

# IHP news 849 : Run-up to the World Health Summit in Berlin

( 10 October 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,

The week started last weekend with the Inaugural [World Postpartum Haemorrhage Day](#) (5 October) and ends today with **World Mental Health Day** (10 Oct). Let's hope the mental health of billions of people won't get another hit after learning the name of today's Nobel Peace prize winner.

On Sunday, the **World Health Summit** kicks off in Berlin, themed this year "***Taking Responsibility for Health in a Fragmenting World***". In a Devex op-ed, WHS president **Axel Pries** reckons, with a whiff of a [Mel C classic](#) from the end of the nineties, "[\*The global health landscape will never be the same again – and it shouldn't be\*](#)". Together with Rajeev B R (IHP resident), I'll be in Berlin - at least if the Force of the Deutsche Bahn is with us : ) I'm already bracing myself for the 'reimagining and resetting' conversations that will be all around. On Wednesday, [HEAR CSO](#) was officially launched, a collaborative global civil society initiative to help reimagine global health. Others want to go even further, not just "[Reimagining Global \(but also\) Planetary Health](#)" while they're at it. I agree with them: it's very much needed indeed.

Having said that, many things will probably remain quite the same, even if they should change sooner rather than later.

For example, in spite of the **2-year anniversary of "7 October 2023" and its horrific aftermath**, I don't expect many tricky questions in official WHS press releases nor from keynote speakers at the "[Signature event" on Monday evening](#) for German chancellor Friedrich Merz on his rather one-sided Israel-Gaza stance of the past year (*including [on Eurosong](#) lately*). (*Merz won't be there, I think, but questions can perhaps be 'conveyed' via the German Minister of Health ?* ) ). Most will refrain from asking awkward questions to the German hosts, I bet, and will thus implicitly agree with how power tends to define ( *or rather confine* ) "global health", even more so than in the past.

Meanwhile, **at the EU**, some people (privately) seem to think the answer to less (public) money for aid and global public goods is "**a strong narrative**". Or as a working paper put it, "[The answer to less money is better PR](#)". In [Von der Leyen speak](#), that sounded a lot better, at this week's **Global Gateway Forum** in Brussels: " ...With support under Global Gateway, private sector investments are already strengthening Africa's health and food sovereignty."

More in general though, **leaders like Merz, Macron & Starmer** (*two of them are 'patrons' of the WHS*) **and von der Leyen have no clue whatsoever of what it takes to hold off the radical right**. Among others, that would require a far broader and different interpretation of "global health", linking it with tackling inequality at all levels. As also in a number of European countries, time is

running out to rein in the billionaire class (*and the fascism in its slipstream*). In a new book, **'Burned by billionaires'**, Chuck Collins [builds on](#) work from Robert Frank who already in 2007 (discussing the rich in the US), imagined the different levels of wealth as **"Richistan" villages: "Affluent Town, Lower Richistan, Middle Richistan, Upper Richistan and Billionaireville....."** As you know, things have only gotten worse since 2007 in the US in this respect, with the results we can now see. It's not a nice view.

In times of massive societal upheaval and plenty of crises, certainly including the war in Ukraine, and with AI already on the horizon as yet another [trend](#) increasingly jeopardizing tax bases (*and thus welfare states*), I hope many keynote speakers, panelists and other participants at the WHS **will make this link between global health and taking on inequality**. Yes, our welfare states are under huge pressure. But no, making the rich and powerful even richer and more powerful (while everybody else obviously "has to make sacrifices") is not the way forward. If the global health community fails to make that link, chances are we'll be fighting increasingly for crumbs (*except Big pharma, which will "adapt" as always*). In Berlin, of all places, they should know what the risks are if you get things wrong in times like ours.

Sadly, all around the world **the radical-right captures most of the 'anti-establishment' vibes nowadays**, and it's certainly not the World Health Summit that will change this. Even if improved compared to some years ago, the World Health Summit still fairly 'welcomes' the Global Health establishment. Yet, if we do want to regain the fighting spirit of the 70s (and end of the 90s) in all these 'reimagining' global health exercises, **we need to become a lot more anti-establishment**, also to get more of the young ( *i.e. the "angry Gen Z" that is [increasingly on the radar of "the powers that be"](#)*) on our side. Which, I guess, also means we have to take on our own Global Health establishment (and not leave it to the radical-right to do so [in their rather disastrous ways](#) ....). So **let's take some real "responsibility for Health in a Fragmenting world" at this year's WHS**.

Meanwhile, in the US, citizens are already "enjoying" radical-right leadership and its quite peculiar interpretation of ["human flourishing"](#). The Trump administration currently also seems to fancy a certain **"à la carte" attitude towards the UN system** (*among others with respect to [UN peacekeeping](#) and the [WTO](#)*), all while a [worrying expansion of the Global Gag rule seems in the making](#). As others have pointed out, the African Union should "deal with" the new US Global Health Strategy (which prefers bilateral deals over multilateralism), and its risks, in a joint way. That is also part of the 'health sovereignty' now rightly claimed by Kaseya and others, in my opinion.

Which brings me to a few final **conferences & events** worth flagging. The [International Conference on PHC](#) ends today in Addis. Theme: *"Advancing Primary Health Care in the 21st Century: Putting People First."* Already, the public health community in Africa is gearing up for the [4th International Conference on Public Health in Africa \(CPHIA\)](#) (22-25 October, Durban), and somewhat later, the **G20 Health Ministers' meeting**. Last but not least, as some of you will know, next week the [annual IMF/World Bank meetings](#) are also scheduled. Cross fingers they don't kiss the emperor's ring too much over there : )

We leave you with a **quote from new GAVI Board chair Helen Clark**: *"One can only feel an enormous sense of relief that the 1st phase of the plan for #Gaza has been agreed. While the road ahead will be difficult, for the hostages & prisoners & detainees to be released & their families, this news is tremendous."*

Agree. Though like many others, I don't exactly trust this Israeli government for the "next phase".  
(Yet another reason to try get the German government on board to keep up the international pressure...)

Enjoy your reading, and see you in Berlin!

Kristof Decoster

## Featured Article

### Kerala's Low IMR, High Costs: A Lesson for India

**Naziya K B** (*dentist & public health researcher based in Chennai*)

The [Infant Mortality Rate \(IMR\)](#) is more than just a number. It is one of the clearest mirrors of a nation's wellbeing. A high IMR tells a story of unmet health needs, malnutrition, unsafe water and sanitation, and gaps in prenatal and newborn care.

Although India's IMR has [fallen to 25](#) deaths per 1,000 live births, regional disparities persist. While some regions in India struggle with fragile systems, Kerala, a state in southern India, has achieved a remarkable [IMR of 5](#). That is five times lower than the national figure and even better than some developed countries, such as the United States (5.6). At the same time, the rates in Indian states such as Chhattisgarh, Madhya Pradesh and Uttar Pradesh remain near 37 – they carry disproportionately high infant mortality burdens. In 2023, [16 infants died in a Maharashtra](#) hospital due to medicine and staff shortages. Two years later, in Uttar Pradesh, [a woman and her new-born died](#) in an unregistered hospital. These (mediatized) tragedies expose deep cracks in India's maternal and child health system, where weak infrastructure and poor regulation can turn childbirth into a crisis.

Kerala tells a different story. Its exceptional performance is the result of an integrated model with decades-long investments in public health, primary care, female education, land reforms, and social welfare policies. ....

- Continue reading on IHP - [Kerala's Low IMR, High Costs: A Lesson for India](#)

## Highlights of the week

### Overview of the Highlights section & 5 reads of the week

Structure HL section:

- Run-up to the World Health Summit in Berlin
- Reimagining/Resetting global health

- More on Global Health Governance & Financing
- Global tax justice
- PPPR
- AMR
- Health Emergencies
- Malaria
- Trump 2.0
- World Postpartum Haemorrhage Day (5 Oct) & other SRHR updates
- NCDs & commercial determinants of health
- Access to medicines, vaccines & other health technologies
- Planetary Health
- Conflict & health
- Miscellaneous

#### Five reads of the week:

- Medico International (interview with Sophie Harman): [Crisis of legitimacy](#)
- BMJ Editorial - [Promise and gaps in America First strategy for global health](#)
- Guardian - [US 'undermining global health' by threatening to strip funding from aid projects that do not fit its political agenda](#)
- Oxfam (press release) - [Two thirds of climate funding for Global South is loans as rich countries profiteer from escalating climate crisis](#)
- Spark Street Advisors: [Initiatives on Reimagining Global Health Architecture: A Primer](#).

## Run-up to the World Health Summit in Berlin

### Global Governance Project - Health: a political choice – the Future of Health in a fractured world

Edited by I Kickbusch & J Kirton;

<https://edition.pagesuite.com/html5/reader/production/default.aspx?pubname=&pubid=f3bb5dcb-ce41-4abb-9e73-c95a46e20edc>

Worth scanning, as usual, ahead of the WHS. It tackles a **central question**: “**how do we build resilience, equity and trust when the systems meant to protect us are under strain?**”

“This publication brings together leading voices from the World Health Organization, the United Nations, governments, science, and civil society to explore how we can build resilience, equity, and trust in an era of fragmentation. “

Including, among others I Kickbusch (on p. 21-22): “**Global health transformation 3 x 3 x 3**”.

“**Three major crises** – Covid pandemic, funding withdrawal and geopolitical power shifts have exposed systemic weaknesses. **WHO reform and a new 3x3x3 approach are urgently needed to**

**refine the future of health.....”**. The article describes three major crises for global health, three systemic issues that must be addressed, and three areas for strategic reform of WHO.

PS: No longer discerning a ‘cosmopolitan moment, Kickbusch now argues **“The world is in a multipolar moment”**.

## **Devex – The global health landscape will never be the same — and it shouldn’t be**

A Pries (president of the World Health Summit); <https://www.devex.com/news/the-global-health-landscape-will-never-be-the-same-and-it-shouldn-t-be-110970>

“Opinion: At this point, **we cannot talk about small cosmetic changes needed** in the global health system — **we need a structural reform to make our multilateral system more efficient, robust, and fair.**”

Listing **four points**.

## **Virchow Prize Lecture 2025: Theme: Advancing women, maternal, newborn, and child health equity**

<https://go.esmt.berlin/Virchow-Prize-Lecture-2025-registration>

Taking place on October 10. “The [Virchow Foundation](#) and [ESMT Berlin](#) are delighted to host the distinguished **Virchow Prize Lectures in honor of the 2025 Laureates, Quarraisha Abdool Karim and Zulfiqar A. Bhutta.**”

“This year’s Laureates are **recognized “for their pioneering, lifelong leadership in advancing maternal, newborn, and child health equity through community-centred, evidence-based research.”**

## **Reimagining/Resetting global health**

### **Launch of Health Architecture Reimagined-Civil Society Organisations (HEAR CSO)**

<https://hearcsso.org/#about>

The launch event took place on Wednesday. See also <https://hearcsso.org/>

**“Health Architecture Reimagined - Civil Society Organisations (HEAR CSO)** project and consultations on the future of global health architecture. Through these consultations, civil society groups and communities around the world will share their visions and priorities for the future.... **... HEAR CSO continues through to July 2026** with consultations including:....”

**“HEAR CSO is steered by a diverse consortium of civil society and community networks and organizations** including WACI Health, Civil Society Engagement Mechanism (CSEM) for UHC2030, STOPAIDS, Noncommunicable Diseases (NCD) Alliance, Global Fund Advocates Network (GFAN), Global Network of People Living with HIV (GNP+), and International Treatment Preparedness Coalition (ITPC).....”

*(ps: I did like the ‘polyvocal’ emphasis by the organizers – they won’t aim for “one” civil society blueprint)*

## **Spark Street Advisors - Initiatives on Reimagining Global Health Architecture: A primer**

C Greiner, N Schwalbe et al ;

[https://www.sparkstreetadvisors.org/files/ugd/e6a589\\_920a151d2a3d4a97aa46ab3670612a61.pdf](https://www.sparkstreetadvisors.org/files/ugd/e6a589_920a151d2a3d4a97aa46ab3670612a61.pdf)

**“....In this report, we summarize five texts that set out visions, principles, and concrete proposals on reforming GHA.** The papers include: • The Lusaka Agenda • The Wellcome Trust’s discussion papers from five different regions • Functions of the Global Health System in a New Era comment • The Gavi Leap • The Accra Initiative: African Health Sovereignty in a Reimagined Global Health Architecture....”

## **More on Global Health Governance & Financing**

### **Helen Clark named as new Chair of the Gavi Board**

<https://www.gavi.org/news/media-room/helen-clark-new-chair-gavi-board>

Replacing J M Barroso (which cannot be a bad thing : ) ). Clark begins in January 2026.

### **Devex - UNAIDS faces uncertain future amid UN reform push**

[Devex](#);

“The U.N. HIV/AIDS agency's board decided to reaffirm its decisions back in June where UNAIDS presented a **two-phased transition plan for the next five years**. But there remain uncertainties on the way forward.”

**“.... The board**, which is composed of 22 member state countries, 11 U.N. agencies that serve as the program’s cosponsors, and five seats for representatives of NGOs and people living with HIV and AIDS, **met for a special session on Wednesday**. According to a **statement by the Africa group**, seen by Devex, **the [UN SG General] proposal (i.e. to sunset UNAIDS next year) “risks creating confusion, misinterpretation, and undermines the decisions and authority of the intergovernmental bodies charged with oversight of UNAIDS.”** It added that any attempt to **accelerate UNAIDS’ transition could further disrupt “an already fragile [HIV] response.”** The Netherlands noted that it also feels a “sense of urgency” to implement reforms, but cautioned

against rushing the process. **But it seems some member states want to focus on alignment with the U.N.'s wider reform effort...."**

PS: "NGOs opposed to the 2026 sunset plan have called on member states of the UNAIDS board and observers to "actively oppose" the "premature closure" and for the U.N. secretary-general to meet with them directly, arguing that their voices also need to be heard regarding UNAIDS' future...."

## **GHF – A No-Confidence Motion at World Health Organization: The Real Crisis is Leadership (guest essay)**

P Patnaik; [Geneva Health Files](#);

Last week on Friday afternoon, Priti Patnaik came with an update/correction on the **op-ed by Ed Kelley** published last week on Thursday.

**"Correction:** Taking cognizance of its importance, we take full responsibility in publishing the following opinion piece on Thursday, October 2. We had first published the following in the guest essay below that said: "In two meetings on 22 and 26 September, the WHO Staff Association (HQSA) convened an Extraordinary General Assembly at which staff passed a motion of no confidence for the first time ever against a sitting Director-General for the handling of restructuring and downsizing measures." We mis-stated: **the text of the no confidence vote was not against the Director-General of the WHO per se. For clarification, the text of the no confidence vote express no confidence in the 2025 prioritization process and those responsible for this process."**

"The essay has been amended to reflect this change as follows: **"In two meetings on 22 and 26 September, the WHO Staff Association (HQSA) convened an Extraordinary General Assembly at which staff passed a motion of no confidence for the first time ever during the tenure of a sitting Director-General, against the 2025 prioritization process,** "noting that those responsible failed to ensure fairness and transparency throughout the process." **We understand that it is the first no-confidence vote during the tenure of a sitting Director-General.** (Of the more than 2,500 staff, less than 600 attended the meeting last week, and 170 voted in favor, sources clarified. Casting of the votes were reportedly not anonymous.)...."

## **Africa CDC and Government of South Africa Announce 4th International Conference on Public Health in Africa (CPHIA), 22–25 October 2025, Durban**

<https://africacdc.org/news-item/africa-cdc-and-government-of-south-africa-announce-4th-international-conference-on-public-health-in-africa-cphia-22-25-october-2025-durban/>

Press release 7 October. **" The 4th International Conference on Public Health in Africa (CPHIA 2025) will take place from 22 to 25 October 2025 in Durban, South Africa, under the theme "Moving Towards Self-Reliance to Achieve Universal Health Coverage and Health Security in Africa."**

**"Co-hosted by the Africa Centres for Disease Control and Prevention (Africa CDC), and the Government of South Africa, in collaboration with AfricaBio's 8th Annual BIO Africa Convention,** the conference will convene political leaders, policymakers, researchers, innovators, civil society,

and youth to define Africa's pathway toward stronger, more resilient health systems and reduce dependence on foreign aid. ..."

