

# IHP news 850 : The World Health Summit

( 17 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,

We're just back from Berlin, more in particular from **'hotel Berlin, Berlin' : )** Below you'll find the **featured article from Rajeev B R**, IHP resident, who attended the **World Health Summit** for the first time. Normally, I would thus have kept this intro short, but as Julian Kickbush (*Ilona's son*) is a reader of this newsletter, I'm afraid I have to live up to my 'contractual obligations' : )

Fortunately, as you'll notice, the takes by Rajeev & myself are complementary. And so below you find just a few impressions from my side, based on the relatively few sessions I managed to attend and the general atmosphere at the summit. In the newsletter, you'll find a more systematic and comprehensive **overview of the main events and highlights**, as well as some overall [analyses](#) and [blogs](#) from a number of global health observers and media platforms.

The World Health Summit, as some of you surely know, is the [event 'I love to hate'](#) (or rather, 'hate to love?'). Once again I wasn't disappointed.

It's still the perfect **playground for global health networkers** - also known in some corridors as 'global health diplomats', in the making or more established ones. That wouldn't be me, but fortunately, once again it was also an *'All-you-can-eat, pretty much all-day-long'* global health event, presumably so that everybody was 'fit for networking purpose'. The World "Health" Summit is actually the only global health event after which my wife notices a few extra pounds when I arrive home : ) In addition, the WHS is one of the rare places on earth where you can enjoy Big Pharma CEOs' rather creative interpretations of "global solidarity", and where the **neoliberal discourse** goes all the way from 'blended finance' over 'de-risking' to **'skin in the game'** ( *'The Silence of the Lambs' is never far away in corporate circles*). And if you get kicked out of an 'invitation-only' side event on the second floor of Hotel Intercontinental where presumably some real decisions are being taken, there's always elsewhere at the venue a flashy keynote going on from a good-looking Indian honorary UNFPA ambassador with millions of followers to make up for that. Heck, even Axel Pries seemed to have gotten some professional coaching over the past year on how to host a show properly! So, top marks for this WHS edition on all fronts : )

True, at times, the World Health Summit felt more like a **'World Health Security Summit'** (*certainly when listening to some stern looking German decision makers*), but there were enough other lofty global health causes being discussed to mitigate this - too harsh - assessment. The **'right to health'**, on the other hand, wasn't exactly prominent, unlike at the **Medico International counter event**, appropriately titled ['Defending the right to health'](#). At this civil society event, taking place not far from Potsdamer Platz, Felix Stein also pointed out that **"responsibility"** (*part of the #WHS2025 tagline, 'Taking responsibility for health in a fragmenting world'*) should [not just refer to accountability, shared solidarity, .... etc. but probably also include "complicity"](#) – as some young

Western protesters all around the world seem to have understood, with respect to their governments' involvement in facilitating the genocide in Gaza. But clearly, the World Health Summit doesn't do 'complicity'.

Over to ['reimagining the Global health architecture'](#) then, another prominent theme. A [WHS press release](#) was titled '**Starting point of a New Global Health Architecture**', but more than a few times, I thought they actually meant '**Starting point of a New Global Health Security Architecture**'. On that note, the new GPMB report, [The New Face of Pandemic Preparedness](#), one of the reports launched in Berlin, warned "**Global health security hangs in the balance in a volatile and uncertain world**", but surely nobody can blame the WHS in this respect (*#ugh*). And who knows, if Germany at last puts some more billions in the Deutsche Bahn under the umbrella of 'security spending' (*after all, the troops need to be dispatched efficiently towards the Eastern front*), one day World Health Summit participants who arrive by train in Berlin can also enjoy a smooth journey?

In the governance reform related discussions where I did manage to get in (*for some reason, the tiny 'Hub 2' room was preferred to hold these, a 'governance' disaster of sorts*), in addition to big shots emphasizing the need to 'refocus mandates and avoid overlap/competition', one of the mantras there was also, "**We need 'a landing zone'**" (*that is, for all these ongoing 'reimagining processes'*). Although not much of a pilot myself, I also look forward to this 'landing zone', given my knowledge management job.

A few other things I noted, in no particular order:

**Dr Tedros** (in an address from Sri Lanka) took out **plenty of time to discuss the prioritization process at WHO** (and the principles of fairness, transparency etc that have led it) during the flashy '**Signature Event**' on Monday evening.

In the absence of Tedros, **Jean Kaseya** was one of the more effective speakers at the World Health Summit. The **Africa CDC director** also seems to have the shrewdness required for the new 'transactional era', he certainly understands how the (too) many 'Big Men' in Africa think and what they tend to value – I quite enjoyed his illuminating intervention at the final plenary on Investing in Women's Health, for example. On the other hand, this WHS edition's ['evangelizing on AI'](#), as Devex accurately labelled it, wasn't really my cup of tea.

But let me end my short WHS reflections with **two speakers whose messages hit home with me**.

At the new **GBD 2023 launch** session (*a very neat one*), **Richard Horton** ended on a Bon Jovi note, emphasizing "**Keep the faith**", convinced as he is that better times for multilateralism and shared solidarity will one day come again. **Jeremy Farrar** (*one of the frontrunners in the DG race, rumour has it*) sounded somewhat less upbeat, but stressed again "**We can't afford to give in to nihilism in the current dire times**". Which is a message I should probably recite every morning, as I'm going through the dreadful news headlines with sleepy eyes. More in general, I quite like Farrar's rational discourse on pretty much every topic I can think of, it's nice to hear somebody "talking sense" in Trumpean times (*Though true, some people think Jeremy sounds a bit too sensible : )*).

But enough about the World Health Summit, a few **other highlights from the week**, then, on which you'll find more in this week's newsletter issue.

At the IMF/World Bank annual meetings, apparently [the IMF boss “wants Europeans to have shorter vacations”](#). At the same time, the World Bank’s Banga argued “[In just the next 10 to 15 years, 1.2 billion young people will come across a labor market projected to offer just 400 million jobs — that leaves a shortfall of 800 million](#)”. .... And so I suggest Georgieva and Banga have a proper chat in the coming months.

Finally, worrying **tipping points** were noted with respect to [planetary health](#) and [AMR](#) this week, and you probably also heard by now about the ‘[Record Surge of Carbon Dioxide](#)’ in 2024. As experts [pointed out](#), “We’ve entered a new reality and need to **trigger “positive tipping points” fast...**”

No doubt, many global health leaders and diplomats were already pondering some of these ‘positive tipping points’ and other ‘bold action’ as they were flying home from Berlin.

Enjoy your reading.

Kristof Decoster

## Featured Article

### The World Health Summit still largely misses the People it speaks for

[Rajeev B R](#)

*The [World Health Summit](#) (WHS) brings together political leaders, corporate executives, academics, global health agencies, entrepreneurs and start-ups, but rarely the communities most affected by the issues discussed. Panels in Berlin remain dominated by ministers, CEOs, and agency heads. Even if some progress has been made over the years, citizens, patients, and frontline workers are still largely missing from the agenda-setting table. This creates a paradox: public health decisions are debated in elite spaces far removed from the public realities they claim to represent. And that’s not even considering the ‘invitation only’ side meetings at the WHS where decisions are taken, defying the values of inclusiveness and open discussion even more.*

As reported in a new article, over the years [WHS has made some progress](#) in terms of representation and inclusiveness. Still, while this year’s WHS arguably included five official civil society organisations within its (partner) [network](#), an animal rights group and an environmental organisation are also among them, raising some questions about which civil society voices are being heard. Although more health-focused public representatives were present in Berlin, they were largely in the audience. A notable exception was a panel on the [role of patients amidst global polycrises](#), where patient groups shared lived experiences alongside the WHO and advocacy organisations. Such moments signal progress, but they remain exceptions rather than the norm. Panellists in other sessions brought attention to civil society engagement models like [PEN plus](#) and the [Mission-Oriented Approach](#).

By and large, though, the focus at summits like the WHS leans toward technological, biomedical, or innovation-driven solutions (AI in health, digital platforms, vaccines, industry partnerships). Meanwhile, social determinants such as housing, nutrition, caste, gender, race, livelihoods, and

environmental degradation get token mention. These are the true domains of public health, but they rarely excite global funders or attract headlines.

Even as global health rhetoric has become less overtly colonial, power asymmetries remain. The WHS continues to centre northern institutions, English-speaking experts, and global agencies. Although [regional WHS meetings](#) are happening, the role of local actors in them, such as community health workers, patient advocates, and grassroots organisers, remains to be seen. Let's hope the upcoming one in Nairobi, Kenya, gets this right.

Meanwhile, mechanisms for public scrutiny or accountability in such forums are still weak. WHS shapes global health narratives and funding priorities, yet communities have few ways to provide feedback or influence outcomes. Alternative movements, such as the [People's Health Assembly](#) and [the COPASAH](#) Symposium, continue to reclaim space by grounding discussions in lived experiences. Here in Berlin, Medico International attempted something similar with a [counter event](#) during the Summit.

To move forward, inclusiveness must go beyond token representation. Direct participation in decision-making, not mere consultation, is essential. Encouragingly, this year's WHS saw visible [youth engagement](#), signalling that future health systems might benefit from the perspective of younger voices. Yet such engagement needs to be institutionalised, not occasional.

Civil society organisations that live and work among affected communities are crucial for accountability, ensuring that what is promised in policy is realised in practice. These actors have gotten a bit closer to policymakers, but their spaces for influence remain fragile and must be consciously protected.

Ultimately, sustainability in health systems depends not only on financing or technology but also on the relationships of trust built with communities. When people are meaningfully involved, they hold systems accountable and ensure continuity across political cycles. If the World Health Summit truly aims to lead global health dialogue, it must re-centre the people whose health it speaks for and with.

## Highlights of the week

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

#### Structure Highlights section:

- World Health Summit 2025 in Berlin (12-14 Oct): key news & initiatives
- World Health Summit – More overall analysis, blogs....
- IMF/World Bank annual meetings (13-18 October, Washington DC)
- More on Global health governance & Financing
- More on Reimagining Global Health
- Global Tax & Debt justice
- UHC & PHC
- More on PPPR
- Global Antibiotic Resistance Surveillance Report 2025 (AMR)

- HIV
- NCDs
- Commercial and social determinants of health
- Trump 2.0
- Conflict/War & health
- Access to medicines, vaccines & other health technologies
- Planetary health
- Miscellaneous

## 5 Reads of the week:

- Devex - [Special edition: The World Health Summit focuses on opportunity amid a funding crisis](#)
- HPW - [Global Health Leaders Urge Fewer Agencies Amid Funding Crisis](#)
- GBD 2023 booklet: [Global Burden of Disease 2023: Findings from the GBD 2023 study](#)
- WHO [WHO warns of widespread resistance to common antibiotics worldwide](#)
- Global Tipping Points report 2025 - <https://global-tipping-points.org/>

## World Health Summit 2025 in Berlin (12-14 Oct): key news & initiatives

More or less a **chronological overview**, starting with the Virchow Prize handed out a few days before the WHS, then with a **few WHS press releases** on consecutive days. Then we go a bit more into detail (*without aiming to be comprehensive, that's just impossible*).

In another WHS related section, you find some more **overall analysis**.

PS: you can re-watch every WHS session here (recordings available):  
<https://www.worldhealthsummit.org/program?date=2025-10-14>

### Lancet Comment- The Virchow Prize: honouring progress towards health for all

Ole Petter Ottersen, Detlev Ganten et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02021-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02021-5/fulltext)

On the background of the Prize.”.. **Established in 2022 by the independent, non-profit Virchow Foundation, the Virchow Prize honours individuals or organisations whose work has made outstanding contributions to global health. The prize embraces a holistic view and is aligned with the UN 2030 Agenda for Sustainable Development Goals (SDGs), particularly SDG 3—good health and wellbeing for all. In an era marked by geopolitical tensions, erosion of multilateralism, and politicisation of global health, the Virchow Prize stands as a beacon of solidarity and equity.....**

**“... Launched at the bicentenary of Virchow's birth, the award was conceived as a complement to existing scientific prizes, but with a unique focus: recognising achievements that integrate scientific rigour with social responsibility and advance health as a global public good. Unlike prizes**

confined to biomedical breakthroughs, **the Virchow Prize embraces a systemic, interdisciplinary approach**, acknowledging contributions in research, policy, education, and advocacy that collectively drive progress towards equitable and sustainable health....”

“.... This year's laureates, Quarraisha Abdool Karim and Zulfiqar A Bhutta, exemplify the Virchowian ideal and have been awarded the Prize “for their pioneering, lifelong leadership in advancing maternal, newborn and child health equity through community-centred, evidence-based research”. Timed for their **Virchow Prize Lecture on Oct 10, 2025**, a version of the lecture is published in *The Lancet*; **the Virchow Prize Ceremony will be held on Oct 11, 2025**. In honouring excellent scientists and global health advocates, the Virchow Prize sends a powerful message: science must serve humanity, and global health must remain a shared responsibility....”

### Virchow Prize lectures

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01920-8/abstract?dgcid=twitter\\_organic\\_comment25\\_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01920-8/abstract?dgcid=twitter_organic_comment25_lancet)

These are **two lectures that form the Virchow Prize Lecture** given by the authors in October, 2025. The first lecture was given by Quarraisha Abdool Karim and Jivanka Mohan. The second lecture was given by Zulfiqar A Bhutta.

**Lecture 1. A 30-year journey of HIV prevention for women: innovations and future directions**  
(Quarraisha Abdool Karim and Jivanka Mohan)

**Lecture 2. Achieving equitable gains in maternal and child health globally: reaching the unreached**  
(Zulfiqar A Bhutta)

**WHS press release - World Health Summit 2025 Kicks Off with Germany's €1 Billion Commitment to the Global Fund, New Global Health Data, and the Call to Reform Global Health Financing**

[https://a.storyblok.com/f/305196/x/59b5b5743d/whs2025-press-release\\_day-1.pdf](https://a.storyblok.com/f/305196/x/59b5b5743d/whs2025-press-release_day-1.pdf)

Re **day one**. In addition to **Germany's Global Fund contribution**, headlines were ‘**New Global Burden of Disease Study Presented: Global Mortality Declines, Youth Deaths Rise, Widening Health Inequities**’ and ‘**Leaders at the World Health Summit 2025 Call for Urgent Reform in Global Health Governance and Financing**’.

### Global Burden of Disease 2023

PS: We suggest you dig into this report – it's impossible to provide all key messages in this newsletter.

IHME: GBD 2023 report <https://www.healthdata.org/research-analysis/gbd>

Booklet (18 p) [https://www.healthdata.org/sites/default/files/2025-10/GBD\\_2023\\_Booklet\\_Final\\_2025.10.10.pdf](https://www.healthdata.org/sites/default/files/2025-10/GBD_2023_Booklet_Final_2025.10.10.pdf)

- Check out the [IHME press release: New Global Burden of Disease Study: mortality declines, youth deaths rise, widening health inequities](#)
- Related [Lancet Editorial – Health progress in a post-COVID-19 world](#) introducing the 2023 GBD:

**“In the 2023 Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) in three papers in *The Lancet*. Together, these papers lay out for the first time a comprehensive description of health in the post-pandemic world. With less than 5 years left to achieve the Sustainable Development Goals (SDGs), these metrics are a starting point for reshaping health policy and financing for the post-SDG health agenda.....”**

**“... The truth laid bare by these papers is that policies to address global health challenges do not accurately reflect the reality of the global burden of disease and disability today.** Countries will have to radically adapt their health systems to meet these new priorities, but the challenges are not insurmountable. Universal health coverage can still improve population health. Service integration is promising, although the people who are most at risk and hardest to reach still face important barriers to access to care. Civil society organisations remain essential for health services to reach vulnerable and stigmatised people.....”

