

IHP news 846 : Final reminder IHP survey

(19 September 2025)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

We start this newsletter issue with a **final reminder on the ongoing IHP survey**. If you haven't done so yet, do weigh in with your feedback on the weekly knowledge management tool. **We'll close the survey next Wednesday**. The form: [IHP survey](#). Thanks so much!

Over to the news of the week now. We'll keep it short here, as there's a lot happening and being published these weeks.

Last week, **Sridhar Venkatapuram** wondered on X, "[what do you call a country that attacks 6 other countries in 72 hours?](#)" This week the answer came, with the help from both a [UN Commission](#) and [Netanyahu](#) himself: a **genocidal 'super-Sparta'**. (ps: [like most sensible people](#), I'm saying this with all due respect for how Israelis feel about the horrific and unforgivable attack on 7 October 2023 by Hamas (*a bizarre mix of a social movement and nihilistic death cult, from where I sit*)). However, we're almost two years later now, and what the Israeli government has been doing over much of this time period in terms of so called 'revenge', with the tacit and/or explicit support of far too many western countries, is one of the main reasons why the **backdrop of the UNGA80 session** in New York – the **high-level week** starts on 22 September – is so dire. In spite of its lofty theme: *"Better together: 80 years and more for peace, development and human rights"*

There are many other reasons for the glum planetary mood though, with the new pope pointing to another major one earlier this week, see the Guardian - ['We're in big trouble': pope concerned at Elon Musk's trillion-dollar proposed pay](#)". Pope Leo: *"Reflecting on why the world was so polarised, he said one significant factor was the 'continuously wider gap between the income levels of the working class and the money that the wealthiest receive'...."*

Against that backdrop, I hope that in all the ongoing processes towards ['reimagining, reconsidering...'](#) the **global health architecture** and [global cooperation](#) (in a world now sadly characterized by ['transactional globalism'](#)), these two core issues get full attention. Focusing on my own continent: I'm not quite sure Friedrich Merz, patron of the (**upcoming**) **World Health Summit** in Berlin, fully understands the depth of, and his own role in, the current challenges on both fronts when he argues, correctly, ["As our world navigates shared challenges, the call to take responsibility for the common good has become more urgent than ever"](#). Activists and plenary keynote speakers should thus push him in Berlin, and let him know what 'global health' at this point in time really requires. It's not 'doing more with less', or even 'doing less with less', as many want you to believe. It's high time to go on the offensive for the things we believe in – in the EU, Africa, and globally. 'global health' is so much more than what power corridors want it to be.

If we get the 'reimagining' wrong (*read: go for 'pragmatism', 'innovative financing',... you know the drill*), the risk in the not very distant future is that we're going to wake up in a fully 'far-right' world. And as you know, once these chaps are calling the shots, the distinction with 'extreme-right' becomes razor thin. As they're currently finding out in one particular country.

Enjoy your reading.

Kristof Decoster

Featured Article

Digitizing Emotions: India's Take on 'How Do You Feel Today?'

[Manya Sachdeva](#)

The ultimate aim of [Universal Health Coverage \(UHC\)](#) is to ensure that every person has access to basic healthcare, anywhere and anytime. The Government of India, along with many health organizations, has relentlessly made efforts over the years to reach this goal through a variety of policies & interventions, but the journey ahead is still long.

Mental health is one area where the goal of achieving UHC is still far-fetched, in India and many other low-and middle-income countries (LMICs). There are a number of reasons for this, including lack of proper evidence (eg. only [31% of LMICs](#) have conducted a mental health survey in the past 10 years); lack of adequate funding (in India, the share of mental health in the total health budget is merely 1.05% in the [Union Budget of 2025](#)); and mental health workforce gaps. Consequently, integration of mental health services in the primary healthcare sector is also slow.

Lately, Artificial Intelligence (AI) is being introduced in mental health, including in India. With a [1:834](#) doctor-to-patient ratio in India, AI can ease a substantial health care burden.

[AI can revolutionize](#) India's mental health care - almost 150 million people suffer from depression or anxiety, whereas only 30 million receive assistance. An estimated [15% of Indians](#) suffer from a mental health disorder, and the number soared post-COVID-19. AI tools can bridge the gap in treatment through scalable, early-detection care. In spite of a rather difficult macro-economic climate and a minimal health budget, artificial health technology has received some funding as part of digital health funding.

AI in mental health so far

The core principles behind delivering primary mental healthcare to each and everyone are early detection of disorders, timely intervention at a large scale, and ease of receiving treatment. For years, public health professionals and mental health experts have tried to deliver [multiple interventions](#) for a variety of mental health conditions through videos, knowledge materials,

awareness camps etc., and it wouldn't be a lie to say that they have destigmatized and treated a chronic condition like depression to a large extent, both [globally and in India](#).

While AI has penetrated deep into our everyday lives—from WhatsApp & Instagram to almost every sector—India has been leapfrogging other countries on digital mental health, and use of AI in particular. Indeed, modern AI and [machine learning](#), specifically, offer vast opportunities for improving prediction, detection, and treatment solutions within the field of mental health care. In terms of [prediction and prevention](#), AI has the ability to assess the risk of developing certain mental health disorders according to an individual's profile, genetic predisposition, and environmental exposures.

[Development of chatbots](#) providing mental healthcare is gaining momentum, with the use of Machine Learning for providing virtual therapy sessions and greater accuracy of detection, Computer vision for assessing the non-verbal cues, facial expressions, and hand gestures, as well as Generative AI providing chatbot assistants, analyzing patient data, and creating therapy plans.

Instead of burning a hole in clients' pockets for every session offline, people are increasingly shifting to chatbots and applications that provide them with low-cost healthcare treatment while contributing a little to the concept of (more) equitable health systems in India.

The Government of India is increasingly digitizing mental healthcare in India. With the launch of initiatives such as [Telemanas](#) focused on mental health and [eSanjeevini](#) focused on digital health, the country is standing [at the cusp of a digital health revolution](#).

But are we really benefitting from our new therapists?

As every coin has its downside, AI in mental healthcare is not exempt either. Providing therapy, or listening to another person when he/she talks about what it is that is bothering them, can only to a certain extent be done virtually. Most therapy sessions are based on hours and weeks of trust, sitting through the “quiet phase” of a person who has witnessed a traumatic incident, making three steps of progress one day and going back to square one the very next day. All of these are possible because of a human's touch, their training & patience, and their unconditional positive regard. Most mental health chatbots, on the other hand, store not just age and gender but also mood triggers, relationships, sleep patterns, and even genetic data—raising serious risks of [surveillance capitalism](#).

While many researchers try to navigate the mystery behind the success of chatbots, the real concern lies in the [conforming nature of \(many\) AI-based chatbots](#). The “coding” of chatbots is such that they often agree with what we tell them, instead of discerning what happens behind the scenes, hence sometimes they're conforming to *our* story. There's a difference between “Do you think this thought is justified?” and “I think this thought is justified, right?” and this is what [AI fails to recognize](#).

Bottom line: towards the best of both worlds

Health is a sector of multiple beneficiaries, and introducing [AI in mental health](#) has surely led to benefits for many stakeholders. However, when we speak of digital mental health, what our system really needs is an end-to-end model that entails knowledge regarding the role of psychologists/therapists, knowledge materials that are carefully designed by mental health

professionals on the common mental health problems in India, and what the first steps are if a person relates what they are feeling to the provision of that information. AI in mental health needs stricter rules on dashboards, prompts, data safety, and timely professional input.

Yes, AI will be an important tool on the journey towards achieving UHC, but medical help shouldn't only come from a chatbot or avatar. Using AI for mental health purposes is great, but so is knowing when to seek help from a professional. At least, if we're aiming for the best of both worlds.

Highlights of the week

Pandemic Agreement: 2nd meeting IGWG (15-19 Sept) re PABS etc.

[https://www.who.int/news-room/events/detail/2025/09/15/default-calendar/second-meeting-of-the-intergovernmental-working-group-\(igwg\)-on-the-who-pandemic-agreement](https://www.who.int/news-room/events/detail/2025/09/15/default-calendar/second-meeting-of-the-intergovernmental-working-group-(igwg)-on-the-who-pandemic-agreement)

The **second meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement** was held this week. Background: **"In May 2025, the World Health Assembly adopted the WHO Pandemic Agreement to strengthen pandemic prevention, preparedness and response. It also established an open-ended IGWG to undertake several tasks, including drafting and negotiating an annex to the Agreement on the Pathogen Access and Benefit Sharing system (PABS) to enable safe, transparent and accountable access and benefit-sharing for PABS materials and sequence information....."**

Below some **coverage & analysis**.

HPW - 'Critical' to Complete Pandemic Agreement by UN Meeting in 2026

<https://healthpolicy-watch.news/critical-to-complete-pandemic-agreement-by-un-meeting-in-2026/>

"Amid rising disease threats, it is "critical" that the World Health Organization (WHO) presents a completed pandemic agreement to the United Nations (UN) [High-Level Meeting \(HLM\) on Pandemic Prevention, Preparedness and Response](#) in 2026, WHO Director General Dr Tedros Adhanom told member states at the start of negotiations on the final outstanding annex to the agreement on Monday. "The next pandemic or major global health emergency is not a question of if, but when," Tedros told the [Inter-governmental Working Group \(IGWG\) meeting](#) in Geneva to conclude talks on a Pathogen Access and Benefit-Sharing (PABS) system. **The PABS annex is due to be adopted by the World Health Assembly in May next year, and thereafter taken to the HLM, said Tedros."**

"According to Article 12 of the pandemic agreement, the IGWG needs to develop provisions to govern the PABS System, "including definitions of pathogens with pandemic potential and PABS materials and sequence information, modalities, legal nature, terms and conditions, and operational dimensions". The negotiation timetable is extremely tight, but **the IGWG Bureau has drawn up a [draft outline](#) of what PABS needs to cover, suggested definitions and compiled a list of experts to guide the talks...."**

PS: **“Member states have acknowledged that the process needs expert guidance** as the annex will need to harmonise with several international agreements covering intellectual property and trade, as well as the [Nagoya Protocol](#), which determines how to share the benefits arising from the use of genetic resources fairly and equitably.....”

“... Several stakeholders who addressed the open session of the IGWG called for the annex to include standard, legally binding contracts for manufacturers who want to use pathogens to develop vaccines, diagnostics and therapeutics....

With the **views of DNDi, TWN, CEPI, IFPMA (slightly different take...), GAVI, as well as some countries.**

Geneva Health Files – Countries Kick Off Talks At WHO on Pathogen Access Benefit Sharing, Encounter Practical, Ideological & Technical Questions

P Patnaik & N Sirohi; [Geneva Health Files](#)

Analysis from later this week. A few quotes below:

“This is the real deal. Negotiating a new system that will deliver real-time access to medical products during health emergencies, has been the focus of countries over the last five years following the COVID-19 pandemic.....”

“Tedros pushes for sealing PABS ahead of UNGA PPPR meeting in 2026...”

“Ahead of the meeting, the Bureau drew up a [draft outline](#) that was being discussed by member states. The outline was developed based on text submissions by countries, that partly reflected some of the ideas suggested by member states, diplomats said. **The outline of the annex includes elements including scope; use of terms; provisions for implementation of the PABS system including those on operations, access and benefits; governance, complementarity with the IHR and review of the system.....”**

PS: **“While the obligations of sharing benefits are a key demand from developing countries, the wider aspect of accountability and governance of the PABS system** is also essential to how such benefits will be determined. The **role of the WHO** in not only nurturing these negotiations, but also providing an enabling environment to the PABS system will be key, observers say....”

Graduate Institute (Global Health Centre) – Comparative Table_IGWG Initial Text Proposals_15.09.25

https://docs.google.com/spreadsheets/d/1UMHJ-J0rpKzIOno5e_VZiGrDPK5QTSsc/edit?gid=864252047#gid=864252047

New **resource** comparing the textual proposals submitted for the 2nd meeting of the Intergovernmental Working Group (IGWG) tasked with finalizing the PABS Annex.

More on PPPR

BMJ GH - National IHR authorities in the 2024 amendments to WHO's International Health Regulations: transforming the opportunity into reality

C Aperce et al; <https://gh.bmj.com/content/10/9/e019284>

« On 19 September 2025, amendments to the International Health Regulations (IHR) will take effect, introducing the requirement for national IHR authorities to coordinate implementation of the Regulations at the national level. This reform aims to overcome long-standing political and structural challenges, such as fragmented authority, limited legal mandates and weak intersectoral coordination, which have hindered IHR implementation. While the amended Regulations allow flexibility in how these authorities are designated or established, their success will depend on resolving domestic governance constraints and ensuring senior-level political support. To support this transition, WHO and States should collaborate to develop technical guidance that reflects diverse legal and constitutional contexts.”