**"This year's conference also holds strategic global significance. It will precede the G20 Health Ministers' meeting, taking place under South Africa's Presidency in early November 2025. The CPHIA 2025 Outcome Declaration – the "Durban Declaration" will capture Africa's collective voice, positioning African-led solutions at the centre of global health reform."**

**"CPHIA is a critical opportunity to promote an African-led agenda for health, anchored in self-reliance and transformation."** said Professor Olive Shisana, CPHIA 2025 Co-Chair. **"We aim to align around a Durban Declaration that ensures these priorities are front and centre during the G20 and Global Fund Meetings in November."**

**"The G20 Health Ministers' meeting will focus on accelerating health equity, solidarity, and universal health coverage, addressing the world's most urgent public health challenges through dialogue, innovation and partnership. These outcomes will feed into the G20 Leaders' Summit in Johannesburg in November 2025, where Africa's priorities on health and development will take centre stage."**

- See also Health Times - [Domestic Health Financing To Be Top Of The Agenda For CPHIA 2025](#)

The tone has already been set for the hosting of the Fourth International Conference on Public Health in Africa (CPHIA 2025) scheduled for Durban, South Africa from October 22 to 25, 2025. **The conference will deliberate on numerous issues, chief among them domestic health financing, as Africa seeks sustainable solutions amid dwindling donor support. .... Speaking during the virtual media launch of the 4th CPHIA, Dr. Jean Kaseya, Director General of the Africa CDC, said Africa's healthcare systems are under siege from multiple factors including conflict, climate shocks, and a 40 percent surge in public health threats. He noted that CPHIA 2025 will focus on developing lasting solutions to the continent's domestic health financing crisis...."**

**"... the 2025 program is built around three core pillars: primary healthcare transformation, predictable health financing, and local manufacturing of vaccines, medicines, and diagnostics. These pillars will be explored through eight thematic tracks focusing on areas such as health product manufacturing, digital health, climate resilience, and pandemic preparedness...."**

### **Bloomberg - Africa Must Quell its Reliance on Outside Money, Godongwana Says**

<https://www.bloomberg.com/news/articles/2025-10-02/africa-must-quell-its-reliance-on-outside-money-godongwana-says>

Coverage of an AU event in Jo'burg last week. **"Africa faces a "distressing decline" in foreign health aid and should raise more money domestically, including via taxes on tobacco and alcohol, said South African Finance Minister Enoch Godongwana. "Our continent's health sector is facing a phalanx of multiple crises," he told an African Union event in Johannesburg [last week] on Thursday. Africa must "take charge in strengthening the resilience of our health financing whilst strategically weaning ourselves off external financing that is becoming less reliable."**



**“... Still, Washington’s pivot creates an opportunity for Africa to flex its leverage as a vital source of critical minerals and other scarce resources, for which the West is competing with China and others from the Global South. “Africa holds the keys to the solutions for the challenges the world faces,” Godongwana told the conference — which is discussing how to bridge Africa’s health financing gap — but it needs a new approach to development because “the era of aid is largely over.” “This calls for new principles of global co-operation, more effective global finance for investment and economic transformation in Africa,” he said. “African countries must now approach development through the lens of sharper investment discipline.” ...”**

**“... “The prospect of a multipolar world presents the African continent with opportunities to break free from old modes of development and trade,”** Godongwana said. “New forms of multilateral cooperation and new partnerships for development are being forged, quite literally as we speak.”

### **Devex - Will the World Bank-IMF meetings try to fly under the political radar?**

<https://www.devex.com/news/will-the-world-bank-imf-meetings-try-to-fly-under-the-political-radar-111054>

(gated) “With the annual meetings around the corner, Clemence Landers of the Center for Global Development and David McNair of ONE reflect on the **World Bank’s keep-your-head-down agenda.**”

“The **World Bank-International Monetary Fund annual meetings** are always closely watched for any big announcements and, perhaps even more importantly, any hints about the trajectory of their priorities and agenda.”

**“... This year ... the agenda, while still emphasizing traditional priorities such as jobs, may be a quieter, more subdued one** — a reaction to the tenuous relationship that multilateral institutions, such as the [World Bank](#), have with a multilateral-averse administration that’s hyper-focused on U.S. President Donald Trump’s “America First” policies. **“Stealth mode”** is how Clemence Landers described **the bank’s approach to this year’s annual meetings** at a [Devex Pro Briefing](#) on Wednesday....”

### **Bretton Woods Project - Annual Meetings 2025 Preamble: Bank and Fund struggle to find response to global backlash to neoliberalism, as ‘new Bretton Woods’ reforms sputter**

[Bretton Woods project](#);

**“Implications of lack of reform at IMF and World Bank grow more serious as threats to multilateralism, the democratic state and geopolitical tensions deepen.** Despite important policy and process reviews and organisational restructures at BWIs, **hopes of reform remain low.** Trade tensions challenge the role and relevance of the Bank and Fund as austerity and private capital mobilisation orthodoxy remains.”

### **Devex – Exclusive: World Bank president announces restructuring in staff email**

<https://www.devex.com/news/exclusive-world-bank-president-announces-restructuring-in-staff-email-111053>

**“Ajay Banga lays out the consolidation of various functions across the World Bank Group's public and private arms as the bank seeks greater efficiency.”**

« The **World Bank Group** is making significant internal structural changes — bringing a variety of different divisions from its public and private sector arms together into centralized operations, according to an email President Ajay Banga sent to staff Wednesday that was obtained by Devex....”

Among others: « ...The first change outlined in the email is a **consolidation of knowledge teams of the bank’s public sector operations — the International Bank for Reconstruction and Development, or IBRD, and the International Development Association, or IDA — which would join forces with the International Finance Corporation, the bank’s private sector arm, to form a single team..... It will work across five verticals: people, prosperity, planet, infrastructure, and digital. The bank has also focused its knowledge work on supporting country partnership frameworks, helping design bankable projects and shifting from more academic reports to focus on areas with “real-world effect,” Banga wrote.....”**

### **Devex (Opinion) - Why the World Bank meetings need to have health taxonomy on the agenda**

H Baton (executive director of the **G20 and G7 Health and Development Partnership**);  
<https://www.devex.com/news/why-the-world-bank-meetings-need-to-have-health-taxonomy-on-the-agenda-111044>

**“A health investment framework** is vital to align governments, investors, MDBs, and companies to attract capital, transforming health financing into a driver of economic resilience and country self-reliance.”

“As fiscal constraints tighten and overseas development assistance diminishes, **multilateral development bank leaders, including those of Group of Seven, Group of 20, BRICS, and Asia-Pacific Economic Cooperation** countries, must prioritize sustainable health financing at these meetings by placing a new health investment framework — **a health taxonomy** — at the heart of their discussions at the World Bank annual meetings next week. **A health investment framework, that we call the health taxonomy, was launched by the G20 and G7 Health and Development Partnership** with partners from the Tecnológico de Monterrey in Mexico, **Harvard University**, and the WifOR Institute **at the Health20 Summit in June**. It provides the blueprint for a strategic imperative to align stakeholders, attract private capital, and foster country self-reliance, ensuring equitable and resilient health systems....”

PS: “ **“The Health Taxonomy” report highlights the critical communication gap between policymakers, investors, companies, and MDBs due to confusion between health funding (allocating money for specific programs) and health financing (systemic resource management). This misalignment fragments efforts and undervalues health as an economic driver.....”**

### **Euractiv - Inside the EU's private assessment on Trump's massive aid cuts**

Vince Chadwick; <https://www.euractiv.com/news/inside-the-eus-private-take-on-trumps-massive-aid-cuts/>

(see also this week's intro) "The US cuts will leave funding gaps for fragile countries in the areas of rule of law, human rights, security and migration. But **with the EU also cutting aid, it now needs 'a strong narrative' abroad, officials say.**"

**"Donald Trump's deep cuts to US foreign aid open the door for the EU to wield greater influence abroad – but risk undermining health programs and fuelling a resurgence of ISIS in Syria, according to a confidential working paper, circulated among EU national officials before the summer and since obtained by Euractiv. When the Trump administration gutted foreign aid programmes earlier this year, the EU's official line was that the bloc "cannot fill the gap left by others". Behind the scenes, however, officials from the European Commission and the EU's External Action Service were arguing that there were steps the bloc could take, provided these served European interests and values."**

**"The US withdrawal of \$14 billion in global humanitarian funding – or 41% of the total – has put into question the "survival of the multilateral humanitarian system", the paper notes...."**

## Devex – Gateway driver

[Devex](#)

**"The European Commission and the World Bank Group are teaming up to roll out 18 big-ticket projects in energy, transport, and digital infrastructure across Africa, Asia and the Pacific, and Latin America and the Caribbean. Announced on the sidelines of the Global Gateway Forum, which begins today in Brussels, the partnership aims to turn investments into "jobs, services, and results."**

**"Creating jobs is a strategic choice," said World Bank's Ajay Banga. "Together, the European Commission and the World Bank Group can align investments, unlock private capital, and deliver results at a scale neither could reach alone." European Commission President Ursula von der Leyen added: "Today, we are taking our partnership with the World Bank to the next level. ... This will make sure that Global Gateway's strategic investments ... can crowd in maximum private capital...."**

## Eurodad - Civil society highlights the real impacts of the Global Gateway ahead of EU Forum

[https://www.eurodad.org/civil\\_society\\_highlights\\_the\\_real\\_impacts\\_of\\_the\\_global\\_gateway\\_ahead\\_of\\_eu\\_forum](https://www.eurodad.org/civil_society_highlights_the_real_impacts_of_the_global_gateway_ahead_of_eu_forum)

(7 Oct) "As the European Commission prepares to **showcase the Global Gateway as a "success story" at its official Forum on 9–10 October in Brussels**, civil society organisations are warning that the **perspectives of those most affected are largely sidelined.** "

**"ActionAid EU, CONCORD Europe, Counter Balance and the European Network on Debt and Development (Eurodad) will host an event on the morning of 8 October. This will provide a platform for **Global South civil society** who will join MEP Udo Bullman and Permanent Representative of Denmark to the EU Magnus Guldberg, to **debate how and if the Global Gateway is reducing inequalities and helping combat climate change - or entrenching existing North–South power divides.** ..."**

One quote perhaps: “Frank Vanaerschot, Director of Counter Balance, said: ***“The EU Global Gateway has become the dominant strategy in EU external policy but it is deeply problematic. It uses the development budget, but is increasingly prioritising EU companies and geopolitical interests over climate and energy projects which prioritise local climate action and strong social and economic benefits. “It also gives little space for local communities and civil society in decision making. We see this reflected in the Global Gateway Forum agenda which is why we are holding this event to help rebalance the debate.”...***”

### Devex - EU unveils investment hub to boost private sector engagement

<https://www.devex.com/news/eu-unveils-investment-hub-to-boost-private-sector-engagement-111058>

**“The EU's newly launched investment hub aims to bring business deeper into development. But civil society critics say it risks furthering a development plan that puts profit before poverty reduction.**

Von der Leyen launched the **Global Gateway Investment Hub** at the Global Gateway forum in Brussels. Read what it entails.

### Medico International - Crisis of legitimacy

<https://www.medico.de/en/crisis-of-legitimacy-20233>

Interview with **Sophie Harman** – ahead of the **side event in Berlin** (14 Oct).

**“The global right is launching an attack on global health. Its success in this endeavour is partly home-grown. Interview with Sophie Harman.”**

**“On 14 October 2025, the German Platform for Global Health (dpgg), will host a conference entitled 'Defending the Right to Health', medico is among the organisers. Running alongside the World Health Summit in Berlin, the conference will examine those attacking the right to health and discuss the connection between their rise and neoliberal structural measures. Sophie Harman will contribute as keynote speaker on the topic of 'Health as a Battleground for the Far Right'.”**

Excerpt: **“How does the far rights policy affect global health multilateralism in the global south? It's not just about cutting funding or ending membership of WHO, but it's also who's the next Director General of the WHO going to be? They want someone who represents the interests of the global right. Just as Robert Kennedy is undermining the system from within as US Secretary of Health, similar attempts are being made globally. This is resonating with a real crisis of legitimacy in global health. The Gates foundation is a really good example. If you think about all the conspiracy theories about Bill Gates and vaccines. But at the same time, the Gates Foundation, one of the biggest funders of global health around the world, is not accountable to anyone. You can see all of this backlash coming from real questions of legitimacy.”**

### Crisis Group - Ten Challenges for the UN in 2025-2026

<https://www.crisisgroup.org/global/sb13-ten-challenges-un-2025-2026>

Analysis from before #UNGA80 (with focus on humanitarian crises).

One of these key challenges being (via **Rajat Khosla** on Bluesky): **“8. Meeting Sexual and Reproductive Health Needs in Conflict Settings” “As budget cuts upend the UN system, sexual and reproductive health services in conflict zones are at particular risk.”**

## **Devex - Can countries tax their way out of a global health funding crisis?**

A Green; <https://www.devex.com/news/can-countries-tax-their-way-out-of-a-global-health-funding-crisis-110956>

**“With official development assistance plummeting, governments are under pressure to make up the funds through **taxes on tobacco, alcohol, and sugary beverages. But these levies may not be a financial panacea.**”**

**“The [Task Force on Fiscal Policy for Health](#), which includes Michael Bloomberg among its co-chairs, [has determined](#) that raising the price of tobacco, alcohol, and sugary beverages by 50% would save 50 million lives and raise \$3.7 trillion in revenue over five years — including \$2.1 trillion in LMICs. **Those claims have been met with some skepticism — and not just by the industries that are affected. Some experts say advocates are overlooking challenges to establishing and maintaining these taxes and overstating just how much revenue they can actually generate.**”**

**“...With its new [3 by 35 Initiative](#), the [World Health Organization](#) is at the forefront of the effort to **expand excise taxes**. Still at an early stage, the initiative is building a team of collaborators who can help countries at every step in the process, from designing health taxes, building support for them, and then sustaining them over time. **The 3 by 35 team takes a slightly more conservative approach than the task force. Guillermo Sandoval, an economist in WHO’s fiscal policies for health unit, told Devex, that “not every country will go to 50%” — at least not immediately. Still, the initiative estimates that if countries collectively get to that rate by 2035, they could raise \$1 trillion....**”**

**“Jeremias Paul, who heads WHO’s fiscal policies for health unit, points out that **health systems will also accrue savings because the reduction in smoking and consumption of alcohol and sugary beverages will lead to a decline in NCDs....**”**

**“... Despite this promise, though, advocates say countries are not seizing on their potential. A [recent report](#) from [Vital Strategies](#), a global public health organization, looked at health taxes in Africa and concluded that where taxes on tobacco, alcohol, and sugary beverages were in place, the rates were usually set below what advocates recommend — often lower than 50%. The reason for this, Paul told Devex, often has to do with **stiff opposition from the industries that make and sell the products....**”**

## **CGD - How Has the IMF Engaged on Health Taxes?**

S Gupta et al; <https://www.cgdev.org/blog/how-has-imf-engaged-health-taxes>

**“.... In a forthcoming paper, we review the IMF’s policy advice on health taxes over the 15-year period from January 2010 through the end of 2024. The analysis covers **IMF surveillance of national economic policies, lending programs, technical assistance on tax policy and administration, and****

**multilateral surveillance.** While health policy lies outside the IMF's direct mandate, the institution influences it indirectly through its work on tax mix and domestic resource mobilization....."