- Related **Lancet Comment** - [Shared burdens, shared responsibilities: advancing the 2030 Agenda for Sustainable Development](#) (by R Kanter et al)

Concluding: “ ....**Most of the leading causes of death are preventable, but tackling them requires comprehensive multisectoral policies that consider the current global polycrisis, while also strengthening health system resilience.** Addressing these intersecting challenges **requires a systemic, equity-focused approach that links societal responsibility with health outcomes.** The WHO World Report on Social Determinants of Health Equity emphasises that health equity is a political choice central to sustainable development: In it, the authors state, **“Globally, we have also failed to integrate an appreciation of intergenerational equity, further undermined by the existential threats of climate change, war and conflict.” ...”**

- Coverage via [HPW – Global Life Expectancy Sees Post-COVID Rebound – But Deaths Among Youths In North America and Latin America Rise](#)

**“Global life expectancy rose again in 2023 after a decline during the COVID pandemic with overall life expectancy 20 years higher as compared to 1950. But North America and Latin America are seeing higher death rates among adolescents and young adults due to a crisis in mental health – reflected in higher rates of suicide, drug abuse and excessive alcohol consumption. In sub-Saharan Africa, infectious diseases and unintentional injuries also struck young people disproportionately. These were among the key findings of the [2023 Global Burden of Disease Study](#), by the Institute for Health Metrics and Evaluation, published [Sunday in the Lancet](#). ....”**

**“The report was launched on the opening day of the annual [World Health Summit](#). ....”** (*ps: in a very good & nicely moderated session*)

PS: one of the key messages that struck us, was the **accelerating NCD burden in SSA and South-Asia.**



## Global Fund – Germany’s Commitment to the Global Fund Replenishment: A Timely Investment in Health, Equity, and Resilience

<https://www.theglobalfund.org/en/news/2025/2025-10-12-germany-commitment-global-fund-replenishment-timely-investment-health-equity-resilience/>

“The **Global Fund warmly welcomes Germany’s commitment of €1 billion to the Eighth Replenishment**, announced at the World Health Summit in Berlin - a powerful signal of its enduring leadership in global health and its deep commitment to equity, resilience, and innovation.....”

As pointed out by Devex, “.... [This drew much acclaim, despite being €300 million less than the German commitment during the Global Fund’s last fundraising cycle](#). That seemed to reflect just how dire the aid situation has become — and why so many people were so eager to figure out what the future global health response is going to look like. ....”

## BMFTR boosts international vaccine initiative CEPI

<https://cepi.net/bmftr-boosts-international-vaccine-initiative-cepi>

“Germany is strengthening its commitment to global health. **The Federal Ministry of Research, Technology and Space (BMFTR) will be providing EUR100 million through to 2030 to support the international vaccine initiative CEPI** (Coalition for Epidemic Preparedness Innovations)....”

## WHS day two press release - Health is a Political Choice: Global Leaders Call for Shared Responsibility at the World Health Summit, Gallup and GPMB Release Landmark Reports on Emotional Wellbeing and Pandemic Preparedness

[https://a.storyblok.com/f/305196/x/ecf0fff913/whs-2025-press-release\\_day-2\\_whs2025.pdf](https://a.storyblok.com/f/305196/x/ecf0fff913/whs-2025-press-release_day-2_whs2025.pdf)

With key highlights from Day two.

## 2025 GPMB report

<https://www.gpmb.org/reports/report-2025>

“The **2025 GPMB report, *The New Face of Pandemic Preparedness***, emphasizes the **urgent need to transform global health security in a world that is experiencing new volatility, uncertainty, complexity, and ambiguity** while still recovering from the COVID-19 pandemic.... A paradigm shift is needed. **The 2025 GPMB report is anchored in three fundamental recommendations to drive preparedness for pandemics, as well as epidemics and outbreaks, in a volatile world: care, measure and cooperate.....”**

- Coverage among others via HPW: [Calls for Stronger Real-Time Pandemic Risk Surveillance](#)

“A **more comprehensive pandemic risk monitoring system, that tracks threats and preparedness in real time**, is urgently needed says the WHO-hosted Global Preparedness Monitoring Board, in a report launched on the second day of the World Health Summit.....”



PS: **“The report also recommends a global pandemic spending tracker for every country, with recommended benchmarks of \$15 billion annually or 0.1-0.2% of GDP. And 0.5-1% of security and defense budgets.....”**

- And via [Devex](#):

The report “....called for **improved efforts to care, measure, and cooperate**. That means **stronger primary health care systems** — “care” — and **ratification of the pandemic agreement**, or “cooperate.” To “measure,” the report proposed **the development of a global pandemic risk observatory**. The idea is to have a single mechanism that can take all of the different analyses floating around and offer an overarching evaluation of pandemic risks.”

## Gallup report - State of the World's Emotional Health 2025

<https://www.gallup.com/analytics/349280/state-of-worlds-emotional-health.aspx>

**“Connecting Global Peace, Wellbeing and Health”**. “ This report, based on 145,000+ interviews across 144 countries and areas, investigates for the first time the links between emotions, peace and health. Released in partnership with the World Health Summit, **this analysis finds a strong connection between negative emotions and peace.....”**

## Business Day - Germany calls for health to remain on the G20 agenda

[Business Day](#);

**“Germany** [i.e. German health minister Nina Warken ] **calls for health to remain on G20 agenda.... (and on the G7 agenda)**. Sources expect the US to axe the joint finance and health task force when it takes over presidency.....”

## WHO upgrades its public health intelligence system to boost global health security

[https://hq\\_who\\_departmentofcommunications.cmail20.com/t/d-l-gwtdil-ikudkhlul-r/](https://hq_who_departmentofcommunications.cmail20.com/t/d-l-gwtdil-ikudkhlul-r/)

**“Today, the World Health Organization (WHO), in collaboration with key partners and supporters, launched version 2.0 of the Epidemic Intelligence from Open Sources (EIOS) system, used globally for the early detection of public health threats**. Since its development in 2017, the initiative has grown steadily and is now being used by more than 110 Member States and around 30 organizations and networks around the world. **The update incorporates new data sources and improved functionalities, including the use of artificial intelligence (AI).**”

**“Hosted at the WHO Hub for Pandemic and Epidemic Intelligence in Berlin**, EIOS is the world’s leading initiative for open-source intelligence for public health decision-making. It helps public health teams detect and respond to potential threats daily by analyzing large volumes of publicly available information in near real time....”

## HPW – One in Six Bacterial Infections Is Antibiotic Resistant

<https://healthpolicy-watch.news/one-in-six-bacterial-infections-is-antibiotic-resistant-calls-for-stronger-real-time-pandemic-risk-surveillance/>

Coverage of the “.... release of a new World Health Organization data documenting the sharp global rise in drug-resistant bacterial infections. ....”

HPW - Day 2 of the Summit also featured a series of discussions on how to streamline global health institutions in the wake of massive cuts in donor aid

<https://healthpolicy-watch.news/one-in-six-bacterial-infections-is-antibiotic-resistant-calls-for-stronger-real-time-pandemic-risk-surveillance/>

Scroll down for coverage of this **governance reform related session**.

## WHS Day three - World Health Summit 2025 Concludes in Berlin with Calls for Action on Peace and Health, and Increased Investment in Women's Health

[https://a.storyblok.com/f/305196/x/5779117eb5/whs2025-press-release\\_day-3.pdf](https://a.storyblok.com/f/305196/x/5779117eb5/whs2025-press-release_day-3.pdf)

Highlights of day three. *(I missed the Peace & Health keynote, but very much appreciated the Women's Health (investment) one in the afternoon.)*

Some **more snippets of news and other sessions (+ side events)** then from the WHS:

## WHO and the European Union launch collaboration to advance digitized health systems in sub-Saharan Africa

<https://www.who.int/news/item/14-10-2025-who-and-the-european-union-launch-collaboration-to-advance-digitized-health-systems-in-sub-saharan-africa>

**“The World Health Organization (WHO) and the European Union (EU) announced today a new agreement to support the digital transformation of health systems and wider adoption of WHO’s Global Digital Health Certification Network (GDHCN) in sub-Saharan Africa. This EU–WHO partnership will improve pandemic preparedness and accelerate progress towards better health and well-being for all....”**

**“... The GDHCN is a global system that enables countries to securely and reliably verify nationally approved digital health credentials across borders. The system builds on the European Union Digital COVID Certificate (EU DCC), which facilitated verification of vaccination, testing and recovery certification for international travelers connecting 76 countries and territories. However, only four countries from the WHO African Region—Benin, Cabo Verde, Seychelles and Togo—were able to join the EU DCC network. Since its transfer to the WHO in 2023, the GDHCN has shown strong potential to support the digitization of the International Certificate of Vaccination or Prophylaxis (ICVP), commonly known as the Yellow Card, in alignment with the updated International Health Regulations (IHR). Making the most of its potential could enhance global vaccination tracking, reduce fraud, and simplify international health requirements....”** **“ Under the new joint agreement, which includes an €8 million EU grant spanning 2025 to 2028, WHO and the European Union will**

collaborate to bolster national efforts to advance the digital transformation of health systems in sub-Saharan Africa. WHO will provide technical and policy expertise, in collaboration with regional partners such as the Africa Centres for Disease Control and Prevention (Africa CDC). The EU investment is **part of the Digital Health workstream of the Team Europe Initiative on the EU-AU Health Partnership**, which brings together European and African stakeholders to build resilient digital health ecosystems across the continent, and aligned with the EU Global Gateway strategy.....”

### Devex – Where does the private sector fit in the Accra Reset?

<https://www.devex.com/news/where-does-the-private-sector-fit-in-the-accra-reset-111092>

(re a session at the WHS) “There is a growing consensus that global south countries should set their own health priorities, but private sector collaboration will remain critical.”

### Indian Express - World Health Summit | 45 million deaths go unrecorded globally every year, new campaign urges investment in vital statistics systems

[Indian Express](#);

“Data for Health, an initiative set up in 2015 and funded by Bloomberg Philanthropies and The Gates Foundation, partners with low- and middle-income countries to improve public health data and use of data for policymaking.”

“.... **Around half of all deaths worldwide annually, about 45 million, go unrecorded**, leading to health policy decisions being made with incomplete information. To address this, **a new campaign launched at the World Health Summit, Berlin, seeks to promote investment in Civil Registration and Vital Statistics (CRVS) systems** and emphasise the importance of using accurate data to enhance public health and save lives.....”

“Data for Health.... **focuses on four major areas**: civil registration and vital statistics; data use for policymaking; Population-Based [Cancer](#) Registries; non-communicable disease risk factor surveys. Last year, Bloomberg Philanthropies announced an investment of \$150 million now bringing the total investment committed to the initiative to \$436 million. The initiative includes collaborating institutions like the CDC Foundation, Global Health Advocacy Incubator (GHA), Johns Hopkins Bloomberg School of Public Health, Vital Strategies, WHO and others....”

PS: “ .... **According to experts 100+ low- and middle-income countries do not have fully functioning CRVS systems and 40% of deaths around the world are not registered.....”**

### HPW - ‘Breaking Down Silos’: Global Health Matters Podcast Marks Five Years of Cross-Cutting Conversations

<https://healthpolicy-watch.news/breaking-down-silos-global-health-matters-podcast-marks-five-years/>

The **Global Health Matters** podcast **launched season 5 in Berlin**. This year, the podcast will focus on the **future of Global Health**.

*“At the World Health Summit in Berlin, the **Global Health Matters** podcast celebrated a milestone anniversary with a live recording exploring misinformation, the power of social media shaping information, and the future of health communication.”*

“Five years ago, in a field not exactly known for its podcasting, Dr Garry Aslanyan spotted a gap. **Global health, for all its conferences, scientific papers and panel discussions, lacked spaces for dialogue that could transcend disciplinary boundaries.** So he started one. **“A lot of the information in global health is quite siloized,”** Aslanyan, the podcast’s founder, told *Health Policy Watch* in a recent interview at the World Health Summit, [where the show recorded its fifth-anniversary episode](#). **“We look at things that are more cross-cutting.** People who are not working in an area could listen to the episode and get inspired by how they dealt with something in another context.”

PS: **“ As the podcast enters its fifth season, Aslanyan is pushing toward what he describes as more “provocative” territory. He envisions creating space for global health opinion-makers to debate contentious issues the field typically avoids. Like a political talk show, but focused on policy questions that shape billions of lives, he said. He envisions seeing “more of a consistent sort of episodes and places where very neutral, experienced global health opinion makers can discuss global health issues together,” Aslanyan explained. The difficulty, he acknowledged, will be maintaining neutrality while hosting a platform that can provide space for the respectful exchange of different views.** How the podcast can thread that needle remains to be seen. But in a field increasingly dominated by silos, polarization, and platform power, the journey of Global Health Matters will continue to add value to viewers in the global health domain. “We go through either sanitized kind of things to sometimes extreme, polarized stories,” Aslanyan said. “But we should have a neutral platform. I hope—well, it’s my dream.” ....”

### **Alliance - Health as a bridge to peace: the Alliance contributes to global dialogue at the World Health Summit 2025**

<https://ahpsr.who.int/newsroom/news/item/15-10-2025-health-as-a-bridge-to-peace-the-alliance-contributes-to-global-dialogue-at-the-world-health-summit-2025>

**“At the World Health Summit (WHS) 2025 in Berlin, the Alliance for Health Policy and Systems Research joined two sessions exploring how health can serve as a bridge to peace in fragile and conflict-affected settings – highlighting how locally led research can drive lasting change. As Alliance Board Chair, the Rt Hon. Helen Clark noted, such efforts help those most affected “get the evidence that will help build something better for the future.” “**

**“Opening the keynote session [Peace and health: Building bridges for global stability and well-being](#), Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), called for renewed global commitment to protect health workers and facilities in conflict. He reminded participants that health must never be militarized or targeted, and noted that “health is not simply a casualty of conflict – it can also be a bridge to peace. Strong, inclusive health systems can help divided communities to rebuild trust.” He emphasized that “there is no health without peace, and no peace without health.” The keynote session, co-organized by the Alliance, WHO and the World Health Summit, examined how investment in health systems can foster stability and social cohesion during and after conflict. The panel featured senior political and health leaders from Indonesia, Sierra Leone and Ukraine, alongside experts from Lebanon, New Zealand and Save the Children International.”**

## Fair, Inclusive, Feminist: Measuring Feminist Leadership in Global Health

<https://global5050.org/updates/measuring-feminist-leadership-in-global-health/>

Re a side event from Global Health 50/50. **“In a time of growing pressure and precarity across the global health sector, feminist leadership offers a roadmap for organisational resilience. At Global 50/50, we are advancing a new framework to translate feminist principles into measurable practice, helping organisations live the values they espouse. .... Our most recent session, held in Berlin during the World Health Summit, focused on *how feminist principles can be measured and what difference that could make. ....*”**

- And a link: WHO - [Spotlight on traditional medicine at World Health Summit 2025](#)

## World Health Summit – More overall analysis, blogs....

### Devex – Special edition: The World Health Summit focuses on opportunity amid a funding crisis

A Green; <https://www.devex.com/news/special-edition-the-world-health-summit-focuses-on-opportunity-amid-a-funding-crisis-111099>

“Thousands of attendees gathered in Berlin to **think about the future of the global health response amid reduced aid and declining multilateralism. Plus other takeaways** from the World Health Summit.”

(recommended overall analysis of the WHS)

A neat excerpt perhaps:

« **It was actually difficult to keep track of all of the panels on reimagining the global health architecture — and even more difficult to get into them.** If you made it inside, it was often to hear leaders from governments, industry, multilateral institutions, and [United Nations](#) agencies **describe the funding crisis as an opportunity.** There were a lot of calls to shift how global health systems are imagined, who sets priorities, and who funds them. **Global south leaders arrived with a more granular vision of an emerging global health architecture that must rest on sovereignty and solidarity.** While they welcome partners, they cautioned that all **efforts moving forward should be built collaboratively.** While this vision, [known as the “Accra Reset,”](#) seemed to gain some momentum in Berlin, most discussions seemed to end with an agreement that conversations need to continue. **More concrete decisions may have been taken on the upper floors of the InterContinental Berlin, but those meetings were shut off to all but the VIPs.** There was also much emphasis on the ongoing **importance of multilateralism and solidarity.** ....

- See also Devex - [Germany commits €1B to Global Fund as aid cuts shape World Health Summit](#)

“Though Germany committed €1 billion to the Global Fund, **this year's World Health Summit in Berlin remained focused on new funding models for global health.**”

## Geneva Health Files - The Annual Berlin Missive: World Health Summit 2025

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

Priti Patnaik's take on this year's World Health Summit. Must-read analysis.

Among others, on 'Venn diagrams that do not intersect'; The battle of visions (of what comes next for global health); the fear of bilateralism, (too little on global taxation/debt); multilateralism as passé? ...

## Forsaken - The view from Berlin

Andrew Green; <https://theforsaken.substack.com/p/the-view-from-berlin>

Recommended. "African leaders have a promising vision for the future of global health, but **marginalized communities may be at risk.**"

**Excerpt: "... It was fascinating to observe this vision of health sovereignty fill the vacuum in Berlin, given that it is an explicit rejection of the neo-colonialism perpetrated by some of the traditional aid actors present at the conference. It was a powerful development, but not one without complications."**

**"This focus on the future—the process of nations assuming greater autonomy over their health systems—threatens to elide the very real emergencies that exist right now. Communities have lost access to HIV prevention, to malaria treatment and medicine for tuberculosis. People are falling sick and dying. It fell to Winnie Byanyima, the head of UNAIDS, to remind the WHS that the future they were so intently focusing on has not yet arrived. "Aid needs to stay there to keep as a scaffolding, as a transition," she explained in one session....."**

**"It is also fair to worry about the priorities that nations will arrive at. ..."**

Hence the importance of an institution like UNAIDS.