Reuters – Drawing on COVID lessons, China passes law to improve emergency response

[Reuters](#):

From late last week. “China’s top lawmakers on Friday passed a bill to quicken public health emergency responses by empowering individuals and allowing them to report emergencies, bypassing the government’s usual hierarchical structure. The law will take effect from November 1, the official Xinhua news agency reported.....”

“... Since the COVID-19 pandemic, Beijing has required faster local action for public health emergencies and improved early detection and containment. Any individual or unit who discovers a public health emergency can bypass intermediate levels to report the incident to the local government or the disease prevention and control agency, according to a draft of the law. After a public health emergency occurs, the county government where the incident takes place should immediately initiate response efforts and can report to an even higher authority if needed, the draft says....”

And via Pandemic Action Network’s [Newsletter](#):

- **Pandemic PPR HLM — looking ahead to UNGA81. Preparations have begun for the [Pandemic PPR High-level Meeting next year](#).** Negotiations, led by Chile and Vietnam, will focus on non-state actor engagement, UN guidance, scope, themes, and multi-stakeholder participation, with modalities expected by the end of the current General Assembly President’s term. Looking for transparent, well-structured processes and alignment with Geneva, given the Pandemic Agreement and current PABS negotiations.”

Ebola outbreak DRC

Stat – WHO says 31 of 38 Ebola cases in Congo have resulted in deaths

<https://www.statnews.com/2025/09/18/who-ebola-outbreak-cases-deaths-congo/>

Update from yesterday. “Latest figures show casualty rate has nearly doubled in a week, disease is spreading rapidly”.

PS: “An additional batch of vaccines approved by the International Coordinating Group on Vaccine Provision will start arriving from Friday through Sunday, according to Sheillah Nsasiirwe, Health Emergency Officer for Immunization at WHO Africa. “The vaccination has not been implemented as fast as we would have desired it to because of accessibility challenges which have caused delays in transporting the vaccines,” she said.”

- See also Cidrap News - [DR Congo Ebola cases rise as outbreak response gains traction](#) (18 Sept) (cfr the Africa CDC media briefing of yesterday)

PS: “Following earlier deployment of medical equipment and experts, Tedros said the WHO is also launching an appeal for \$21 million to help the DRC scale up its response to the Ebola outbreak.”

Reuters – Congo's Ebola outbreak can be contained if support increases, WHO official says

[Reuters:](#)

From late last week. “Containing the outbreak is “possible, but it will be challenging if we miss the window of opportunity,” WHO Programme Area Manager Patrick Otim told a Geneva briefing, calling for more support for the government and other partners. “We have the expertise, DRC has the expertise, but we need to be able to get the people and supplies into place and we need to be able to pay for the operations.””

“The WHO said last week that **Congo had a stockpile of treatments as well as 2,000 doses of the Ervebo vaccine**, which would be transported to Kasai to vaccinate frontline health workers and people who came into contact with patients. Otim said on Friday that 400 doses had arrived at the outbreak's epicentre in the city of Bulape, and that the campaign could begin on Saturday. He said **the WHO plans to request an additional 40,000-50,000 Ebola vaccine doses for Congo.**”

WHO – Ebola vaccination begins in the Democratic Republic of the Congo

<https://www.afro.who.int/countries/democratic-republic-of-congo/news/ebola-vaccination-begins-democratic-republic-congo>

“Vaccination of frontline health workers and contacts of people infected with Ebola virus disease has begun in Bulape health zone in the Democratic Republic of the Congo’s Kasai Province where an outbreak of the disease has been declared. An initial 400 doses of the Ervebo Ebola vaccine—from the country’s stockpile of 2000 doses prepositioned in the capital Kinshasa—have been

delivered to Bulape, one of the current hotspots of the outbreak. Additional doses will be delivered to the affected localities in the coming days.....”

Mpox

Cidrap News – Hot spots shift in Africa’s mpox battle as cholera activity spikes in Chad and Republic of Congo

<https://www.cidrap.umn.edu/mpox/hot-spots-shift-africa-s-mpox-battle-cholera-activity-spikes-chad-and-republic-congo>

From end of last week. **“Though mpox activity is declining in Africa’s highest burden countries, trends are on the upswing in others, including Kenya, Liberia, Ghana, and Nigeria, a top official from Africa Centres for Disease Control and Prevention (Africa CDC) said yesterday at the group’s weekly health emergencies briefing. ... Eleven countries have rolled out their mpox vaccination programs, most recently Kenya. Malawi and Zambia are expected to receive doses of the MVA-BN vaccine over the next week.....”**

PS: **“CEPI to support LC16 study in the DRC: The Coalition for Epidemic Preparedness Innovations (CEPI) yesterday announced up to \$10.4 million to support a study on the performance of the LC16 vaccine in use against mpox in the Democratic Republic of Congo (DRC). Japan donated nearly 1.6 million doses of the live-attenuated vaccine against smallpox for use against mpox, and the DRC has approved it for emergency use and recently added it to its immunization campaign. Made by KM Biologics, Japan drew the doses from its bioterrorism countermeasure stockpile. Japan used it in 1974 to successfully vaccinate young children, an age- group hit hard in the DRC’s outbreaks and is not currently eligible for the MVA-BN vaccine. LC16 is administered with a bifurcated needle.....”**

NPR - In 2022, the name 'monkeypox' was nixed. Now the U.S. is reviving it

[NPR](#);

“In 2022, the medical establishment and public health world nixed the name "monkeypox" for two key reasons. Animal-to-human transmission comes from rodents. And the name "monkeypox" was seen as racist and stigmatizing language. To replace it, World Health Organization (WHO) officials decided to call the disease that causes painful lesions "mpox." Now, the U.S. is reverting to the old term "monkeypox."”

“... While there's no official announcement — or explanation — from the U.S. about the switch, mpox experts have guesses — and, they say, this is part of a much longer history of debating what to call diseases....”

A few expert views: “.... While Health and Human Services did not provide an explanation for the shift, **Cherabie, the Washington University professor, says it feels like it fits into a pattern. "It just falls in line with the playbook of this administration to go back to controversial terms," he says. "This is a simple provocation."**

“... "[It must be] more of a political motivation for this to be happening," **Bausch (visiting professor at the national university of Singapore)** says. "If there's a significant body of people who feel offended by something, you know, why not listen to them?" **His sense is that the Trump administration might have considered the original name change "a woke thing" and that it might be part of the Trump administration's tense relationship with the World Health Organization.** Trump announced he'd be pulling the U.S. out of WHO on inauguration night....”

PS: “Asked about the U.S. return to the term "monkeypox," with its implications, **the media team for WHO did not address the change but referred NPR to articles on the original name change in 2022 and their 2015 guidelines of naming diseases....”**

Cholera

WHO - Cholera kills more people for second consecutive year, while prevention and treatment available

<https://www.who.int/news/item/12-09-2025-cholera-kills-more-people-for-second-consecutive-year-while-prevention-and-treatment-available>

Also from end of last week. “**The World Health Organization (WHO) has published its [global cholera statistics for 2024](#), showing an increase in both the number of people who fell sick and died from the disease.**”

“**Reported cholera cases rose by 5% and deaths by 50% in 2024 compared to 2023**, with more than 6000 people dying from a disease that is both preventable and treatable. While these numbers are themselves alarming, they are underestimates of the true burden of cholera. **Conflict, climate change, population displacement, and long-term deficiencies in water, sanitation, and hygiene infrastructure continue to fuel the rise of cholera**, a disease caused by the bacterium, *Vibrio cholerae*, which spreads rapidly through faeces-contaminated water....”

More on Health Emergencies

BMJ GH – Global health at a crossroads: WHO’s 2025 Emergency Response to outbreaks, conflicts and humanitarian crises

A H Elmi et al ; <https://gh.bmj.com/content/10/9/e020703>

« **Health emergencies are increasing in frequency and complexity, particularly in fragile states, where WHO’s coordination is vital but is often constrained by political and logistical barriers. This article critically reflects on WHO’s 2025 Health Emergency Appeal, highlighting the structural, ethical and operational challenges facing implementation in conflict-affected regions. This study might affect research, practice or policy. It advocates for a shift toward inclusive, transparent and decentralised emergency response models that prioritise long-term health system resilience and local stakeholder engagement.** »

PS: « The year 2025 has emerged as a defining moment for global health, shaped by intersecting crises that demand urgent, coordinated action. Against a backdrop of conflict, disease outbreaks, displacement and climate shocks, the WHO has launched a \$1.5 billion Health Emergency Appeal to address the scale and complexity of mounting health threats worldwide. This appeal is not merely a call for funding but is a recognition that the world is confronting a new era of health emergencies that are increasingly frequent, protracted and interconnected.....”

Trump 2.0 & Trump 2.0 impact on global health

Including some important new studies on the global health impact of (/damage done by) Trump 2.0. But there's also a new global health aid strategy, the [America First Global Health strategy](#) (Sept 2025). (*don't hold your breath*)

Stat - Trump administration's new global health aid strategy focuses on bilateral deals with countries

<https://www.statnews.com/2025/09/18/trump-administration-new-global-health-aid-strategy/>

“New approach aligns with President Trump's pattern of dealing with other nations transactionally.”

The State Department on Thursday announced it will refocus its foreign health assistance strategy around multiyear bilateral deals with recipient countries, making aid dependent on negotiations that officials say will help reduce waste and advance American priorities.

“... The new plan will give countries more “skin in the game” over the health assistance they receive and incentivize governments to work toward ultimately no longer needing U.S. aid, according to a senior administration official who spoke on condition of anonymity to brief reporters before the strategy was made public. The administration says it **will focus future foreign health aid dollars on drugs, diagnostic kits and other front line needs while transitioning other things it once funded, such as program management and technical assistance, to governments in recipient countries.** The department said specific budget changes will be determined through negotiations with individual countries. That will begin in the coming months with the goal of having **new agreements in place by the spring of 2026.**”

“... The administration will keep supporting areas struggling with HIV, including in parts of Africa, but direct more funding toward partners in the Western Hemisphere and the Asia-Pacific....”

.... The strategy also lists **surveillance of diseases around the world** as an important goal and pledges to increase U.S. government staff in areas more at risk of outbreaks.”

- For more detail and analysis (& implications) on this new global health strategy, see **AVAC - New “America First” Strategy for Global Health Released**

“Under the new strategy, the US would move away from providing aid through non-governmental organizations and multilateral mechanisms such as WHO and UNAIDS and to bilateral agreements between the US and specific countries with enforceable terms. Under the plan, the US would initially cover 100% of commodity and frontline healthcare worker costs through the start of the next fiscal year but would shift an increasing share of expenses to partner governments over time. The plan also signals a reshuffling of which countries will receive US investments and may involve “third-country” allies in future agreements to reduce overlap. The plan does prioritize “innovation” and specifically names the importance of lenacapavir (LEN) for PrEP and the recent re-commitment of the Biden Administration first announced in December. ...”

- Related: IHP blog - [Building Bridges Through Health: How Continued U.S. Foreign Assistance Strengthens Philippine Resilience](#)

Devex - US lawmakers propose sweeping State Department reforms

<https://www.devex.com/news/us-lawmakers-propose-sweeping-state-department-reforms-110818>

From late last week. “Republicans on the House Foreign Affairs Committee say the proposals reflect bipartisan priorities. The committee's top Democrat says his party was shut out of the process.”

“U.S. lawmakers introduced legislation Thursday that includes both structural and policy reforms for the [U.S. State Department](#) — and hews closely to the reorganization that has been led by Secretary of State Marco Rubio.... ... President Donald Trump’s administration has already carried out a massive overhaul of U.S. foreign assistance programs — without any official legislative approval. The congressional process underway now could provide that legal backing, or give lawmakers a chance to make their own mark on the future of U.S. development and diplomacy. The legislation faces a long road to bipartisan agreement, however, and previous attempts to reauthorize the State Department have fallen short....”

PS: “A congressional aide told Devex **it is hard to imagine Democrats supporting legislation that would codify the dismantling of the [U.S. Agency for International Development](#) and “the destruction of foreign aid as we know it.” To become law, it would also require companion legislation from the Senate.”**

PS: “For example, **the bill calls for the creation of a “global health compact” model aimed at shifting the responsibility for funding and implementing health programs from the United States to partner countries.** According to the bill, these compacts would detail the requests from partner countries, a proposed funding amount, a plan for phasing out that funding, metrics and benchmarks to monitor progress, and a strategy for private sector involvement. **These compacts would also “perpetuate the wind-down” of [PEPFAR](#), the flagship global AIDS program, on a country-by-country basis through “a phase-out of funding,” which would be reduced each fiscal year....”**

CGD - US Funding of International Organizations Has Collapsed

C Kenny; <https://www.cgdev.org/blog/us-funding-international-organizations-has-collapsed>

“... The table below shows **the top ten international organizations funded by the US government** in 2023, along with obligations from that year, 2024, and so far in FY25. Of these, only the Global Fund to Fight AIDS, Tuberculosis, and Malaria has seen an increase.”