"The IMF's core mandate is to safeguard the stability of the international monetary system by conducting surveillance of monetary, fiscal, exchange rate, and financial policies critical to macroeconomic and financial stability in its member countries. Unsurprisingly, based on our review of more than 5,400 IMF documents, **we find that health taxes have not been a central focus of IMF engagement.....**" Check out the detail.

Authors conclude: ".... **IMF advice could therefore more explicitly support countries in realizing this untapped revenue potential as part of its broader work on tax mix and domestic resource mobilization.** Still, the appropriate level of sin taxation is necessarily country-specific, shaped by administrative capacity, regional coordination, and smuggling risks....."

### ODI (Expert Comment) - MDB Insights Annual Meetings 2025

A Prizzon et al ; <https://odi.org/en/insights/mdb-insights-annual-meetings-2025/>

"MDB Insights – ODI Global's newsletter rounding up our latest ideas and analysis about multilateral development bank (MDB) reform, and other pressing development finance issues."

### MSF (report) – Deadly gaps

<https://www.msf.org/report-deadly-gaps>

From a while ago, but worth reading again ahead of the Global Fund replenishment in November.

"In November 2025, the Global Fund, the main funder of a worldwide response to HIV, tuberculosis, and malaria, will host its eighth replenishment conference, where donor countries will make pledges to fund its vital, life-saving work. **Ahead of the conference, Médecins Sans Frontières (MSF) has released a report based on our experience with the communities we serve. This report highlights the challenges this replenishment faces, including the impact of shrinking donor support.** Without sufficient funding there will be antiretroviral, antimalarial and tuberculosis drug stockouts, people will travel long distances only to be turned away at dispensaries, community health workers will go unpaid or under-supported, and critical prevention activities will be neglected. These challenges are not confined to 'fragile' settings. People in countries with functioning health systems that are simply under-resourced will also feel the impacts. **This report references findings from Burundi, Central African Republic (CAR), Democratic Republic of Congo (DRC), Guinea, Kenya, Malawi, Mali, Mozambique, Pakistan, Philippines, South Sudan, and Sudan.**"

### FP Analytics – Innovation and Investment to Transform Women's Health Across Generations

<https://fpanalytics.foreignpolicy.com/2025/08/28/innovation-investment-womens-health/>

"Catalyzing economic growth, unlocking social gains, and strengthening resilience for societies around the world."

PS: **“This issue brief is the first installment of a broader FP Analytics research project on women’s health supported by the Gates Foundation.** A series of insight briefs are forthcoming in late 2025 and early 2026 on a range of key topics, including maternal and infant mortality, health misinformation, and the role of catalytic investment and innovation in improving women’s health and generating economic growth.”

## **Health systems & Reform - Correcting Market and Government Failures in Tackling the Global Growth of Type 2 Diabetes: Application of WHO’s Common Goods for Health Approach**

Agnes L. Soucat et al ;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2025.2550883?src=>

**“Following the global health challenge of Ebola, the World Health Organization (WHO) developed a new approach to prioritizing health policy actions when both markets and government fail. The new approach, Common Goods for Health (CGH), is applied in this paper to identify priority actions to tackle failures in addressing the increasing prevalence of type 2 diabetes globally. National governments could realistically implement these actions to efficiently and equitably reduce the prevalence of type 2 diabetes, a non-communicable disease that is growing in every region of the world. The paper identifies three broad categories of CGH actions: (i) earlier risk identification; (ii) better communication for behavior change; and (iii) reforming tax/subsidy policies on food.”**

## **Project Syndicate – Rethinking Value-Added Taxes for Developing Economies**

Rabah Arezki, Grégoire Rota-Graziosi, and Rick van der Ploeg; <https://www.project-syndicate.org/commentary/how-vat-has-failed-developing-economies-by-rabah-arezki-et-al-2025-10>

**“For decades, the VAT has been a cornerstone of tax systems worldwide, providing governments with a stable source of revenue and fiscal flexibility. But in many countries, it has not replaced lost tariff income and has encouraged exports of raw materials, highlighting the need to align tax policy with national development priorities.”**

Pointing to **China’s example.**

**“.... China’s experience offers a useful model for resource-rich countries seeking to adjust their VAT to meet fiscal and developmental objectives.** It demonstrates that, with careful design and implementation, such taxes can be reshaped to promote industrialization, foster diversification, and achieve long-term economic stability. **For developing economies** – many of which now grapple with severe budget constraints and the need to create productive, well-paying jobs for growing populations – **the lesson is clear: to break the cycle of dependence that holds them back, they must reform the VAT.”**



## Global tax justice

### Guardian -Boom time for US billionaires: why the system perpetuates wealth inequality

<https://www.theguardian.com/news/2025/oct/06/billionaire-class-us-inequality>

“As the super rich grow even richer, **inequality expert Chuck Collins** says the system is broken – but it can be fixed.”

“In his **new book Burned by Billionaires**, inequality researcher Chuck Collins argues that **the system that perpetuates wealth inequality is purposely opaque to most Americans**. .... Collins, a **director at the Institute for Policy Studies**, is no stranger to wealth. A great-grandson to Oscar F Mayer, the founder of the meat processing brand, **he is a member of the Patriotic Millionaires**, a non-partisan group of wealthy Americans who advocate for higher taxes for the rich and higher wages.”

“... To help others understand what exactly it means to be “wealthy” in the US, Collins borrows a concept from journalist Robert Frank who, in a 2007 book on the rich, **imagined the different levels of wealth as “Richistan” villages: Affluent Town, Lower Richistan, Middle Richistan, Upper Richistan and Billionaireville.....**”

... The highest hill in “Richistan” is Billionaireville, which is made up of about 800 American **billionaires who are some of the world’s wealthiest**. The power that this group has far surpasses those who are simply affluent, let alone the average American who doesn’t reside in “Richistan” at all. .... But Collins thinks the progressive slogan “billionaires shouldn’t exist” or “abolish billionaires” misses the point and has a “whiff of exterminism” to it. “It’s the distinction between individual behaviors and a system of rules and policies,” Collins said. “**We should be concerned about an economic system that funnels so much wealth upward to the billionaires.**” In other words, it’s not about the billionaires themselves, but about the system that allows them to have an enormous amount of influence and control over society today.”

“To understand how wealth at the billionaire level works, **Collins breaks it down into four parts: getting the wealth, defending the wealth, political capture and hyper-extraction.....**”

## PPPR

### Informal meetings re PABS

**WHO IGWG informals** on pathogen access and benefits sharing have been taking place this week (6-10 October).

- See for example this **thread by N Schwalbe** on the start of the week of informal meetings: <https://x.com/nschwalbe/status/1975238813766328674?t=QyoUwj5EAgIM7TGPSyZJmQ&s=09>
- And a **thread by the Pandemic Action network**: <https://bsky.app/profile/panaction.bsky.social/post/3m2plyhpiqs2c>



## Geneva Graduate Institute (GH centre) - PABS 101: Foundations of Pathogen Access and Benefit-Sharing under the Pandemic Agreement

<https://repository.graduateinstitute.ch/record/321417?v=pdf>

New Discussion paper in connection with the **workshop** titled “**PABS 101: Foundations of Pathogen Access and Benefit-Sharing under the Pandemic Agreement.**” (from 5 Sept) Interviews with G L Burci, A Huvos, M Rourke, M Ecclestone-Turner & others.

- Related **Presentations:** <https://www.youtube.com/playlist?list=PLcx382HLZ705V-mRF1S8LdyXfnaOk3ehP>

## The Pandemic Fund and the Next Global Health Crisis

N Chadha; <https://www.orfonline.org/expert-speak/the-pandemic-fund-and-the-next-global-health-crisis>

“Amid climate, migration, and AMR pressures, The Pandemic Fund is crucial to bolstering global defences against future health emergencies.”

With among others an **overview of the First and Second Round of Funding** (table 1), its **global reach so far** (map), ...

## AMR

### The AMR Panel Playbook: Eight Lessons for Building an Independent Panel on Antimicrobial Resistance

A McDonnell; <https://www.cgdev.org/blog/amr-panel-playbook-eight-lessons-building-independent-panel-antimicrobial-resistance>

“**At the 2024 UN High-Level Meeting on AMR, governments called for the creation of an Independent Panel for Evidence for Action (IPEA)**—a body to ensure evidence is systematically gathered, assessed, and translated into action. **To help inform the set-up of this independent panel, CGD has worked with the University of Ibadan, Boston University, the South Centre, and the AMR Policy Accelerator to produce seven research papers** that identify lessons from climate and health panels, understand stakeholder expectations and governance options, and look at how evidence on AMR is currently—and often poorly—translated into policy. **This blog briefly summarises the seven papers and draws out the cross-cutting lessons for how to design the IPEA to ensure it has the greatest impact in fight against AMR.**”

## Cidrap News - Reports identify weakness in global pipeline for new antibiotics, diagnostics

<https://www.cidrap.umn.edu/antimicrobial-stewardship/reports-identify-weakness-global-pipeline-new-antibiotics-diagnostics>

(see also last week's IHP news) **“Two new reports from the World Health Organization (WHO) suggest that the development of new treatments and tests for drug-resistant infections is lagging.”**

“ In its **latest analysis** of antibacterial agents in clinical and preclinical development, the WHO said the **pipeline for new antibiotics faces a "dual crisis" of scarcity and innovation**. ... .. Similarly, the WHO **analysis of diagnostic tests** that are currently available or in the development pipeline identifies several persistent gaps in the ability to quickly detect and identify priority pathogens, particularly in resource-limited settings that have been most affected by AMR. ....”

- See also **Nature News** - [The rise of 'nightmare bacteria': antimicrobial resistance in five charts](#)

“ Data reveal how the global challenge to reduce deaths and infections from drug-resistant bacteria is **not going according to plan.**”

## Nature – AI has designed thousands of potential antibiotics. Will any work?

[Nature](#) ;

**“The dawn of AI-designed antibiotics:** In the face of soaring rates of antimicrobial-resistant infections, **researchers are increasingly turning to artificial intelligence (AI) to help think up the next generation of antibiotics**. Some promising AI-designed candidates are in the early stages of development, but **the process can come with strings attached. Some AI-designed antibiotics are chemically unstable and can't be synthesized. Others take too many steps to make and would be too costly and time-consuming to produce commercially.**”

## Health Emergencies

### WHO publishes first-of-its-kind guidance to support government decision-making on public health and social measures

<https://www.who.int/news/item/06-10-2025-who-publishes-first-of-its-kind-guidance-to-support-government-decision-making-on-public-health-and-social-measures>

**“In a crisis, every decision counts – especially relating to public health and social measures (PHSM)** The **World Health Organization (WHO)** has published the **PHSM Decision Navigator**, a first-of-its-kind framework designed to support governments in navigating complex decisions on PHSM during health emergencies.....”

## Reuters - WHO says Ebola outbreak in Congo shows signs of containment with no new cases reported

[Reuters:](#)

**“The Ebola outbreak in the Democratic Republic of the Congo shows signs of containment, with no new confirmed or probable cases since the World Health Organization’s last update on October 1, the UN health agency said on Wednesday....”**

“... “As of 5 October 2025, ten days have passed without any newly reported cases, indicating potential control of transmission in the affected areas,” the agency said....”

## Africa CDC – Ibanga: A Game-Changer in Ebola Response

<https://africacdc.org/news-item/africa-cdc-weekly-brief-29-september-5-october-2025/>

**“A significant milestone in the fight against Ebola is unfolding in the Democratic Republic of Congo. Ibanga (MAB114), a promising monoclonal antibody treatment discovered by renowned Congolese scientist Prof Jean-Jacques Muyembe, is now being deployed with logistical support from Africa CDC. With 100 doses already delivered to areas affected by the current outbreak, this life-saving innovation is offering new hope to patients and communities....”**

## Nature Medicine (News) - Ebola vaccine safe for mothers and infants

<https://www.nature.com/articles/s41591-025-04000-2>

**“A clinical trial of pregnant women provides critical safety and immunogenicity data in support of a two-dose Ebola vaccine regimen — and reinforces the importance of maternal immunization research, urgently needed for other preventable diseases.”**

## CGD (blog) - Cholera in Africa: Rising Deaths, Shrinking US Aid

M Goldstein et al; <https://www.cgdev.org/blog/cholera-africa-rising-deaths-shrinking-us-aid>

**“.... In this blog, we use data on reported cholera deaths and US spending responses to provide real-world evidence of potential impact. We report on two linked datasets that we constructed to analyze the changes in both cholera incidence and the US government’s foreign aid disbursement in Africa between January 2023 and June 2025.;...”**

**“... The data show elevated cholera mortality across Africa in 2025 relative to prior years, with Angola, the Democratic Republic of Congo (DRC), Sudan, and South Sudan accounting for 3,296 of the 3,561 deaths reported through the start of July....”**

Concluding, among others: “... In Sudan, South Sudan, and DRC, years of conflict and displacement have weakened health systems and forced people into overcrowded refugee camps and other temporary settings, fueling recurrent and deadly cholera outbreaks. **US assistance has contracted at precisely the moment when rising cholera cases require immediate medical response as well as**

sustained and intensified investments in clean water and sanitation infrastructure. For global health security, this is not just an abdication of leadership—it is a losing gamble with people’s lives.”

- Related **technical note**: <https://www.cgdev.org/sites/default/files/technical-note-cholera-deaths-africa.pdf>

## Malaria

### HPW - Mali Enrols First Pregnant Patient in Malaria Trial

<https://healthpolicy-watch.news/mali-enrols-first-pregnant-patient-in-malaria-trial/>

**“The first pregnant woman infected with malaria has been recruited into a Phase 3 trial that is evaluating the efficacy and safety of antimalarial drugs during the first trimester of pregnancy.”**

“Pregnant women are more susceptible to malaria as they have reduced immunity, and malaria poses serious risks to both mothers and babies. ... Malaria in pregnancy is responsible for [20% of all stillbirths and 11% of all newborn deaths](#) in sub-Saharan Africa, as well as 10,000 maternal deaths globally each year. It can also cause severe maternal anaemia, miscarriage, stillbirth, preterm delivery and low birthweight. .... Some [12.4 million pregnant women](#) in sub-Saharan Africa were exposed to malaria in in 2023, according to the World Health Organization (WHO), yet treatment options for pregnant women, particularly in the first trimester, are extremely limited.....

**“The SAFIRE consortium aims to address this research gap through this trial, which will also be run in Burkina Faso and Kenya.....”**

### HPW - Ghanaian Newborns First to Get New Malaria Medication

<https://healthpolicy-watch.news/ghanaian-newborns-first-to-get-new-malaria-medication/>

**“Ghana is the first country in the world to roll out a malaria treatment specially formulated for newborn babies. The new treatment, known as Coartum <5 kg Baby, uses a new ratio and dose of artemether-lumefantrine to account for metabolic differences in babies under 5kg. Small babies handle drugs differently due to the immaturity of their metabolising organs.... The treatment received regulatory approval in Ghana in February and was also approved by the Swiss agency for therapeutic products, [Swissmedic, in July.....”](#)**

**“... Coartum Baby was developed by Novartis, with support from the Medicines for Malaria Venture (MMV). It was tested in a trial known as CALINA, which was conducted in eight African countries with support from the [PAMAFrica consortium](#), which is funded by the European and Developing Countries Clinical Trials Partnership ([EDCTP2](#))....”**

## Trump 2.0

With some more analysis of the new US Global strategy, and probable expansion of the Global Gag rule, among others.