## HPW - Global Health Leaders Urge Fewer Agencies Amid Funding Crisis

<https://healthpolicy-watch.news/global-health-leaders-urge-fewer-agencies-amid-funding-crisis/>  
HPW's overall analysis of the WHS, mainly from a global governance & financing reform angle.

**"Leaders of the world's major global health institutions called for a fundamental restructuring of an aid system they described as too fragmented, duplicative and confusing, with several stating that the number of agencies must be reduced as cuts from the US and other donors force a reckoning with the labyrinthine architecture of global health funding. At the World Health Summit in Berlin this week, executives from the Global Fund, Gavi, the World Health Organization and other institutions addressed the financial crisis facing global health as the abrupt withdrawal of US aid under Donald Trump exposed structural problems that officials acknowledged had existed for years....."**

Some excerpts below, with **quotes from Sands, Nishtar, Dieleman, Clarke, Tedros & many others:**

**“I do think we’re actually going to have to reduce the number of entities,” Peter Sands, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, told participants. “The system is too fragmented. There are too many underfunded institutions. There’s too much duplication. It’s too complex. That diagnosis, I think, is pretty straightforward.” ....**

**“... “On a global scale, development assistance for health was almost universally accepted as a good thing—it wasn’t politically controversial,” Joseph Dieleman, who leads IHME’s health aid tracking team, [told](#) the Council on Foreign Relations of the research. “All of a sudden, it’s very squarely political and on the chopping block.” “That’s not just a US phenomenon,” Dieleman said. “That’s global.” ....**

**“... The loss of billions in health funding has put millions at risk, but officials say the crisis has also exposed deeper, long-standing flaws in the aid architecture. Health programs rely heavily on a handful of major donors — about 15 philanthropies and national governments dominate the field — so the loss of even one can trigger an immediate emergency. ... Officials also pointed to “mandate creep,” where multiple organizations take on overlapping roles, competing for the same funds while duplicating work, resulting in confusion and inefficient use of aid....”**

**“... The majority of global health institutions are funded through sequential “replenishment” fundraising campaigns, often concurrent, creating competition for finite resources that now extends across the broader humanitarian world. As funds dwindle, streamlining and coordination in aid efforts become crucial to maximise what funds remain. “Is the current model of replenishment sustainable? I don’t think it’s sustainable going forward,” said Sania Nishtar, chief executive of Gavi, the Vaccine Alliance. ....”**

**“In 2024, the UN and partner organizations appealed for \$46.4 billion to assist 180.5 million people across 72 countries—funding that health agencies must now compete for and convince policymakers to support.....”**

**“.... The abrupt termination of US foreign aid, which has hit health programmes particularly hard, cast a long shadow over the chandeliers and canapés adorning World Health Summit proceedings at the Berlin InterContinental hotel, though participants largely avoided direct criticism of Washington. Multiple panels on restructuring global health finance over the three-day conference avoided mentioning the US or President Donald Trump by name, instead speaking obliquely of the need for “innovative finance” and addressing funding gaps that now total tens of billions of dollars across major institutions including the WHO, Gavi and the Global Fund. .... “**

**“... Even before the cuts, global health institutions were falling short of their targets, a pattern mirrored across humanitarian, refugee and climate financing. .... The global fight against HIV, tuberculosis and malaria faces a \$29.4 billion gap for 2027-2029 across domestic financing, external donors and the Global Fund combined. .... Gavi secured more than \$9 billion at its June replenishment summit but remains \$2.9 billion short of its \$11.9 billion target. Officials warned this shortfall could result in 75 million children missing routine vaccinations over the next five years and 1.2 million child deaths..... ... The Pandemic Fund—a multilateral mechanism established in 2022 by the G20—requires an estimated \$2 billion in additional resources for 2025-2027. A further \$15 billion in annual global spending on pandemic preparedness — or 0.1-0.2% of GDP and 0.5-1% of security and defence budgets — was recommended by a report from the WHO-hosted Global Pandemic Monitoring Board released in Berlin..... WHO faces the largest proportional [crisis](#): it is short nearly \$1.9 billion from a planned \$4.2 billion budget for 2026-27, meaning it lacks nearly 45% of the needed funding.....”**



**“Amid the funding drought, forcing many UN agencies from headquarters, to the UN Refugee Programme, to UNICEF and more to cut staff and operations by up to 55%, Sands warned that a simple restructuring will not solve the crisis alone. “Rearranging the boxes of the global health ecosystem is a useful thing to do and a necessary thing to do,” he said. “But it isn’t going to fill the fundamental gaps in financing. So we should do it, but we shouldn’t use it as a sort of displacement activity for actually mobilizing the money we need.”....”**

**“... “While we know we’re at a particular moment in time with financing for global solidarity now, the truth is funding pressures have long been there,” Helen Clark, former New Zealand prime minister and UN Development Programme administrator, said. “There is a competition for resources between the different sets of actors,” Clark added. “In the final analysis, food, water, medicine to keep people alive is a compelling narrative. That can absorb an overwhelming amount of resources that doesn’t really leave that much for putting in place the building blocks for more resilient health systems.” ....”**

**Re the ‘African push for sovereignty clouded by debt’: “ ... Yet as the IMF and World Bank hold their annual meetings in Washington this week, the prospect of self-reliance appears increasingly remote for many developing nations. Low-income countries, on average, depend on foreign aid for one-third of their national health spending. Eight of the world’s poorest countries—South Sudan, Somalia, Democratic Republic of Congo, Liberia, Afghanistan, Sudan, Uganda and Ethiopia—rely on USAID for over 20% of their total foreign assistance. Facing their highest debt burdens in decades, many of the world’s poorest nations are unlikely to be able to compensate for the budget hole blown open by USAID’s withdrawal.”**

**“.... “The countries most dependent on development assistance are also the least capable of filling the gap,” Dieleman said. “The shift has been felt most acutely in low-income countries where disease burdens are high, particularly those in sub-Saharan Africa.” The call for developing countries to increase domestic health spending confronts a debt crisis that makes such investments nearly impossible for many governments. More than [60 countries](#) worldwide now spend more on debt service than on their health systems.” ....”**

**Katri Bertram – World Health Summit – pivotal in a pivotal year?**

<https://katribertam.wordpress.com/2025/10/14/world-health-summit-pivotal-in-a-pivotal-year/>

**Making 5 points.** And the answer to the question in the title is ‘no’....

**Nature (News) - The US and Europe have cut billions in health aid — can anyone fill the gap?**

[https://www.nature.com/articles/d41586-025-03384-y?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=17296385](https://www.nature.com/articles/d41586-025-03384-y?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=17296385)

**“It’s time to radically reimagine global health, leaders tell World Health Summit in Berlin.”**  
With quotes from J-A Rottingen, Gorik Ooms, Jean Kaseya, Karen Grepin and others.

## Nature Human Behaviour (Comment) - Power and representation at the World Health Summit

M Gelen et al; <https://www.nature.com/articles/s41562-025-02321-3>

**“At the World Health Summit, diversity in representation is increasing — but influence remains uneven. Drawing on 11 years of speaker data from one of the most prominent global health forums, we uncover patterns in gender, geography and sector. We propose three areas for future reform to ensure global health platforms move beyond tokenism towards meaningful inclusion and accountability.”**

## IMF/WB annual meetings (13-18 October, Washington DC)

**Guardian - Urgent calls for debt relief as study shows health and education cuts in developing world**

<https://www.theguardian.com/business/2025/oct/12/urgent-call-debt-relief-imf-world-bank-debt-justice>

**(ahead of the annual meetings)** “Influential economists want replenishment of funds and new ways to define countries in need before this week’s IMF and World Bank meetings.”

“Top economists are demanding urgent action on debt relief in Washington this week, as **analysis from the campaign group Debt Justice shows struggling governments are cutting back on health and education.** As finance ministers and central bankers gather for the International Monetary Fund (IMF) and World Bank annual meetings, **influential experts including the Nobel laureate Joseph Stiglitz, and leading economists Mariana Mazzucato and Jayati Ghosh, are urging them to “turn debt into hope”.** They are **calling for the urgent replenishment of the IMF and World Bank’s debt relief funds, and changes to the way the institutions work,** to ensure more countries can receive debt cancellation. “Bold action on debt means more children in classrooms, more nurses in hospitals, more action on climate change, more jobs, more trade, and less need for aid,” they say in a letter to global policymakers published on Sunday.....”

“The signatories, who have been involved in producing important recent reports on debt relief, including for the UN secretary general and the pope, said **African governments spend an average of 17% of their revenues on servicing debts....**”

“**A cap of 10% in 21 countries** could unlock enough money to provide clean water and sanitation to roughly 10 million people, as well as avert roughly 23,000 under-5 deaths each year,” they argue.

“... **Analysis by the UK-based Debt Justice shows declining health and education spending in countries whose debts the IMF considers to be “sustainable”.** Debt Justice looked at a **group of 11 countries,** including Sierra Leone, Mozambique, Kenya and Pakistan, **which have long-term IMF programmes, and where the Washington-based lender classifies them as at risk of not being able to repay – but that do not qualify for debt relief.....**”

## Reuters - US declines to sign World Bank directors' joint statement on climate agenda

<https://www.reuters.com/sustainability/cop/us-declines-sign-world-bank-directors-joint-statement-climate-agenda-2025-10-09/>

(also ahead of the annual meetings) **“Most World Bank directors signed the statement; Statement calls for continuing 45% pledge for climate finance...”**

## Devex - Inside the World Bank's plan to boost jobs by investing in agribusiness

<https://www.devex.com/news/inside-the-world-bank-s-plan-to-boost-jobs-by-investing-in-agribusiness-111071>

**“The newly launched Mission Agribusiness operationalizes the World Bank’s pledge to double its investment in agriculture to \$9 billion a year — and make farming a driver of jobs and economic growth.....”**

## Guardian – Global government debt on course to hit 100% of GDP by 2029, IMF warns

<https://www.theguardian.com/business/2025/oct/15/global-government-debt-100-percent-of-gdp-by-2029-imf-uk>

**“Ratio would be highest since aftermath of second world war, with UK among G20 countries forecast to peak above.”**

**“Government debt across the world is on course to hit 100% of global gross domestic product (GDP) by 2029, according to analysis by the International Monetary Fund, the highest level since the aftermath of the second world war. .... In its Fiscal Monitor report, the IMF said aggregate government debt had risen more rapidly than expected before the Covid pandemic, when policymakers stepped into protect citizens and bail out hard-hit businesses.....”**

**“It urged governments to switch spending to growth-friendly areas such as infrastructure and education to help bolster the world economy and make debts more sustainable. A 100% global debt-to-GDP ratio would be the highest since 1948, when the world’s large economies had been devastated by six years of war and the costs of rebuilding their ravaged countries.....”**

## Devex - ‘Billions to trillions’ fatigue sets in among top finance leaders

<https://www.devex.com/news/billions-to-trillions-fatigue-sets-in-among-top-finance-leaders-111108>

**“Leaders from Citi, the World Bank, and the Gates Foundation admitted that mobilizing private finance for development has stalled — and say only regulatory and structural reforms can get the money moving.”**

## Devex - Axel van Trotsenburg on what it will take for multilateralism to survive

<https://www.devex.com/news/axel-van-trotsenburg-on-what-it-will-take-for-multilateralism-to-survive-111116>

Well worth a read. “The **World Bank's second-in-command** calls for accountability, outcomes, and the willingness to listen.” “For the bank’s No. 2, **continued support for the fund for LICs — the [International Development Association](#)** — will depend on transparency, an orientation toward outcomes, and the willingness to listen.....”

“Van Trotsenburg **outlined several strategies the World Bank is using to maintain support across political and geographic divides.....**”

“With many countries spending more on debt interest than on social services such as health care, **van Trotsenburg argued transparency — and not World Bank-IMF policing — is the accountability mechanism that can prevent future crises.....**”

“**The bank has been deliberate in how it frames climate finance. By framing climate investment as part of development, rather than a separate ideological category,** the bank has found space for consensus even as climate politics polarize elsewhere....”

## More on Global health governance & Financing

Guardian – Proposed UK cuts to global aid fund could lead to 300,000 preventable deaths, say charities

<https://www.theguardian.com/politics/2025/oct/16/proposed-uk-cuts-global-aid-fund-preventable-deaths-charities>

**“Exclusive: 20% reduction in contribution to Aids, TB and malaria funding expected to be announced next month.”**

“The UK is expected to slash its contribution to a leading aid fund combating preventable diseases, with charities warning this could lead to more than 300,000 otherwise preventable deaths. **If confirmed, the anticipated 20% cut in the UK contribution to the Global Fund to Fight Aids, [Tuberculosis](#) and Malaria, would be announced on the sidelines of next month’s G20 summit in South Africa, which Keir Starmer is due to attend.** Aid groups said such a reduction, on top of a 30% cut to the UK contribution at the previous funding round for the group three years ago, would further risk years of progress in combating the disease after [Donald Trump slashed US aid](#). **No decision has been publicly announced before the Global Fund’s “replenishment” summit, covering 2027-29, and one government official said this did not recognise the extent of the cut predicted...**

**“However, aid groups say a proposed reduction in UK funding from £1bn to £800m is being widely discussed by senior government officials.** If confirmed, it would follow [a 25% reduction](#) in UK money towards another aid organisation seen as being highly efficient in saving lives, the Global Alliance for Vaccines and Immunisation (Gavi)....”

## GHF - From The Editor's Desk

Priti Patnaik; <https://genevahealthfiles.substack.com/p/from-the-desk-of-the-editor-geneva-health-files-world-health-organization>

End of last week, the Geneva Health Files editor came back on the commotion after a recently published Guest op-ed on the WHO's prioritization exercise.

**"... We welcome and expect constructive criticism of our work. We strive to improve and to always be accurate and fair (hence the quick clarification on this). Yet, over the past few days, our motives have been called into question - and this we consider to be not only wrong but deeply unfair. We are making this effort to communicate this, because we simply want to set the record straight....."**

## Development Today – UN80: Stark African warning against proposal to sunset UNAIDS

A D Usher; <https://www.development-today.com/archive/2025/dt-8--2025/african-governments-issue-stark-warning-against-un-proposal-to-sunset-unaid-next-year>

(gated) (see also last week's IHP news): **"In a strongly worded joint statement this week, 54 African countries have criticised the UN Secretary General's reform proposal which calls for UNAIDS, the body that coordinates the response to the HIV epidemic, to be shut down next year. Swedish global health expert Anders Nordström supports the recommendation to sunset UNAIDS but is surprised at the suggestion that it should happen so fast."**

- See also [Devex](#): **"UNAIDS officials told the WHS that the fate of their program is not yet decided."**

**"When U.N. Secretary-General António Guterres released a report last month [calling for the agency to sunset next year](#), Christine Stegling, a UNAIDS deputy executive director, said it was "formulated as a decision." That's not actually the case, she said Tuesday during a WHS panel discussion. Describing it as a "proposal," she said member states would meet with Guterres today in New York to provide feedback "on all of the proposals" in the report.**

**Working in consultation with communities, member states, and donors, UNAIDS had already taken steps [to potentially wind down operations by 2030](#). "We were on a pathway that included those most affected," Stegling said. The accelerated timeline Guterres is proposing "does not include those voices. That's why we're seeing a lot of pushback from those communities."**

## Africa CDC - Africa CDC Launches the African Manufacturing Market Intelligence & Network Analysis (AMMINA) Platform

<https://africacdc.org/news-item/africa-cdc-launches-the-african-manufacturing-market-intelligence-network-analysis-ammina-platform/>

**"New data-driven platform strengthens health manufacturing, investment and regional collaboration across the continent."**

**“The Africa Centres for Disease Control and Prevention (Africa CDC) is proud to announce the official launch of the African Manufacturing Market Intelligence & Network Analysis (AMMINA) platform. The launch coincided with the African Healthcare Manufacturing Trade Exhibition and Conference (AHMTEC) in Accra, Ghana, underscoring Africa CDC’s commitment to advancing regional manufacturing, innovation and health sovereignty.....”**

**“AMMINA is a groundbreaking, data-driven platform developed to provide deep insights into Africa’s health products manufacturing ecosystem. Building on an initial curation by the Bill & Melinda Gates Foundation, the platform, under the custodianship of Africa CDC, is designed to equip African Union (AU) Member States, manufacturers, investors and strategic partners with accurate, comprehensive and actionable data on manufacturers, capacities, product portfolios and market dynamics across the continent.....”**

### **Chatham House (Expert Comment) – Africa after USAID: who will pay the health bill?**

E Okereke; <https://www.chathamhouse.org/2025/10/africa-after-usaid-who-will-pay-health-bill>

**“The US retreat from global health funding has disproportionately affected African countries. Will African governments allow the cycle of dependency to continue, or reassert sovereignty over their health systems?”**

Concluding: **“....The measure of success will not be the size of new pledges at donor conferences in New York or Geneva. It will be whether, in five years, health priorities are debated and decided in Abuja, Addis Ababa, Kigali, Nairobi and Pretoria, and whether African governments are paying a growing share of the bill. If that happens, this crisis will be remembered as a turning point, when Africa began to define its own path towards health sovereignty.”**

### **Global Times - CIDCA, Gates Foundation to further deepen global cooperation on health, poverty, and climate challenges: spokesperson**

<https://www.globaltimes.cn/page/202510/1345733.shtml>

**“The China International Development Cooperation Agency (CIDCA) and the Gates Foundation will continue to deepen cooperation on global health and development, expanding joint efforts in Africa, Asia, and beyond to tackle malaria, polio, poverty, and climate challenges, CIDCA spokesperson Li Ming told the Global Times on Wednesday. Their joint malaria elimination project, conducted with the International Federation of Red Cross and Red Crescent Societies in The Gambia, has already achieved early progress, delivering concrete health benefits to local communities. The spokesperson made these remarks at a press conference on Wednesday in response to inquiries about whether the two sides have specific initiatives, following Chinese Premier Li Qiang's meeting last month in New York with Bill Gates, chairman of the Gates Foundation. Gates noted that the foundation looks forward to further strengthening ties with China and carrying out more substantive cooperation in global health, particularly in developing countries, to jointly advance global development efforts....”**

### **Tim Schwab - Melinda's 'meh' on genocide draws fire**

<https://timschwab.substack.com/p/melindas-meh-on-genocide-draws-fire>

“Melinda French Gates's awkward attempt to step into Desmond Tutu's legacy exposes how soft-edged celebrity feminism can marginalize women.”