“... **Funding cuts in the CIO account in particular suggest a widespread assault on US participation in international organizations including many treaty organizations to which the US is a party** (all of those listed in the table by name are treaty organizations). **The White House budget proposal for the CIO budget in FY26 continues this trend.**”

NYT – The World Wants More Vaccines. An Anti-Vaccine America Isn’t Helping.

<https://www.nytimes.com/2025/09/15/world/asia/anti-vaccine-america-world-covid.html?smid=nytcore-ios-share&referringSource=articleShare>

“**Most governments are trying to fight vaccine hesitancy with science and investment, while the United States heads in the opposite direction.**”

Lancet GH - Effects of reductions in US foreign assistance on HIV, tuberculosis, family planning, and maternal and child health: a modelling study

John Stover et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00281-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00281-5/fulltext)

“**We aimed to estimate the impact of these cuts on deaths and other outcomes** (new infections, number of family planning users, and unplanned pregnancies) **for four health areas** that have been a focus of a substantial amount of US foreign assistance: **HIV, tuberculosis, family planning, and maternal and child health.**”

Findings: “**A complete cessation of US funding without replacement by other sources** would lead to drastic increases in deaths from 2025 to 2030: 4·1 million ... additional AIDS-related deaths across 55 countries, 606 900 ... additional tuberculosis deaths across 79 countries, 40–55 million additional unplanned pregnancies and 12–16 million unsafe abortions across 51 countries, and 2·5 million ... additional child deaths from causes other than HIV and tuberculosis across 24 countries. Restoration of funding for HIV treatment but not prevention would avoid most of the increase in deaths but still result in nearly 1 million more new HIV infections from 2025 to 2030.”

- [Related Lancet GH Comment – Rethinking global health resilience amid donor funding cuts](#) (by Cheikh M Faye)

“**This work makes two notable contributions to the global health discourse.** First, it reframes donor disinvestment not simply as budgetary cost-cutting but as a systemic threat to the stability and functionality of entire health ecosystems. Second, by detailing programme-specific and region-specific impacts, it provides an evidence-based forecast of potential reversals in health gains, particularly in low-income and middle-income countries (LMICs) where US funding has historically played decisive roles....”

“**A notable limitation of the current modelling study is the exclusion of malaria—a leading cause of death in LMICs, responsible for an estimated 597 000 deaths globally in 2023, mostly in sub-**

Saharan Africa. Given that the US contributes about 37% of malaria funding in these settings, this **omission is likely to underestimate the true scale of potential health losses.** Although the authors indicate that malaria modelling will be published separately, interpretation of the current results should acknowledge this gap, given malaria's major contribution to morbidity and mortality in sub-Saharan Africa..... **The findings also invite critical reflection on underlying assumptions and the shifting donor-financing landscape..."**

CGD (blog) - The Global Status of PEPFAR Delivery

C Kenny; <https://www.cgdev.org/blog/global-status-pepfar-delivery>

"The PEPFAR program is still emerging from recent aid cuts and award terminations, but we do know a significant number of PEPFAR awards have been cancelled. **In a [new note](#), Ramona Godbole, formerly of USAID, has provided a detailed analysis of the likely status of delivery, drawing on data on cancelled and retained awards and what those awards were financed to deliver..."**

- For the full **CGD note**, see [Analyzing USAID Program Disruptions: Implications for PEPFAR Programming and Beneficiaries](#)

Including: **".... About 65 percent of USAID's PEPFAR awards have been reported terminated, accounting for 24 percent of planned funding.** Using what we know of the administration's own definition of what constitutes lifesaving support, **Godbole estimates 16 percent of USAID's lifesaving HIV programming—as measured by the planned FY25 budget—was to be implemented by terminated awards."**

PS: **".... But the full extent of both ongoing service cuts and health impacts remains opaque.** PEPFAR's own reporting for the first three quarters of this year has been postponed indefinitely...."

CGD (blog) - PEPFAR's Next Chapter: From the Ashes, a Path for Constructive US Global Health Engagement?

R Bonnifield et al ; <https://www.cgdev.org/blog/pepfars-next-chapter-path-constructive-us-global-health-engagement>

"... recent moves from the administration and Congress sketch the broad outlines of a potentially constructive path forward from the upheaval of the last eight months. The implications are clearest for PEPFAR, the US flagship global health program—and a rare (continuing) source of bipartisan support....."

"Below, we unpack three big strategic shifts implied or stated in recent policy announcements, and how they could serve as the foundation for PEPFAR's next chapter—if adequately resourced and well operationalized....."

"1. Support for global roll-out of lifesaving (American) innovation.... 2. Country partnerships ("Global Health Compacts") that put funding on budget and gradually phase out support 3. A smaller PEPFAR footprint for the poorest and fragile countries..."

Spotlight - Response to aid cuts and HIV prevention injections dominate discussions at SA AIDS conference

<https://www.spotlightnsp.co.za/2025/09/15/response-to-aid-cuts-and-hiv-prevention-injections-dominate-discussions-at-sa-aids-conference/?s=09>

“A dire picture for HIV/Aids funding emerged at the 12th South African AIDS Conference, raising the call for resilience, adapting and also for government to raise its game.”

“The what-next of South Africa’s HIV response will have to be centred on getting back to basics, leveraging on advances in treatment options and learning fast about adapting in a world without US aid for health services. These were among the key takeaways from speakers at a plenary session at the 12th Southern African Aids Conference held in Kempton Park last week....”

UNGA80 (New York): High-level week about to begin

With some **press briefings ahead of the High-level week**, and some **reports/position papers**.

PS: for the upcoming agenda of the High-level week, see UN News - [Voices of the world gather at the UN: What you need to know about UNGA80](#)

UN News - Ahead of high-stakes General Assembly week, Guterres urges world leaders to ‘get serious – and deliver’

<https://news.un.org/en/story/2025/09/1165859>

“UN Secretary-General António Guterres has urged world leaders to “get serious – and deliver” as they begin arriving in New York for the high-level week of the 80th General Assembly.”

“Speaking at a press conference at the UN Headquarters on Tuesday in New York, he warned that global divisions, conflicts and crises have left the very principle of international cooperation to its most fragile point in decades. ...The Secretary-General highlighted peace, climate, responsible innovation, gender equality, development financing and UN reform as central themes of the week.”

PS: “... The week will also feature a first-ever biennial summit bringing together international financial institutions and world leaders to advance commitments on financing the Sustainable Development Goals (SDGs) – which are seriously off-track – as well as commemorations of the 30th anniversary of the landmark Beijing conference on gender equality.....”

- See also UN News - [UN presses ahead with mission for a better world despite global headwinds](#)

“The Secretary-General’s annual report, released on Thursday ahead of the 80th session of the UN General Assembly’s yearly high-level session, offers a sobering yet resolute account of the Organization’s efforts in the face of mounting challenges.....”

See also UN News - [UN80 Initiative: New report charts proposals for change across UN structures and programmes](#) **“The Secretary-General shared a progress report on Thursday on structural reforms and programme realignments under the UN80 Initiative, setting out proposals to make the United Nations more coherent, effective and better equipped to respond to global challenges.”**

“The proposals address all three pillars of UN work – peace and security, sustainable development and human rights – as well as humanitarian action, ways to strengthen cross-pillar collaboration and system-wide enablers.....”

UN News - UN must evolve to ‘stand strong’ for the next 80 years: General Assembly president

<https://news.un.org/en/story/2025/09/1165868>

“As the United Nations marks 80 years of existence, it must adapt and evolve to be fit for future generations, the President of the General Assembly said on Wednesday during a briefing to journalists in New York. Ms. Baerbock highlighted the theme of her presidency, “Better Together”, which “reflects the reality that no single nation, regardless of its size, might, or wealth, can confront the borderless challenges that we face alone.” “

- See also [UN News – UNGA President to Build on Pact for the Future as Assembly Opens 80th Session](#)

“UNGA President Baerbock highlighted the theme, ‘Better Together: Eighty Years and More for Peace, Development, and Human Rights,’ as “the spirit of this milestone session and its High-Level Week” .”

“She called for courage to use the processes already underway to “build the United Nations we need for the next 80 years,” capable of delivering on peace, security, sustainable development, and human rights by **building on the Pact for the Future, ensuring its implementation, and advancing the UN80 reform agenda. She stressed the need “to turn promise into action, promise into practice, and commitments into measurable progress”.....”**

Guardian - UN needs to cut \$500m from 2026 budget and lose 20% of staff after US funding reductions

<https://www.theguardian.com/world/2025/sep/18/united-nations-un-2026-budget-job-losses-us-funding-cuts>

“Job losses and global reorganisation expected amid Trump administration’s slashing of funding and ‘UN80’ review”.

The Elders - UNGA 2025 - Global cooperation in a fragmented world: proposals for action

<https://theelders.org/MultilateralismPolicy>

“In this policy position paper *“Global cooperation in a fragmented world”*, the Elders set out a **series of recommendations** to make global institutions more effective and representative, focusing on **global security, public goods, solidarity, respect for international law** and **greater inclusion of women, youth and marginalised groups**. ...” With 9 proposals.

Guardian - Conflict, aid cuts and equality backlash causing ‘stagnation and regression’ of women’s rights – UN

<https://www.theguardian.com/global-development/2025/sep/15/global-progress-gender-equality-womens-rights-sdg--un>

“Report calls on governments to commit to renewed action at general assembly in New York, saying ‘a different path is still possible’.”

“Hard-won progress on women’s access to healthcare, rights and employment is being put at risk from global conflict, cuts to aid spending, and a backlash against gender equality, according to a UN equality watchdog.” Cfr [UN Women in its annual report](#).

“... what the gender snapshot shows is that progress hasn’t been fast enough – there is both stagnation [and] regression,” ...”

PS: “... Hendriks contrasted **\$2.7tn (£2tn) of military spending** annually with calculations in the report that it would cost \$420bn a year to advance gender equality. “That’s a drop in the bucket,” she said.... The snapshot monitors progress on gender equality across the 17 **sustainable development goals (SDGs)** adopted in 2015.

“The world is off track to meet SDG targets in 2030, but “a different path is still possible”, the report said. Thirty years after the [Beijing Declaration and Platform for Action](#) set out a blueprint for gender equality, UN Women has **asked governments to commit to renewed action** at the UN general assembly in New York this month. “We now have over 86 countries around the world who have submitted very ambitious commitments,” said Hendriks....”

- See also [UN News – Gender equality: UN Women calls for political will and accelerated global action](#)

“The world is retreating from gender equality, and the cost is being counted in lives, rights, and opportunities. Five years from the [Sustainable Development Goals \(SDGs\)](#) deadline in 2030, none of the gender equality targets are on track. That’s according to this year’s [SDG Gender Snapshot report](#) launched on Monday by [UN Women](#) and the UN Department of Economic and Social Affairs, which draws on more than 100 data sources to track progress across all 17 Goals. “

“... Anchored in the [Beijing+30 Action Agenda](#), the report identifies six priority areas where urgent, accelerated action is needed to achieve gender equality for all women and girls by 2030, which

include a digital revolution, freedom from poverty, zero violence, full and equal decision-making power, peace and security and climate justice. “

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

The **draft declaration**: <https://www.un.org/pga/wp-content/uploads/sites/109/2025/09/Finalized-PD-on-NCDs-and-Mental-Health-REV4-3-September-2025.pdf>

The NCD Declaration: A Pragmatist's Defence of an Imperfect Victory

Taskeen Khan, Director of Research and Policy Development, WISH; <https://wish.org.qa/the-ncd-declaration-a-pragmatists-defence-of-an-imperfect-victory/>

Very cool analysis. Recommended.

WHO - Saving lives, spending less: the global investment case for noncommunicable diseases

<https://www.who.int/publications/i/item/9789240115859>

“Saving lives, spending less: the global investment case for noncommunicable diseases outlines why urgent investment in cost-effective interventions for NCDs is essential for health and sustainable development. Drawing on the World Health Organization’s package of NCD best buys, the report demonstrates how these evidence-based measures can help countries reduce premature deaths, strengthen health systems, and advance progress towards the SDGs. It provides policymakers, donors, advocates, and partners with a clear economic and social rationale for scaling up implementation of proven solutions. By framing NCD prevention and control as both a health and development priority, the report offers a roadmap for action that delivers benefits across populations, economies, and generations. The evidence is clear: investing in WHO’s best buys is not only possible—it is imperative. The time to act is now.”