### CGD – Unpacking the US’s New Global Health Strategy: Retreating When We Could Be Winning

R Godbole & C Kenny; <https://www.cgdev.org/blog/unpacking-uss-new-global-health-strategy-retreating-when-we-could-be-winning>

“After months of devastating news about cuts to US global health programming, the Trump administration's [America First Global Health Strategy](#) presents **some grounds for optimism**. It signals continued U.S. commitment to global health, including the delivery of lifesaving assistance, alongside containing outbreaks and preventing pandemics. **However, it also proposes the rapid phase-out of support motivated by cost savings. Instead, we argue that US global health support—especially for HIV and malaria—should be based on sunseting these infections as major killers worldwide—and not the few hundredths of a percent of US GNI that the administration spends fighting them.**”

Concluding: “... Beyond country transition timelines, capacity constraints, and integration complexities, **the strategy is aimed toward the wrong end-point. It discusses sunseting U.S. financing, but the real goal should be sunseting the *need* for U.S. financing everywhere.** As developing countries get richer they should take on more of the burden of fighting disease like malaria and HIV. But imagine Malawi’s income per person grew at a rate of 7 percent a year from now—it would still take [36 years](#) to get to South Africa’s GNI per capita. The way to speed transition isn’t to wait until Malawi has the capacity and income required to provide the services to fight these diseases today, it is to dramatically reduce the capacity and income required to successfully fight these diseases tomorrow. **This is the sunset we should aim for: the end of malaria and HIV as major health threats worldwide.**”

### BMJ Editorial - Promise and gaps in America First strategy for global health

J S Morrison & L Gostin; <https://www.bmj.com/content/391/bmj.r2088>

The strategy has **three key gaps**. “First, is the credibility gap. .... The second gap is in US capability. .... Finally, are the negotiation gaps...”

### Guardian – Trump administration reported to be planning expansion of ‘global gag rule’ to halt any initiatives promoting diversity, equity and inclusion

<https://www.theguardian.com/global-development/2025/oct/08/us-trump-administration-forcing-other-countries-un-drop-dei-diversity-initiatives-or-lose-funding>

(see also last week’s IHP news) “US ‘undermining global health’ by threatening to strip funding from aid projects that do not fit its political agenda.”

**“The [Trump administration](#) plans to export its “war on woke” by forcing foreign governments, non-governmental organisations and international bodies to abandon working on diversity, equity and inclusion or face being stripped of US funding....”**

**... Governments and major multilateral organisations such as UN agencies are likely to fall under the policy for the first time and will face “very hard choices” over whether to stick with policies and programmes that fight discrimination, at the risk of losing a major source of funding, global health experts said. While US officials have yet to set out what they mean by DEI initiatives, there is scope for it to include vast swathes of healthcare and support for people in crisis....”**

**PS: “Washington is negotiating new bilateral agreements with dozens of countries, and campaigners have urged governments to reject any US money that comes with those conditions....”**

**“... The [global gag rule](#) has been implemented under every Republican president since Reagan. It means any foreign organisations receiving US global health funding must certify that neither it, nor any other NGO with which it works, promotes or provides abortion, even with money from other donors. The [Trump administration reportedly plans to expand its scope](#) so that it also covers “gender ideology and diversity, equity and inclusion activities”. While not yet formally announced by the US state department, [reports suggest](#) the expanded rule would also apply to US-based NGOs, foreign governments, the UN and multilateral organisations for the first time, as well as all non-military foreign aid....”**

- See also [Devex](#):

**“According to multiple organizations aware of the administration’s plans, the White House is on the verge of expanding the Mexico City Policy — which prohibits funding to organizations that provide abortion-related services — to further restrict activities related to diversity, equity, and inclusion, as well as gender rights-related programs. ...”**

**“What we’re expecting next ... is a massive ideological weaponization of foreign assistance,” said Beirne Roose-Snyder, senior policy fellow at the [Council for Global Equity](#), in a press briefing last week. The new policy, which is reported to fall under the moniker of “human flourishing,” is expected to expand restrictions on U.S. foreign aid funds beyond those currently imposed by the so-called global gag rule. While this policy bars U.S. global health funding to organizations that provide abortion services or counseling, the new policy will reportedly extend to all U.S. foreign assistance funds and encompass a much broader range of activities....” “It is also expected to apply to U.N. agencies and humanitarian assistance funds, which were previously exempt from such restrictions. “This isn’t about what can be done with U.S. funds. It’s about restricting the speech and the activities of organizations, multilaterals, and governments outside of their U.S.-funded work,” Roose-Snyder said....”**

- See also [Politico](#): **““While human flourishing typically describes a state of physical and mental wellbeing, the Trump administration sees it as including fighting racial discrimination and policies that harm women, according to the official. The policy is expected to apply to “diversity, equity and inclusion” programs, which the Trump administration considers racial discrimination, and transgender programs, which it says are harmful to women....”**

## Geneva Health Files –Unpacking Trump's Pharma Strategy

N Jose; <https://genevahealthfiles.substack.com/p/unpacking-trump-pharma-strategy-access-to-medicines-wto-who-public-citizen-tariffs-drug-prices-pharmaceutical-agreement-pfizer>

**“...Timely analysis on the potential impact of proposed pharma tariffs by President Trump.** While it is not clear whether this will come to pass, the tariff threat and other proposed measures are having a cascading impact on either side of the Atlantic and beyond. **This potentially touches nearly everything in global health from drug prices, production costs, and also adding uncertainty and playing into the ongoing negotiations around the Pathogen Access and Benefits Sharing mechanism at WHO.** This is a developing story - so we present an analysis on the evolving pharma tariff issue as a snapshot of things currently unfolding across the U.S., Europe and India.....”

## Lancet World Report - US aid cuts: a new era of HIV care in Malawi

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02059-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02059-8/fulltext)

**“The Government is attempting to replace and recreate diagnostic, testing, and support services cut following the cessation of US aid.** Andrew Green reports from Malawi.”

## World Postpartum Haemorrhage Day (5 Oct) & other SRHR updates

**WHO, FIGO, ICM urge better prevention, faster diagnosis and treatment to address world's leading childbirth complication**

<https://www.who.int/news/item/05-10-2025-global-health-agencies-issue-new-recommendations-to-help-end-deaths-from-postpartum-haemorrhage>

(5 Oct) **“Through landmark new guidelines released today, leading reproductive health agencies are calling for a major shift in how postpartum haemorrhage (PPH) is prevented, diagnosed and treated.** The recommendations highlight the urgent need for earlier detection and faster intervention – steps that could save the lives of tens of thousands of women each year.....”

**“Defined as excessive bleeding after childbirth, PPH affects around 14 million women annually and causes nearly 45 000 deaths, making it one of the world's leading causes of maternal mortality. ....”**

## Lancet GH - New guidelines for the prevention, diagnosis, and treatment of postpartum haemorrhage: ending the geography of risk

Aris T Papageorgiou et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00404-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00404-8/fulltext)

**“On Oct 5, 2025—the inaugural World Postpartum Haemorrhage Day—WHO, the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives**



**launch consolidated guidelines for the prevention, detection, and treatment of postpartum haemorrhage.** The symbolism of **launching these guidelines at the FIGO President's Session in Cape Town, South Africa**, matters but the substance matters more: **these guidelines represent a single, unifying standard designed to reduce the equity gap that has long determined who suffers haemorrhage after birth, who is recognised, who is treated, and who survives.** The new, consolidated guidelines have been built to work where postpartum haemorrhage burden is highest—where resources are most constrained—and they are designed to be implementable at pace. What is new is clear: a pragmatic prevention hierarchy, pathways for community administration, objective quantification of blood loss with earlier action thresholds, and a standardised first-response treatment bundle. **A number of important shifts stand out.....”**

- Coverage via [HPW – New Guidelines Recommend Lower Bleeding Threshold to Diagnose Postpartum Haemorrhaged](#)

**“Women who lose 300ml of blood after giving birth should be diagnosed with postpartum haemorrhage (PPH) according to [new guidelines](#) published by the World Health Organization (WHO), the International Federation of Gynaecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM). In the past, PPH has only been diagnosed if a woman loses 500ml of blood, but this has often meant that the diagnosis is too late for adequate interventions.”**

“Doctors and midwives are now advised to monitor women closely after birth using a calibrated drape, a simple device that collects and accurately quantifies lost blood..... **As soon as PPH is diagnosed, the guidelines recommend the immediate deployment of the [MOTIVE bundle](#).** This stands for: Massage of the uterus; Oxytocic drugs to stimulate contractions; Tranexamic acid (TXA) to reduce bleeding; Intravenous fluids; Vaginal and genital tract examination; and Escalation of care if the bleeding persists.....

### **Lancet GH (Comment) - Prevention first, preparedness always: a holistic approach for managing postpartum haemorrhage**

Franka Cadee et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00400-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00400-0/fulltext)

“Despite progress in management, a woman dies every 2 minutes from complications during pregnancy and birth. Women in sub-Saharan Africa, where 70% of global maternal mortality occurs, are disproportionately affected. Postpartum haemorrhage (PPH), or excessive bleeding after birth, is the leading direct cause of maternal morbidity and mortality globally..... “

“Capitalising on the WHO Director-General's last three words—to prevent it—we **call on the global health community to be vigilant regarding our own first principles of primary health care as they relate to PPH. A holistic approach to addressing this complication must be anchored in optimised prevention. ...”**

“... We suggest that **the persistent and unpredictable threat of PPH demands concerted and equal effort on three fronts:** (1) to prioritise prevention efforts; (2) to be prepared for and ensure fidelity to the first-response treatment bundle and refractory management principles; and (3) to ensure health-care professionals, especially midwives, are well educated, motivated, and supported to provide quality care.....”



## HPW - Growing Number of Health Workers Are Performing Female Genital Mutilation in South East Asia

<https://healthpolicy-watch.news/more-health-workers-are-performing-female-genital-mutilation-in-south-east-asia/>

**“More and more health workers are performing female genital mutilation (FGM) in South and South East Asia – although the process is internationally recognised as a serious human rights violation with no medical justification. “**

“Health professional associations mulled over how to ensure that health workers stop performing this harmful practice **at the World Congress of Gynaecology and Obstetrics (FIGO) in Cape Town** on Wednesday. **Growing “medicalisation”** has been observed in Brunei, India, Indonesia, Malaysia, Pakistan, Singapore, Sri Lanka, and Thailand, according to a [new report](#) released at the FIGO congress....”

## NCDs & commercial determinants of health

### WHO - 6th Global Report on Trends in Prevalence of Tobacco Use 2000–2024

<https://www.who.int/news/item/06-10-2025-who-tobacco-trends-report-1-in-5-adults-still-addicted-to-tobacco>

**WHO released the 6th Global Report on Trends in Prevalence of Tobacco Use 2000–2024, with Projections to 2025 and 2030, at a global press conference. “The report reveals the current number of tobacco, e-cigarette, and smokeless tobacco users and highlights progress and challenges. WHO tobacco trends report: 1 in 5 adults still addicted to tobacco. ...”**

**“...The new WHO global report shows the number of tobacco users has dropped from 1.38 billion in 2000 to 1.2 billion in 2024. Since 2010, the number of people using tobacco has dropped by 120 million – a 27% drop in relative terms. Yet, tobacco still hooks one in five adults worldwide, fuelling millions of preventable deaths every year....”**

**...For the first time, WHO has estimated global e-cigarette use – and the numbers are alarming: more than 100 million people worldwide are now vaping. This includes: Adults: at least 86 million users, mostly in high-income countries. Adolescents: at least 15 million children (13–15 years) are already using e-cigarettes. In countries with data, children are on average nine times more likely than adults to vape....”**

- Coverage via [FT - Vaping is hooking a new generation on nicotine, WHO says](#)

(gated) **“At least 15mn children globally use e-cigarettes, according to landmark report critical of tobacco industry.”**

- More coverage via HPW - [Tobacco Use is Waning, But 100M People Now Use New Nicotine Products](#)

## Devex - New index aims to help countries close breast cancer care gaps

<https://www.devex.com/news/new-index-aims-to-help-countries-close-breast-cancer-care-gaps-110953>

**“At UNGA, global health leaders unveiled the Breast Cancer Care Quality Index or BCCQI — a new data-driven framework to help governments translate global goals into national action..... The Breast Cancer Care Quality Index or BCCQI — aims to help countries translate global goals into national action plans. The tool allows governments to assess their policies, pinpoint weak spots, and map out tailored road maps for improvement. It is designed to support efforts to meet WHO’s mortality-reduction targets.....”**

## The Star- Who has power over obesity?

Kent Buse; <https://www.thestar.com.my/lifestyle/health/2025/10/07/who-has-power-over-obesity>

**“If plans announced by Prime Minister Datuk Seri Anwar Ibrahim for Budget 2025 go ahead, Malaysian taxpayers could soon be “paying” for sugar in multiple ways – both good and bad for our health. First, through subsidies that keep sugar prices artificially low (which is bad). Second, through the resulting rising cost of obesity, diabetes and dental disease that falls on the public health system (also bad). Third, through the sugar-sweetened beverage tax itself (which is good). And fourth, through the potential opportunity cost of seeing that tax revenue channelled into treatments, rather than invested in prevention and the reshaping of food environments to stop obesity at its source, as treatment still currently takes priority over prevention in our healthcare system (which is bad)....”**

**“This contradiction in fiscal and health policy is not just contradictory, it is unsustainable”, writes Kent Buse....” It also reveals a deeper problem: we have built systems that promote poor health, and we have allowed powerful interests to shape those systems.”**

## Lancet Comment - Parkinson's disease: emerging opportunities through global collaboration

A Singleton et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01910-5/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01910-5/abstract)

**“Precision medicine holds enormous promise in enhancing treatment efficacy and advancing therapeutic development, leading to more equitable care. However, to realise this promise in all individuals with Parkinson's disease, the disease needs to be understood in populations other than those traditionally studied. Pursuing this approach has many rewards. The identification of a GBA1 risk factor for Parkinson's disease in west Africa in 2023, through a global collaboration, is a clear example. GBA1 is a common risk factor, present in more than 40% of patients with Parkinson's disease from Nigeria. Further work indicated that this genetic risk is mediated by a novel non-coding mechanism, resulting in lower glucocerebrosidase levels and activity. These findings collectively add to current understanding of the general role of GBA1 in Parkinson's disease risk. More importantly, these findings identify a large, underserved population who might potentially benefit from precision therapeutics....”**

## Access to medicines, vaccines & other health technologies

### Inaugural meeting of the Lancet Commission on Accelerating progress on Essential Medicines (Brussels, 8-10 Oct)

<https://www.linkedin.com/feed/update/urn:li:activity:7381993371344650240/>

Read some reflections by Fatima Suleman (WHO).

Final report expected in 2027.

### Via AVAC's Global Health Watch - WHO Prequalifies Oral and Injectable Lenacapavir

<https://mailchi.mp/avac/global-health-watch-april18-2107417?e=f66302bb8e>

**“The World Health Organization (WHO) prequalified both the oral tablet and injectable forms of lenacapavir (LEN) for PrEP. The prequalification was done through a new, expedited prequalification pathway that can facilitate national registration through the Collaborative Registration Procedure for Prequalified Products (CRP-PQ), which may streamline access to these products beyond the traditional approval routes. WHO prequalification followed the European Medicines Agency's (EMA) positive scientific opinion and happened 36 days after filing. As **Meg Doherty**, WHO's Director of Science for Health and former visionary director of WHO's Global HIV, Hepatitis and STI Programmes, pointed out, **this is the first example of 12-month alignment of WHO guidelines and prequalification of a product within 12 months of the clinical trial evidence. ....**”**

### Stat (Opinion)- Pharma's shift away from infectious disease research could spell disaster for the world's poorest people

L Fraise (DNDi) <https://www.statnews.com/2025/10/09/pharmaceutical-industry-infectious-disease-research-global-south/>

(gated) “Who will deliver future medical innovations for those who need it most?”

**“An increasing number of large pharmaceutical companies from the Global North are leaving the field of R&D for infectious disease therapeutics to move to more lucrative areas, particularly cancer, obesity, diabetes, auto-immune, and rare (but highly profitable) diseases. This trend is not new — it has been consistent over the past two decades — but it is accelerating....”**

Fraise discerns some worrying trends, which already affect DNDi's work.