## BMJ - Religious partnerships can strengthen health delivery

K Marshal, A Jha et al; <https://www.bmj.com/content/391/bmj.r2163>

“Religious and public health communities can take practical, coordinated steps towards global health equity, say Katherine Marshall and colleagues.”

“... The Lancet and Georgetown University recently launched a Commission on Faith, Trust, and Health aiming to build dialogue and understanding between faith and health leaders.

Action needs to focus on institutions developing creative partnerships and shaping them around specific contexts. Institutionalising formal collaboration with faith actors will take many forms, with sustainable and inclusive mechanisms at local, national, and regional levels....”

## More on Reimagining Global Health

### Wellcome newsletter – Healthier Futures

[https://ddlnk.net/cr/AQjH3wcQ2\\_GjARigtOGcAuPS01QU5ZO\\_xsCXhGm8BzprjeDF7uwFOEiE7mqWie\\_j](https://ddlnk.net/cr/AQjH3wcQ2_GjARigtOGcAuPS01QU5ZO_xsCXhGm8BzprjeDF7uwFOEiE7mqWie_j)

Featuring J-A Rottingen: Global health is at a crossroads. Now is the time to get it right. (re UNGA discussions he had)

Among others, Rottingen dwells on the **difference between positive & negative framings of health sovereignty**. Excerpt below:

**“Calls for health sovereignty:** One of the most striking themes at this year's UN General Assembly was the emphasis on sovereignty. **A positive framing of sovereignty** is that governments need to take more responsibilities for the services and rights of their citizens. **A more negative framing** is that countries want less multilateral collaboration and collective problem solving – or less interference, as some will put it. **However, when it comes to health, the ambition should be the positive framing of health sovereignty. This means countries taking responsibility for the health of their citizens by mobilising more domestic resources through national budgets.** This could also lead to fruitful international collaborations that benefit people locally and globally. This is a seismic shift for global health. The strong desire for self-determination and aid independence is set within the context of current geopolitical tensions, where resources and mechanisms for international support are waning. It also comes as concerns about the multilateral system's capacity to improve, promote and protect health grow stronger. Leaders from Africa also voiced concerns about external interference in national health agendas. Their message was clear: health sovereignty must mean genuine autonomy rather than conditional support tied to donor priorities. .... **Alongside the calls for health sovereignty, there was emerging consensus among health agencies to move away from fragmented, disease-specific programmes and support national health plans and budgets instead, rooted in primary health care and community-based solutions....**”



## Global Tax & Debt justice

### Reuters – Groups blast lack of progress on debt issues during South Africa's G20 presidency

[Reuters](#);

**“A total of 165 organizations on Monday criticized South Africa for failing to make progress on debt sustainability issues during its presidency of the G20 major economies and urged it to push for reforms before it hands over to the U.S. on December 1. In a letter to South African President Cyril Ramaphosa released on the first day of the annual International Monetary Fund and World Bank meetings in Washington, the groups called for “the cancellation of all unsustainable and illegitimate debts, from all creditors” to protect funds needed for education, health, gender equality and climate resilience.....”**

### Reuters - P Briancon - The case for a big, one-off wealth tax

[Reuters](#);

**“The debate over a wealth tax recently tore French politics apart. It’s also a recurring among lawmakers in Britain’s governing Labour Party. A common refrain is that the necessary level of international cooperation to make a proper levy work is pie in the sky. But **instead of an annual and permanent charge on wealth, policymakers may want to consider a large, one-shot tax on the ultra rich.** It would help fight tax inequality, and could be justified by the extraordinary spending burden that governments are facing.”**

**“... According to a report prepared by economist Gabriel Zucman for a 2024 G20 meeting in Brazil, the world’s top 3,000 billionaires have seen their wealth increase by more than 7% a year after inflation terms since 1987, compared with 3% for the global population. The wealth of the top 0.0001% is now equal to 13% of the world’s GDP, against 3% back then. Over the same period, their effective tax rate - what is paid as a proportion of income - **has decreased, reaching around 20% for billionaires in the U.S., France and the Netherlands,** according to the Organisation for Economic Co-operation and Development. **This compares with a 40% to 50% rate for the bottom half of the population across most of Europe.**”**

**“... To maximise the impact, the one-off hit on wealth would have to come as a surprise – meaning a fast decision and swift implementation. It would also have to be significant enough to make it credible for governments to argue that they wouldn’t need a repeat. Using the justification of exceptional circumstances - whether geopolitics or global warming - would reinforce that idea. A wealth tax, by itself, would not solve governments’ fiscal problems. It should only come as a complement to comprehensive budget plans, including tighter spending and growth-enhancing reforms. But raising taxes will be hard to avoid in most Western economies. **Only by hitting the rich can governments explain why higher rates on the middle class, whether through income or sales taxes, will also be necessary. That is, unless leaders want to brave an electoral backlash or keep cutting benefits - which is just a way of taxing the poor.**”**

## UHC & PHC

**The 2025 UHC Day campaign launches with the theme “Unaffordable health costs? We’re sick of it!”**

### UHC

Launched last week. **“UHC2030, the Civil Society Engagement Mechanism (CSEM) and the Coalition of Partnerships for UHC and Global Health launched the 2025 UHC Day campaign with the theme “Unaffordable health costs? We’re sick of it!”** On 7 October 2025, UHC2030, the [Civil Society Engagement Mechanism \(CSEM\)](#) for UHC2030, and [the Coalition of Partnerships for UHC and Global Health \(the Coalition\)](#) launched the [2025 Universal Health Coverage \(UHC\) Day](#) campaign with a 90-minute webinar focused on the urgent need to address unaffordable health costs, particularly for the most vulnerable. ....”

**Lancet Primary Care (Comment) – Integration of tuberculosis services within primary health care: converting challenges into opportunities**

M Pai et al; <https://www.sciencedirect.com/science/article/pii/S3050514325000561>

Interesting read. Concluding: **“... We call on policymakers in high-tuberculosis burden countries to adopt WHO recommendations for integration and embed tuberculosis into UHC service packages, ensure adequate domestic funding, and document their experiences via high-quality evaluations. We also encourage them to rapidly utilise new technologies that facilitate integration, contract with private-sector providers when appropriate, and integrate key tuberculosis indicators into PHC data systems.** Especially in the context of the current challenges, including declining donor aid, Ministries of Health in high-tuberculosis burden nations need to be more ambitious, but will have to do more with less. **Embedding tuberculosis within the PHC and UHC agenda is an obvious way to do it.”**

**BMJ GH (Analysis) - How to measure the core functions of primary care in low-income and middle-income country settings**

R Mash et al ; <https://gh.bmj.com/content/10/10/e021218>

**“The core functions of primary care are first contact access, comprehensiveness, continuity, coordination and person-centredness. These five core functions are highlighted as essential aspects of quality by the new WHO’s measurement framework.** In low-income and middle-income countries, the core functions are rarely measured and routinely collected data does not support their measurement. Existing international tools to measure the quality of primary care may evaluate some aspects of these core functions, but none of the reviewed tools focused on all of them. **In sub-Saharan Africa, the Primary Care Assessment Tool has been developed over the last decade and a regional version of the tool has been validated to only measure the core functions as defined by the WHO. The tool uses exit interviews with users as recommended by the WHO. The tool has been piloted in South Africa, Uganda and Benin and will now be implemented in 11 African countries.** The tool can enable low-income and middle-income countries to measure the core functions and plan interventions to improve the quality of primary care.”

## F1000 research - Health Expenditures and Social Sustainability in Nigeria: A Disaggregated Grossman Analysis of Short-Run Gains and Long-Run Paradoxes

P O Irekefe et al ; <https://f1000research.com/articles/14-1055>

“Global health expenditure has increased dramatically in the past decades, yet poor health outcomes in many emerging markets, including Nigeria, pose efficiency and sustainability questions in health financing. **Nigeria exemplifies such paradox: with increased health spending, life expectancy has declined, while infant mortality is elevated, jeopardising Sustainable Development Goal 3 (Good Health and Well-being) attainment.** This research examines how disaggregated health financing segments: health expenditure per capita, recurrent health expenditure, capital health expenditure, and out-of-pocket health spending (OPHS) impact social sustainability indicators in the form of life expectancy, and infant mortality.....”

“... **The study concludes that financing volume alone is insufficient; expenditure composition, governance, and institutional reforms are critical to achieving socially sustainable health outcomes.** Policy recommendations include reducing OPHS reliance, prioritising primary healthcare, and embedding sustainability principles in health financing so as to align Nigeria’s health system with SDG 3 targets by 2030.....”

## More on PPPR

### Pandemic Action Network – Unpacking PABS complexity

<https://mailchi.mp/pandemicactionnetwork/can-do-spirit-pandemic-action-playbook-oct-16?e=da8439b1d4>

With a good overview/summary of the [informal dialogues](#) (Oct. 6-10) on the Pathogen Access and Benefit-Sharing (PABS) system.

With among others: “**No single model.** While it remains unclear whether these dialogues have provided clear direction for negotiations, the technical sessions confirmed that there is no single model for PABS. Instead, several potential pathways and arrangements are emerging — each requiring further analysis to assess trade-offs and feasibility while ensuring equity, transparency, and accountability....”

**PS:** WHO Member States will meet again on [Nov. 3-7 for the third round of negotiations](#) (IGWG3).

## Global Antibiotic Resistance Surveillance Report 2025

WHO - [WHO warns of widespread resistance to common antibiotics worldwide](#)

(see also above – WHS).

**“One in six laboratory-confirmed bacterial infections causing common infections in people worldwide in 2023 were resistant to antibiotic treatments, according to a new World Health Organization (WHO) report launched ..... . Between 2018 and 2023, antibiotic resistance rose in over 40% of the pathogen-antibiotic combinations monitored, with an average annual increase of 5–15%.**

Data reported to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) from over 100 countries cautions that **increasing resistance to essential antibiotics poses a growing threat to global health. ....”**

“The new [\*Global antibiotic resistance surveillance report 2025\*](#) presents, **for the first time, resistance prevalence estimates across 22 antibiotics used to treat infections of the urinary and gastrointestinal tracts, the bloodstream and those used to treat gonorrhoea.** The report **covers 8 common bacterial pathogens – *Acinetobacter spp.*, *Escherichia coli*, *Klebsiella pneumoniae*, *Neisseria gonorrhoeae*, non-typhoidal *Salmonella spp.*, *Shigella spp.*, *Staphylococcus aureus* and *Streptococcus pneumoniae* – each linked to one or more of these infections.....”**

PS: **“ The new report notes that drug-resistant Gram-negative bacteria are becoming more dangerous worldwide, with the greatest burden falling on countries least equipped to respond.** Among these, *E. coli* and *K. pneumoniae* are the leading drug-resistant Gram-negative bacteria found in bloodstream infections. ....”

## HIV

**NYT - ‘Bluetoothing’: Blood-Sharing Drug Trend Fuels Alarming Global H.I.V. Surge**

<https://www.nytimes.com/2025/10/08/world/asia/bluetoothing-drug-blood-sharing.html?smid=bs-share>

“The **practice, in which users inject the blood of already intoxicated individuals**, has fueled one of the fastest-growing H.I.V. epidemics in the Pacific and grown widespread in South Africa.”

**AP - The tiny African nation of Lesotho had victories in its HIV fight. Then, the US aid cuts came**

<https://apnews.com/projects/Lesotho-usaid-cuts-africa-HIV-aids-pepfar/>

AP report on the dire HIV situation in Lesotho.

## NCDs

**WHO - 11 million lives lost each year: urgent action needed on neurological care**

<https://www.who.int/news/item/14-10-2025-11-million-lives-lost-each-year-urgent-action-needed-on-neurological-care>

**“The World Health Organization (WHO) today warns that less than one in three countries around the world has a national policy to address the growing burden of neurological disorders, responsible for over 11 million deaths globally each year. The WHO’s new [Global status report on neurology](#) released today shows that neurological conditions now affect more than 40% of the global population – over 3 billion people.”**

**“The top 10 neurological conditions contributing to death and disability as of 2021 were stroke, neonatal encephalopathy, migraine, Alzheimer’s disease and other dementias, diabetic neuropathy, meningitis, idiopathic epilepsy, neurological complications linked to preterm birth, autism spectrum disorders, and cancers of the nervous systems.....”**

**“Low-income countries have more than 80 times fewer neurologists compared to high-income nations despite the high burden of these diseases. Many low- and middle-income countries lack national plans, budgets and workforce. WHO is calling for urgent, evidence-based and coordinated global action to prioritize brain health and expand neurological care.....”**

**“... Essential services are out of reach for most people. Only 25% of Member States (49 countries) include neurological disorders in their universal health coverage benefit packages. Critical services such as stroke units, pediatric neurology, rehabilitation, and palliative care are frequently lacking or concentrated in urban areas, leaving rural and underserved populations without access to lifesaving and life-sustaining care. ....”**

## **JAMA Health forum - Global Disparities in Premature Mortality**

O Karlsson, G Yamey et al ; <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2839493>

- Related Duke press article: [Where you live still affects how long you live, new global study finds](#)

**“ China races ahead in preventing premature deaths. Sub-Saharan Africa makes gains. But the U.S.? Falling behind.”**

**“In 2019, just 12% of people in the world’s healthiest countries died before age 70. But in sub-Saharan Africa, that number was 52%, India’s rate was 37%, the United States stood at 22% and Western Europe and Canada faring better at 15%, according to the study published Oct. 3 in [JAMA Health Forum](#). ....”**

## **Commercial and social determinants of health**

**Lancet Planetary Health - Commercial determinants of active travel: a crucial but overlooked barrier to health and sustainability**

Carmen Jochems et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00218-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00218-9/fulltext)

“Although the commercial determinants of some health behaviours, including smoking, alcohol consumption, and diet, are well researched, the commercial determinants of physical activity in general and, more specifically, active travel are poorly understood. **This Comment aims to stimulate scientific discourse on the commercial determinants of active travel.....**”

“...To advance the discussion of neglected structural barriers, **this Comment highlights the negative commercial influences on active travel.** However, we should also acknowledge commercial strategies and approaches that support active transport, such as investments by bicycle manufacturers, urban mobility start-ups, and health-oriented retailers....”