- See the **WHO press release** - [WHO urges cost effective solutions on NCDs and mental health amidst slowing progress](#)

“The World Health Organization (WHO) today released a new report titled “Saving lives, spending less”, revealing that **an additional investment of just US\$3 per person annually in tackling noncommunicable diseases (NCDs) could yield economic benefits of up to US\$1 trillion by 2030.**”

“Alongside the report, WHO shared new analysis of country-level progress in reducing NCD mortality between 2010 and 2019. While 82% of countries achieved reductions during this period, the rate of progress has slowed significantly across most regions, with some countries even experiencing a resurgence in NCD-related deaths...”

“Scaling up implementation of WHO’s ‘Best Buys’, a set of high impact interventions including tobacco and alcohol taxation, protecting children from harmful marketing, managing hypertension, and scaling up cervical cancer screening would cost just an additional US\$3 per person per year on

average. **The return on investment is substantial:** by 2030, full implementation could save 12 million lives, prevent 28 million heart attacks and strokes, add 150 million healthy life years, and generate over US\$1 trillion in economic benefits...”

Ahead of the UN HL meeting on 25 September, “ **WHO is calling on leaders, partners, and communities to advocate for concrete actions**, including:

- **funding and implementing** WHO’s ‘Best Buys’, adapted to national needs;
 - **taxing** tobacco, alcohol and sugary drinks;
 - **strengthening** primary health care for prevention, early detection and treatment;
 - **protecting** children from harmful marketing;
 - **expanding access** to essential medicines and technologies;
 - **securing financing** through domestic budgets, health taxes and targeted aid;
 - **setting bold targets** and **track progress** with strong accountability;
 - **stopping industry interference** in health policy.”
-
- Coverage via HPW - [Investing in WHO’s ‘Best Buys’ to Prevent NCDs Could Yield 4x Reward](#)

“For every \$1 invested in cost-effective “best buys” to prevent non-communicable diseases (NCDs) over the next five years, there would be a four-fold return in social and economic benefits, according to the World Health Organization (WHO). The WHO’s [29 “best buys”](#) focus on reducing tobacco and alcohol consumption, addressing unhealthy diets and lack of exercise, and strategies to reduce cancer, cardiovascular and chronic respiratory diseases....”

- See also Reuters - [Alcohol, tobacco and food giants block health reforms, says WHO](#)

- And a link: BYPsych Open - [Sustainable financing for mental health and noncommunicable diseases: what’s at stake?](#) (by D Chisholm, D Watkins et al)

“Informed by an international dialogue on sustainable financing for noncommunicable diseases and mental health in 2024, this Editorial explores some of the key financing issues to be addressed in September 2025 at the United Nations General Assembly high-level meeting on noncommunicable diseases and mental health, including those relating to domestic resource mobilisation, external assistance and health financing reforms.”

Lancet Editorial - Childhood obesity: a global health crisis

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01906-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01906-3/fulltext)

This week’s Lancet Editorial.

Concluding: “.... The [UN High-Level Meeting on NCDs](#) is a vital opportunity to address the crisis of **childhood obesity** and for governments to course correct by combating the drivers of the obesogenic environment that young people are growing up in. **Obesity in children and adolescents is a global health crisis that requires immediate attention.**”

Lancet Comment - Non-communicable diseases in emergencies: time for action on converging crises

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01852-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01852-5/fulltext)

“The Fourth UN High-level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs) and the Promotion of Mental Health and Wellbeing (HLM4) on Sept 25, 2025, is an **opportunity to focus global attention on the neglected problem of NCDs in humanitarian crises....**”

“... In **preparation for HLM4, in May, 2025, the International Federation of the Red Cross and Red Crescent Societies (IFRC) convened more than 60 experts**, including governments, other humanitarian actors, and civil society, in Geneva, Switzerland, **for a meeting, the Global NCD Advocacy Boot Camp on NCDs in Humanitarian Settings**. Despite shrinking humanitarian and health funding, attendees agreed that governments, public authorities, UN agencies, and key stakeholders must take action to protect people living with NCDs, of all ages, before, during, and after acute and protracted emergencies. **Seven priorities for action on NCD prevention and control in emergencies were identified.....**”

Devex (Opinion) – The liver — a metabolic health blindspot on the global NCD agenda

J Lazarus et al ; <https://www.devex.com/news/sponsored/opinion-the-liver-a-metabolic-health-blindspot-on-the-global-ncd-agenda-110799>

“Overlooking a condition that affects 1 in 3 people — despite available solutions — is indefensible. **Chronic liver disease**, especially due to MASLD/MASH, is a **public health threat** at the core of the NCD crisis.”

“Chronic liver disease, or CLD, is a public health threat at the very core of the NCD crisis — especially due to **metabolic dysfunction-associated steatotic liver disease, or MASLD** (formerly called nonalcoholic fatty liver disease, or NAFLD), **and its more advanced form, MASH**. These severe metabolic liver diseases can cause liver scarring, known as fibrosis, cirrhosis, which is severe liver damage, or even liver cancer. Yet liver health remains a blind spot in the global response to addressing the metabolic health crisis.....”

Global Health Governance & Financing

With a number of updates on GH stakeholders like the Global Fund, Africa CDC, ... the impact of UK aid cuts, ongoing GH architecture reform discussions (including a Rockefeller process & new initiative), a study on the Novo Nordisk Foundation, Global Health 50/50's latest report, the debt crisis (& debt crisis reforms needed)... and much more.

Reuters – Poll shows huge support for global cooperation, but failing grades for UN, others

[Reuters](#);

“Survey shows 75% back global cooperation if it solves problems; Trust in UN was just 58%, even lower for IMF; Rockefeller Foundation launching initiative to re-imagine global cooperation.” (WHO got 60 %).

“A new poll of over 36,300 people worldwide showed huge support for more international cooperation on issues including trade, global health, climate and poverty, but gave largely failing grades to institutions like the United Nations, IMF and others. The survey, commissioned by the Rockefeller Foundation and conducted in 34 countries from August 8 to September 10, offers a grim picture of confidence in multilateral institutions at a time when the United States and other advanced economies are slashing development aid and funding for global projects....”

PS: 91% wanted global cooperation on global health.

“... To help bridge the gap, Rockefeller said it was launching a \$50 million initiative - "The Shared Future" - that will focus on reviving international cooperation, restructuring global health and re-imagining humanitarian food systems.”

“Wally Adeyemo, former deputy treasury secretary under President Joe Biden, said he has been tapped to lead the push to develop new forms of international cooperation fit for the 21st century. Others will lead the health and food initiatives. "People are hungering for global cooperation to be done differently, for humanitarian assistance to be done differently," Adeyemo told Reuters. "Traditional recipients of international aid would like to be in a place where they go from being aid recipients to being trade recipients." He said the next step would be a convening of experts on the sidelines of next week's UN meetings and outreach to interested parties around the U.S. and the world....”

- For more, see a **Rockefeller press release - [Rockefeller Foundation's New U.S. \\$50 Million Initiative Finds Widespread Support for International Cooperation in Landmark 34-Country Survey](#)**

PS: “The Rockefeller Foundation also announced the launch of a new U.S. \$50 million Build the Shared Future initiative, in which the 112-year-old philanthropic organization aims to develop solutions that more effectively respond to crises and promote a healthier, more prosperous, and secure future for all. To break down silos in global development and humanitarian sectors and identify and test new solutions, The Rockefeller Foundation has tapped three leading experts in their fields to: Build a new framework for international cooperation with The Hon. Wally Adeyemo, former Deputy Secretary of the U.S. Department of the Treasury under U.S. President Joseph R. Biden; Restructure global health with The Hon. Mark Dybul, MD, founding architect and former U.S. Coordinator of the President's Plan for AIDS Relief (PEPFAR) under U.S. President George W. Bush; and, Reimagine humanitarian food systems with Simon Winter, PhD., Executive Director of Sustainable Agriculture Foundations' International Association (SAFIA).”

Devex – What's broken in global health, and how do we fix it?

<https://www.devex.com/news/what-s-broken-in-global-health-and-how-do-we-fix-it-110756>

Analysis of the current debate & ongoing processes for reform of the GH architecture.

Excerpt: “There seems to be a consensus that it needs to look like **greater domestic sovereignty**, with local leaders and institutions setting priorities and international funders buttressing those ideas. That could also point to a bigger role for regional institutions, such as Africa CDC....

“As a first step in any reform, experts underscored **the need to reform data systems**. A lot of available data is not current, instead reflecting a reality that is four or five years old. It’s **also rarely disaggregated** to give a specific picture of what’s going on in groups such as women and girls or adolescents....”

PS: “The big question, however, is **which of these [bold Wellcome consultation paper] recommendations will gain the necessary political traction**, including from the United States, which has expressed interest in creating [new institutions](#) outside of WHO?” *(agree, even if for the time being I’d tell the US government to b***r off)*

Wellcome's “Future of Global Health” Initiative: What is the bottom line?

Nina Schwalbe; [Nina Schwalbe](#);

“**Wellcome has recently published five discussion papers on reimagining the global health "architecture."** In advance of the UNGA in New York next week, we have summarized them below.” Also with a **summary of the important Nature Medicine article** from last week.

Global Fund Announcing the Global Fund’s Eighth Replenishment Summit

<https://www.theglobalfund.org/en/updates/2025/2025-09-16-announcing-the-global-fund-s-eighth-replenishment-summit/>

“...The Governments of the Republic of South Africa and the United Kingdom, together with the Global Fund to Fight AIDS, Tuberculosis and Malaria, are pleased to announce that the **Global Fund’s Eighth Replenishment Summit will take place on Friday, 21 November 2025**, from 15:00 to 18:30 in Johannesburg, South Africa. The Summit will be **held in a hybrid format on the margins of the G20 Leaders’ Summit.....**”

Development Today – Global Fund’s uphill drive to USD 18 billion

Ann Danaiya Usher; <https://www.development-today.com/archive/2025/dt-7--2025/global-funds-uphill-drive-to-usd-18-billion>

(gated) “The Global Fund has so far survived the US aid cuts, but slow disbursements from donors like France, Canada, and Germany mean that it is short billions of dollars for this year. **With an ambitious fund-raising target of USD 18 billion for the next cycle 2026-2028, the agency is abandoning the traditional model of high-level replenishment events in favour of a more sober, tailored approach.**” Important read.

HPW - Global Fund: Declines in Malaria, HIV and TB Deaths Threatened by Donor Aid Cutbacks, Climate and Conflict

<https://healthpolicy-watch.news/global-fund-declines-in-malaria-hiv-and-tb-deaths-threatened-by-donor-aid-cutbacks-climate-and-conflict/>

Cfr Peter Sands last week at the Global Fund's Results report presentation with some key messages from the results report (and looming dire future). (see also last week's IHP news)

PS: "...While the story is "rather different" across the three diseases, the Global Fund has also stepped up its investments in health systems – for a total of \$2.7 billion in 2024. Those investments yield cross-cutting benefits that "go way beyond HIV, TB and malaria," Sands said...."

BMJ GH –It is time to increase Africa's governmental representation on the governing board of the global fund to fight AIDS, tuberculosis and malaria

R M Nalugala, G W Brown et al ; <https://gh.bmj.com/content/10/9/e018252>

« ... Although the African national constituencies represent 71% of all Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) allocations, the largest disease burden and 75% of all 'challenging operating environments', they represent only 10% of the voting members on the GFATM Governing Board, suggesting under-representation. Increasing African governmental representation by at least one voting seat on the GFATM Board would better align the institution with global norms advocating increased African representation."

« ... This would not only bring the GFATM in line with global norms and institutions that advocate for increased African representation, but also, **by doing so, increase the performance and aid effectiveness of the GFATM**, helping address longstanding challenges in how we finance and promote global health....."

Devex – Africa CDC's rocky road to stability

<https://www.devex.com/news/africa-cdc-s-rocky-road-to-stability-110482>

"The Pan-African public health agency is amid a period of "uncomfortable" transitions."

"There's been praise of Africa CDC's handling of some challenges — for example, increasing surveillance and championing local pharmaceutical manufacturing — **but also concerns, including questions about the agency's spending. And there are questions around leadership.** Kaseya had pledged to improve transparency and create a "[new management culture](#)." Now, more than two years into the job, his own management has been scrutinized, including, previously, through a series of [whistleblower complaints](#). **Devex conducted interviews with former and current Africa CDC staff and public health experts**, including from organizations working on the continent, as well as obtained internal documents — such as audits, recordings, and emails — **painting a picture of a young agency carrying enormous expectations and a mixed track record of living up to them.**"

"Africa CDC is in a period of transformation, and transformation can be uncomfortable," the agency told Devex, while also **defending Kaseya's tenure and touting the agency's successes....."**

A few excerpts:

“... Africa CDC has **made progress on implementing [a World Bank] grant**. The World Bank updated its performance ranking for Africa CDC, no small feat, and Kaseya has said he’s been working to address inefficient spending.....”

