework that positions health justice not only as an aspiration but also as an actionable, community-rooted agenda that centres equity, power redistribution and inclusive governance.....”

Book – Health System Resilience: Understanding Complex Adaptive Systems

<https://direct.mit.edu/books/oa-edited-volume/6022/Health-System-ResilienceUnderstanding-Complex>

Edited by Karl Blanchet.

WHO Bulletin – September issue

[https://www.ncbi.nlm.nih.gov/pmc/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+103%5BVolume%5D\)+AND+9%5BIssue%5D](https://www.ncbi.nlm.nih.gov/pmc/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+103%5BVolume%5D)+AND+9%5BIssue%5D)

“In the **editorial section**, Mercedes Bonet et al. **describe implementation of WHO recommendations for antenatal, intrapartum and postnatal care.** Jakob Zinsstag et al. **make the case for rabies elimination in the African Region.**”

Journal of Critical Public Health - (Re)Acting (to) the crisis: A comparative analysis of crisis framing in obesity, climate change, antimicrobial resistance, and the UK cost-of-living crisis

K Lauber et al; <https://journalhosting.ucalgary.ca/index.php/jcph/article/view/80383>

“Across human and planetary health, the concept of crisis provokes a sense of exceptionalism and sudden diversion from a supposed 'normal' state of affairs. By approaching crises as socially constructed phenomena, we open up paths of enquiry that can help us to understand what it means to promote, use, or suppress the framing of an issue as a crisis. Actors can create or exploit crisis narratives to define the crisis and specific solution(s) in their interest. Identifying and critically interrogating different crisis framings, however, represents a key challenge. In this paper, we analyse four case studies from across human and planetary health: obesity, climate change, antimicrobial resistance, and the cost-of-living.....”

SS&M - How is power reflected in the patient centred care literature? A critical review of power in the centredness literature through a social science lens

J Advocat et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953625008913>

“Discourse analysis of patient centred care literature about how power is understood; Power rarely defined; ‘sharing power’ central to the notion of patient centred care; Power discourse is something clinicians have and can choose to “give to patients”. Power can be more consciously framed to improve patient centredness.”

Policy & Society - Malignity in policy sciences: a theory and framework

Tim Legrand; <https://academic.oup.com/policyandsociety/advance-article/doi/10.1093/polsoc/puaf016/8238418?searchresult=1>

Editorial of a special issue. “This article introduces and conceptualizes the notion of *malignity* in policy sciences, examining how public policies can become misaligned with the public interest—whether by design or through the dynamics of the policy process. The special issue underscores the urgent need to reintegrate normative and ethical considerations into policy design, analysis, and implementation. In the context of democratic backsliding, administrative misuse, and technocratic drift, we call for greater attention to the “dark side” of policymaking, where policies are co-opted and distorted to serve marginal or private interests at the expense of democratic values and public interests. The issue advances a theoretical framework that defines *malignity* as the intentional diversion of state mechanisms away from the public interest. The contributions explore the features and mechanisms of malign policymaking and offer strategies for identifying, mitigating, and responding to its occurrence.....”

Health Research Policy & Systems -Politics–evidence conflict in national health policy making in Africa: a scoping review

Edward W. Ansah et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01129-3>

From 2024.

Lancet Public Health - Designing men's health policy: the 5R Framework

P M Galdas et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00202-6/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00202-6/fulltext)

“....To support system-level responses, we propose the **5R Framework (Research, Reach, Respond, Retain, and Relational)** to guide the development of gender-responsive health systems.....”

Lancet (Comment) - Health systems in limited statehood: a new analytical lens for research and practice

Fouad M Fouad; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01403-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01403-5/fulltext)

From 22 July - in case you missed this.

Tweets (via X & Bluesky)

Jason Hickel

“Over the past few months, BlackRock and other major investment firms have abandoned their commitments to green investments, saying explicitly that it's not profitable enough. Yes, renewables are cheap... but they are not nearly as profitable as fossil fuels. We need to understand that this puts us in an extremely dangerous situation. Keep in mind that these investment firms control the surplus that *we* collectively produce. And yet, we have zero say over how it is invested. Instead, our ruling classes invest it in whatever is most profitable to them. So they continue to invest in fossil fuels and other damaging activities, knowingly sabotaging our future, even while the world burns around us. All of us should be outraged by the madness of this arrangement. We can solve the climate crisis quite easily - we know what to do and we have the capacity to do it. And yet we are prevented from investing in the necessary changes. I cannot emphasize this enough: **the correct response is to bring these firms under public control so that we can mobilize investment — of *our* surplus, remember — toward achieving democratically ratified social and ecological objectives.**”

Africa CDC

“@AfricaCDC and @AfHEA_Africa are validating a new Health Economics & Financing Curriculum with experts from 10 @_AfricanUnion Member States. **The curriculum will help countries drive evidence-based reforms and strengthen investment decisions in health. This is part of Africa CDC's Health Financing in the New Era agenda** — advancing African-led solutions for resilient, self-reliant health systems. #AfricaCDC #HealthFinancing.”

Andrew Green

“The Trump admin has revived a Biden-era program to get a new, long-acting injectable form of HIV prevention to 2 million people. Good news, right? Except Trump wants to exclude gay men, trans women and sex workers--the people the shot would benefit most....” (for more, see [The Forsaken](#))

(Sbd on) FB

“After the "success" of changing the name of Department of Defense into Department of War, the name of the Department of Health will be changed into Department of Disease. “