And concludes: **“.... Massive recent cuts to foreign aid and early-stage research have made this issue all the more pressing. Global discussions on access to life-saving medicines usually focus on technology transfer and local production. While this is important, we also need to talk about where these technologies and industrial know-how will come from in the first place.”**

**“The innovation model for neglected infectious diseases will evolve.** New actors are already emerging. Academic champions in drug discovery and development are now excelling in areas

previously reserved for large pharmaceutical companies. **A lot of medical innovations, particularly in the areas of vaccines and diagnostics, are already coming from many low- and middle-income countries, including Brazil, India, and China. Robust drug discovery research is being done in countries where neglected infectious diseases are endemic, including South Africa, Brazil, and Thailand.** My organization is partnering with the Serum Institute of India to develop an innovative treatment for dengue. **But not all of these countries have the same level of research capacity, and it will take years for many to reach the focus and scale needed to tackle all of the neglected infectious diseases....”**

### **Access to Medicine Foundation - 2026 Index Methodology zeroes in on scalable actions capable of delivering lasting impact for more people**

<https://accesstomedicinefoundation.org/news/2026-index-methodology-zeroes-in-on-scalable-actions-capable-of-delivering-lasting-impact-for-more-people>

**“The Access to Medicine Foundation has published the Methodology for the 2026 Access to Medicine Index. Used to assess, measure and rank 20 of the world’s largest pharmaceutical companies’ efforts to improve access to medicine in low-and middle-income countries, the new methodology includes enhancements to zero in on areas where company action can have the greatest impact on the ground.”**

### **FT - What Pfizer’s deal with Donald Trump means for global drug pricing**

<https://www.ft.com/content/92f309c8-f4d2-441b-8e48-507f640c6ee4>

(gated) **“Investors are more hopeful about the pharma industry’s chances of mitigating US threats.”**

**“The market breathed a sigh of relief last week when Pfizer struck a deal with President Donald Trump. Investors took it as hopeful sign that the pharmaceutical industry as a whole could escape the threat of major US price cuts and tariffs on imported medicines....”**

## **Planetary Health**

### **Oxfam/Care/Climate Justice - Climate finance shadow report 2025: Analysing progress on Climate finance under the Paris Agreement**

[https://www.oxfamnovib.nl/Redactie/Downloads/Rapporten/Climate%20Finance%20Shadow%20Report%202025\\_Embargoed\\_20250930%20\(002\).pdf](https://www.oxfamnovib.nl/Redactie/Downloads/Rapporten/Climate%20Finance%20Shadow%20Report%202025_Embargoed_20250930%20(002).pdf)

With **9 key findings** on page 5.

Quote:” ... **So far, rich countries have been failing.** Developed countries claim to have surpassed the US\$100bn goal (reporting nearly US\$116bn for 2022), two years later than originally promised. However, the true value of reported climate finance was just US\$28–35bn in 2022, much less than what reported figures seem to suggest. **By providing the majority of climate finance – almost 70% –**

in the form of loans, rich nations are unjustly indebting poor countries that have contributed the least to the climate crisis....”

- Related press release: [Two thirds of climate funding for Global South is loans as rich countries profiteer from escalating climate crisis](#)

## Reuters - EU to push development banks' climate focus despite US opposition, draft shows

[Reuters](#);

“The European Union will double down on its support for reforming global development banks to do more to fight climate change, a draft EU document showed, a stance that puts Brussels at odds with the U.S. ahead of World Bank and IMF meetings this month.....”

PS: “The International Monetary Fund and World Bank Group are preparing for their annual meetings in Washington against a backdrop of aid cuts and climate change scepticism from U.S. President Donald Trump.....”

## Lancet Comment - The imperative for the global community to save the Paris Climate Agreement

S Tong et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01946-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01946-4/fulltext)

“.... **Considering the US withdrawal from the Paris Agreement, other countries must intensify their efforts.** Major economies such as the EU, China, and India can increase their emission reduction targets and accelerate their transition to renewable energy. Some countries and regions such as China and the EU are already moving fast in the transition away from fossil fuels and the promotion of clean energy use, but such progress needs to be expanded. High-income countries can also enhance financial contributions to support climate action in developing low-income and middle-income countries, ensuring that the triple climate finance goal (ie, \$300 billion annually by 2035) is met. Forming coalitions to exert diplomatic pressure on lagging nations and fostering global solidarity can help mitigate any potential impacts of the US withdrawal and maintain the momentum of the Paris Agreement. **What do other countries need to do to step up action on climate change in the face of the US withdrawal? We highlight four measures that need to be prioritised in the [panel](#)....”**

## Climate Change News – Foreign aid cuts put adaptation finance pledge at risk, NGOs warn

<https://www.climatechangenews.com/2025/10/06/foreign-aid-cuts-put-adaptation-finance-pledge-at-risk-ngos-warn/>

(gated)

## Science (Policy Forum) – Can COP30 put investment in research at the heart of adaptation?

I Elouafi; <https://www.science.org/doi/10.1126/science.aeb7893>

**“...COP30, to be held in Belém, Brazil, from 10 to 21 November, brings cautious optimism. Ten years after being enshrined in the Paris Agreement, the Global Goal on Adaptation (GGA), a framework that could turn adaptation aspirations into realistic targets, is set to become operational.....”**

**“...I am optimistic that the GGA can become a transformative milestone. For the first time, a workable, effective, and science-based approach to adaptation is possible on a global scale. With standardized metrics and international collaboration, the GGA can bridge research, action, and investments to achieve tangible impact. But adoption of the GGA still requires further negotiations. Indicators will need to be well defined and credible enough to galvanize political will, unlock financing to scale proven innovation, and fill data gaps through new research. Much depends on the real-world impact of innovations proposed in countries’ adaptation plans.....”**

## Guardian - Global renewable energy generation surpasses coal for first time

<https://www.theguardian.com/environment/2025/oct/07/global-renewable-energy-generation-surpasses-coal-first-time>

**“Record solar expansion and steady wind growth driving world’s shift away from fossil fuels in 2025, report finds.”**

**“The world’s wind and solar farms have generated more electricity than coal plants for the first time this year, marking a turning point for the global power system, according to research. A report by the climate thinktank Ember found that in the first six months of 2025, renewable energy outpaced the world’s growing appetite for electricity, leading to a small decline in coal and gas use....”**

PS: **“A separate report by the International Energy Agency (IEA) found that global renewables could more than double by the end of the decade, with 80% of new clean energy capacity expected to come from solar power. Fatih Birol, the IEA’s executive director, said: “The growth in global renewable capacity in the coming years will be dominated by solar PV – but with wind, hydropower, bioenergy and geothermal all contributing, too.””**

**“The IEA said China would remain the world’s biggest growth market for renewables, with India emerging as the second largest over the rest of the decade.....”**

- See also Carbon Brief: [Renewables have cut fossil-fuel imports for more than 100 countries.](#)

## Guardian - Carbon offsets fail to cut global heating due to ‘intractable’ systemic problems, study says

<https://www.theguardian.com/environment/2025/oct/06/carbon-offsets-fail-cut-global-heating-intractable-systemic-problems-study>

**“Analysis of 25 years of evidence shows most schemes are poor quality and fail to lower emissions.”**

**“The failure of carbon offsets to cut planet-heating pollution** is “not due to a few bad apples”, **a review paper** has found, but down to **deep-seated systemic problems that incremental change will not solve**. Research over two decades has found “intractable” problems that have made carbon credits in most big programmes poor quality, according to the study. While the industry and diplomats have made efforts to improve the system, it found much-awaited **rules** agreed at a UN climate summit last year “did not substantially address the quality problem” ....”

**““We must stop expecting carbon offsetting to work at scale,”** said Stephen Lezak, a researcher at the University of Oxford’s Smith School and co-author of the study, in Annual Reviews. “We have assessed 25 years of evidence and almost everything up until this point has failed.” ....”

## **Guardian – UN plastics treaty chair to step down with process in turmoil**

[Guardian](#):

**“Exclusive: Luis Vayas Valdivieso says he is quitting for personal and professional reasons after reports of pressure behind the scenes.”**

**“The chair of stalled UN plastics treaty talks, Luis Vayas Valdivieso, is preparing to step down, after accounts of behind-the-scenes pressure from the United Nations Environment Programme (Unep).** ...The chair’s sudden resignation leaves the plastic treaty in an even more uncertain position, and raises questions around the governance of the process.....”

PS: **“....While some have criticised the chair’s leadership, concerns have also been raised that his work has been obstructed by Unep, which is headed by the executive director, Inger Andersen.** Sources told the Guardian and others that Unep staff, who are supposed to be impartial, held a covert meeting on the final night of the negotiations, intended to coax members of civil society groups into pressuring the chair to step down.....”

- Related [Lancet Comment – The global plastics treaty: much needed, but still not there](#) (by Philip J Landrigan et al)

**“The need for an effective, health-protective global plastics treaty continues to build. Plastic production is accelerating, waste plastic is accumulating, evidence of the harms of plastics to human and planetary health is growing, and the annual health-related costs of these harms are conservatively estimated at US\$1.5 trillion and rising.”**

## **Lancet - Offline: Food and health—the unacknowledged emergency**

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02052-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02052-5/fulltext)

Horton’s take on the release of the **2025 EAT–Lancet Commission on Healthy, Sustainable, and Just Food Systems** at the Stockholm Food Forum last week. And the opposition it will no doubt – again -face, just like the first one.

## Vox - The climate movement's biggest weakness

<https://www.vox.com/future-perfect/463643/eat-lancet-plant-based-diet-climate-week>

Also coming back on the new EAT-Lancet report from last week. **“What the climate movement is getting dead wrong.” “Scientists say rich countries need to eat a lot less meat. Will the environmental movement finally listen?”**

“... The report is thorough and nuanced, but its conclusions aren’t exactly novel; for the past two decades, scientists have published a trove of studies on the environmental impact of agriculture and have landed on the same takeaways — especially that rich countries must shift their diets to be more plant-based. But that message has, with few exceptions, failed to incite action by governments and food companies, or **even the environmental movement itself. That failure can be explained, in part, by the meat industry’s aggressive, denialist response to the scientific consensus on meat, pollution, and climate change....**”

**“...But I worry most of the climate movement is only too eager to go along with the industry’s preferred approaches and narratives because many environmental advocates, like virtually everyone else across society, don’t want to accept that meat reduction in richer countries is non-negotiable.** That much was **evident when I attended last month’s Climate Week NYC**, the world’s second-largest climate change gathering.”

See **“The meat conversation missing from Climate Week”**: The annual event brings together some 100,000 attendees for more than 1,000 events across the city. This year, only five events centered on plant-based food as a solution to climate change. In other words, what environmental scientists consider to be the most effective solution to addressing around 16 percent of greenhouse gas emissions received around 0.5 percent of the week’s programming. At the same time, **the meat and dairy sectors managed to establish a large presence at Climate Week’s food and agriculture programs. ... This dynamic — in which meat industry narratives are welcomed and legitimized in much of the environmental movement — has contributed to public ignorance of the industry’s pollution and its underreporting in the news media.**”

PS: **“According to a new, exclusive analysis from the environmental nonprofit Madre Brava, only 0.4 percent of climate coverage in US, UK, and European English-language news outlets mention meat and livestock.....”**

- Related blog (SEI) : [Is meat the new oil? Five lessons from fossil fuel governance for industrial meat governance](#)

**“As the world grapples with phasing down fossil fuels, another major source of emissions – industrial animal agriculture – demands similar attention.** Could lessons from energy transitions help guide a just transformation of our food systems?”

## Wilton Park - Protecting health in a changing climate: unlocking resources

<https://www.wiltonpark.org.uk/event/protecting-health-in-a-changing-climate-unlocking-resources/>

This **Wilton Park event** took place this week, and built on the 2025 Global Conference on Climate and Health, focusing on how best to mobilize resources to protect and improve health in the face of



climate change, including for the Belém Action Plan for Climate Change Adaptation in the Health Sector.

With support from **The Rockefeller Foundation**.

### **Guardian - The hidden cost of ultra-processed foods on the environment: ‘The whole industry should pay’**

<https://www.theguardian.com/environment/2025/oct/08/ultra-processed-foods-environment-impact>

“Industrially made foods involve several ingredients and processes to put together, making it difficult to examine their true cost.” On the **environmental cost of UPFs**.

### **Carbonbrief - Overshoot: Exploring the implications of meeting 1.5C climate goal ‘from above’**

**Carbonbrief:**

“The **first-ever international conference on the contentious topic of “overshoot”** was held last week in a palace in the small town of Laxenburg in Austria.”

“**Overshoot pathways** are those which exceed the 1.5C limit – before being brought back down again through techniques that remove carbon from the atmosphere.”

“The conference explored both the feasibility of overshoot pathways and the legal frameworks that could help deliver them. Researchers also discussed the potential consequences of a potential rise – and then fall – of global temperatures on climate action, society and the Earth’s climate systems....”

PS: “Opening the conference, IIASA director general [Prof Hans Joachim Schellnhuber](#) shared his personal view that “**1.5C is dead, 2C is in agony and 3C is looming**” ....”

- Related: **Carbon brief** - [Experts: The key ‘unknowns’ of overshooting the 1.5C global-warming limit](#)

### **HPW - International Development Assistance for Fossil Fuel Projects Surged 80% in 2023**

<https://healthpolicy-watch.news/oda-fossil-fuel-2023-surge/>

“**Development funding for fossil fuel-based energy projects jumped 80 per cent in 2023 to \$9.5bn, up from \$5.3bn in 2022**, even as toxic air causes more than 8m premature deaths annually, according to a **new report**. Governments continue to channel billions more in international aid into projects that prolong fossil fuel use than into tackling air pollution, **the Clean Air Fund** found. Direct support for outdoor air quality initiatives fell 20 per cent to \$3.7bn, representing just 1 per cent of all international development financing, according to **the organisation’s annual [State of Global Air Quality Funding](#) report** released Wednesday.”

“However, **total international development aid for clean energy projects with air quality co-benefits reached \$32.6 billion in 2023, nearly 3.5 times fossil fuel investments** — a marginal increase from \$31.8 billion in 2022.....”

## **Plos Climate – Toward ‘planetary health security’? Critical scoping review of conceptual linkages between ‘health security’ and ‘planetary health’**

Max D Lopez Toledano et al ;

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000593>

« ... Based on our findings, **we synthesised five themes relating to how environmental degradation is framed as a security threat, the role of biosecurity and broader ‘non-traditional’ security threats, institutional ties between health and environmental governance, environmental costs of militarised health responses, and the rise of new technologies for managing planetary health risks.** We found multiple descriptions of environmental health as ‘crisis’ and ‘security’ issue, yet health security’s scope remained limited to containment of emerging infectious diseases, rather than prevention or broader health concerns. **This initial exploration across disciplinary literatures of conceptual interactions between planetary health and health security showed both mobilising the language of ‘security’ to frame health issues yet raised concerns over inequitable experiences resulting from this framing.** An overt emphasis on containment over prevention and tacit commitments to the protection of some lives over others could result in asymmetrical health experiences, rendering some geographies and populations ‘sacrificial’ in their health risks.”

## **Conflict & health**

### **HPW - If and When the Guns Fall Silent – Gaza Faces Overwhelming Rehabilitation Task**

<https://healthpolicy-watch.news/if-and-when-the-guns-fall-silent-gaza-faces-overwhelming-rehabilitation-task/>

Commemorating 7 October 2023 and the two horrific years since.