## Trump 2.0

### NYT - Trump Administration Lays Off Dozens of C.D.C. Officials

[https://www.nytimes.com/2025/10/11/us/politics/trump-administration-cdc-layoffs.html?unlocked\\_article\\_code=1.sk8.EBcm.5E99D02k0j0l&smid=bs-share](https://www.nytimes.com/2025/10/11/us/politics/trump-administration-cdc-layoffs.html?unlocked_article_code=1.sk8.EBcm.5E99D02k0j0l&smid=bs-share)

Another bombshell end of last week. ““Disease detectives,” high-ranking scientists, the entire Washington office and the staff of a weekly public health journal were among those who learned late Friday that they would lose their jobs.”

- See also Stat - [CDC battered by government shutdown firings, while some are rescinded](#)

“HHS hasn’t released official numbers on the cuts, but **most anecdotal reports related to health agency firings have centered around the CDC.**”

### NYT - Trump Administration Is Bringing Back Scores of C.D.C. Experts Fired in Error

<https://www.nytimes.com/2025/10/11/health/cdc-layoffs-measles.html>

“Friday’s layoffs swept up scientists involved in responding to disease outbreaks and running an influential journal. **Officials said the mistaken dismissals were being rescinded.**”

“**Among those wrongly dismissed were the top two leaders of the federal measles response team, those working to contain Ebola in the Democratic Republic of Congo, members of the Epidemic Intelligence Service, and the team that assembles the C.D.C.’s vaunted scientific journal, The Morbidity and Mortality Weekly Report.....**”

- See also Devex - [Haphazard US CDC staff cuts leave questions around impact](#)

“Sources tell Devex **there’s still uncertainty around how this will impact global health work.**”

Quote: “**Our understanding right now is that most centers across CDC have been impacted in some way,**” said Abigail Tighe of the National Public Health Coalition, a network of former CDC employees, during a press briefing. ...**In terms of the global health impact, “there have been a lot of reductions in force or losses throughout those global programs,”** a spokesperson for AFGE Local

2883 told Devex. The spokesperson added that **it's their understanding that the entire office of the director of the Global Health Center was initially fired, but it seems that some of the people brought back include those working on the Ebola outbreak in the Democratic Republic of Congo. ...** The White House's 2026 budget proposal eliminates the Global Health Center and funding for most of its bilateral programs. "I don't think anybody's feeling good about the future of global public health work who works closely in that field right now," the spokesperson said....."

### Stat - CDC workforce is down 33% since Trump's start, per union

<https://www.statnews.com/>

**"The union representing CDC employees estimated Tuesday that the Atlanta-based agency's workforce has been reduced by 33% since the Trump administration took office.** That figure represents people who have been **laid off in the three rounds (so far)** of reduction-in-force notices, staffers let go because they were on probation or whose term contracts were not renewed, and employees enticed to take early retirement through the "Fork in the Road" offer...."

### Stat - Democratic governors form a public health alliance in rebuke of Trump administration

<https://www.statnews.com/2025/10/15/democratic-governors-public-health-alliance-trump/>

"They say it's a way to share messages about threats, emergency preparedness, and health policy."

### LSE blog – The America First Global Health Strategy shifts the US from global health leadership to using health as another area of strategic competition

<https://blogs.lse.ac.uk/usappblog/2025/10/10/the-america-first-global-health-strategy-shifts-the-us-from-global-health-leadership-to-using-health-as-another-area-of-strategic-competition/>

"Last month the US published the America First Global Health Strategy, marking a health policy shift towards centering US strategic interests. **Thurka Sangaramoorthy** writes that the **strategy's claim that too much of health foreign assistance is spent on "overhead" ignores the need to invest in community engagement and adaptation to local contexts.** In addition, framing global health as US-China competition **ignores the need for coordinated international responses to health challenges, especially those linked to climate change.** "

- Related **GHN Analysis** - [The Danger of 'America First' in Global Health](#) (by A M Crawford & M Berry)

"The **authors are most concerned by the strategy's retreat from multilateralism. Global health crises cannot be contained through a patchwork of bilateral agreements**", they argue.

### Washington Post - U.S. aid cuts are being felt across Africa. Here's where.

<https://www.washingtonpost.com/world/2025/10/09/usaids-cuts-africa-health-crisis/>



**“How the abrupt withdrawal of U.S. aid has affected disease preparedness and response in Ethiopia, Zimbabwe, Kenya, Somalia and Tanzania.”**

## Conflict/War & health

**UN News - Gaza: \$70 billion needed to rebuild shattered enclave, says UN**

<https://news.un.org/en/story/2025/10/1166096>

**“Around \$70 billion will be needed to reconstruct Gaza and make it safe after two years of war, UN development experts said on Tuesday, while aid agencies reported that far too little aid is getting in to meet the needs of desperate Palestinians.....”**

**Devex - Rebuilding Gaza — or redrawing it?**

<https://www.devex.com/news/reporters-notebook-2025-world-bank-imf-annual-meetings-111093>

**“Last week, President Donald Trump unveiled a 20-part plan for Gaza — one that demanded an end to the two-year war, the release of Israeli hostages, and a suspension of military operations across the territory. The plan also included a proposal to “redevelop,” “rebuild,” and “energize” Gaza through a “Trump economic development plan.” Days later, that plan was agreed to by both Israel and Hamas. And at an event hosted at the World Bank on Tuesday, it prompted Nur Arafah, a fellow at the Carnegie Endowment’s Middle East Center, to ask: Is Gaza poised to become the next experiment in “disaster capitalism”?....”**

**“ The concept basically captures how a disaster — whether it’s caused by a war, revolution, or ecological catastrophe — creates an environment for governments or other political authorities to dispossess and disempower communities,” said Arafah, who noted the term was first coined by journalist Naomi Klein in 2007. “While doing so, the disaster provides opportunities for big businesses to profit from reconstruction funds, and to access unavailable resources, such as land and state-owned sectors of the economy — all this happens while citizens are distracted.” Arafah said that many of the post-war plans for Gaza contained “the seeds of disaster capitalism,” including those developed by the governments of the United States, Israel, and two American think tanks. All four plans, Arafah said, establish governance structures that incentivize land possession, noting that the proposal that inspired President Trump’s vision for a “Riviera of the Middle East” allows investors to purchase an “equity stake” in Gaza for 50 years.....”**

**PHM - The Gaza Health Declaration**

<https://phmovement.org/gaza-health-declaration>

**“A coalition of Palestinian and international healthcare professionals, academics, and human rights advocates, including the People’s Health Movement, has launched the Gaza Health Solidarity Declaration — a landmark statement calling for an end to Israel’s genocidal war on Gaza and for a reorientation of health engagement to centre Palestinian sovereignty, agency, and justice.....”**

## Lancet GH – Differences in sexual violence against younger and older adults in complex humanitarian settings: a retrospective analysis from Médecins Sans Frontières in 2019–24

E Van Boetzelaer et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00318-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00318-3/fulltext)

Related Comment: [Stepping out of the shadows: addressing sexual violence in older adults.](#)

## Access to medicines, vaccines & other health technologies

### Reuters - Exclusive-Bill Gates, PAHO consider ways to bring weight-loss drugs to lower-income countries

<https://www.yahoo.com/news/articles/exclusive-bill-gates-paho-consider-060306676.html>

**“The Gates Foundation and the Pan American Health Organization are both working on ways to make weight-loss drugs like Novo Nordisk's Wegovy and Eli Lilly's Mounjaro more accessible in lower-income countries, the global health groups told Reuters.”**

“In separate interviews, Microsoft founder Bill Gates and PAHO director Dr Jarbas Barbosa said for the first time that their organizations were each seeking strategies to remedy the unequal availability of the highly effective but expensive treatments.....”

PS: “....The Gates Foundation could also potentially support clinical trials to test how these medicines affect different populations and provide the data needed to broaden access, Gates said. Any entry into obesity would represent a new arena for the Gates Foundation, which remains focused on fighting the deadliest diseases in low-income countries, like malaria.....”

“.... PAHO, manages a fund that helps push down medicine prices by guaranteeing bulk orders on behalf of its 35 member states. Using the fund, which is financed by the member states, is an option for weight-loss drugs, Barbosa told Reuters. He said it could also help manufacturers clear regulatory requirements rather than applying in each country for approval. "We are starting the conversation," he said, adding that PAHO is developing recommendations for how best to use the drugs and plans to speak to Novo, Lilly and generic drugmakers within the next couple of weeks....”

### TGH - Declarations Without Delivery: Weighing UN Plans for NCD Medicine Access

A Martinez & P Yadav; <https://www.thinkglobalhealth.org/article/declarations-without-delivery-weighing-un-plans-for-ncd-medicine-access>

**“International commitments to expand access to noncommunicable disease medicines have been slow to create impact.”**

“....The World Health Organization (WHO) and many countries have also updated their essential medicines lists to include more NCD drugs and have offered advice for national targets, such as

aiming **toward 80% availability** of affordable essential NCD medicines and technologies by 2025. Yet the world is far from achieving the 80% access target because, unlike in the infectious disease field—namely, HIV/AIDS, malaria, tuberculosis, and vaccines—**no large-scale donor financing for the procurement of NCD medicines is available**. These financial constraints compound with the **high price of NCD medicines for both patented and generic drugs**. ....”

“This pattern further limits access because drug prices for NCD medicines are significantly more than for acute medicines both in nonprofit and private drug outlets. Unlike fast-moving epidemics, NCDs are seen as slow burning, which results in procrastination and deprioritization among national governments and global donor agencies. ....” **The lack of political interest relative to that in infectious epidemics casts a shadow on national efforts to improve NCD medicine access.**”

Authors then offer **some ways forward**.

### Devex - Africa inches toward local production of vaccines and more

<https://www.devex.com/news/africa-inches-toward-local-production-of-vaccines-and-more-111107>

“At this year’s World Health Summit, **African health leaders reiterated their commitment to the goal of local manufacturing** (of vaccines, therapeutics and diagnostics), **while taking stock of their progress and laying out the remaining challenges.**”

“What experts described is a continuum of components, from infrastructure to regulation, that is steadily coming into place. Key gaps remain, though, and the entire process is shadowed by the question of whether countries will actually buy whatever the continent’s manufacturers ultimately produce..... Though infrastructure remains a challenge, the **mechanisms for filling those gaps are emerging**, Martin Seychell, deputy director-general at the [European Commission Directorate-General for International Partnerships](#), explained during the panel. That includes the **Human Development Accelerator**, which matches up to €750 million from the [European Investment Bank](#) with money from the [Gates Foundation](#) to channel into infrastructure projects in Africa and other parts of the global south. And in June last year, [Gavi, the Vaccine Alliance](#) introduced the **\$1.2 billion African Vaccine Manufacturing Accelerator**, or AVMA, which can help manufacturers offset the initial costs of development and production.”

“**Alongside these funding commitments**, which they expect to spur future progress, experts highlighted the **advancement of regulatory capacity on the continent**. “This is the strand of work that has advanced the fastest,” Seychell said...”

Do read on - re the other challenges.

### Global Gateway: EU scales up local manufacturing and access to health products in Africa, advancing the MAV+ initiative

[https://global-gateway-forum.ec.europa.eu/news/global-gateway-eu-scales-local-manufacturing-and-access-health-products-africa-advancing-mav-2025-10-10\\_en](https://global-gateway-forum.ec.europa.eu/news/global-gateway-eu-scales-local-manufacturing-and-access-health-products-africa-advancing-mav-2025-10-10_en)

“... at the Global Gateway Forum in Brussels, **the EU announced new milestones worth €190 million in total to scale up local manufacturing and equitable access to quality, safe, effective and affordable health products in Africa.** These **six new separate investments** concretely advance the **Manufacturing and Access to Vaccines, Medicines and Health Technologies (MAV+)** initiative at regional and continental level, and in **particular in Rwanda, South Africa, Ghana, Nigeria and Senegal. ....**”

### TGH - Holding Drug Companies Accountable: NIH Access Plan vs. Pandemic Treaty

R E Tundang; <https://www.thinkglobalhealth.org/article/holding-drug-companies-accountable-nih-access-plan-vs-pandemic-treaty>

“**Four enforcement mechanisms** the policy frameworks could consider to promote drug affordability.”

“.... **The Pandemic Treaty and the NIH access policy** require companies to create strategies that promote access, but neither document mentions specific policy and conditions for public grants or procurement contracts that could be applicable to pharmaceutical companies. **There are at least four concrete mechanisms to consider, including clauses for *reasonable pricing* and *profit sharing*, *open licensing*, and *tailored procurement* conditions for LMICs. ....**”

### HPW – Toxic Cough Syrup, Weak Oversight: India’s Unending Drug Safety Crisis

A Bukhari; <https://healthpolicy-watch.news/toxic-cough-syrup-weak-oversight-indias-unending-drug-safety-crisis/>

“**At least 22 children have died in India this month after consuming a contaminated cough syrup found to contain nearly 45% diethylene glycol (DEG), a toxic industrial solvent used in brake fluid and antifreeze.** The concentration is hundreds of times above the permissible limit of 0.1% set by pharmacopeial safety standards. **The syrup, branded Coldrif, was manufactured by Sresan Pharmaceuticals in Tamil Nadu and distributed across several districts of Madhya Pradesh.** Laboratory tests confirmed the dangerously high DEG levels. ....”

“....**the tragedy is far from an isolated event. It fits a recurring pattern of deadly contamination in India’s pharmaceutical industry,** one that has repeatedly exposed significant regulatory gaps and a culture of neglect that allows such disasters to keep unfolding. .... The deaths in Madhya Pradesh echo earlier incidents that have shaken global confidence in Indian drug exports. In 2022, nearly 70 children in The Gambia and 18 in Uzbekistan died after consuming contaminated syrups manufactured by Indian firms....”

## Planetary health

Guardian – Planet’s first catastrophic climate tipping point reached, report says, with coral reefs facing ‘widespread dieback’

<https://www.theguardian.com/environment/2025/oct/13/coral-reefs-ice-sheets-amazon-rainforest-tipping-point-global-heating-scientists-report>

**“Unless global heating is reduced to 1.2C ‘as fast as possible’, warm water coral reefs will not remain ‘at any meaningful scale’, a report by 160 scientists from 23 countries warns.”**

**“The earth has reached its first catastrophic tipping point linked to greenhouse gas emissions, with warm water coral reefs now facing a long-term decline and risking the livelihoods of hundreds of millions of people, according to a new report. The report from scientists and conservationists warns the world is also “on the brink” of reaching other tipping points, including the dieback of the Amazon, the collapse of major ocean currents and the loss of ice sheets.....”**

**“...The Global Tipping Points report, led by the University of Exeter and financed by the fund of the Amazon owner, Jeff Bezos, includes contributions from 160 scientists from 87 institutions in 23 countries.....”**

- See also [Nature News – Coral die-off marks Earth’s first climate ‘tipping point’, scientists say](#)

### **Guardian – Record leap in CO2 fuels fears of accelerating global heating**

<https://www.theguardian.com/environment/2025/oct/15/record-leap-in-co2-fuels-fears-of-accelerating-global-heating>

**“CO2 in the air hit new high last year, with scientists concerned natural land and ocean carbon ‘sinks’ are weakening.”**

**“The global average concentration of the gas surged by 3.5 parts per million to 424ppm in 2024, the largest increase since modern measurements started in 1957, according to the [report](#) by the World Meteorological Organization. .... Several factors contributed to the leap in CO<sub>2</sub>, including another year of [unrelenting fossil fuel burning](#) despite a pledge by the world’s countries in 2023 to “transition away” from coal, oil and gas. Another factor was an upsurge in wildfires in conditions made hotter and drier by global heating. Wildfire emissions in the Americas reached [historic levels in 2024](#), which was the hottest year yet recorded. However, scientists are concerned about a third factor: the possibility that the planet’s carbon sinks are beginning to fail. ....”** Both terrestrial & ocean carbon sinks.