“Another issue is **sunsetting partnerships**. According to one internal report, **out of 43 grants, 33 have either expired or will by year’s end**. “This means Africa CDC needs to really pull up its socks in resource mobilization and getting more money to replace the money that is expiring. But the challenge is funders are not coming to the table,” says a former staffer. **Africa CDC disputed these figures. On the flip side, Africa CDC has landed new deals, such as a new partnership with the European Commission**. “Far from donors ‘not coming to the table,’ Africa CDC is preparing for major partnership announcements,” the agency tells us....”

BMJ - How UK aid cuts will lead to global health programme closures—and deaths

<https://www.bmj.com/content/390/bmj.r1913>

“US aid cuts have dominated headlines, but the UK’s contributions are also reducing substantially. **Rebecca L Root looks at the potential consequences, including disease resurgence and loss of life, especially for women and girls, in the UK as well as globally.**” (Must-read)

Geneva Solutions - Transactional politics threaten global health – solidarity can save it

A Sarkar; <https://genevasolutions.news/global-health/transactional-politics-threaten-global-health-solidarity-can-save-it>

“Nations are treating cooperation as a bargaining chip, resulting in a fragmented, weakened global health architecture. **Solidarity globalism offers a path to rebuild multilateral strength and protect the world from pandemics and other risks**, writes **Amitabha Sarkar**, a research associate at the Graduate Institute’s Albert Hirschman Centre on Democracy.”

“As the United Nations holds its 80th General Assembly this September, **global health is at a crossroads**. Governments recently ratified a pandemic accord and endorsed a Global Action Plan on Climate and Health at the last World Health Assembly in Geneva in May. These are milestones. Yet they rest on shaky ground.....”

“What is missing is the political glue to hold them together: renewed trust in the global project of international solidarity. Without it, multilateral health cooperation risks sliding into fragmentation, where transactional deals replace shared responsibility and the most vulnerable pay the highest price.”

“**Transactional globalism on the rise**: This transactional turn is not confined to any particular country or bloc. Governments increasingly treat health assistance as a tool of leverage rather than solidarity. Vaccines become instruments of diplomacy. Trade disputes spill over into medicine supply chains. Climate adaptation funds are delayed or diluted by political bargaining. The result is the fragmentation of the global health architecture into a patchwork of foreign policy deals that undermine collective preparedness....” “... **Solidarity globalism offers the only credible alternative.**

Unlike transactional globalism, solidarity is neither charity nor domination. It recognises that in an interdependent world, health cannot be secured unilaterally. Pathogens and climate impacts respect no borders. A surveillance gap in one country leaves all exposed. A financing shortfall in one region weakens preparedness everywhere. **Solidarity, therefore, is not a moral luxury; it is a survival strategy.....**"

Devex - How the US is pushing its 'America First' vision at World Bank, IMF

<https://www.devex.com/news/how-the-us-is-pushing-its-america-first-vision-at-world-bank-imf-110830>

"A report by the U.S. Treasury to Congress outlines how the Trump administration is trying to influence international financial institutions while countering China."

"... a U.S. Treasury Department report to Congress offers some insights into the Trump administration's position when it comes to international financial institutions, including the [International Monetary Fund](#) and multilateral development banks. The report, which Devex obtained, is **dated July 2025. It both assesses the Treasury Department's work related to these institutions in 2024 and looks ahead to 2025. **Much of it reiterates what Treasury Secretary Scott Bessent [said in a speech in April](#)**, but there are some more specifics. In general, the U.S. wants these institutions to revert to what it views as their core missions — or global monetary policy and fiscal stability in the case of the IMF; and poverty alleviation and private-sector-led economic development in the case of the MDBs. It also wants them to move away from a focus on climate, while also reforming procurement, maintaining U.S. voting power, encouraging investment in all forms of energy, spending efficiently, and ending lending to China or pursuing policies that would otherwise mitigate China's impact on everything from critical minerals to debt."**

Report - Expanding global health finance: Convening report and agenda for action

<https://www.theglobalfight.org/expanding-global-health-finance-expanding-global-health-finance-convening-report-and-agenda-for-action/>

"A new report from [The ONE Campaign](#) [Friends of the Global Fight Against AIDS, Tuberculosis and Malaria](#) and [RESULTS and RESULTS Educational Fund](#) lays out the scale of the challenge and the opportunities for closing the gaps..."

"...The report examines how global health stakeholders across all sectors can creatively leverage financing mechanisms to mobilize new resources to fill critical gaps in global health funding. The report **synthesizes insights from a health financing convening held earlier this year and highlights practical ways for stakeholders to harness synergies and unlock **substantial resources from three main funding pillars: domestic resources and ODA, multilateral financial institutions and the private sector.**"**

Telegraph – Foreign aid is in freefall – but wealthy nations can still help fill widening finance gaps

Patricia Miranda & Jon Sward (Bretton Woods Project); <https://www.telegraph.co.uk/global-health/climate-and-people/foreign-aid-is-in-freefall-but-wealthy-nations-can-still-he/>

With focus on **SDR reform**. “The **debt crisis is at breaking point**: 3.4 billion people live in countries that spend more on repayments than on health or education.”

“There is now a great opportunity to pursue additional reform. **We call for annual SDR allocations of at least \$200 billion through 2030, which would help countries weather crises without neglecting their people.** SDRs should be automatically provided according to alternative criteria based on vulnerability, not through the current quota system favouring wealthier countries.....”

“**Additionally, reforming the IMF’s accounting rules for SDRs** would improve their usage and make the instrument much more fit for purpose. **A proposal to rechannel unused SDRs from wealthy nations through the multilateral development banks** could also be transformative. Multilateral development banks could leverage the funds from SDRs to boost their available financing, helping low and middle income countries expand their funding for key expenditures and pursue previously unattainable investments for climate and development initiatives. **While final decisions on SDRs reform will need to be taken by the IMF board, States will begin to discuss how to implement the SDRs playbook reforms during September’s UN General Assembly.** It is time for Britain and the EU to step up.....”

The Star - Ruto calls for urgent debt restructuring for African countries

<https://www.the-star.co.ke/news/2025-09-08-ruto-calls-for-urgent-debt-restructuring-for-african-countries>

“Ruto said restructuring will unlock Africa’s climate, development financing.”

“**“Without debt restructuring, Africa’s shared commitment to climate and development finance will remain aspirational.”** The President recalled that financial reform was a central theme of the inaugural Africa Climate Summit held in Nairobi in 2023.”

Project Syndicate – Developing Countries Are Paying Too Much to Borrow

Ishac Diwan and Vera Songwe; <https://www.project-syndicate.org/commentary/why-developing-countries-borrowing-costs-are-so-high-by-ishac-diwan-and-vera-songwe-2025-09>

“With international financial institutions often bailing out private creditors instead of fostering recoveries for developing countries, the current financial architecture is creating a lethal debt spiral that threatens everyone. Something must change – and fast.”

“... The Sevilla Commitment and Jubilee Report recommended expanding development banks, increasing access to private capital flows, enforcing fairer rules for foreign investment, strengthening the global financial safety net, and introducing global taxes to finance global public goods. They also **called for a more straightforward approach (echoing our own [Bridge Proposal](#)) to common “gray zone” situations, where external debts are not high enough to make a country insolvent but are large enough to squeeze out development spending.** In practice, this would mean **implementing the World Bank and International Monetary Fund’s proposed “[3-pillar approach](#),”** which recommends: domestic efforts to raise more revenue; increased official financing for countries that make determined structural-adjustment efforts in order to grow out of debt; and, crucially, reducing debt servicing to commercial creditors during the adjustment period.....”

Authors conclude: “ Since the South Africa G20 will be followed by France’s hosting of the G7, there is a unique opportunity to form a coalition of the willing that would include most G7 member states and China. But if South Africa cannot broker cooperation between the Global North and South, the opportunity to resolve today’s debt crisis may be lost for a generation. This might be our last chance to prevent a debt disaster that would halt progress on development and climate-change mitigation, as well as jeopardize the Bretton Woods system itself.”

UNU – Private Foundations and Global Health Governance: A case study of the Novo Nordisk Foundation

A M Fejerskopf;

https://collections.unu.edu/eserv/UNU:10336/Private_Foundations_and_Global_Health_Governance.pdf

“... the paper examines the articulation of the Novo Nordisk Foundation's philanthropic objectives and commercial interests....”

BMJ GH - Japan’s emerging role in bridging immunisation gap and supporting global health

A Katagiri et al; <https://gh.bmj.com/content/10/9/e020316>

« The abrupt US suspension of funding to the US Agency for International Development and Gavi in 2025 threatens routine immunisation and child health programmes in low- and middle-income countries (LMICs), particularly in the Global South. ... Other major donor countries, including the UK, France and Germany, are also scaling back aid, citing domestic priorities such as defence and fiscal constraints. **Japan, despite rising nationalism and domestic scepticism towards foreign aid, has reaffirmed its global health leadership through renewed commitments, including a major contribution to Gavi’s African vaccine manufacturing accelerator. Japan’s longstanding expertise in maternal and child health, its universal health coverage (UHC) advocacy and recent initiatives such as the UHC knowledge hub position it to help fill the funding gap and support sustainable health systems in LMICs even amid the contemporary unpredictable global landscape.**”

Global Health 50/50 report - Holding the line

<https://global5050.org/2025-report/>

“For the first time since monitoring began in 2018, the 2025 Global Health 50/50 Report finds a measurable decline in public commitments and policies for gender equality, fairness, and equity. The percentage of organisations with a public commitment to gender equality fell from 84% in 2024 to 75% in 2025, with the steepest drop among those receiving US federal funding. **This shift is unfolding against a backdrop of wider global challenges: democratic uncertainty, shrinking aid budgets, and rising opposition to gender justice, fairness and equity.** The steepest declines are among organisations in receipt of U.S. federal funding – now under pressure to comply with directives from the new administration – or risk losing funding, influence, or charitable status. **Yet not all organisations are retreating. Some continue to hold the line – and even advance.** Among those beyond the reach of U.S. restrictions, adoption of gender definitions rose by 10% between 2024 and 2025....”

Covering 199 organisations, 37 countries, and over 4 million employees.

Lancet GH - A new era for Africa's leadership: driving health sovereignty, financing, and equity

K Toure et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00274-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00274-8/fulltext)

“... In this Comment, we provide inspiration for transformative change and lasting impact, **with a particular focus on the future of women, children and adolescents in Africa.** ...”

TGH – Innovative Financing to Future-Proof Universal Health Coverage

N Jain (Path) & Gitinji Gitahi (Amref) <https://www.thinkglobalhealth.org/article/innovative-financing-to-future-proof-global-health>

“New financing models should invest in people-centered systems rooted in equity, prevention, and community leadership.”

Excerpt: “... Innovative financing can improve domestic resource mobilization, strengthen effective use of subsidies, and optimize tax systems. **Innovative financing mechanisms include development impact bonds (DIBs) and sovereign health funds.** DIBs are financed by private investors who provide upfront capital for health programs and are repaid by governments or donors only if agreed results are achieved. Sovereign health funds, by contrast, are financed by allocations from national revenues such as taxes, natural resource earnings, or budget surpluses and then invested to generate sustainable returns that can be reinvested into strengthening health systems.

Successful innovative financing should focus on global public goods such as vaccines, diagnostics, treatments, and surveillance systems that offer collective benefits. Instead of scattered project-based aid, **countries should coinvest in scalable innovations through platforms such as the WHO, GAVI, CEPI (Coalition for Epidemic Preparedness Innovations), Unitaid, PATH, and others.** **Indigenously developed vaccines in the Global South for rotavirus, pneumococcal pneumonia, and typhoid** are great exemplars of public, private, and philanthropic collaboration, leading to high-quality products that also fostered intercountry benefit sharing. ... “

TGH – The Ethics of AI-Driven Health Projects in Africa

Dino Reich; <https://www.thinkglobalhealth.org/article/the-ethics-of-ai-driven-health-projects-in-africa>

“AI's success should be measured by how it respects dignity, protects privacy, and solves the problems people face.”

“... As the phase of speculating about what AI could do moves to the past, **the ethical challenge becomes deciding what it should do for health programs.** That decision is becoming more urgent. This year, donor funding has shifted dramatically—from the uncertain reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR) to proposed cuts in global health budgets.

These **shortfalls have heightened the stakes for ethical AI deployment in Africa and other regions.**
...”

“Budget pressure should not drive adoption of flashy tools just to prove innovation. The first questions must always revolve around what health system problems are being solved. Faster TB diagnosis? Stronger HIV prevention outreach? Supplementing the growing human resource gap? More equitable malaria detection? Without this discipline, AI risks becoming another distraction at a moment when global health systems can least afford it. For AI to strengthen rather than undermine health systems, ethics need to be built into design from the start.” Read how.