“As hopes of a cease-fire between warring Israeli and Hamas forces flicker, **a new WHO report estimates that some 42,000 Gazans face life-changing injuries that will require years of sustained support in rehabilitation of injured people, as well as of the enclave’s shattered health services and critical water and sanitation infrastructure** – not to mention transport and housing – most of which has now been razed to the ground. This, along with the **legacy of a Palestinian death toll that has now surpassed 66,000 on the second anniversary of the war**, which began on 7 October 2023, when Hamas gunmen overran two dozen Israeli communities near the Gaza border, 1200 people, mostly civilians, in just one day – unleashing a fury of Israeli weaponry against the tiny Gaza enclave. And **while the initial trauma of 7 October fell on Israel, it is Gaza’s Palestinians that have sustained, by far, the brunt of the war’s bloody toll in the long weeks and months since.** Yet, however disproportionate the burden may be, **both sides will ultimately have to face the dark side of their own respective narratives around the conflict** if any kind of cease fire – and hopefully more durable peace plan – is to advance, some Israeli and Palestinian commentators have observed. ...

PS: also re the **\$10 billion** (estimated) **to rebuild the shattered health system**.

## UN News - WHO says rebuilding Gaza's shattered health system critical to a lasting peace

<https://news.un.org/en/story/2025/10/1166057>

**"As indirect talks in Egypt seeking to end Gaza's two-year war continue, the UN World Health Organization (WHO) says rebuilding the devastated health system is critical to securing lasting peace and stability."**

**"... Reconstruction will cost over \$7 billion, according to WHO estimates, covering humanitarian response, early recovery and long-term rebuilding..."**

## MSF- MSF forced to suspend activities amid intensified Israeli offensive in Gaza City

<https://msf.or.ke/news-and-resources/news-and-resources/msf-forced-suspend-activities-amid-intensified-israeli>

**"The relentless Israeli offensive in Gaza City has forced Médecins Sans Frontières (MSF) to suspend its vital medical activities in the area due to the rapidly deteriorating security situation, including continued airstrikes and advancing tanks less than one kilometre from our healthcare facilities. The escalating attacks from Israeli forces have created an unacceptable level of risk for our staff, forcing us to suspend lifesaving medical activities...."**

## The Lancet: Tens of thousands of children aged under five suffering acute malnutrition in Gaza, recent estimates suggest

Lancet - [Assessment of malnutrition in preschool-aged children by mid-upper arm circumference in the Gaza Strip \(January, 2024–August, 2025\): a longitudinal, cross-sectional, surveillance study](#)

Cfr the **press release**:

**"Between Jan 2024 and Aug 2025, peaks in the prevalence of acute malnutrition match periods of severe aid restrictions...."**

**"More than 54,600 children in Gaza are estimated to be acutely malnourished, including over 12,800 severely so, with few therapeutic options available to them. With measurements up to the middle of August 2025, the study comprehensively tracks wasting among children during the war, estimates population prevalence, and highlights unprecedented increases in child malnutrition following periods of blockades and severe aid restrictions...." "Published in The Lancet, the study was led by the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)...."**

- **Related Lancet Comment - [Documenting atrocity: child malnutrition in Gaza](#) (by Z A Bhutta et al)**

## The National - What the 'Gaza Polytrauma Syndrome' reveals about the conduct of the war

M Kapila; [The National](#);

The author on LinkedIn: "Much is being written around the commemoration of the second anniversary of the commencement of the [#Gaza](#) war where new records of cruelty and horror have been set - by both sides. **A new health condition has been born with its own specific characteristics: The Gaza Polytrauma Syndrome.** Whenever this war ends, what will determine the durability of the following peace? ...."

".... I'm talking about the **resilience of eventual peace** across the Israel/Palestine region. **We have learnt in other places that the quality of a new peace depends on the extent to which the nature of brutalities inflicted and endured during the preceding war are properly and fully measured and acknowledged.** So how horrible has been the Gaza war? And **how do we objectively assess that, considering access, deceptive information, and methodological challenges?....**"

## Devex - The mood inside UNWRA as workers fear financial collapse

<https://www.devex.com/news/the-mood-inside-unwra-as-workers-fear-financial-collapse-111006>

"The U.N. agency is struggling to perform its integral functions — and is worried about the future."

"A **potential collapse of the [United Nations](#) agency for Palestinian refugees**, which would upend health care, education, and relief for millions in Gaza and the West Bank, **is becoming an increasing prospect, according to current and former agency officials.....**"

## UN News - Africa needs conflict prevention as the continent faces unprecedented threats

<https://news.un.org/en/story/2025/10/1166053>

"Conflicts in Africa cannot be solved through military solutions and peace and security on the continent **"demands a proactive preventative" approach, according to the UN's Special Representative to the African Union.** Parfait Onanga-Anyanga was speaking at a Security Council meeting focused on the key issues faced by Africa and cooperation between the UN and the African Union (AU) ...."

"... **Conflicts in the Horn of Africa, Sudan, South Sudan and the Great Lakes region – including the Democratic Republic of the Congo** – have caused widespread displacement and multiple humanitarian emergencies.... "No military solution whatsoever can resolve underlying causes of the conflict in the DRC or elsewhere in Africa," said Mr. Onanga-Anyanga. "I call upon this Council to continue to leverage its influence towards peaceful settlement of outstanding issues between the parties." " **The Special Representative highlighted two critical conflict-related issues to Council members: climate change as a conflict multiplier and the challenges faced by women and girls in battle-scarred regions,** noting the consistent spillover effects of climate-induced insecurity across all these crises...."

## Miscellaneous

### WHO launches the Global Clinical Trials Forum

<https://www.who.int/news/item/07-10-2025-who-launches-the-global-clinical-trials-forum>

“WHO has today launched the Global Clinical Trials Forum (GCTF), a global, multi-stakeholder network to strengthen clinical trial environments and infrastructure at national, regional and global levels. The Forum responds to **World Health Assembly resolution WHA75.8**, which called on WHO to improve the quality and coordination of clinical trials to generate high-quality evidence for health decision-making. ....”

### Lancet Editorial – Reclaiming care in the age of AI

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02062-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02062-8/fulltext)

This week’s Lancet editorial concludes: “... Care of an individual begins and ends with a human being. AI can help that person be seen more clearly—free from the noise of paperwork, distraction, and exhaustion. **The next phase of progress in health care will depend less on technical capacity and more on ethical stewardship and the health-care community's ability to keep humans at the centre of design and deployment. If done properly, AI will not replace care; rather, it could help us rediscover it.**”

### World Bank (blog) – Data360

<https://blogs.worldbank.org/en/voices/data360-where-data-meets-development>

Blog on a World Bank resource. “The launch of [Data360](#), the World Bank’s new development data portal, marks a milestone in the journey to put data to work for social, economic, and sustainable development. Designed as the **World Bank’s central platform for integrated development data, analytics, and knowledge**, Data360 brings together previously scattered sources into one integrated, accessible, and actionable system. Data360 consolidates 300 million data points for more than 200 economies, covering more than 10,000 indicators that are disaggregated by sex, age, employment, location, income, education level, and more. It gives users a 360-degree view of development challenges and progress **across five focus areas: Digital, Infrastructure, People, Planet, and Prosperity. ....**”

## Global health governance & Governance of Health

### Devex – 8 things we learned at the UK Labour Party conference

<https://www.devex.com/news/8-things-we-learned-at-the-uk-labour-party-conference-111007>

“The U.K.’s ruling party held its first conference since taking power. Here’s **what we gleaned about the state of U.K. aid.**”      Rather dire reading.

Including: “2) **David Lammy’s promised “Future of Aid” conference has been delayed — but is still planned.....”**

“Lammy — the foreign and development secretary, Chapman’s boss, until his surprise demotion in early September — announced he would cohost a global conference for “a long overdue conversation about the future architecture of aid” to compensate for shrivelling state budgets. **The timetable of the latter part of the year had already slipped to early next year, but Chapman said it would still go ahead — albeit not until “spring” 2026. Lammy’s replacement, Yvette Cooper, did not mention the conference in her speech — and only touched on development briefly, highlighting her wish for “growth and development partnerships with the global south.” ....”**

### **Devex - UK launches new aid inquiry in response to 40% budget cut**

<https://www.devex.com/news/uk-launches-new-aid-inquiry-in-response-to-40-budget-cut-111037>

“Though U.K. aid is at what International Development Committee chair Sarah Champion called “a critical moment,” **it’s unclear how much influence the inquiry will have on shifts that are already well underway.”**

**“The review, led by lawmakers on the International Development Committee, or IDC, will explore how the U.K. can still deliver “high impact” aid as the budget falls from 0.5% to 0.3% of gross national income by 2027 — the lowest level since the mid-1990s.....”**

### **FT - WTO clings to signs Donald Trump still needs it**

<https://www.ft.com/content/15a96747-2489-460a-90bf-fbf15c30f665>

**“ ....sometimes US takes ‘à la carte’ approach to global trade body, suggesting it has not completely turned its back on rules-based order...”**

Excerpt: “ .... **While the US President’s unilateral tariffs have ridden roughshod over the WTO’s core principle of reciprocity in trade, diplomats argue that, behind the scenes, the administration is still fighting to preserve elements of the global system.** The US is, for example, actively supporting the WTO in its bid to save the “ecommerce moratorium” — a 1998 agreement that stops tariffs being levied on digital exports, such as software, ebooks and other digital content — which will expire in March next year unless an agreement can be reached between the WTO’s 166 members. To the surprise of many in Geneva, when the Trump administration brokered its recent reciprocal tariff deal with Indonesia last month, it also extracted a commitment from Jakarta to drop its opposition to the moratorium becoming permanent. The US has also, since Trump returned to the White House, backed a recently proposed WTO agreement reducing harmful fisheries subsidies and is at least not blocking another pending agreement aimed at facilitating investment in developing countries. **“The US is taking an ‘à la carte’ approach to the WTO,”** said one European ambassador to the organisation. **“They pick and choose, but that does at least mean they are still at the table.” ....”**

PS: **“For Ngozi [WTO boss], the fight to preserve the core functions of the WTO rests on the organisation making reforms that will streamline decision-making and address the concerns of developing countries over fairness. The hope is that Trump’s jolt to the system might push world trade ministers to accelerate reforms when they meet next March in Cameroon for the WTO’s 14th ministerial conference. By way of encouragement, Ngozi notes that 72 per cent of global trade**

is still conducted on “most favoured nation” terms and that — despite Trump’s multiple provocations — the rest of the world has not yet descended into tit-for-tat reprisals.....” “ China’s announcement last month that it would drop its claim to benefits available to developing countries in trade negotiations under the WTO was widely welcomed as an “important step” in gaining momentum for reforms. **“If three-quarters of something is functioning, people have to accept that there is a core of stability in the system. And so the WTO is very much working — it is dented, I will say the trading system is dented, maybe bent, but it is working,”** said Ngozi.”

## **Devex Opinion - It’s time to rethink development assistance as a useful soft power tool**

S Keyvanshad; <https://www.devex.com/news/it-s-time-to-rethink-development-assistance-as-a-useful-soft-power-tool-110969>

**“The U.S. is in a very different global position to when its aid agency, USAID, was founded in 1961.”**

Concluding: “.... **For the U.S. to continue to claim its place in this new world order from a position of strength, we need new definitions and tools of soft power**, and we need to shift how we view our relationships, moving away from development assistance that is based on an unequal power relationship between a donor and a recipient, and toward one that is rooted in mutual respect, mutual benefit, and equal partnership. ....”

## **Devex - Trump administration to unlock hundreds of millions for UN peacekeeping**

<https://www.devex.com/news/trump-administration-to-unlock-hundreds-of-millions-for-un-peacekeeping-111030>

**“U.S. seeks to support peacekeeping missions à la carte.”**

Excerpt: “....In recent weeks, Vought and Secretary of State Marco Rubio have signed off on the provision of some \$400 million to help underwrite the costs of peacekeeping missions in Lebanon and the Democratic Republic of Congo, according to a New York-based official familiar with the situation. The U.S., meanwhile, has agreed to pay its share of the costs of standing up and running a 5,500-strong Gang Suppression Force in Haiti, an operation that is expected to cost several hundred million dollars to run each year. It remains unclear exactly how much the Haiti mission will cost, but a previous proposal to set up a U.N. logistical hub for a Kenyan-led police force in Haiti of half the size was estimated at \$300 million, according to a U.N. source. In the end, that mission only attracted about 1,000 uniformed personnel. But **one thing is becoming increasingly clear, according to U.N. observers: The White House is seeking to exert more control over which U.N. peacekeeping missions get U.S. funding, and which don’t.....”**

## **ODI – The EU’s new global Europe pillar: key priorities to watch**

<https://odi.org/en/insights/the-eus-new-global-europe-pillar-key-priorities-to-watch/>

**“On 16 July, the European Commission presented its proposal for the 2028–2034 Multiannual Financial Framework (MFF), the European Union’s seven-year budget, as the foundation for building a stronger Europe.”**

**“Designed to streamline and simplify the European Union’s (EU) external action spending, the Global Europe pillar sits at the heart of the new MFF. Global Europe merges previously separated instruments – namely, international partnerships, Ukraine’s reconstruction, support to pre-accession countries, the emerging challenges and priorities cushion and humanitarian aid – into a single offer. The Commission’s initial proposal allocates a total of €200.3 billion to this external action pillar....”**

Among others raising **four open questions**.

### **Devex - The big bank theory**

<https://www.devex.com/news/devex-dish-hope-with-a-side-of-despair-at-the-eat-lancet-2-0-report-launch-111040>

**“....Onward to Washington, where agriculture will take center stage at next week’s World Bank and International Monetary Fund annual meetings. The flagship event set for Tuesday — Mission AgriConnect: Farms, Firms, and Finance for Jobs — will look at how smallholder farmers, who produce about 80% of the world’s food, can gain better access to finance, technology, and markets to support jobs and food security....”**

**“The World Bank has been sharpening its focus on agriculture since President Ajay Banga announced last year that the institution would double its annual agribusiness financing to \$9 billion by 2030. Indeed, the shift is clear in the bank’s 2025 priorities for agriculture and food. The agenda includes driving more coordinated action on food and nutrition security through its new Global Challenge Program, scaling “planet-healing” solutions such as agroforestry, water-efficient farming, and methane reduction technologies. And putting more weight on nutrition-sensitive agriculture to expand access to healthy diets....”**

### **Rise and Fall of Globalization in Health**

Alexander S Preker; <https://www.linkedin.com/pulse/rise-fall-globalization-health-alexander-s-preker-yvbte/?trackingId=LtFW53PzAHIEqig3QSb1IQ%3D%3D>

With an overview of phases of globalization.

Concluding: **“.... Overall, globalization remains a double-edged process in health, accelerating progress while amplifying inequality. Its future success depends on transparent and inclusive global governance capable of balancing innovation and interdependence with equity and resilience.”**

### **Journal of International Relations and Development - Contextualizing norms: international organizations and the creation of resilient policy norms**

A Vetterlein et al ; <https://link.springer.com/article/10.1057/s41268-025-00355-8>



Among others, they introduce **four degrees of resilience**—endurance, elasticity, flexibility, and fragility.

## Global health financing

### Devex: Malaria's ROI

<https://www.devex.com/news/devex-newswire-for-development-it-s-no-longer-business-as-usual-111020>

“The creeping limitations on bilateral assistance are further **spurring development advocates to embrace business rhetoric**. **Malaria No More**, for one, is making a strong case for **the return on investment in controlling malaria**. Every dollar the U.S. invests in African malaria control returns **\$5.80** in economic growth — “outperforming most Wall Street investments,” according to a **new report by the global nonprofit and the Corporate Council on Africa**. “With **\$126.9 billion in untapped GDP** waiting to be unlocked through malaria elimination, **this represents one of the largest business opportunities hiding in plain sight**. The choice for the U.S. is simple: lead this \$4 trillion market transformation or watch competitors capture the returns,” that report notes.....”

### Devex - Why MSI is exploring impact investing for reproductive health financing

<https://www.devex.com/news/why-msi-is-exploring-impact-investing-for-reproductive-health-financing-110955>

“MSI has received funding from governments and foundations for years. But the makeup of those grants has changed over time. Government grants have increasingly focused on low-income countries, while funding for middle-income countries has gradually reduced.”