- See also [HPW – Record Surge of Carbon Dioxide in 2024](#)

### **Devex – Scoop: World Bank poised to host Brazil's \$125B forest facility**

<https://www.devex.com/news/scoop-world-bank-poised-to-host-brazil-s-125b-forest-facility-111097>

**“A World Bank board meeting on Oct. 21 is expected to formally confirm the institution's critical role for the Tropical Forest Forever Facility, which aims to provide performance-based financing to conserve tropical forests.”**

## Guardian - Pentagon retreats from climate fight even as heat and storms slam US troops

<https://www.theguardian.com/environment/2025/oct/14/pentagon-military-climate-crisis-trump>

**“For decades, the military treated climate crisis as a threat. Now it’s backing away from plans to protect people and bases from extreme weather.”**

## UNU/Alliance policy brief - Maximizing climate and health co-benefits: an overview of existing evidence on food, energy, and urban infrastructure systems and transitions

[https://collections.unu.edu/eserv/UNU:10355/Maximizing\\_climate\\_change\\_and\\_health\\_co-benefits\\_Oct\\_2025\\_.pdf](https://collections.unu.edu/eserv/UNU:10355/Maximizing_climate_change_and_health_co-benefits_Oct_2025_.pdf)

**“In a new UNU-IIGH policy brief developed in collaboration with the Alliance for Health Policy and Systems Research, the authors identify three key pathways through which climate mitigation strategies can deliver health co-benefits.....”**

## Miscellaneous

### Guardian - Xi directs quashing of Chinese feminists even as he praises advances at women’s conference

<https://www.theguardian.com/world/2025/oct/15/xi-directs-quashing-of-chinese-feminists-even-as-he-praises-advances-at-womens-conference>

**“Chinese president is behind patriarchal turn in politics with activists silenced for ‘promoting gender antagonism’.”**

**“Addressing dignitaries gathered in Beijing on Monday, [Xi Jinping](#) praised the “historic achievements” of women’s rights in China. In the past 30 years, the Chinese president said, maternal mortality rates had dropped by nearly 80%, and women were now participating in the project of national governance with “unprecedented confidence and vigour”. [Xi was speaking at the global women’s summit, an event on Monday and Tuesday to mark the 30th anniversary of the \[historic UN’s world conference on women\]\(#\), which took place in Beijing.....”](#)**

### WHO - New guidelines on community hand hygiene to help governments reduce the spread of infectious diseases

<https://www.who.int/news/item/15-10-2025-new-guidelines-on-community-hand-hygiene-to-help-governments-reduce-the-spread-of-infectious-diseases>

**“Evidence-based recommendations for homes, schools and public spaces to improve public health and reduce preventable illnesses.”**

**“On Global Handwashing Day, WHO and UNICEF have released the first-ever global *Guidelines on Hand Hygiene in Community Settings* to support governments and practitioners in promoting effective hand hygiene outside health care – across households, public spaces and institutions. Framing hand hygiene as a public good and a government responsibility, the Guidelines translate evidence into ready-to-adopt actions that enable sustainable access to effective hygiene services. This will reduce diarrhoeal disease, acute respiratory infections and other preventable illnesses, strengthening routine public health where people live, work, visit and study, and emergency preparedness, including outbreaks like cholera. .... Despite clear benefits, 1.7 billion people still lacked basic hand hygiene services at home in 2024, including 611 million with no facility at all...”**

## **UN News - Why are over 670 million people going hungry?**

<https://news.un.org/en/story/2025/10/1166108>

**“More than eight per cent of the world population or around 673 million people are not getting enough to eat and going hungry, according to the UN. Conflict, climate change and inequality are all playing a role, but there are other reasons for what is known rather dryly as “food insecurity.” ....”**

**“Ahead of World Food Day on 16 October, here are five things you need to know about why even though there’s enough food to feed the global population of over eight billion – people still go hungry.....”**

- Related: [Devex – ‘We’re turning away 9 out of 10 hungry people’: The cost of shrinking aid](#)

**“With food aid slashed globally, agencies warn that millions are being pushed to the brink — and that years of progress toward a more efficient delivery system could be undone.”**

- See also [UN News – Humanitarian funding cuts pushing millions into hunger: WFP](#)

**“Nearly 14 million people could face severe hunger by the end of the year, the World Food Programme (WFP) warned on Wednesday, as slashed humanitarian funding threatens six of its most critical operations. Programmes in Afghanistan, the Democratic Republic of the Congo (DRC), Haiti, Somalia, South Sudan and Sudan are already facing major disruptions, which will only get worse.....”**

**“... WFP expects to receive 40 percent less funding this year, resulting in a projected budget of \$6.4 billion, down from \$10 billion in 2024.....”**

And finally, via [Cidrap News](#) on health emergencies in SSA:

**“In an update today from the Africa Centre for Disease Control and Prevention (Africa CDC), officials said no new Ebola cases have been reported for 16 days, and mpox is down 65% from its peak. ....”**



## Global health events

### HPW - Looming Malaria Drug Resistance Spurs Global Search for New Treatments

<https://healthpolicy-watch.news/looming-malaria-drug-resistance-spurs-global-search-for-single-dose-cure/>

*“Malaria affects millions worldwide, and progress against the disease is stalling. **Emerging drug resistance threatens to reverse hard-won gains, putting many more lives at risk. Public-private partnerships are racing to close the treatment gap before the current drugs begin to fail.**”*

“We believe that the eradication of malaria is in sight, but it’s an ongoing challenge,” said Martin Fitchet, chief executive officer of **Medicines for Malaria Venture (MMV)**, at a [one-day scientific event on 7 October](#). MMV, a Geneva-based not-for-profit public-private partnership, focuses on developing and delivering affordable antimalarial drugs. **MMV’s first-ever “Science of Malaria Medicine” symposium** brought together experts and practitioners from around the world to discuss the challenges and advancements in preventing and curing malaria....”

PS: “.... A major challenge is the parasite’s ability to develop antimalarial drug resistance. **With partial drug resistance to artemisinin, the backbone of standard of care, now present and expanding across multiple countries in the African region, experts are alarmed.....**”

## Global health governance & Governance of Health

### UN News - Guterres highlights ‘maximum impact’ reform agenda

<https://news.un.org/en/story/2025/10/1166114>

“The Secretary-General on Wednesday outlined a set of proposals to strengthen the UN’s effectiveness and improve coordination across its three core pillars: **peace and security, sustainable development, and human rights**. Addressing the General Assembly, António Guterres briefed Member States on the structural reforms and programme realignments that are needed across the UN System to make it fully fit for today’s challenges.....”

“My vision for the United Nations system is clear: **Entities that work together as one, to deliver better – overcoming fragmentation, eliminating duplication, improving funding models, and maximizing synergies,**” the Secretary-General said.....”

“.... As part of the reform drive, Mr. Guterres announced the creation of a dedicated **UN80 implementation team to advance reform proposals**, either by bringing them to decision-making intergovernmental bodies – or moving forward unilaterally where it is within his authority.....”

## IISD - UN80 Working Group Lays Out Plans to Advance Mandate Implementation Review

<https://sdg.iisd.org/news/un80-working-group-lays-out-plans-to-advance-mandate-implementation-review/>

“An **update on progress to the UNGA, due by 15 December**, will outline key themes that have emerged from the consultations and set out the co-chairs’ proposed approach to taking these forward in the production phase, according to the letter. **The final outcome of the Working Group’s work is expected by 31 March 2026.**”

## CGD - Donors Must Shift How They Fund the UN

S Warren et al; <https://www.cgdev.org/blog/donors-must-shift-how-they-fund-un>

“UN80 has **three workstreams**: internal efficiency and effectiveness; mandate implementation; and structural changes. All have reform proposals which were discussed during UNGA; Member States will be further briefed on by Guterres this week, [on October 15](#). **This blog will focus on the second workstream**, with two future blogs focused on the other workstreams.....”

“.... As can be seen, **UN agencies’ mandates have shifted considerably over time, with some agencies now in competition with each other**. So why have these overlaps occurred? There are **four drivers** to consider. ....”

Authors conclude: “... In an era of shrinking funds, as donors are increasingly pushing the aid system to do more with less, it is important that the remaining donor funding has as much impact as possible. Within such constraints, system reform becomes a limited effort to control damage from the loss of resources, rather than a positive agenda to advance assistance as a [global public good](#). **In order to see real progress, donors must first be willing to shift how they fund.**”

## ECDPM Dossier - The Global Gateway: Striking a balance between EU interests and genuine partnerships

<https://ecdpm.org/work/global-gateway-striking-balance-between-eu-interests-and-genuine-partnerships>

“With the Global Gateway, the EU’s global strategy evolved from development to a strategic investment tool aimed at advancing the bloc’s economic, geopolitical and security interests, with a **stronger role for the European private sector**. ECDPM has been working throughout the entire process to help navigate this complex shift and **strike the right balance between positioning the EU as a geostrategic force and fostering genuine, mutually beneficial partnerships.**”

Below a few reads/analyses from this dossier:

## ECDPM - Inside the Global Gateway Forum: Beyond investments and rhetoric

San Bilal; <https://ecdpm.org/work/inside-global-gateway-forum-beyond-investments-and-rhetoric>

**“The second Global Gateway Forum, held on 9-10 October in Brussels, was a success. It was well attended, buzzing with side meetings and discussions alongside the official agenda. If the forum confirmed one thing, it’s that the Global Gateway is evolving – a necessity in today’s increasingly interconnected world. ”**

**“...However, the broader Global Gateway strategy remains very much a work in progress, given the scale of ambition behind this evolving European Union initiative and the challenge to combine geostrategic engagement and development aspirations. The conversations in Brussels reflected both the promise and the complexity of building equitable international relations and mutually beneficial partnerships that go beyond infrastructure investment and positive rhetoric. How to get invited to the forum remained somewhat of a mystery, and not everyone who wanted to attend could do so. The absence of civil society was glaring. ...”**

**“... If the forum confirmed one thing, it’s that Global Gateway is evolving. The strategy has come a long way since its launch, yet it is still defining its identity and scope. Is it primarily an investment platform? A geopolitical instrument? Or a new form of global partnership that integrates values, strategy, and mutual accountability? In reality, it must be all of these things. The world no longer operates on single-issue agendas. Economic, environmental and security dimensions are increasingly intertwined, and the Global Gateway has the potential to offer an integrated approach that reflects this reality. ”**

## **ECDPM - Global Europe and the Tinbergen rule**

G Holmqvist et al; <https://ecdpm.org/work/global-europe-and-tinbergen-rule>

**“Global Europe, the EU’s proposed new instrument for external action under its 2028-2034 multiannual financial framework (MFF), embodies both an ambition and a dilemma. It aims to make EU cooperation more strategic and transformative, serving European interests while supporting global development. The question is no longer whether these goals can coexist, but how to make them work together without eroding credibility or effectiveness.....”**

**“The European Commission’s proposal for a €200 billion Global Europe instrument merges several existing instruments for neighbourhood and development cooperation, pre-accession assistance and humanitarian aid. This consolidation goes hand in hand with the EU’s Global Gateway strategy, which aims to connect investment and trade with Europe’s broader geopolitical ambitions. More broadly, the proposal is part of the EU’s effort to build a new economic foreign policy, strengthening alignment and coherence between external action and internal priorities such as competitiveness, energy and economic security, migration, climate, connectivity, and access to critical raw materials. However, this raises a fundamental question: can this single instrument truly deliver on its new dual objective of “promot[ing] stronger mutually beneficial partnerships with partner countries, contributing simultaneously to the sustainable development of partner countries and to the strategic interests of the Union”? ...”**

**“What is striking is that the proposal expects both objectives to be achieved simultaneously. This is new, and politically bold. It marks a departure from the usual long list of objectives attached to EU external action instruments, where priorities could often be pursued selectively or sequentially. Delivering both at once requires genuine synergies across policy areas that often compete: development, migration, trade and security. Doing so demands a clearer strategic vision, a hierarchy of objectives and governance mechanisms capable of arbitrating between them.....”**

Enter **the Tinbergen rule...** : “according to the Dutch economist, each independent economic policy objective requires its own policy instrument. So how does this square with a single instrument designed to achieve multiple objectives?...”

### **WHO - Governance for public health across the health and allied sectors: a report to guide country-level institutional capacity for essential public health functions underpinning multisectoral approaches**

<https://www.who.int/publications/i/item/9789240113596>

“The diverse public health challenges require multisectoral, integrated action, supported by robust and well-coordinated governance that involves actors within and beyond the health sector. Framed around **Essential Public Health Functions**, the report serves as a reference for national and global public health actors, providing guidance to define and strengthen public health governance to ensure effective delivery of public health functions and services....”

### **CGD (blog) – Platforms that Perform: Helping the Next Generation of Country Platforms Deliver**

A Latortue et al; <https://www.cgdev.org/blog/platforms-perform-helping-next-generation-country-platform-deliver>

« **There is intense and renewed interest in the not-so-new concept of country platforms.** Invoked in conversations from G20 to COP30, **these government-led coordination mechanisms that align national priorities, reforms, investment pipelines, and diverse sources of financing** are discussed as **one way to do development and climate finance well.** Historically viewed as bureaucratic coordination exercises, **platforms are now being recast as tools for ownership and mobilization, achieving transformational change, and possibly “doing more with less,”** stretching concessional resources that remain to the greatest extent possible. **In a [paper released today](#), we examine the implementation choices that may determine whether country platforms deliver on their promise or fall short of potentially unrealistic expectations.** Drawing on more than 50 interviews with government officials, development partners, and private sector and civil society actors, **we highlight four critical issues—ownership and leadership, sequencing, scope, and capital structure—and offer recommendations so that platforms are well-positioned for success....”**

### **CGD (blog) - Rethinking Technical Assistance: What 900 African Officials Told Us**

B Bedasso; <https://www.cgdev.org/blog/rethinking-technical-assistance-what-900-african-officials-told-us>

**“As overall aid budgets shrink and allocations for direct programme funding dwindle, technical assistance (TA) is once again taking centre stage in donor strategies.** TA refers to in-kind development support provided through the transfer of knowledge, skills, and expertise, typically via activities such as capacity building, advisory services, training, and institutional twinning, rather than direct financial aid. **For decades, TA has been a prominent, yet sometimes controversial, feature of official development assistance (ODA).** Between 2018 and 2022, an average of **[13 percent](#)** of total ODA was allocated to technical cooperation. This reflects donors’ continued reliance on TA to

influence domestic resource allocation and build implementation capacity in low- and middle-income countries (LMICs).;...”

**“...A few years ago, we set out to examine how external experts—consultants and seconded staff—are deployed as part of TA to public institutions in African countries.** Between 2019 and 2020, we surveyed more than 900 civil service officials responsible for planning, budgeting and programme monitoring across 40 ministries, departments, and agencies in the Central African Republic, Ethiopia, Ghana, and Nigeria. **Below are the key findings.....”** (check them out)

The author concludes: **“ Our findings suggest that the core issue with TA is not whether it is relevant in principle, but how it is delivered and the extent to which recipient governments have a real choice over its modalities. Heavy reliance on consultants and seconded personnel creates trade-offs: while they can provide critical expertise, especially in fragile states, they can also substitute for local skills and undermine long-term institutional capacity. In the current context and amid significant aid budget cuts, these results point to the need for a more calibrated approach to TA, one that adapts to local capacity levels, changing priorities, and the institutional maturity of implementing agencies.....”**

### **Bond - The IMF is ideologically committed to neoliberalism despite its pronouncements on social inequality**

T Povey ; <https://www.bond.org.uk/news/2025/10/the-imf-is-ideologically-committed-to-neoliberalism-despite-its-pronouncements-on-social-inequality/>

**“The Bretton Woods Project has recently launched a new IMF surveillance scanner [website](#) which analyses 998 IMF documents – called Article IV reports – covering a 14-year period from 2011 to 2025. ....”**

### **Devex Pro – How has migration shaped development policy?**

<https://www.devex.com/news/how-has-migration-shaped-development-policy-111047>

(gated but rather interesting analysis) **“Development and migration are closely connected in several ways, and at this moment, there seems “to be a rising sentiment against both. To what extent is this connected?”**

### **NYT - Foreign Aid Is Mostly Gone. It’s Being Replaced With Something Better.**

Dr. Shah (president of the **Rockefeller Foundation**)

<https://www.nytimes.com/2025/10/13/opinion/aid-cuts-new-model.html?smid=nytcore-ios-share&referringSource=articleShare&s=09>

Shah’s view on the new state of affairs in ‘development’, also coming back on the Rockefeller survey findings from a few weeks ago.

## International Journal of Social Determinants of Health and Health Services - Health Inequalities in Crisis Times: Questions for Global Health Governance

P Crawshaw et al ; <https://journals.sagepub.com/doi/full/10.1177/27551938251381110>

“Health inequalities continue to blight populations creating a global social justice challenge. Despite continued action by policy makers and practitioners, they are recurrent and stubborn, with evidence of exacerbation in many territories. Driven by extractive, capitalist economic and political logics that have organised societies with systemic power imbalances, **inequalities are so entrenched they appear ahistorical....** ... **Understanding health inequalities as dynamic, the outcome of complex ecologies and interactions as well as their historical antecedents and determinants is vital for public health research and practice.** ... **Our discussion highlights how historic and systemic inequalities shape contemporary population health, constructing stubborn barriers to social justice, an effect heightened during times of crisis like the COVID-19 syndemic....**”

## Regulation & Governance - Corporate Power in a Multistakeholder World: Venue Hopping and the Multilevel Politics of Ultra-Processed Food

Rob Ralston et al; <https://onlinelibrary.wiley.com/doi/10.1111/rego.70086>

Re ‘venue hopping’.