PS: **“ Philanthropy remains catalytic—often funding experiments before public institutions can move. The Gates Foundation has supported AI across malaria, HIV, and health system strengthening, including work exploring how gender and autonomy shape women's health. ... Meanwhile, traditional funders are beginning to catch up. The Global Fund now invests about \$150 million annually in digital health tools across more than 90 countries.** This effort is focused on improving surveillance, diagnostics, clinical decision support, and health worker efficiency—especially in settings with limited budgets and capacity. The strategies include AI-powered analysis of mobile chest X-rays, bringing TB screening directly to underserved communities via mobile vans. **Similarly, PEPFAR has introduced new budget language encouraging digital innovation, explicitly noting AI as a tool for strengthening disease surveillance and improving patient outreach.** Following sustained pressure from global health stakeholders to modernize the program, this is a meaningful step toward reform. **These are early days, but the signal is clear: AI is no longer seen only as a philanthropic experiment—it is beginning to also enter the vocabulary of bilateral and multilateral programs that shape global health funding at scale, opening the door to a more adaptive, responsive PEPFAR for the next generation.”**

CGD (Working paper) – Estimating Health Tax Capacity, Effort, and Potential: Evidence from a Global Panel

S Gupta et al; <https://www.cgdev.org/publication/estimating-health-tax-capacity-effort-and-potential-evidence-global-panel>

“This paper applies stochastic frontier analysis to a global panel of 97 IMF member states to estimate maximal feasible excise tax performance for tobacco, beer, spirits, and sugar-sweetened beverages (SSBs), conditioning on GDP per capita, consumption patterns, demographics, and governance indicators. Given data availability, we estimate a revenue-based frontier for tobacco and rate-based frontiers (expressed as a share of retail price) for alcohol and SSBs. Tax-effort scores reveal that countries collect on average just 0.4 percent of GDP in tobacco excise revenue—despite a feasible capacity of 1.5 percent—indicating an untapped fiscal gap of 1.1 percent of GDP. For beer, spirits, and SSBs, countries apply only 35 percent, 25 percent, and 15 percent, respectively, of their feasible excise rates. **We introduce a four-quadrant diagnostic framework to classify countries by tax collection and effort and identify tailored policy responses.** These findings have major implications for health financing, fiscal reform, and technical assistance, particularly in low- and middle-income countries.”

Devex (Opinion) - Foreign agent laws are spreading like wildfire and crippling NGOs

A Zappulla (CEO Thomson Reuters Foundation); <https://www.devex.com/news/foreign-agent-laws-are-spreading-like-wildfire-and-crippling-ngos-110804>

“Foreign agent laws, initially designed to counter foreign interference, are now being weaponized globally, stifling NGOs and critical civil society work under vague pretenses.”

“...There can be little doubt at this point that there is a replicable playbook being passed among autocratic states. A playbook that is increasingly weaponizing this legislation in tandem with a coordinated pullback in global development funding. Sweeping foreign aid cuts have already decimated the budgets of many NGOs operating in these countries. Left unchecked, foreign agent laws could cut off what little is left.”

Determinants of Health

Lancet Public Health – Housing as a social determinant of health: a contemporary framework

R Bentley et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00142-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00142-2/fulltext)

First one in a **Series of two papers about housing as a determinant of health.**

“This Series paper integrates contemporary understanding of housing and housing systems into a social and economic determinants framework. We illustrate how housing systems contribute to poor health outcomes and health inequalities, providing a foundation for exploring housing's potential to support health across jurisdictions globally. Although our framework can be used to examine the relationship between specific housing hazards (eg, mould, cold, or heat) and health, its primary focus is on understanding how these hazards are generated and distributed through characteristics of the housing system (eg, building codes or housing finance). By addressing these housing system determinants, we propose an alternative approach to achieving healthier housing. This framework aims to support the strategic use of housing to promote good health for all populations.....”

Second paper: Lancet Public Health [Housing at the intersection of health and climate change](#)

“This paper, the second in a Series on housing as a social determinant of health, builds a framework for conceptualising the interactions between housing, climate, and health. It identifies the pathways through which climate change affects housing and exacerbates health risks, and reflects on policy responses for climate resilience in housing and health.....”

Access to Medicines, Vaccines & other health technologies

Geneva Health Files – The Blow to Transparency: How Big Pharma Turned Principles of Médecins Sans Frontières (MSF) Against Itself

Vineeth Penmetsa & Priti Patnaik; [Geneva Health Files](#);

“MSF's secret non-disclosure agreements reveal the limits of voluntary pharmaceutical accountability.”

“...The pharmaceutical industry’s biggest win perhaps isn’t higher drug prices – it’s turning critics into partners. **Revelations about Médecins Sans Frontières (MSF) signing secret pricing agreements, may not immediately suggest what this contradiction really represents: it shows how drug companies systematically pressure even their strongest opponents into cooperation.** Two months after MSF published the detailed costs of its landmark tuberculosis clinical trial in PLOS Global Public Health - becoming the first organization ever to disclose such data - documents obtained by Politico revealed the same organization had been quietly signing non-disclosure agreements with pharmaceutical companies, including German giant Bayer. The contradiction is striking...”

“... The Politico investigation, uncovered a confidentiality clause in MSF's contract with Bayer for contraceptives distributed in lower-income countries, preventing MSF from disclosing the price paid. But this wasn't isolated. **A senior MSF official acknowledged to Politico, that such agreements have been signed on multiple occasions, albeit reluctantly, when they believed it was the only way to secure critical medicines. The organizational shift is clear.** ... When asked about these contradictions, MSF’s response indicates an **organisation struggling to reconcile its advocacy positions with operational realities.** ... MSF’s situation reveals how patent monopolies create systematic vulnerabilities for transparency advocates. Organisations committed to patient care cannot refuse to provide a medicine if that is the only version available in the market....”

FT - US urged UK to offer a better deal on drug pricing to pharma companies

<https://www.ft.com/content/a4dc3ba5-fc5b-4d51-8d5e-690ae7930391>

(gated) “Ambassador’s meeting with chancellor Rachel Reeves came days before AstraZeneca and Merck paused projects in Britain.”

“The US ambassador to the UK has urged Rachel Reeves to offer a better deal on drug pricing to global pharmaceutical groups, piling pressure on the government in the same week that Merck scrapped a £1bn London development and AstraZeneca paused a Cambridge project.....”

BMJ Opinion – GLP-1 receptor agonists risk becoming another story of global health inequity—what can we learn from the response to HIV/AIDS?

<https://www.bmj.com/content/390/bmj.r1940>

“The rollout of antiretroviral therapy for HIV showed how global solidarity and smart policy can overcome barriers to new treatments, say **Jirair Ratevosian** and **Jeffrey L Sturchio**.”

“This month, WHO updated its essential medicines list to include GLP-1 RAs for the first time, underscoring their importance for diabetes and obesity care globally. **Later in September, as world leaders convene for the United Nations High Level Meeting on NCDs, a central question will dominate: will GLP-1 RAs be made equitably accessible to all or remain confined to wealthy nations?...**” They draw some lessons from the response to HIV/AIDS.

Conflict & Health

Telegraph - Israel is committing genocide in Gaza, UN claims

<https://www.telegraph.co.uk/global-health/terror-and-security/israel-committing-genocide-in-gaza-un-commission-finds/>

“Report concludes ‘there is intent to destroy the Palestinians’ as defined by the 1948 Genocide Convention.”

“Israel’s war in Gaza amounts to genocide, **the United Nations has formally assessed for the first time**. In a detailed 72-page report, **the UN concludes that Israel is committing genocide as defined by the 1948 Genocide Convention and is waging its campaign with “intent”** – a crucial element of the crime that is the hardest to prove. “The Commission finds that Israel is responsible for the commission of genocide in Gaza,” said **Navi Pillay, chairman of the UN Commission set up to investigate war crimes in the occupied Palestinian territories**. “It is clear that there is an intent to destroy the Palestinians in Gaza through acts that meet the criteria set forth in the Genocide Convention.” **The report was published by the UN’s Independent International Commission of Inquiry on the Occupied Palestinian Territory**, which has been tracking events in Gaza since the October 7 massacre two years ago, in which 1,200 people were killed and 250 taken hostage.....”

Lancet – When health is a target: a global public health call to action on Gaza

Duha Shellah et al (on behalf of the **World Federation of Public Health Associations**)
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01692-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01692-7/fulltext)

“... When it comes to Gaza, Palestine, and the state of its public health system, what comes to mind? If genocide, governance, and the ethics of global health come to mind, then you are on the right track. **Since 1967, the World Federation of Public Health Associations (WFPHA) has united over 130 national associations and 5 million public health professionals to advance health equity, evidence-based policy, and global cooperation. Today, we issue this statement in solidarity with Palestine and in defence of public health itself.....**”

“... **Despite Palestine's observer status at the World Health Assembly, global health governance mechanisms have failed to respond**. This crisis challenges the credibility of our entire field..... **The WFPHA calls for action, not advocacy. We do not ask; we propose:** an immediate, unconditional, and internationally monitored ceasefire; protection and access for aid, and investigations into all violations; legal accountability through the International Criminal Court and universal jurisdiction; a

global health emergency response to rebuild surveillance, data systems, education, and infrastructure; support for displaced professionals, including academic sanctuary and research access; monitoring mechanisms co-developed by the WFPHA and WHO; and a reassertion of public health ethics—national associations must speak out and act.”

Lancet World Report – Doctors as witnesses of war

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01904-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01904-X/fulltext)

“With international journalists banned from Gaza, health workers are increasingly having to bear witness to events there. Saleyha Ahsan reports.”

Health Policy Watch – South Sudan Diverts Billions to Elites As Collapsing Health System Kills Thousands, UN Finds

<https://healthpolicy-watch.news/south-sudan-diverts-billions-to-elites-as-collapsing-health-system-kills-thousands-un-finds/>

“Grand corruption schemes siphoning billions in state resources to government-linked elites have crushed South Sudan’s health system as the country teeters between famine and renewed civil war, UN investigators found.” “The findings of a **two-year investigation** by the independent UN Commission on Human Rights in South Sudan document how systematic corruption has created one of the world’s worst health crises, leaving the world’s youngest nation with just \$7.9 million in health spending last year for 12 million people — comparable to what it spent on its 12-player men’s national basketball team....”

Planetary Health

HPW - Ban Fossil Fuel Advertisements Say Authors of COP30 Study on ‘Cradle to Grave’ Climate & Health Impacts

<https://healthpolicy-watch.news/ban-fossil-fuel-advertisements-say-authors-of-cop30-study-on-cradle-to-grave-climate-health-impacts/>

“A sweeping new report by a consortium of climate and health experts is global indictment of how fossil fuels harm populations – right from extraction to emission, and devastate human health from cradle to grave. Treating the fossil fuel sector like the tobacco sector will help.”

“Fossil fuel advertisements should be banned, and the industry representatives barred from attending climate negotiations like the upcoming COP30, the 30th UN climate conference. There should be an immediate end to global fossil fuel subsidies, which reached an estimated \$7 trillion in 2022. These are **some of the recommendations from the report, ‘Cradle to Grave: The Health Toll of Fossil Fuels and the Imperative for a Just Transition’**, which tracks the damage that fossil fuels do to humans, the environment, and the planet. ...”

“... The report breaks down the effect of each stage of fossil fuels: at extraction, refining and processing, transport and storage, combustion, post-combustion waste, and legacy pollution. And parallelly, it traces impacts across the human lifespan, from foetal development to old age, showing how no stage of life is untouched. The report is by the Global Climate and Health Alliance (GCHA), a consortium of more than 200 global health organisations and networks, across 125 countries, addressing climate change. GCHA says it represents 46 million health workers in 125 countries. It wants this report to be treated by political leaders not as an environmental warning alone but as a public health mandate. The evidence shows fossil fuels cause harm from pregnancy through old age, driving asthma, cancers, heart disease, and premature deaths.... ”

Climate Change News – Countries trail COP30 clash over global response to shortfall in national climate plans

<https://www.climatechangenews.com/2025/09/12/countries-trail-cop30-ndcs-clash-on-global-response-to-shortfall-in-national-climate-plans/>

“China, India and Saudi Arabia rejected a COP30 dialogue on an upcoming UN review of climate plans, widely expected to show the world is not on track to limit global warming to agreed levels.”

Carbonbrief - Q&A: Will China and the BRICS fill the ‘leadership gap’ on climate change?

<https://www.carbonbrief.org/qa-will-china-and-the-brics-fill-the-leadership-gap-on-climate-change/>

Analysis.