“... so **MSI is turning to impact investing to help women and girls — especially those in middle-income countries in Asia that often no longer qualify for grants**. It’s hoping impact investing will allow it to provide millions of women and girls in growing urban centers with high-quality sexual and reproductive health care services, while ensuring that foreign aid and philanthropic grants are spent meeting sexual and reproductive health needs in remote, rural, and underserved communities.....”

### Bloomberg - New African Ratings Agency to Be Headquartered in Mauritius

<https://www.bloomberg.com/news/articles/2025-10-02/new-african-ratings-agency-to-be-headquartered-in-mauritius?srnd=homepage-americas>

“**Mauritius will host the headquarters of the Africa Credit Rating Agency, a new continental initiative to provide alternative assessments of repayment risk that will start operating by the second quarter of 2026.**” “.... “AfCRA will be a fully African-owned and private-sector entity,” Marie-Antoinette Rose-Quatre, chief executive officer of the African Peer Review Mechanism — an African Union structure — told an AU conference in Johannesburg on Thursday. “It will operate independently.” ...”

PS: **“The new agency will focus on local-currency debt ratings to support the development of domestic capital markets and reduce foreign currency risk in Africa. “Our continent’s health systems cannot be resilient if our financial systems are fragile,”** Rose-Quatre told the AU conference, which will discuss how to bridge Africa’s health financing gap. That **“requires financial justice,”** she said.....”

### **Devex – RemitHope looks to diaspora giving to fill Africa’s widening funding gap**

<https://www.devex.com/news/remithope-looks-to-diaspora-giving-to-fill-africa-s-widening-funding-gap-110967>

**“The new platform, launched by philanthropist Tsitsi Masiyiwa, matches every donation to grassroots groups, aiming to turn remittances into a powerful force for African-led development.”**

**“RemitHope, founded by philanthropist Tsitsi Masiyiwa, was created to channel diaspora remittances and local donations into African-led community initiatives.....** ... She says **the initiative reflects a new phase of African philanthropy.** “Now, as the aid from the Global North dwindles, we are stepping up. **My audacious goal? \$50 million in the next five years,** and with faith guiding us, I believe we can achieve even more,” she said in announcing RemitHope....”

## **UHC & PHC**

### **Nigeria Health Watch- Nigeria’s PHC Revitalisation: Ambition, Reality, and the Urgency for Accountability**

<https://articles.nigeriahealthwatch.com/nigerias-phc-revitalisation-ambition-reality-and-the-urgency-for-accountability/>

With focus on Nigeria’s **“PHC Revitalisation”**.

### **SSM Health Systems - Can Indonesia achieve universal health coverage? Organisational and financing challenges in implementing the national health insurance system**

<https://www.sciencedirect.com/science/article/pii/S294985622500090X>

By D Susilo et al.

### **Journal of Family Medicine & Primary Care - Mapping political commitments: Analysing health priorities in Indian election manifestos**

Rajeev BR. et al;

[https://journals.lww.com/jfmpc/fulltext/2025/09000/mapping\\_political\\_commitments\\_analysing\\_health.48.aspx](https://journals.lww.com/jfmpc/fulltext/2025/09000/mapping_political_commitments_analysing_health.48.aspx)

« **Political manifestos are crucial for communicating party visions and policy priorities during elections. In the health context, manifestos provide a lens to examine political commitment to addressing structural challenges in India.** Despite India's position as the largest democracy and the fourth-largest economy, the healthcare system is inequitably distributed, disproportionately affecting vulnerable populations. **This study aims to evaluate how national political parties prioritise health in their manifestos for the 18th Lok Sabha elections, identifying patterns, gaps, and areas of focus.** »

## **Pandemic preparedness & response/ Global Health Security**

### **Health Affairs - From Promise To Practice: Delivering On The WHO Pandemic Agreement**

Xiaoshun Li, Lawrence O. Gostin et al ; <https://www.healthaffairs.org/content/forefront/promise-practice-delivering-pandemic-agreement>

« ... **Three areas essential to the Agreement's success: ensuring enforceable access to countermeasures through the PABS and GSCLN systems, securing sustainable and predictable financing, and strengthening national health systems as the foundation for resilience.** Together, these measures will determine whether the Pandemic Agreement becomes a genuine tool for equity or fades into another missed opportunity.....”

### **Lancet (Correspondence) - New Ebola virus disease outbreak in the Democratic Republic of the Congo: early response guidance**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01950-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01950-6/fulltext)

By Dieudonne Mwamba (MoH DRC) et al.

## **Planetary health**

### **Devex – Can nature be placed on the balance sheet?**

<https://www.devex.com/news/can-nature-be-placed-on-the-balance-sheet-111010>

“Momentum is building for nature finance — but there's still a long way to go.”

### **Devex - Pension funds and investors quietly back climate investing**

<https://www.devex.com/news/pension-funds-and-investors-quietly-back-climate-investing-111048>

“Institutional investors are prioritizing planetary impact while keeping sustainability rhetoric low-key.”

## Global Climate Policy Project at Harvard and MIT

<https://salatainstitute.harvard.edu/research-initiatives/the-global-climate-policy-project/>

Check out the [Global Climate Policy Project \(GCPP\)](#)'s flagship report [Building a Climate Coalition: Aligning Carbon Pricing, Trade, and Development](#).

Via CGD (on a related [event](#) on 16 October): “.... this event will **explore how such a coalition could cut global emissions at scale, support development, raise nearly \$200 billion in annual revenues, and create a more level playing field for industries. The discussion will explore what low- and middle-income countries could gain as part of a climate coalition**, strengthening local industries and economic resilience while reducing emissions....”

## JAMA (Editorial) - Rethinking Inhalers in the Era of Climate Change

<https://jamanetwork.com/journals/jama/article-abstract/2839475>

**“Portable, fast-acting, and highly effective, metered-dose inhalers have transformed the treatment of asthma and chronic obstructive pulmonary disease (COPD) over the past 70 years. But alongside their clinical benefits lies a largely overlooked environmental cost. Metered-dose inhalers rely on hydrofluorocarbon propellants—greenhouse gases also used in refrigeration and air conditioning—that trap heat in the atmosphere thousands of times more powerfully than carbon dioxide. Although each device contains only a small volume of propellant, the use of a single metered-dose inhaler generates carbon emissions equivalent to driving a gasoline-powered car between 100 and 200 km. Scaled across tens of millions of inhalers dispensed annually, these emissions drive global warming, exacerbating the very respiratory conditions inhalers are meant to relieve.”**

## Mpox

### Lancet Letter - Co-circulation of mpox clades Ib and IIb in central Africa

Ngashi Ngongo, Jean Kaseya et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01951-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01951-8/fulltext)

**“On July 26, 2025, the Democratic Republic of the Congo confirmed its first case of mpox clade IIb in a patient with recent travel history to west Africa, leading to the concurrent circulation of three clades (Ia, Ib, and IIb) in Kinshasa. The co-circulation of clades Ib and IIb—each with distinct transmission patterns—marks a crucial turning point in mpox epidemiology, signalling a shift towards more complex, multiclade transmission with substantial implications for regional and global control efforts. “**

**« Key populations (including men who have sex with men, sex workers, and people living with HIV) are increasingly affected, yet interventions rarely account for the specific risks they face. Data from Uganda (where clade Ib predominates) and Sierra Leone (where clade IIb is dominant) reveal that approximately half of mpox-related deaths between August, 2024, and July, 2025, occurred among individuals co-infected with HIV. These data underscore the urgent need for differentiated**

**mpox outbreak response strategies that account for the heightened risks of acquisition, severity, and death faced by key populations.”**

**« To address this threat, we propose four urgent strategic shifts in mpox response in the central African region and beyond:** Integration of mpox response with HIV programmes .... Network-led interventions ..... Targeted vaccination of key populations and people living with HIV.... Rethinking mpox surveillance to include genital screening among key populations....”

## Infectious diseases & NTDs

**Cidrap News - Locally transmitted US malaria cases highlight increased risk, CDC report suggests**

<https://www.cidrap.umn.edu/malaria/locally-transmitted-us-malaria-cases-highlight-increased-risk-cdc-report-suggests>

**“A new paper describes the first locally acquired cases of mosquito-transmitted malaria in the United States in 20 years.** The **paper**, published yesterday in *JAMA Network Open*, examines the epidemiology of 10 locally transmitted malaria cases that were identified from May to September 2023 in Florida, Texas, Arkansas, and Maryland, and how public health officials responded to and contained the outbreaks. ...”

**Cidrap News – WHO: Conditions ripe for further chikungunya spread**

<https://www.cidrap.umn.edu/chikungunya/who-conditions-ripe-further-chikungunya-spread>

**“In an outbreak notice today, the World Health Organization (WHO) said several countries have reported a resurgence of chikungunya**, with spikes in some countries, declines in others compared to recent years, and various factors in place for significant further spread of the mosquito-borne virus. **The Americas region has reported the highest numbers of cases this year, followed by the European region**, most of which involved illnesses reported from French overseas departments in the Indian Ocean.....”

**WHO consolidated guidelines on Tuberculosis**

<https://www.who.int/publications/i/item/9789240111967>

**“These guidelines consolidate the latest WHO recommendations on TB and key comorbidities.** The guidelines are a living document and will include dedicated sections for each key TB comorbidity or health-related risk factor. This second edition expands on the [previous edition](#) and consolidates new and existing recommendations on interventions to address undernutrition in people with TB, to provide food assistance to households of people with TB in food-insecure settings, and to screen for TB among those who are undernourished or food insecure.”

## International Journal for Equity in Health - Malaria in their words: thematic analysis of online narratives from Sub-Saharan Africa

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02570-8>

By S H Zhang et al.

## AMR

### Nature News - The rise of 'nightmare bacteria': antimicrobial resistance in five charts

<https://www.nature.com/articles/d41586-025-03218-x>

(see also last week's IHP newsletter) **"Data reveal how the global challenge to reduce deaths and infections from drug-resistant bacteria is not going according to plan."**

"Antimicrobial resistance (AMR) is projected to cause 39 million deaths worldwide over the next 25 years. But **global efforts to find treatments for drug-resistant infections are not going to plan**, [according to two reports from the World Health Organization \(WHO\)](#) released on 2 October. The reports show that **the global antibiotic drug-development pipeline is facing a dual crisis: a scarcity of drugs in development and a lack of innovation in methods** to fight drug-resistant bacteria."

### SS&M- Tackling wicked problems through street-level diplomacy: the case of antimicrobial stewardship in Northern Europe

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625009608>

By M McKenna et al.

## NCDs

### TGH – Shifting the Narrative on Global Road Safety

M Taylor; <https://www.thinkglobalhealth.org/article/shifting-the-narrative-on-global-road-safety>

**"A study examines the role journalism can play in preventing traffic collisions in five Anglophone African countries."**

**"A [study from February 2025](#), supported by the World Health Organization (WHO), looked at nearly 1,000 news reports on road crashes from five Anglophone African countries—Ghana, Kenya, Nigeria, South Africa, and Tanzania. It found that **most reports failed to inform readers on the nature, impact, and scale of the ongoing crisis**. The reports often obscured the fact that deaths are preventable, blamed victims, and provided little or no context. .... **This manner of reporting****

**hides the scale and the root causes of the issue like poor road infrastructure, laws, and regulations.** Only 11% of reports mentioned infrastructure despite nearly one-third of Africa's road deaths occurring among pedestrians. Reports were also typically found to blame victims rather than unsafe footpaths, a lack of safe places to cross busy roads, or limited public transport. Road safety laws were mentioned in only 14% of all reports; road safety policies were mentioned in just 7%. This is despite extensive evidence illustrating how laws around speeding, drunk driving, the use of seatbelts, child restraints, and motorcycle helmets, as well as vehicle safety regulations and credible law enforcement are key to reducing deaths and serious injuries. ...”

“... These issues in reporting are not solely the fault of hard-pressed journalists with tight deadlines. Many are forced to collect data on crashes from police reports that focus on individual road users, not traffic laws or risks that are built into road infrastructure. Regardless, the media must catch up with the science that helps create safe systems. **This is why the WHO, with support from Bloomberg Philanthropies, created an initiative to train journalists.** ....”

### Devex - What's the business case for investing in nutrition?

<https://www.devex.com/news/what-s-the-business-case-for-investing-in-nutrition-111015>

**“Experts are looking to capital as a tool to fight malnutrition — and maybe, to transform what ends up on people's plates.”**

“The scale of the problem is staggering — and with traditional aid flows crumbling, many are looking to the private sector to fill the gap. But doing so raises a fundamental question: **Can tackling childhood malnutrition deliver not just health benefits, but economic returns?....”**

### Lancet GH - Classifying a distinct form of diabetes in lean individuals with a history of undernutrition: an international consensus statement

Wadivkar et al- [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00263-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00263-3/fulltext)

(see also a previous IHP newsletter) “Since 1955, a form of diabetes in lean, young (BMI <18.5 kg/m<sup>2</sup>, age <30 years) individuals with a history suggestive of undernutrition from before birth and throughout childhood has been described in the literature. In 1985, WHO formally classified it as malnutrition-related diabetes, but subsequently removed the classification in 1999 over a disagreement as to whether undernutrition was a sufficient risk factor to cause this type of diabetes.... During a **consensus meeting in Vellore, India**, in January, 2025, **type 5 diabetes was proposed as the nomenclature** for this distinct form of diabetes, **subsequently formalised at the International Diabetes Federation (IDF) World Diabetes Congress in April, 2025.** ....”

### BMJ Global Health- Gender differences in self-reported hearing loss and hearing aid use: a cross-national comparison

Lam et al- <https://gh.bmj.com/content/10/10/e017655>

An analysis of data from 28 nations found that **reported use of hearing aids was lowest in countries where reported hearing loss was highest**, like China, South Korea, Mexico and Brazil. The analysis,

which includes eight studies, also found **men more likely to report hearing loss than women**. The findings come as data on hearing loss is limited because of barriers in accessing global hearing care services, according to the analysis.

### **Lancet Oncology - WHO calls for investment in cancer prevention and care within a wider NCD strategy**

P Adepoju; [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(25\)00591-1/abstract](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(25)00591-1/abstract)

“Non-communicable diseases (NCDs) now account for seven of the world's ten leading causes of death and kill 18 million people each year before age 70 years. **WHO recently launched a new investment case urging countries to scale up proven, cost-effective interventions.**

The [analysis](#), *Saving Lives, Spending Less*, estimates that implementing WHO's “best buys” in 176 countries would cost about US\$3 per person annually. By 2030, the package could save more than 12 million lives, prevent 28 million heart attacks and strokes, add 150 million healthy life-years, and generate around US\$1 trillion in economic benefits. Returns could rise to seven-to-one by 2035.”

### **Nature (News) - Brain area linked to chronic pain discovered — offering hope for treatments**

[https://www.nature.com/articles/d41586-025-03272-5?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=17175786](https://www.nature.com/articles/d41586-025-03272-5?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=17175786)

“The newfound ensemble of neurons could lead to therapies to treat **persistent pain, which affects roughly one of five people globally.**”

### **Global Health Action - Models of care for noncommunicable diseases in primary care: key elements and design in low- and middle-income countries – a scoping review**

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2543604>

By M Eltigany et al.

### **Nature (News) – First proposed blood test for chronic fatigue syndrome: what scientists think**

<https://www.nature.com/articles/d41586-025-03299-8>

“A blood test has achieved 96% accuracy in diagnosing the condition in a small study of individuals. What does the test detect, and is it a biomarker of the condition?”

### **Plos GPH –Self-management of chronic conditions including multimorbidity in sub-Saharan Africa: A systematic and meta-synthesis review with focus on diabetes, hypertension, chronic kidney disease, and HIV**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003836>



By S N Salimu et al.