## Devex Pro – Is the public still in favor of aid? Yes and no

<https://www.devex.com/news/is-the-public-still-in-favor-of-aid-yes-and-no-111095>

(gated) “**There is still a bedrock of goodwill towards aid, but political and communications challenges mean that it is more challenging for the aid sector to build a broad base of support, a Devex event heard.**”

“Patrick Flynn, a data journalist at U.K. **research agency Focaldata**, spoke to Devex Global Development Reporter Elissa Miolene to discuss his agency’s [recent research which looked at exactly this question](#). **The research found that while overall public support had not shifted significantly, it had become much more polarized**, and this has created an environment where political will to support aid has been reduced....”

- See **Focal Data - [Foundations at Risk: Why support for philanthropic ventures like overseas aid and climate action is crumbling across the West – and how to fix it.](#)**

“Our findings indicate that both overseas aid and climate action sit on a bedrock of good will with broad public support in principle, but **support is crumbling in practice due to several converging factors including zero-sum thinking, a growing distrust of elites and governments, political polarisation, and the increased covariance of divisive political issues....**”

## Global Policy - Norwegian Blues? Rethinking the Idea of Middle Powers in an Era of Fuzzy Bifurcation

Kim Richard Nossal; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70082>

“Unsuccessful efforts to update the middle power concept for the contemporary international system have prompted calls for the concept to be “historicized” —to be retired from common use and treated as a purely historical term. The problem with this proposal is that **“middle power” has become increasingly popular in the 2020s in analysis, commentary, and state practice.** The purpose of this article is to offer an alternative to historicization. **While we acknowledge that the traditional understanding of middle power was deeply rooted in the twentieth century, and particularly in that era of American hegemony during the Cold War and post–Cold War eras, the continued use of the term suggests that we need to embrace the flexibility that has always been associated with the concept.** This paper calls for a return to a variant of the nineteenth-century idea that middle powers were located *geographically* “in the middle” between great powers. **In the 2020s and 2030s, which we argue is marked by “fuzzy bifurcation,” we propose that middle powers are those located *geostrategically* “in the middle” between the two great powers of the contemporary international system, the United States and China.”**

## Global health financing

Devex - EIB launches €10B plan with Calviño stressing global partnerships

<https://www.devex.com/news/eib-launches-10b-plan-with-calvino-stressing-global-partnerships-111104>

**“The European Investment Bank has launched its latest global strategy, setting a goal of €10B in annual financing. The plan emphasizes targeted regional approaches, stronger partnerships, and continued support for Ukraine.”**

**“The European Investment Bank, or EIB, is putting its global strategy at the core of its development agenda, aiming to raise annual financing to up to €10 billion (\$10.7 billion) and sharpen its focus on impact outside the European Union, President Nadia Calviño said during her debut at the World Bank and IMF annual meetings. “Our aim is to increase our annual financing up to €10 billion and to be more focused and impact-oriented,” Calviño told Editor-in-Chief Raj Kumar at a Devex Impact House @ World Bank-IMF event just as the news was released. The financing will run through 2027. “ “ Ukraine is “right now our top priority,” she added, with €4 billion already mobilized to support the country, while other regions — from the Western Balkans to sub-Saharan Africa, Asia, and Latin America — will see “a more targeted, differentiated approach.”**

**“The expansion comes as EIB moves into defense and security for the first time in its history — a step Calviño argued strengthens, rather than undermines, development goals....”**

**“...Calviño said the new strategy will rely heavily on partnerships to amplify the bank’s resources, citing work with Gavi, the Vaccine Alliance and the Gates Foundation to establish vaccine production in Africa.....”**

ODI - Other Official Flows: Why More Than ODA Matters

E Ritchie; <https://www.cgdev.org/blog/other-official-flows-why-more-than-oda-matters>



**“... In this blog I highlight that by ignoring other official flows (roughly, official finance not concessional enough to be counted as ODA), analysts are significantly misinterpreting trends in development finance, and that World Bank debt statistics suggest that OECD data is not telling the full picture.....”**

“Advocacy organisations, analysts and officials should acknowledge this new reality and stop judging countries on ODA alone. DAC countries should facilitate better analysis by providing better, more readily usable data on all transactions that have a developmental purpose. **This blog accompanies [analysis undertaken for the Gates Foundation](#) that provides an overview of some of the largest gaps in our understanding of development finance....”**

## UHC & PHC

**David Clarke - The health systems governance dividend.**

[https://open.substack.com/pub/governancerx/p/the-health-systems-governance-dividend?r=68ljyh&utm\\_medium=ios](https://open.substack.com/pub/governancerx/p/the-health-systems-governance-dividend?r=68ljyh&utm_medium=ios)

**“....Weak governance squanders resources: strong governance multiplies its impact. Yet despite this, governance continues to sit at the margins of most policy frameworks.....”**

**BMJ - Can India fix its flagship universal health insurance programme?**

<https://www.bmj.com/content/391/bmj.r2069>

**“India’s federal health insurance scheme was meant to deliver comprehensive coverage to millions. But it’s been plagued by fraud, poor service, and delays in payments. Kamala Thiagarajan reports.”**

**BMJ (Feature) - How Uganda became an advanced nation in palliative care**

<https://www.bmj.com/content/391/bmj.r2099>

**“Uganda is the only low income country to attain “advanced” status in a global ranking of palliative care services, just one place behind the US. Yemisi Bokinni reports on what other countries can learn....”**

## Planetary health

**Via HHR’s digest: HRW explainer on role of human rights in climate action**

**[A human rights guide to COP30](#)**

“Ahead of the 30th UN climate change conference (COP30) taking place in Belém, Brazil, 10-21 November, Human Rights Watch offers a brief explainer on the role of human rights in climate action. It details next steps for a transition away from fossil fuels, explains the meaning of a ‘just transition’, and illustrates the role of COP30 in safeguarding the rights of vulnerable populations. ....”

### Climate Home News - At pre-COP in Brazil, climate finance roadmap to \$1.3 trillion remains hazy

<https://www.climatechangenews.com/2025/10/14/at-pre-cop-in-brazil-climate-finance-roadmap-to-1-3-trillion-remains-hazy/>

“Ahead of COP30, Azerbaijan and Brazil provide scant details about a keenly awaited report on how to scale up finance for developing countries.”

“... A scheduled update on the “Baku to Belém Roadmap to 1.3T”, an initiative launched as part of the new climate finance goal (NCQG) agreed at COP29, had generated high expectations ahead of this week’s pre-COP meeting in Brazil. The roadmap builds on a core commitment for donor governments to raise \$300 million annually for developing countries by 2035, as part of a wider \$1.3 trillion coming from all sources including the private sector.....”

### The Independent - Poor countries paying billions more to cover debts than they receive as aid to fight climate crisis

[Independent](#);

“The world’s least developed countries paid US \$37 billion (£28bn) to service their debts in 2023, but received only \$32 billion (£24bn) in climate finance.”

### Via Climate Home News - Adaptation finance goal at risk

[https://eldik.r.sp1-brevo.net/mk/mr/sh/1t6AVsd2XFnlGGoXdBV9thdhu2t3ZA/7syy\\_lko4mNP](https://eldik.r.sp1-brevo.net/mk/mr/sh/1t6AVsd2XFnlGGoXdBV9thdhu2t3ZA/7syy_lko4mNP)

“The abrupt end to most US development and climate aid this year - and spending cuts by other donors - have dented expectations that a goal to double finance for poor countries to adapt to a warmer world can be met by this year’s deadline. Adaptation finance may only reach \$26 billion in 2025, according to new projections by NGOs Oxfam and the CARE Climate Justice Centre - far short of the estimated \$40 billion needed to honour the promise rich countries made four years ago at COP26 in Glasgow.....”

“And that’s without taking into account the fast-rising bill for the loss and damage caused by storms, droughts, floods, heatwaves and rising seas made worse by climate change.. The fund set up by the UN climate talks to help vulnerable nations and communities deal with that destruction is set to launch its first call for projects at COP30 and could start allocating money for an initial batch within six months, its board said this week.....” “ But, so far, the Fund for Responding to Loss and Damage has just a few hundred million dollars to its name, with some donors - including major

contributor Italy - yet to pay up what they pledged and a strategy to raise money creating divisions among board members....”

## WHO - 100 countries committed to climate action for health

<https://www.who.int/news/item/16-10-2025-100-countries-committed-to-climate-action-for-health>

“Tuvalu has become the 100th country to join the Alliance for Transformative Action on Climate and Health (ATACH). With the addition of Cook Islands, Malaysia and Tuvalu, **the Alliance now has 100 countries and areas committed to taking climate action for health.** With 100 UN Member States committing to climate and health action and sharing knowledge, the Alliance is working towards securing and greening the future of global health. **ATACH is a voluntary network of countries, areas and partners working to share knowledge, experiences, lessons learned, and tools for members to develop climate-resilient, sustainable and low-carbon health systems at the country level. ...**”

## Guardian – Climate investment is only growth opportunity of 21st century, says leading economist

[https://www.theguardian.com/environment/2025/oct/13/climate-investment-is-biggest-growth-opportunity-of-21st-century-says-economist-nicholas-stern?CMP=share\\_btn\\_url](https://www.theguardian.com/environment/2025/oct/13/climate-investment-is-biggest-growth-opportunity-of-21st-century-says-economist-nicholas-stern?CMP=share_btn_url)

“**Lord Stern** says fossil-fuelled growth is futile as the damage it causes ends in economic self-destruction.”

## Guardian – ‘Dismal’ health of world’s forests is threat to humanity, report warns

<https://www.theguardian.com/environment/2025/oct/14/dismal-health-of-worlds-forests-is-threat-to-humanity-report-warns>

“**Financial institutions pouring money into land clearance and undermining efforts to stop destruction, says Climate Focus.**”

“Global forest health has plunged to “dismal” levels and threatens the wellbeing of humanity, warns **a damning report** that highlights how financial systems are pouring money into land clearance and undermining efforts to reduce destruction. Since 2021 when world leaders and corporate executives promised to halt deforestation, the new study found that forest loss has **increased**, driven by subsidies for livestock, monocrops, logging and other extractive industries..”

“Last year, 8.1m hectares (20m acres) of forest – an area roughly half the size of England – were burned, pulled or cut down, which was higher than the loss at the time of Cop26 in Glasgow, when the target of zero deforestation by 2030 was signed. The world is now 63% off track to reach that goal, according to the **latest Forest Declaration Assessment**, which is compiled each year by a coalition of civil society and research organisations.....”

- See also **Climate Change News** – [World failing on goal to halt deforestation by 2030, raising stakes for Amazon COP](#)

**“An annual progress report shows that agriculture and wildfires continue to decimate forests despite a global promise to stop their loss this decade.”**

### **PIK - How offsets are hampering decarbonisation and undermining carbon markets**

<https://pik-potsdam.de/en/news/latest-news/how-offsets-are-hampering-decarbonisation-and-undermining-carbon-markets>

**“Ahead of COP30 in Brasil, an international team of leading climate policy experts including Potsdam Institute of Climate Impact Research Director Johan Rockström, warn in a commentary in Nature that low-quality carbon offsets are undermining global decarbonisation efforts.”**

### **AP - The world is heading to add 57 superhot days a year, but study indicates it could have been worse**

<https://apnews.com/article/climate-change-heat-wave-paris-agreement-emissions-01ef64038dfecbe92717b88b4d1b1719>

**“The world is on track to add nearly two months of dangerous superhot days each year by the end of the century, with poorer small nations hit far more often than the biggest carbon-polluting countries, a study released Thursday found.** But efforts to curb emissions of heat-trapping gases that started 10 years ago with [the Paris climate agreement](#) have had a significant effect. Without them Earth would be heading to an additional 114 days a year of those deadly extra hot days, the same study found.....”

**“The international collection of climate scientists World Weather Attribution and the U.S.-based Climate Central teamed up to use computer simulations to calculate just how much of a difference the landmark accord has made in terms of one of the biggest climate effects on people: heat waves....”**

- Related **tweet by PIK:** “study shows avoided extreme heat days due to efforts since the Paris Agreement. But PIK Director Johan Rockstrom warns that 2.6°C of warming projected from current national climate plans “would still imply a disastrous future for billions.”

## **Infectious diseases & NTDs**

**International Health - Accelerating Nigeria towards malaria elimination requires moving away from business as usual: insights from a political economy analysis**

<https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihaf113/8276508?searchresult=1>

by Elisabeth G Chestnutt et al.

## Gates Notes - We're closer than ever to eradicating polio

<https://www.gatesnotes.com/home/home-page-topic/reader/we-are-closer-than-ever-to-eradicating-polio>

“...And closer than ever to seeing a resurgence.”

“...right now, **GPEI is facing a \$1.7 billion funding gap**, with various long-term donor governments cutting back their support. Without the right resources, vaccination campaigns may have to be scaled back, surveillance sites will likely close, and the virus could spread globally....”

## Malaria Journal - Institutional quality, aid flows, and malaria burden: a geospatial analysis of sub-Saharan Africa

Caroline Namubiru; <https://malariajournal.biomedcentral.com/articles/10.1186/s12936-025-05592-3>

“This study examines the relationship between institutional quality, development aid flows, and malaria burden across 38 sub-Saharan African countries during 2010–2022.....”

## AMR

## Nature Communications - Antimicrobial resistance, equity and justice in low- and middle-income countries: an intersectional critical interpretive synthesis

<https://www.nature.com/articles/s41467-025-64137-z>

by Katy Davis et al.

## NCDs

## Plos GPH - People with lived experience of chronic conditions are key epistemic authorities in global health

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005317>

by L Vijayasingham et al.

## Health Systems & Reform - Financing and Prioritizing Diabetes and Other Non-Communicable Diseases in Ghana: A Qualitative Policy Analysis of the Barriers, Enablers and Opportunities

L Baatiema, B Meessen et al;

<https://www.tandfonline.com/doi/full/10.1080/23288604.2025.2565010?src=>

“This qualitative study examines the barriers hindering domestic financing and prioritization of diabetes and other NCDs in Ghana.....”

## Lancet Seminar - Alcohol use disorders

J Rehm et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01496-5/abstract?dgcid=twitter\\_organic\\_seminar25\\_lancet](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01496-5/abstract?dgcid=twitter_organic_seminar25_lancet)

**“Alcohol use disorders consist of conditions characterised by compulsive heavy alcohol use and loss of control over alcohol intake. Alcohol use disorders are some of the most prevalent mental disorders globally,** with higher prevalence in high-income countries and lower prevalence in low-income countries.....”

**“... The two main barriers to better access to evidence-based alcohol use disorder treatment are low availability,** due to the absence of government or public funding for such treatment, **and stigma.** The first barrier could be overcome by increasing alcohol excise taxation, which currently falls considerably short of covering the social costs of alcohol use. In addition to generating revenues, increasing excise taxation could reduce health-care costs by reducing hospitalisations for all alcohol-attributable conditions, including alcohol use disorders. **Overall, integrated alcohol control policies could improve the prevention of alcohol use disorders, improve access to treatment, and reduce stigma.”**

## Guardian – Almost 70% of US adults would be deemed obese based on new definition, study finds

<https://www.theguardian.com/society/2025/oct/15/almost-70-of-us-adults-would-be-deemed-obese-based-on-new-definition-study-finds>

**“Medical experts have called for new way to more accurately measure obesity, although definition has yet to be adopted.”**

**“... The traditional definition of obesity, typically based on having a body mass index (BMI) of 30 or greater,** has long been contentious, not least as it does not differentiate between fat and muscle. **In an effort to tackle the issue, in January medical experts from around the world called for a new definition to be adopted.** This would encompass people either with a BMI greater than 40; or those with a high BMI and at least one raised figure for measures such as waist circumference, waist-to-hip ratio, or waist-to-height ratio; or those with two such raised figures regardless of BMI; or those with direct measures of excess body fat based on scans. In addition, they said obesity should be split into two categories: clinical obesity – where there are signs of illness – and pre-clinical obesity, where there are not.....”

**“Now research suggests the revamped definition could result in a dramatic rise in the prevalence of obesity among adults in the US. .... [Writing in the journal Jama Network Open](#), Fourman and colleagues ....”**

## **BMJ GH – Empowering African professionals to assess palliative care development: regional application of the WHO framework**

F Bastos et al ; <https://gh.bmj.com/content/10/10/e020623>

**“The WHO has proposed a structured framework to assess palliative care development through 14 actionable indicators across 6 dimensions. While prior applications have been limited to individual countries, this study explores the feasibility of empowering professionals across an entire region to independently evaluate palliative care development using the WHO framework.....”**

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

### **Global Political Economy - The global politics of precarity and insecure work: introduction**

By J Hickson et al; <https://bristoluniversitypressdigital.com/view/journals/gpe/aop/article-10.1332-26352257Y2025D000000042/article-10.1332-26352257Y2025D000000042.xml>

Introduction to a special issue.