Chatham House (Expert Comment) - The UN climate process remains indispensable

B Lee; <https://www.chathamhouse.org/2025/09/un-climate-process-remains-indispensable>

“But it must evolve to account for an absent US, and to move from pledge-making to delivery.”

Carbonbrief - Analysis: IPCC’s seventh assessment has record-high representation from global south

<https://www.carbonbrief.org/analysis-ipccs-seventh-assessment-has-record-high-representation-from-global-south/>

“The upcoming assessment cycle of the Intergovernmental Panel on Climate Change (IPCC) will be authored by more experts from global south institutions than ever before, Carbon Brief analysis finds.”

“More than 660 scientists from 90 countries have been selected to write the three “working group” reports that will form the core of the IPCC’s [seventh assessment cycle](#) (AR7). These three reports are scheduled to be published by 2029 and will summarise the latest research on climate change. Carbon Brief analysis finds that a record 42% of authors of these upcoming reports are

based at institutions in the global south. **Overall, the AR7 working groups will have an equal 50-50 representation of authors who are citizens of the global north and global south....**"

Guardian - Rising Nato military spending to cause huge spike in emissions, report warns

<https://www.theguardian.com/environment/2025/sep/14/nato-military-spending-emissions>

"Pollution could be on par with annual emissions generated by Brazil as experts warn of climate effects of war."

"... a review of 11 recent academic studies by Scientists for Global Responsibility has found that each additional \$100bn of military spending leads to an estimated 32m tonnes of carbon dioxide equivalent (tCO2e) being dumped into the atmosphere. ...The SGR report is the most comprehensive assessment so far of the impact of increasing military spending on greenhouse gas emissions, as the planet hurtles towards climate catastrophe and governments fail to take meaningful action...."

"The findings, which draw on the methodologies used by the 11 studies analyzed, suggest that military expansion will play a significant role in breaching the Paris climate target of curtailing planetary warming to 1.5C above pre-industrial levels. The report recommends that nations with military spending above 0.5% GDP should be mandated to report robust data to the UN, assist with estimates of conflict-related emissions and put in place plans to transition off fossil fuels through both technological and non-technological measures including peace building agreements, arms control, and disarmament initiatives."

Miscellaneous

Global Policy Forum - The welfare state is under pressure: What to expect from the World Social Summit in Doha

C Sudhoff; <https://www.globalpolicy.org/en/news/2025-09-15/welfare-state-under-pressure-what-expect-world-social-summit-doha>

".... Against the backdrop of this critical situation, 30 years after the first World Social Summit in Copenhagen in 1995, the international community will meet in Doha, Qatar, in November 2025 for the second World Summit for Social Development (WSSD2). The global trend to cut social services makes it all the more important for the UN to send a strong signal in Doha in favor of social rights. Then as now, the political climate is marked by social inequality and pressure on social security systems. Participating states want to reaffirm their commitment to the Copenhagen Declaration and its programme of action as well as provide new momentum to the implementation of the social goals of the 2030 Agenda. It remains to be seen whether the WSSD2 will be able to meet these high expectations and put social policy issues higher on the global agenda...."

".... Initial indications of the summit's potential success can be found in the "Doha Political Declaration of the World Social Summit" under the title "the Second World Summit for Social Development," which was adopted and published last week. After a second silent procedure ended

without any proposed amendments (“silence was not broken”), **the final version of the Doha Declaration was published late on Friday evening, September 5, 2015.....”**

Sundhoff then argues **“Why the Doha political declaration is an important signal – and why it is not enough”**.

On the latter: “..... But that is where the list of positives ends. **The reference back to Copenhagen is important, but it is not adequate to meet the current challenges. Climate change, digitalisation, wars, migration and pandemics have changed the world significantly since 1995.** Therefore, the Doha Declaration not only had the opportunity but also the obligation to move forward ambitiously. However, **a new holistic approach, such as a new eco-social contract that balances the needs for social development, economic and technological progress, and combating planetary crises, is lacking. Overall, the text is also very vague. It lacks quantifiable targets.** There is also criticism regarding financing, which is particularly noticeable in the section on health care (paragraph 6g), which cites public-private partnerships (PPPs) as the only concrete example of financing health care systems. However, private financing is not always suitable for achieving progress in the protection of human rights.....”

Lancet World Report – Methanol poisoning: a diffuse health disaster

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01863-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01863-X/fulltext)

“Methanol poisoning of western tourists makes international headlines, but **those most commonly affected are from countries where diagnosis and treatment options are limited.** Sophie Cousins reports.”

Global health events

P4H - Lecture calls for universally dignified and equal healthcare access for Africa

<https://p4h.world/en/news/lecture-calls-for-universally-dignified-and-equal-healthcare-access-for-africa/>

“UCT’s Global Health Lecture featured Dr Tlaleng Mofokeng, UN special rapporteur, who urged that universal health access in Africa must prioritize dignity, equity, and solidarity beyond clinics and budgets. She called on clinicians as rights defenders and on systems to dismantle inequalities for true access. ;...”

“On 1 September, the University of Cape Town’s Faculty of Health Sciences hosted its annual Global Health Lecture, focusing on the pressing theme “Universal Health Access for Africa: Where are we now?” The keynote address was delivered by Dr Tlaleng Mofokeng, United Nations special rapporteur on the right to health, whose deeply personal reflections and professional insights framed the evening’s discourse. Speaking from her experiences of growing up under apartheid, working as a physician, and serving at the UN, she emphasized that universal health access is not only about infrastructure and budgets but about dignity, equity, and human rights. Dr Mofokeng stressed that health must be understood beyond hospitals and clinics, encompassing basic needs such as clean water, nutritious food, and safe workplaces that allow people to live with dignity. She connected the right to health with broader participation in society—economic productivity, education, and human flourishing—arguing that when dignity guides policy, outcomes improve.....”

Global health governance & Governance of Health

Reuters - Trump administration plans push at UN to restrict global asylum rights

[Reuters](#);

“US plans event at UN general assembly to urge more restrictive global asylum rights. Plan would mark a shift from post-World War Two asylum framework. Critics warn that changes would undermine protections from persecution....”

“U.S. President Donald Trump's administration plans to call for sharply narrowing the right to asylum at the United Nations later this month, documents show, as it seeks to undo the post-World War Two framework around humanitarian protection.....”

FT - China's delayed payments fuel UN funding crisis

<https://www.ft.com/content/66a3c1e1-ddb5-473b-a3ef-8559b52d5a85>

(gated) **“Beijing's overdue settlements are getting later every year, FT analysis shows.”**

Global Policy - Boon or Bane?: The Hybrid Institutional Complex for the Sustainable Development Goals

Jack Taggart et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70084>

Re a **special section** in Global Policy. **“.... This Special Section marks the tenth anniversary of the United Nations' 2030 Agenda and the Sustainable Development Goals (SDGs). Progress on the latter has been dismal, with only 17% of targets on track. The contributions to this Special Section explore the global governance of the SDGs as a Hybrid Institutional Complex (HIC): a global governance complex characterized by institutional diversity in that it combines formal intergovernmental organizations, informal intergovernmental institutions, public-private partnerships, multistakeholder initiatives, and private transnational institutions. The HIC framework suggests that this institutional diversity can offer governance benefits, such as good substantive fit for addressing complex transboundary SDG challenges and good political fit by including a broad swathe of actors relevant for goal attainment. Yet it also highlights governance risks, including individual institutions assuming governance tasks that they are poorly suited for and powerful actors cherry-picking goals and softer forms of governance that fit their interests. By applying the HIC concept to discrete dimensions of SDG governance and subfields, the contributions examine whether institutional diversity is driving or hindering progress.”**

Development & Change - Middle-income Trap or Neoliberal Trap? Industrial Policy and Ideology in the World Development Report 2024

Prithish Behuria, Andy Sumner; <https://onlinelibrary.wiley.com/doi/10.1111/dech.70013>

“Over the past two decades, both within academia and in multilateral policy circles, significant attention has been devoted to analysing the ‘middle-income trap’ (MIT), which generally refers to a growth slowdown at middle-income levels ... The growing literature on the MIT suggests

widespread agreement that falling into this trap is likely. Yet it is not clear whether such a trap exists at all....”

“... **The growing prominence of the MIT concept in policy debates is most clearly reflected in the World Bank's most recent annual flagship publication, the *World Development Report 2024: The Middle-income Trap*** (henceforth WDR 2024 or the Report). The Report's lead author, Indermit Gill, now Chief Economist of the World Bank, and Homi Kharas, a former World Bank official, are often cited as having first introduced the term....”

“... **Our article has two main objectives. First, we critically review the WDR 2024 and highlight its shortcomings. Second, we discuss alternative frameworks for explaining growth slowdowns.** We argue that the Report is an **oddly defensive response to the recent surge in discussions around industrial policy**, especially given the World Bank's earlier openness under Justin Lin's tenure as Chief Economist. We also contend that **the Report represents an attempt at paradigm maintenance, intended to limit the role of the state as ruptures between the neoclassical view of industrial policies and the enactment of such policies in the Global South become increasingly visible.** Such paradigm maintenance strategies have been a feature of earlier World Development Reports”

“... **We argue that the WDR 2024 is a response to the global resurgence of the state in industrial policy making and its newly reasserted role as the orchestrator of economic development.** While IFIs currently find themselves in a renewed position of influence, driven by rising debt servicing needs, the **WDR shows that tensions remain within the Bank.** The **Report can be seen as part of a long tradition of World Development Reports advocating ‘more of the same, but better’ market-friendly strategies.** Its prescriptions overlook decades of market-led reforms and increased integration of economies in the Global South into global financial and industrial economy that have significantly constrained structural transformation. **Ignoring these realities results in countries being caught not in a ‘middle-income trap’, but in a ‘neoliberal trap’** (Palma and Pincus, [2024](#)).”

Devex – EU aid-for-trade for poorest countries falls short of targets, auditors warn

<https://www.devex.com/news/eu-aid-for-trade-for-poorest-countries-falls-short-of-targets-auditors-warn-110829>

“A new report finds the bloc is unlikely to meet its 25% aid-for-trade target for least developed countries by 2030, raising doubts over its development commitments.”

Global health financing

CGD - Getting More Growth Out of Public Investment: Lessons from Episodes of Debt Relief

<https://www.cgdev.org/blog/getting-more-growth-out-public-investment-lessons-episodes-debt-relief>

By B Clements et al.

UHC & PHC

WHO - Cross-regional study of evidence gaps on unmet needs for health and social care: executive summary: Monitoring universal health coverage in ageing populations

<https://wkc.who.int/resources/publications/i/item/cross-regional-study-of-evidence-gaps-on-unmet-needs-for-health-and-social-care-executive-summary>

“This publication is **part of a collection on monitoring universal health coverage in ageing populations**. The collection is based on a series of studies commissioned by the WHO Centre for Health Development (WHO Kobe Centre) to review the literature, to identify surveys with relevant questions, and to perform exploratory analysis of available survey data to assess the unmet health and social care needs of older populations with a specific regional focus. **This executive summary provides a synthesis of the research findings across the regions.**”

eClinical Medicine - Can multidisciplinary teams improve the quality of primary care? A scoping review

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(25\)00430-4/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00430-4/fulltext)

By S M Bates, L Allen et al.

Pandemic preparedness & response/ Global Health Security

WHO Bulletin - Implementation of the WHO Pandemic Agreement

WooJung Jona; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294146.pdf?sfvrsn=d8a9fdec_3

Concluding: “ The WHO Pandemic Agreement, with its mechanisms to encourage technology transfer and benefit sharing, represents a monumental achievement in the evolution of global health law. The Agreement rightly identifies the transfer of practical know-how, not just patent rights, as the key to achieving genuine equity in pandemic response. However, **the potential codified in its text is severely challenged by the realities of its implementation environment. The procedural dependency on the 2026 annex negotiation creates a critical point of delay. More profoundly, the geopolitical fractures marked by the nonparticipation and abstention of key countries threaten to undermine its core principles by fragmenting private sector engagement and global supply chains.** The capacity of the Parties to overcome this implementation challenge and to bridge the divide between the Pandemic Agreement’s ambitious goals and a fragmented geopolitical landscape will ultimately determine whether the Agreement can truly reshape the global response to future pandemics. Future research should examine how enforcement mechanisms can be strengthened without compromising sovereignty, and how the Agreement’s provisions might adapt to emerging technologies such as artificial intelligence-driven drug discovery platforms and mRNA platform technologies for rapid vaccine development.”

Lancet Infectious Diseases - Breaking the under-reporting cycle for zoonotic diseases in low-income and middle-income countries through national-level integration of community-based surveillance and response: insights from Cameroon, Chad, Côte d'Ivoire, and Mali

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00421-9/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00421-9/abstract)

By Katherine E L Worsley-Tonks et al.