## Mental health & psychosocial wellbeing

### Lancet Primary Care (Viewpoint) – Uniting depression care through generalism: a primary care-informed response to the *Lancet*–World Psychiatric Association Commission’s call for action on depression

A Flehr et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00042-1/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00042-1/fulltext)

**“In this Viewpoint, we respond to the 2022 *Lancet*–World Psychiatric Association Commission’s call for united action on depression.** We present primary care-focused recommendations synthesised from key outcomes of 16 observational cohorts of adults with depression in primary care, representing more than 26 000 individuals from 26 countries. **Identified areas for action** included prediction of the depression severity trajectory, the complexity of the depressive experience, and the need for tailored yet holistic depression-care plans. Personal resilience and reductions in social burden were identified as powerful predictors of improved depression outcomes. **Aimed at policy makers in primary care, researchers, and primary care providers, our recommendations emphasise a generalist model of care that is person focused and trauma informed. We advocate for increased primary care capacity for depression risk prediction, social support integration, care navigation, and continuity of care. By bridging the gap between primary care and psychiatric knowledge, our recommendations provide actionable guidance for reducing the global burden of depression.”**

## Social & commercial determinants of health

### SSM Health Systems - Navigating power in policy adoption: the political economy of noncommunicable diseases in Sierra Leone

G Loffreda, S Witter et al- <https://www.sciencedirect.com/science/article/pii/S2949856225000911>

**“This qualitative case study examined the factors influencing NCD policy adoption in Sierra Leone, a country that, in recent years, has focused on tackling these conditions. .... Findings reveal how international frameworks like WHO’s ‘best buys’ provide essential guidance but often fail to accommodate local socio-political realities.** The analysis underscores how multisectoral coalitions, power dynamics, and commercial interests shape outcomes of policy adoption, while chronic underfunding and donor-driven priorities further complicate governance.”

### NYT- How Private Equity Oversees the Ethics of Drug Research

[https://www.nytimes.com/2025/10/04/health/drug-trials-ethics-ozempic.html?unlocked\\_article\\_code=1.rE8.QL1K.joi9YjdxLCM&smid=url-share](https://www.nytimes.com/2025/10/04/health/drug-trials-ethics-ozempic.html?unlocked_article_code=1.rE8.QL1K.joi9YjdxLCM&smid=url-share)

**“Many drug trials are vetted by companies with ties to the drugmakers, raising concerns about conflicts of interest and patient safety.”**

“... **Speed is the reason drug companies have turned increasingly to commercial ethics panels.** Instead of waiting a month or more for a university or hospital to render an assessment, **a commercial panel might take a week.** With private equity, the imperatives of speed only intensified.....”

### Al Jazeera- Jury orders Johnson & Johnson to pay \$966m in talc cancer case

<https://www.aljazeera.com/economy/2025/10/7/jury-orders-johnson-johnson-to-pay-966m-in-talc-cancer-case>

*“A Los Angeles court orders the pharma giant to pay damages to the family of Mae Moore, **who died of mesothelioma** in 2021.”*

PS: “...The **company has said its products are safe, do not contain asbestos and do not cause cancer.** This isn’t the first time Johnson & Johnson was ordered to pay damages to a family after a lawsuit that alleged a link between cancer and its baby powder products.  
**J&J is facing lawsuits from more than 67,000 plaintiffs who say they were diagnosed with cancer after using its baby powder and other talc products,** according to court filings. The number of lawsuits alleging talc caused mesothelioma is a small subset of these cases with the vast majority involving ovarian cancer claims.”

## Sexual & Reproductive health rights

### Lancet Obstetrics, Gynaecology & Women’s health (Health Policy)- Maternal wellbeing: a WHO definition and conceptual framework

Justine Le Lez et al; [https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038\(25\)00017-2/abstract?dgcid=bluesky\\_organic\\_reviews25\\_lanogw](https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038(25)00017-2/abstract?dgcid=bluesky_organic_reviews25_lanogw)

« **As global maternal mortality declines, a focus on women's wellbeing in line with the WHO Global Strategy for Women's, Children's and Adolescents' Health (2016–30) is needed.** Wellbeing frameworks have been developed for women's, children's, and adolescents' health; however, the maternal period (ie, the time during pregnancy, childbirth, and after the end of pregnancy) has not yet been considered. **To address this gap, WHO led a multistakeholder consultative process between 2022 and early 2025 to develop a global definition and conceptual framework for maternal wellbeing.** The **conceptual framework** builds on child and adolescent health and **includes six domains:** health and nutrition; provision and experience of care; security, safety, and sustainable environment; relationships and connectedness; maternal autonomy, agency, and resilience; and culture and values....”

### Book – Negotiating sexual and reproductive justice: Voices from the margins

Edited by T.K. Sundari Ravindran et al; <https://www.manoharbooks.com>

**Negotiating Sexual and Reproductive Justice: Voices from the Margins** makes a significant contribution to the sparse evidence on the sexual and reproductive health and rights of women from marginalized population groups in India, told from their vantage point. An initiative of

members of CommonHealth, a Coalition for Reproductive Health and Safe Abortion in India, **the book contains the stories of 15 women from diverse age groups and five different social and geographic locations, describing their lived experiences** and voicing their health and other concerns rooted in their economic exploitation, social exclusion, and cultural subordination.

### **Gender & Development - Leadership dynamics in health: a social network analysis of men and women leaders in RMNCAH-N and immunisation in sub-Saharan Africa**

<https://www.tandfonline.com/doi/full/10.1080/13552074.2025.2517476?scroll=top&needAccess=true#abstract>

By Katherine Banchoff et al.

## **Neonatal and child health**

### **Plos GPH - Recording vaccine doses administered: A global analysis of tally sheet design for infant and child immunizations**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004973>

By Ariel Higgins-Steele et al.

### **Plos Med - Changes in child mortality and population health following 10 years of health systems strengthening in rural Madagascar: A longitudinal cohort study**

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004549>

By Andres Garchitorena et al.

### **HP&P - A Narrative Review on Cost Considerations in Early Intervention for Deaf and Hard-of-Hearing Children in Africa Open Access**

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf074/8277365?searchresult=1>

By Katijah Khoza-Shangase.

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

### **Reuters – WHO calls out gap in India's cough syrup testing after deaths**

[Reuters](#);

“ Indian authorities advised the public to avoid two more brands of cough syrup on Wednesday following the deaths of 17 children aged under five linked to a toxic ingredient, as the **World Health Organization** said the country had a "regulatory gap" in screening locally-sold syrup medicines....”

### **Al Jazeera – What is Trump’s new TrumpRx website and will it bring medicine prices down?**

<https://www.aljazeera.com/news/2025/10/3/what-is-trumps-new-trumprx-website-and-will-it-bring-medicine-prices-down>

“The US president has **launched a website to reduce the cost of prescription drugs for Americans**, but experts say it won’t benefit many. **The US cannot leverage this sort of purchasing power because it does not have a national health service**, so the government cannot influence the price of drugs in the same way.”

“Pfizer, the first United States pharmaceutical group to sign up to the website, said it would offer discounts of up to 85 percent on the cost of its medicines for those not using health insurance policies to pay and for those on the government’s low-cost insurance programme, Medicaid. Pfizer will also sell medicines to the Medicaid programme itself at lower prices. .... **The announcement prompted shares in the pharmaceuticals sector to lift sharply this week**, signalling a favourable response from markets and the pharmaceuticals industry.....”

### **Global Health Action – Operationalizing African self-reliance in vaccine manufacturing**

Chiluba Mwila et al;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2560209?src=exp-la>

“**African Union and Africa Centers for Disease Control and Prevention (CDC) established the Framework for Action (FFA) through the Platform for Harmonized African Health Products Manufacturing (PHAHM)**, with a goal of 60% local vaccine production by 2040. .... During 2024, Africa CDC, Karolinska Institutet, and Charité Universitätsmedizin Berlin organized a seminar series to discuss advancing this agenda, including a multidisciplinary international expert panel. The series concluded that achieving this requires a comprehensive approach to addressing gaps in the ecosystem, including research and development (R&D), workforce development, technology transfer, regulatory systems, demand creation, and coordination.....”

### **BMJ Opinion –No supply, no survival: why patients must be involved in global trade decisions**

L Mytkolli; <https://www.bmj.com/content/391/bmj.r2086>

“Tariffs and price hikes are putting **access to medical devices** at risk.”

### **Cidrap News - US relies heavily on China, other nations for antibiotics**

<https://www.cidrap.umn.edu/resilient-drug-supply/us-relies-heavily-china-other-nations-antibiotics>

**“A new analysis by researchers at Johns Hopkins University shows the United States has become increasingly reliant on other countries for antibiotics over the past 30-plus years.”**

“The study, published late last week in **JAMA Health Forum**, found that **annual importation of antibiotics increased approximately 26-fold from 1992 through 2024**. One of the countries that has emerged as a **major supplier is India**, which has accounted for nearly one third of finished antibiotics imported to the United States since 2020. But of **even greater concern is that China provides US domestic drug manufacturers with more than 60%** of the active pharmaceutical ingredients (APIs) needed to make the finished product. .... The authors of the study say the findings suggest the **United States**, which already faces persistent drug shortages and **is no longer able to domestically produce key antibiotics such as penicillin and doxycycline, is becoming overdependent on other countries** for its antibiotic supply and highly vulnerable to supply chain disruptions that could affect public health.....”

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

Fothergill-Misbah et al- <https://pmc.ncbi.nlm.nih.gov/articles/PMC12481222/>

“This analysis provides **further evidence of the need for action to improve the accessibility of medicines for Parkinson disease in the WHO African Region**. .... **Several factors influence accessibility, including lack of prioritization of Parkinson disease, shortage of a trained health workforce, barriers to health financing and lack of inclusion of medicines in national essential medicines lists**. While inclusion of medicines for Parkinson disease in national essential medicines lists provides **no guarantee of immediate access, it can encourage procurement, prescribing and use, and can help lower costs, raise awareness of and create political will** for Parkinson disease treatment. ...”

## **Human resources for health**

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

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

« Scholars defined **PSM** as a complex dynamic process that stimulates individuals to carry out self-altruistic and prosocial behaviours. **Our review showed that autonomous motivation is sensitive to context**. Enabling conditions include a positive work environment, community appreciation, and local context. **Our review suggests a form of intrinsic motivation (IM) for HW in Africa that may be rooted in collectivistic values, such as the willingness to serve the community to which they belong**. When HW perceived a lack of belonging to the community they serve, they reported being disregarded, which reduced their sense of self-efficacy, self-esteem, and trust in their community relationships. «

## Decolonize Global Health

BMJ GH - From positionality statements to reflexive statements of principle-informed process

<https://gh.bmj.com/content/10/10/e020866>

By R Lencucha.

Frontline- Ngũgĩ wa Thiong'o's last lesson

<https://frontline.thehindu.com/books/ngugi-wa-thiongo-decolonizing-language-african-literature/article70084069.ece>

"In his final book, the Kenyan writer **confronts how empire colonised the African mind**, and how liberation begins with language itself."

".... In this context, **his 1986 book of essays, *Decolonising the Mind: The Politics of Language in African Literature*, remains a classic**. It was here that Ngũgĩ laid down his **theory of linguistic decolonisation**. Using his extensive experience in academia, theatre, and activism, Ngũgĩ theorised how language defines and shapes the contours of a culture, how the **colonial project** depended upon the systematic devaluation of indigenous cultures, and how this process resulted in the formation of a deracinated, "mentally and spiritually colonised elite" across Africa and Asia...."

## Conflict/War & Health

Health Research Policy & Systems - Navigating turbulence: analyzing the resilience of Lebanon's healthcare system in a multi-crisis scenario

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01382-0>

By Rouham Yamout et al.

International Journal for Equity in Health - Patterns and dynamics of conflict-related sexual violence: an insight from 54 African countries

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02619-8>

By Abisola Esther Babatope et al.

## Migration & Health

### Geneva Solutions - How Trump's crusade against migration reverberates in Geneva

<https://genevasolutions.news/peace-humanitarian/how-trump-s-crusade-against-migration-reverberates-in-geneva>

"Nine months after launching his campaign promise to crack down on migration, **Trump is taking a swing at the UN asylum system**. As **countries meet this week in Geneva to discuss funding for refugee protection**, what will the US rhetoric mean for international agencies?..."

## Miscellaneous

### ACS - Drop in Credit Score After Cancer Diagnosis Linked to Increased Mortality, Study Shows

<https://www.facs.org/media-center/press-releases/2025/drop-in-credit-score-after-cancer-diagnosis-linked-to-increased-mortality-study-shows/>

"Massachusetts data shows a critical link between financial health and survival."

"Patients with cancer whose credit scores decline after their diagnosis face a significantly higher risk of mortality, providing **the first objective data linking financial health to physical survival**. The **research [will be] presented at the American College of Surgeons (ACS) Clinical Congress 2025** in Chicago, October 4-7. ...."

## Papers & reports

### AJPH - Why Building Power Is Key to Protecting Academic Public Health and Advancing Health Equity

C McMurtry et al; <https://ajph.aphapublications.org/doi/10.2105/AJPH.2025.308210>

"In this essay, we present the collective analysis of the **Health and Power Organizing Project (HPOP)**, a group of public health academics committed to using community organizing and power-building principles to advance health equity and change the incentive structures within academia..."

The authors **argue that academic public health must enhance its capacity in building and breaking power to make meaningful change**. To do so, we are **building a network** founded in authentic relationships to inform future collective actions...."

## WHO Bulletin – October issue

[WHO Bulletin](#);

Check out some of the new articles.

### International Health -Rethinking expertise in artificial intelligence ethics for global health

<https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf114/8275556?searchresult=1>

By Bilal Irfan et al.

## Blogs & op-eds

### ODI (Expert Comment) - The EAT-Lancet Commission on healthy, sustainable and just food systems: Is it enough to transform food systems?

M Rezaei; <https://odi.org/en/insights/the-eat-lancet-commission-on-healthy-sustainable-and-just-food-systems-is-it-enough-to-transform-food-systems/>

Pretty cool analytical Comment.

## Tweets (via X, Bluesky & LinkedIn)

### Peter D Carter

**“Global warming today 15 years ahead of 2018 IPCC - The IPCC 2018 Special Report on 1.5°C put 1.5°C at 2040. Today warming is 15 years ahead of that, and accelerating.** This was a good report and led to the agreement that 1.5°C is the danger limit, not 2°C. ...”

### Eric Reinhart

**“The New England Journal of Medicine has finally published two Perspectives on the Israeli destruction of Palestinian health systems in Gaza.** And still now, they systematically censored any mention of "genocide." Appalling ongoing cowardice and complicity.”

### Florent Geerts

“Two weeks ago .... I had the pleasure to attend the event “Global Fund's contribution to Africa's sovereignty and its alignment with Global Gateway and Team Europe initiatives” hosted by in Brussels. Lot of interesting insights but one of the things that struck me most was a reminder from



one of the speakers: during the COVID-19 crisis, everyone called for massive investments in health. Yet only a few years later, that sense of urgency seems to have faded. **‘Pandemic Alzheimer’** is how it was also referred to. “

**Fran Baum** (quote during a webinar on unpacking the political economy of NCDs (re UNGA80))

“Quite remarkable that a ‘political’ declaration on NCDs didn’t even mention the word **‘commercial determinants of health’** “

## Podcasts

### HPW - How Public Health Education Is Evolving for the Next Generation

<https://healthpolicy-watch.news/how-public-health-education-is-evolving-for-the-next-generation/>

“In the latest episode of **Trailblazers** with Garry, host **Dr. Garry Aslanyan** sits down with **Professor Adalsteinn (Steini) Brown**, dean of the Dalla Lana School of Public Health at the University of Toronto. Together, **they explore how public health education must evolve to meet the challenges of a rapidly changing world**. From integrating data and evidence into policymaking to designing learning health systems that continuously improve, Brown shares insights from his career spanning academia, government, and industry. He also reflects on the skills and values the next generation of leaders will need to drive meaningful impact in global health.”