**“This article introduces the commentary on ‘The global politics of precarity and insecure work’, which brings together interdisciplinary insights from the Global North and the Global South in order to demonstrate the importance of taking a contextually sensitive, globally nuanced approach to discussing labour market precarity in the contemporary economy.”**

**“By contextualising different forms of precarity globally, locally and through a decolonial lens, we argue it is possible to simultaneously highlight the fluid shape and significance of precarious work as this manifests in different places across the globe, as well as the fundamental interrelationships that exist between different forms of precarity within twenty-first-century capitalism. In particular, we show how the contributions to this commentary emphasise how our positionality within the wider system (and historical development) of global capitalism modulates our precarity(ies), and our exposure to domination, as systems of class, ethnicity, gender, migration status and language intersect with the shifting dynamics of precarious work in different contexts....”**

### **NEJM – Digital Treatment to Reduce Global Tobacco Use**

F Naughton et al ; [https://www.nejm.org/doi/full/10.1056/NEJMp2500683?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMp2500683?query=featured_home)

**“Digital tobacco-cessation treatments hold great promise. But dedicated efforts will be required to promote access to and adoption of effective cessation tools globally.”**



- And a link: Lancet World Report - [When motorcycling meets public health: road safety in Brazil](#)

## Mental health & psycho-social wellbeing

Plos GPH - Reflections on mental health research in post-disaster settings

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005312>

by Ahlke Kip et al.

Plos Medicine (Perspective) - Why psychiatric bed capacity varies widely: Strategic questions on global mental health

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004761>

by Akihiro Seita.

## Sexual & Reproductive health rights

Lancet - Let Afghan women work: maternal health depends on it

Amina Nasari et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01975-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01975-0/fulltext)

**“We suggest four strategies** to overcome these attacks on maternal health. ....”

Including: “... Third, **donors must make women-only services non-negotiable**. Funded maternal health programmes should include staffed women-only hours, mobile outreach by female teams, and transport vouchers for obstetric emergencies. When access for female staff is denied, donors must be prepared to pause funding and publicly report restrictions, rather than quietly accept them.....”

They conclude: “... **For the global medical community, Afghanistan is not just another humanitarian crisis. It is a test of whether the world will allow deliberate gender restrictions to erase decades of maternal health gains....”**

BMJ News - Commercial surrogacy is “hijacking” medical resources in poorer countries

<https://www.bmj.com/content/391/bmj.r2179>

**“Healthcare in low and middle income countries in Africa and elsewhere is being “hijacked” by commercial surrogacy companies, experts have warned.”**

“At a session at the European women’s rights conference FiLia in Brighton on 12 October, former surrogates and women’s rights campaigners from France, the US, and Germany argued that pregnancy complications such as sepsis, postpartum haemorrhage, and pre-eclampsia are higher in surrogate pregnancies and that **the industry is distorting healthcare provision in commercial surrogacy destinations**. Marie Josephe Devilliers, president of the feminist organisation International Coalition Against Surrogate Motherhood, presented evidence of such practice in Uganda, where a medical sector has been developed for in vitro fertilisation (IVF) and reproductive surrogacy but where local women cannot access obstetric care. The situation is similar in South Africa, where “ordinary citizens have little access to medical care for their own pregnancies, but the most sophisticated clinics are available for surrogate pregnancies,” Devilliers said.....”

### **Lancet GH (Comment) - Scaling HPV vaccination in Africa to eliminate cervical cancer by 2030**

[Adidja Amani et al](#)

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00349-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00349-3/fulltext)

**“... We propose five interconnected pathways** to deliver on the 2030 targets, supported by a series of operational priority actions...”

## **Child health**

### **Cidrap News – Randomized trial in Mali finds mass azithromycin distribution doesn't reduce deaths in infants**

<https://www.cidrap.umn.edu/antimicrobial-stewardship/randomized-trial-mali-finds-mass-azithromycin-distribution-doesnt-reduce>

**“The latest in a series of randomized controlled trials investigating the potential of mass azithromycin administration to reduce childhood mortality in Africa** has found the practice did not result in lower mortality in infants 1 to 11 months of age in Mali, researchers **reported yesterday** in the *New England Journal of Medicine*.....”

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

### **Cidrap News - CEPI announces new partnership with Indian vaccine maker**

<https://www.cidrap.umn.edu/avian-influenza-bird-flu/cepi-announces-new-partnership-indian-vaccine-maker>

**“The world’s largest vaccine manufacturer, the Serum Institute of India (SII), will partner with CEPI (Coalition for Epidemic Preparedness Innovations) to develop a new vaccine targeting H5N1 avian**

flu as a prototype for Disease X, an as-yet-unknown pathogen with pandemic potential. The project will be supported by up to \$16.4 million. ....”

## NYT - America Is Heavily Reliant on China for Raw Materials in Medicines

[NYT](#);

“A new [analysis](#) found that nearly 700 drugs approved for use in the United States depend on chemicals solely produced in China.”

## Nature Biobusiness brief - Innovation in medicines for global health: a 20-year landscape analysis

<https://www.nature.com/articles/d41573-025-00164-1>

“Despite decades of awareness, drug research and development for diseases endemic to LMICs has lagged, hindered by reduced commercial incentives, scientific knowledge gaps, regulatory barriers and other systemic obstacles. **To assess recent progress and trends, we analysed the therapeutic landscape for 40 ‘global health’ diseases**, drawing on WHO data and other sources to align the list with established guidance to the extent practicable. This included a review of new medicines approved between 2005 and 2024 by WHO-listed authorities and the WHO prequalification programme, as well as of clinical-stage products identified through major trial registries and published pipelines of companies and product development partnerships (PDPs)...”

## The Conversation - Africa imports over 70% of its medicines. Making active ingredients locally would change this

C R Sagandira; <https://theconversation.com/africa-imports-over-70-of-its-medicines-making-active-ingredients-locally-would-change-this-265322>

“... I am a chemist with expertise in developing agile, cost-effective and Afrocentric processes for producing active pharmaceutical ingredients. **In a recent review, my co-authors and I highlighted the benefits and hurdles in the local manufacturing of active pharmaceutical ingredients on the continent.** We recommend sustainable ways to establish local production capabilities, using modern manufacturing technologies....”

## Lancet Diabetes & Endocrinology - Has the WHO Model Essential Medicines List lost its way?

David Beran et al; [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00292-X/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00292-X/fulltext)

“**The WHO's Model Essential Medicines List (EML), created in the 1970s**, remains one of WHO's most successful tools in guiding countries' evidence-based, rational medicine selection. WHO states, “Essential medicines are those that effectively and safely treat the priority health-care needs of the population . They are selected by taking into consideration public health relevance, evidence of benefits and harms, and with consideration of costs, affordability and other relevant factors.” **The**

2025 WHO EML now includes short-acting insulin analogues, GLP-1 receptor agonist, and dual GLP-1 and GIP receptor agonists. These additions raise questions about adherence to WHO's EML criteria on evidence, costs, and affordability.....”

- And a tweet by @thirugeneva.bsky.social (re a Politico Pro article):

“ Politico: “Drugmaker Johnson & Johnson has refused to enter negotiations with the European Commission to supply a bloc of EU countries with a key tuberculosis drug, leaving some patients with limited access.” pro.politico.eu/news/206561.”

## Decolonize Global Health

BMJ - Decolonising women’s health innovation

<https://www.bmj.com/content/391/bmj-2025-085683>

“Tiffany Nassiri-Ansari and colleagues set out how a decolonial feminist approach to innovation could produce greater gender equality and health equity.”

## Conflict/War & Health

Guardian - Nursing unions call for UK to back prosecutions for war crimes against health workers

<https://www.theguardian.com/global-development/2025/oct/15/nursing-unions-call-for-uk-to-back-icc-prosecutions-for-war-crimes-against-health-workers>

“The number of health workers killed annually in conflicts has jumped five-fold in less than a decade, and the Royal College of Nursing (RCN) and British Medical Association (BMA) have called for action from the UK government to fully back international criminal court (ICC) prosecutions of perpetrators....”

“.... The report, Care Amongst the Chaos, includes testimony from six nurses and a midwife working in Afghanistan, Gaza, Lebanon and Myanmar.....”

## Miscellaneous

AP - Foundations want to curb AI developers’ influence with \$500 million aimed at centering human needs

[AP](#)

Launched on Tuesday under the name “Humanity AI.”

**“Led by the MacArthur Foundation and Omidyar Network, Humanity AI seeks to take back agency by supporting technology and advocates centering people and the planet. Members must make grants in at least one of five priority areas identified by the coalition: advancing democracy, strengthening education, protecting artists, enhancing work or defending personal security....”**

PS: **“ They’re not the first philanthropic coalition to emerge this year with the goal of ensuring everyday people don’t get left behind. The [Gates Foundation](#) and Ballmer Group were among the funders who announced in July that they’d [spend \\$1 billion over 15 years to help create AI tools](#) for public defenders, parole officers, social workers and others who help Americans in precarious situations. Other efforts seek to [improve AI literacy and expand access](#) for entrepreneurs in low-income countries. Humanity AI hopes to expand its coalition. Partners began coordinating grants this fall and will pool new money next year in a collaborative fund managed by Rockefeller Philanthropy Advisors.....”**

## Papers & reports

### Lancet Global Health – November issue

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

Quite a few of the articles were already published online before.

But do check out also:

- [Editorial: Postpartum haemorrhage: aligning for renewed action](#)

**“... The alignment of WHO with the two leading professional organisations in women's health is a welcome step forward in the quest for concerted action on PPH...”**

- [Comment - The ethics of global health communication in the artificial intelligence era: avoiding poverty porn 2.0](#) ( by Arsenii Alenichev, Koen Peeters et al)

**“Generative artificial intelligence (AI) imagery allows people to generate images in seconds. Importantly, it is cheaper than hiring a photographer or artist. Therefore, in the age of budget cuts, organisations are increasingly experimenting with AI-generated imagery..... ” “... A similar phenomenon of using AI imagery for communication seems to be rippling across the global health industry. From social media outputs, such as LinkedIn and X (previously Twitter), we collected a sample of more than 100 AI-generated images posted between Jan 1 and July 1, 2025, by individuals and small-scale organisations often based in the low-income and middle-income countries, many of which replicate the emotional intensity and visual grammar of poverty porn and dated fundraising imagery ([panel](#)).....”**

- [Strategic autonomy in global women's health research: necessity not luxury](#)

- And as a reminder (already published online before): [Financing policies to sustain improved prevention, control, and management of non-communicable diseases and mental health conditions](#) ( by David Watkins et al)

**“This Health Policy summarises the background research and key messages from a financing dialogue convened by WHO and the World Bank in June, 2024.** Although each country context is unique, policies to lower the costs of essential medicines and improve the implementation of excise taxes on tobacco and other unhealthy products would be priorities for most countries. Multisectoral coalitions play a key role in advocating for non-communicable disease and mental health services and for increased and smarter spending on health in general. Development assistance, although limited in size, can be used to catalyse national action and overcome implementation barriers. Adopting the **seven key actions recommended in this Health Policy** can help governments to increase their spending for non-communicable disease and mental health services and improve efficiency in the use of available resources.”

### Lancet Planetary Health Editorial – Evidence with a quiet voice

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00249-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00249-9/fulltext)

Concluding: “ .... **This context does raise questions about how science can be used to support decisions today.** The Lancet groups motto ‘The best science for better lives’ does require that scientific knowledge is trusted and used, at least some of the time. Current political forces are seeking to sideline evidence and rely on rhetoric, and at times seem willing to sideline public opinion too. **The routes of scientific influence are usually through information either directly to policy makers or to sway politicians via public opinion. Both routes appear to be narrower than they have been in recent times.....”**

### Plos GPH – Mentorship—A critical metric for career development and advancing global health

Jessica E. Haberer, Yap Boum II et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005247>

« **Mentorship plays a critical role in promoting career development and generating impactful research and programs, yet it is typically considered an altruistic endeavor and a luxury. Mentorship programs are largely unfunded and unsupported, particularly in the Global South. ...** Mentor training programs are becoming increasingly available and have been shown to increase traditional metrics of impact—namely, manuscripts, grants, and program milestones. However, the current focus on these metrics without supporting mentorship can detract from their impact, leading to quantity over quality and programs disconnected from the communities they are meant to serve. **In this article, we argue that making mentorship itself a metric will facilitate the true impact we seek in global health, while simultaneously promoting equity in opportunity.** We describe mechanisms to ensure quality in mentorship and highlight the importance of governmental and non-governmental agencies and philanthropy in enabling institutions to implement mentorship programs. ... **Elevating mentorship to a core performance indicator** will have profound downstream effects for the practice and products of global health.”

## Lancet – Offline: The past is not the future

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02079-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02079-3/fulltext)

Horton argues for the introduction of more **scenario(s)** thinking in health policy & planning.

Concluding: “....Cesar Victora's lessons from the past offer invaluable instruction about how to make research count under less than favourable material circumstances. **But we should recognise the danger of contingency. The future should be its own independent variable in our modelling and planning. We should take those futures much more seriously.** “

## Tweets (via X & Bluesky)

### Katri Bertram

(tweeting from the **Medico International** event ‘Defending the right to health’ in Berlin)

“**How do you fight the far right (in #globalhealth)?** @profsophieharman.bsky.social 1) Don’t punch down (tell the public their concerns are stupid) 2) Don’t self-censor ☹️ 3) Get our own house in order (don’t exploit women’s stories, unpaid health and care work, and ignore harassment) “

### World Health Summit

“**“Women’s health is not a side issue. It is the cornerstone of humanity’s progress, prosperity, and future.”** – Kriti Sanon, United Nations Population Fund (UNFPA) India Honorary Ambassador for Gender Equality, Actor, Producer & Entrepreneur.”

### Tim Jackson

Re the new (unofficial) [Nobelprize for economic sciences](#):

“**Can we perhaps think of this as the last, forlorn celebratory wave of a dying and moribund science? Or should we see it as a requiem for humanity?** Can someone please explain to me how an unreconstructed obsession with creative destruction and an almost complete neglect for the limitations of the finite planet on which that destruction is taking place can be celebrated as ground-breaking, prize-worthy work on “one of the largest questions in social sciences”. **The largest question, to my mind, is how such insanity can have taken such a stranglehold on our politics, on our institutions and on our economics.**”

### UNU

(via [https://x.com/UNU\\_IIGH/status/1978398878539128944](https://x.com/UNU_IIGH/status/1978398878539128944) )

“For those who missed it, **our webinar highlighted key findings from the recent research paper “Private Foundations and Global Health Governance: A Case Study of the Novo Nordisk Foundation”** and explored the rise of philanthrocapitalism, its deep ties to wealth and power, and



the governance structures that sustain these dynamics. **Key Takeaways:** • **Distinguish True Philanthropy from Corporate Facades:** We must critically separate genuine philanthropic efforts from entities that use charitable activities as a front for corporate strategy. • **A Critical Regulatory Gap:** The global landscape is plagued by a weak and fragmented regulatory patchwork at the national level, with virtually no oversight for cross-border philanthropic activities or transnational entities. • **The Novo Nordisk Foundation Case, Blurred Lines and Public Consequences:** Our analysis reveals how some foundations use grant-making to directly support their associated corporations. This fusion of charity and profit-making creates significant spillover effects, undermining public accountability and trust.”

## Agnès Soucat

“Africa CDC taking the lead in #HTA and overall design of benefit packages by African Union countries: a game changer #UHC.”

## World Health Summit

“#WHS2025 takeaways from our president Axel R. Pries “We need to go out of the global health bubble.” Global health needs to be recognized as a truly cross-cutting priority that connects peace, prosperity, international politics, and global cooperation.”

*(and no, from what I can tell, Axel didn't mean it as 'satire': ) )*

## Podcasts

### Global Health Matters - Creative destruction in global health

<https://tdr.who.int/global-health-matters-podcast/creative-destruction-in-global-health>

“This episode launches Season 5 of Global Health Matters, which will explore the future of global health. .... In this episode, host [Garry Aslanyan](#) speaks with two thought leaders: Paola Abril Campos Rivera, Research Professor of health policy at Tecnológico de Monterrey in Mexico, and Catherine Kyobutungi, Executive Director of the African Population and Health Research Center in Kenya. Together, they explore how global health is being reshaped amid shifting geopolitics, declining aid and the rapid rise of new technologies....”