Planetary health

IISD - Africa Advances on Common Position Ahead of COP 30

<https://sdg.iisd.org/news/africa-advances-on-common-position-ahead-of-cop-30/>

(see also last week's IHP news) "The **outcome document of the 13th Conference on Climate Change and Development in Africa** calls for urgent action and scaled-up investment to advance Africa's climate agenda along the priority areas of adaptation and loss and damage, science and data, climate finance, just transitions, ecosystems, and African leadership."

"Among the many **announcements made during the Second Africa Climate Summit** were the **Africa Climate Innovation Compact** and the **African Climate Facility**, committing to **mobilize USD 50 billion annually in catalytic finance for climate solutions.**"

HPW - Ozone Layer is Recovering, But Water Cycle is Becoming Erratic, Says WMO

<https://healthpolicy-watch.news/ozone-layer-is-recovering-but-water-cycle-is-becoming-erratic-says-wmo/>

"The ozone layer that protects human and animal health from the sun's harmful ultraviolet (UV) radiation continues to be on track for recovery in the coming decades, according to the **World Meteorological Organization (WMO)** in its latest **report** released this week...."

"... In another **report** also released this week, **WMO**, the UN agency that monitors atmospheric science, **found that the world's water cycle is growing more erratic, oscillating from extremes of drought to deluge.** In 2024, only about one-third of the global river basins had "normal" conditions, **WMO's State of Global Water Resources report** found. The rest were either above or below normal for the sixth consecutive year...."

Nature Climate Change - Health losses attributed to anthropogenic climate change

Colin J. Carlson et al; <https://www.nature.com/articles/s41558-025-02399-7>

Cfr tweet first author: « **Climate change is already causing 30,000 deaths per year - a global annual economic loss of \$100-350B USD - but the true damage is probably 10x higher. the first systematic look at the science of "health impact attribution"**

Lancet Planetary Health - Priority climate and health modelling needs

K L Ebi et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00175-5/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00175-5/fulltext)

“Climate and health modelling is necessary for improving understanding of the current and future distribution and timing of climate-related health risks. However, underinvestment in this area has limited the understanding required to inform policies that enable multisectoral interventions to safeguard health. We synthesised insights from a survey of 65 global climate and health modelling experts and 36 participants in a hybrid meeting to identify priority strategies for enhancing the validity, utility, and policy relevance of climate and health models.”

Infectious diseases & NTDs

Lancet Infectious Diseases (series) - Artificial Intelligence and Infectious Diseases

https://www.thelancet.com/series-do/artificial-intelligence-and-infectious-diseases?dgcid=tlcom_carousel5_laninfaiandid25

“This Series aims to support the infectious disease community in understanding this evolving landscape and shaping AI integration into practice. **The first review** outlines a conceptual framework that draws on available AI models and data sources across pathogens, hosts, and the environment to identify domains where AI can be applied in infectious disease research, public health, and clinical practice. **The second review** explores AI use in diagnostics, covering pathogen identification, laboratory workflows, and antimicrobial stewardship. **The third review** examines AI’s role in tackling antimicrobial resistance, spanning decision support, surveillance systems, and antibiotic discovery.”

Science News - How the yellow fever mosquito conquered the world

<https://www.science.org/content/article/how-yellow-fever-mosquito-conquered-world>

“Aedes aegypti further adapted to life around humans when it arrived in the Americas, study of hundreds of mosquito genomes reveals.”

AMR

International Health - Strengthening antimicrobial resistance surveillance across African military settings

<https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf102/8252017?searchresult=1>

By Yusuff Adebayo Adebisi.

Telegraph - Drug-resistant fungus spreading rapidly in European hospitals

<https://www.telegraph.co.uk/global-health/science-and-disease/drug-resistant-fungus-spreads-rapidly-in-european-hospitals/>

“**C.auris**, which typically spreads in healthcare facilities, kills nearly 60 per cent of people who contract it within 90 days.”

NCDs

Lancet GH (Essay) - Invest in our chronic wellness, not chronic illness

Lavanya Vijayasingham; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00240-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00240-2/fulltext)

The author concludes: “.... **As the post-2025 non-communicable disease and mental health agenda is shaped, I urgently call for a paradigm shift for government policy makers to consider: do not bring out the old austerity playbook and ignore precarity—invest in the chronic wellness, not illness, of systems and people alike.** This change needs to start now, today is as good a day as any. A truly effective post-2025 response should centre around the complexity, chronicity, and cross-sectoral nature of people's diverse needs and lived experiences of chronic health conditions.”

Social & commercial determinants of health

BMJ GH - The upstream–downstream tension in the global health classroom

N Faruqi, S Abimbola et al; <https://gh.bmj.com/content/10/9/e019131>

“**In this practice paper, we reflect on our practices, experiences and observations of teaching global and public health, with a focus on navigating the upstream–downstream tension.** The concept of **upstream determination of health** encompasses how the social, structural and systemic drivers shape health and well-being. **This paper discusses the challenges of foregrounding this concept in pedagogy through four key themes:** (1) a lack of uniformity in integrating upstream concepts across disciplines related to health, and the ways in which it could be better integrated specifically into global health curricula; (2) helping students navigate the upstream–downstream tension by reflecting on why downstream solutions are more prevalent and how to better understand the structural responses, which are needed for achieving health equity; (3) why upstream thinking is hard to teach and learn, given that upstream determination can be complex, less familiar and abstract (we outline conceptual barriers and pedagogical challenges, common missteps and potential strategies to overcome them); (4) looking upstream in global health roles; how future graduates may consider ways to work upstream in their role as global health professionals, given that many job opportunities tend to focus downstream. “

BMJ GH (blog) Impacts of food delivery on the environment: Can the industry overcome plastic waste, carbon emissions and health challenges to build a sustainable future?

Chen Ma; [BMJ](#)

“Advances in technology have transformed access to foods, with **online food delivery services (OFDS)** growing rapidly. **Platforms such as UberEats, Menulog, and DoorDash in Australia, and Meituan and Ele.me in China, make ordering food simple and fast.** ... While convenient, OFDS **present both health and environmental challenges.** Meals are often [energy-dense](#) and [nutrient-poor](#) contributing to diet-related risks for chronic disease and undermining United Nations [Sustainable Development Goal 3](#) on health and wellbeing. Additionally, the reliance on [single-use plastics](#), [transport emissions](#) from delivery, and [high-carbon meals](#) are an additional burden on the environment. **As such, OFD companies are increasingly under pressure to address their environmental impacts. We discuss and compare the differences in sustainability approaches between the top OFD companies in Australia and China....”**

Access to medicines & health technology

WHO Bulletin - Policy implications of WHO’s global traditional medicine strategy 2025–2034

https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293414.pdf?sfvrsn=4a83f107_3

By Yuk Ming Alice Wong et al.

WHO Bulletin - Traditional knowledge on health: balancing innovation, ethics and intellectual property

Sumeet Goel et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293487.pdf?sfvrsn=d409dd05_3

“We examine traditional knowledge protection under intellectual property systems, the provisions of the World Intellectual Property Organization treaty, challenges to documentation of traditional knowledge and the role of artificial intelligence in the governance of traditional knowledge. By fostering a legally robust and technology-driven protection system for traditional knowledge, policy-makers can ensure that traditional knowledge remains both a protected cultural heritage and a resource for sustainable innovation in global health....”

WHO Bulletin - Artificial intelligence in traditional medicine: policy and governance strategies

Sameer Pujar et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292888.pdf?sfvrsn=8619f7a6_3

“In this article, we examine the current landscape, identify key obstacles and propose strategies for addressing policy and governance challenges for leveraging the potential of artificial intelligence (AI) to advance traditional medicine systems.....”

Nature (News) – Pharmaceutical giants pull out of UK: why it matters for global science

https://www.nature.com/articles/d41586-025-03001-y?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=16827885

“Merck and AstraZeneca say the United Kingdom is not spending enough on medicines, but **experts say it’s a symptom of underlying weaknesses in the global pharmaceutical sector.**”

Decolonize Global Health

Annals of Global Health - Gandhi and the Decolonisation of Global Health

V Keshri; <https://annalsofglobalhealth.org/articles/10.5334/aogh.4816>

“.... **This essay attempts to inspire action by drawing lessons from the life, struggle and methods of Mahatma Gandhi**, who started his life with a Western dream but later led India’s freedom movement through his unique approach of ahimsa (non-violence) and satyagraha (truth force). Gandhi’s life journey teaches us how decolonisation thoughts develop with the realisation of discrimination and subjugation. His struggles embody how satyagraha can be enforced by applying simple means, such as non-cooperation and civil disobedience, and upheld with strict non-violent means. In global health parlance, Gandhi’s concepts can be effectively applied to foster equal and non-subsidiary partnership, based on the principle of Sarvodaya—equal opportunity for the most marginalised. His principle of self-reliance must be invoked to build up national capacities. In addition, everyone involved in global health should strive to be ‘the change you want to see in the world’. In the absence of such practice, satyagraha should be invoked to ensure fairness in global health.”

Migration & Health

SS&M - Refugee integration in national health systems of low- and middle-income countries (LMICs): evidence synthesis and future research agenda

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625008779>

By A Olab, S Witter et al.

Miscellaneous

Devex - 'Moonshot' education finance facility aims to turn \$1 into \$7 in LMICs

<https://www.devex.com/news/moonshot-education-finance-facility-aims-to-turn-1-into-7-in-lmics-110807>

"The **International Finance Facility for Education** is finally up and running — and it's "a smart aid approach," according to its first CEO, Karthik Krishnan."

"a glimmer of hope for education funding has emerged from Switzerland, where a small team has been working hard to operationalize the long-awaited [International Finance Facility for Education, or IFFEd](#). After nearly a decade of planning, the innovative financing tool is now up and running, with new projects, partners, and donors on board. "

"IFFEd's founding CEO, Karthik Krishnan, said the facility is designed to unlock large-scale, affordable financing for countries most in need — targeting the widening gap between current education aid, which sits at just \$16.6 billion, and the estimated [\\$97 billion](#) required annually to meet Sustainable Development Goal 4 of inclusive and equitable quality education. "Shrinking aid budgets don't mean shrinking ambition. IFFEd's smart aid approach gives us the means to do more with less," Kishnan told Devex...."

"First proposed by the [Education Commission in 2016](#) and officially launched at the United Nations' [Transforming Education Summit in 2022](#), IFFEd aims to boost learning in [lower-middle-income countries](#) by mobilising more low-interest loans from multilateral development banks, or MDBs, for education and skills projects. Its bold financial model claims to turn \$1 in donor funding into [\\$7 in project finance](#)....." (*Jesus could've learnt a thing or two from these bold facilities in terms of magically multiplying stuff 😊*)

PS: "Having initially hesitated, the [World Bank](#) is now [set to partner](#) with IFFEd, joining the [Asian Development Bank](#), which is [already working with IFFEd](#) in 10 countries across Asia to mobilize education and skills projects worth [\\$500 million](#), with guarantees and grants from Canada, Sweden, and the United Kingdom...."

Papers & reports

Lancet Global Health – October issue

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

We already flagged a number of reads from this issue in above sections. But check out also:

- Editorial – [South Asians need culturally informed NCD action](#)

Concluding: "As governments prepare for the 2025 UN High-Level Meeting on NCDs, the disproportionate diabetes burden in south Asians demands urgent attention. Unless we invest in

adequately resourced and culturally responsive primary care services, integrating mental health care and harnessing the role of families, many countries will remain woefully off track to meet the 2030 target of one-third reduction in premature NCD mortality. Data and new biological insights, although vital, will not close this gap without culturally adapted health system reform.....”

- Comment - [Monitoring the benefits of human papillomavirus vaccination in low-income and middle-income countries](#)

BMJ GH Supplement - The evidence to establish global guidelines on hand hygiene in community settings

https://gh.bmj.com/content/10/Suppl_7

Launched yesterday.

Blogs & op-eds

Merlin Ince - Masking Inequality: How “Upper-Middle Income” can be a justification for neglect

<https://marginalidentity.com/2025/09/10/masking-inequality-how-upper-middle-income-can-be-a-justification-for-neglect/>

Recommended blog.

Tweets (via X & Bluesky)

Robert Reich

“The 400 richest Americans are now worth a record \$6.6 trillion, after getting \$1.2 trillion richer over the past year alone. Meanwhile, the rest of the country is getting squeezed by tariffs and high prices for groceries, utilities, and health care. The system is broken.”

Katri Bertram

“For the “let’s shape the #globalhealth architecture!” groups, please please read up on “veto players” if you’re serious about influencing change.”

M Kavanagh

“New US Global Health strategy is mostly a mess, with a few good points interwoven. Mess: you can’t stop pandemics w surveillance alone but that’s disproportionately the strategy. Good point: too much US aid never leaves the US + glad to see Lenacapavir there. “

