

IHP news 854: Summary and Highlights (AI summary)

Introduction and Featured Articles

This extended issue of the weekly International Health Policies (IHP) newsletter marks the return of author Kristof Decoster, following a few weeks offline. The newsletter features extensive coverage of recent global health events, including G20 Health-related meetings and the 7th International Family Planning Conference in Colombia. The *Highlights* section is dedicated to updates from the current busy week.

Featured Articles Summary

Prequalifying the Qualified: The Lenacapavir Paradox The World Health Organization (WHO) prequalified lenacapavir, a breakthrough long-acting injectable medicine for HIV prevention, on 6 October 2025. The article highlights a key paradox: **Lenacapavir had already passed stringent regulatory assessments** by authorities such as the US FDA and European Medicine Agency (EMA). While WHO Prequalification was transformative in scaling up vaccination and antiretroviral therapy procurement in low- and middle-income countries (LMICs) after 2000, its added value is questioned here, as the prequalified product is reported to be the identical formulation from the same manufacturing sites, simply marketed under a different brand name for export markets.

AMR is not just a medical crisis: It an ecological and governance crisis This article uses the case of an elderly relative who developed an antibiotic-resistant urinary tract infection following hospitalisation to demonstrate the severity of the Antimicrobial Resistance (AMR) challenge. The core argument is that antibiotic-resistant bacteria have become part of the environment, meaning AMR must be understood fundamentally as an **ecological and governance crisis**, not just a medical one.

Highlights of the Week

Run-up to G20 Leaders summit (22-23 November)

Ahead of the G20 Leaders meeting, health-focused meetings were held in Limpopo, South Africa, including the G20 Health Working Group Ministerial Meeting (6 Nov) and the Joint Finance and Health Ministerial Meeting (Virtual, 7 Nov).

G20 Consensus Blocked: A key takeaway was the **US, supported by Argentina, reportedly blocking consensus** on the final G20 Health Ministers' statement. Consequently, an "Outcome document and Chair's Statement" was released instead of a consensus-approved ministerial declaration. South Africa's Health Minister, Dr. Aaron Motsoaledi, confirmed the US decision prevented the signing of a declaration, despite broad agreement on the goal of equal access to healthcare.

Points of Contention and Focus: The draft statement referenced priorities such as **Universal Health Coverage (UHC) through primary health care systems**, investments in health financing, workforce development, and combating NCDs and AMR. The US Administration of President Donald Trump was notably opposed to multilateral action on **climate change** and the newly adopted **WHO Pandemic Agreement**. President Trump also stated he would not attend the G20 Summit in Johannesburg.

Financing and Global Security: South Africa urged the G20 to fund universal health systems, calling health an investment in global stability and economic prosperity. The agenda included discussions on financing for UHC and the 8th Replenishment of the Global Fund.

A Lancet Comment highlighted the inadequate financing for pandemic prevention, preparedness, and response (PPR). The G20 High Level Independent Panel (HLIP) reconvened and released its report, *Closing the Deal: Financing Our Security Against Pandemic Threats*, detailing persistent gaps and recommending priority actions ahead of the 2026 UN High-Level Meeting on pandemic PPR.

Inequality and Brain Health: UNAIDS linked the G20 statement to the findings of the Global Council on Inequality, AIDS and Pandemics, whose landmark report revealed a **vicious cycle where inequality makes pandemics deadlier, and pandemics increase inequality**. The Davos Alzheimer's Collaborative (DAC) held a side event to push for prioritizing brain health, noting that 80 million Africans are projected to have dementia by 2050. DAC launched Africa's first-ever Brain Health Plan, arguing that investing in brain health is an "economic imperative".

TB and Aid Cuts: A WHO report, *Catalyzing solutions for equitable global access and sustainable financing for novel tuberculosis vaccines for adults and adolescents*, was launched alongside the G20 meetings, urging bold steps for equitable access to new TB vaccines.

Reports prepared for the G20 South Africa Joint Finance and Health Task Force were expected to highlight the **"significant new risks" posed by the rapid decline in Official Development Assistance (ODA) for health**. COVID-19-related funding cuts drove a 40% decrease in ODA for health in 2023, dropping from \$26 billion (2022) to \$16 billion. WHO urged governments to strengthen domestic fiscal capacity, including implementing well-designed **health taxes** on products like tobacco, alcohol, and sugar-sweetened beverages, to fill the aid gap.

Key Reads (Run-up to G20 Leaders summit):

- HPW - EXCLUSIVE: US Blocking Consensus on G20 Health Ministers' Statement
- Lancet Comment - Closing the deal: a G20 panel report on financing for pandemic threats
- WHO report - Catalyzing solutions for equitable global access and sustainable financing for novel tuberculosis vaccines for adults and adolescents
- UNAIDS – G20 Statement sets out actions to protect public health by fighting inequalities
- T20 South-Africa (Policy Brief) - Defining Sustainable Finance for Health: A Common Taxonomy to Mobilise Global Investment

On Reimagining the Global Health Architecture

The global health architecture is currently facing a **crisis of legitimacy and finance**. LMICs, particularly in Africa, are demanding a "reset" and greater sovereignty. Multilateral institutions are undergoing an open renegotiation rather than quiet adjustment.

A specific proposal for tackling the impasse suggests creating an **African Union–European Union–United Kingdom (AU–EU–UK) tripartite agreement** focused narrowly on reforming financial support for LMIC systems, pragmatically excluding the United States (US). Separately, the G7 Development Ministers called for structural realignment and mandate streamlining within the "international aid architecture" to reduce fragmentation. Experts, however, warn that political signals within these

forums, especially those reflecting US Administration positions, suggest an attempt to **undermine, rather than strengthen**, the global sustainable development discourse.

African leadership is asserting itself through initiatives like the Africa CDC's **New Public Health Order (NPHO)**, which seeks greater self-sufficiency. The future role of multilateral health organisations is being redefined, demanding that Africa be in the "driver's seat," setting priorities, while multilateral organisations provide respectful, enabling support. Nigeria's Health Minister reinforced this shift, calling for a transformation from aid recipients to equal partners, seeking a new form of solidarity rather than donor retreat. This context involves a renewed debate between nationalism and globalism, with some arguments asserting that the age of globalism is over, yet failing to offer solutions for transnational threats like pandemics or climate change that require international collaboration.

Key Reads:

- CGD (blog) - Can the African Union, European Union, and UK Solve the Global Health Architecture Impasse?
- Global Policy -The G7 and Global Development Architecture: Gradual shift or pivotal moment?
- Lancet - Africa leads, multilateral health organisations support

Coming up later this month: the Global Fund Replenishment

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) is preparing for its **Eighth Replenishment**, aiming to secure **US \$18 billion** for the 2027–2029 period. The announcement of the total amount pledged will occur on the sidelines of the G20 summit.

The replenishment efforts face significant financial strains. The UK announced a reduced commitment of **£850 million**, down from the £1 billion pledged in the previous funding round, a move campaigners called a serious setback. As of the time of the newsletter, \$4.1 billion had been pledged. The replenishment is crucial, as its success hinges less on securing new tools and more on **targeted investment in system functions**—such as supply chains, laboratories, data systems, and community infrastructure—to win the "last mile" against the diseases.

Amid the shrinking aid landscape, innovative financing models are being discussed, including a proposal for the GF to adopt a **mixed grant and loan approach**. This model would continue full grant financing for the poorest countries while offering concessional loans to middle-income countries, potentially generating reflows up to \$1 billion annually by 2033, thereby enhancing financial resilience and domestic ownership. Nigeria is already pursuing major health reforms, including compulsory health insurance and new health taxes on products like tobacco and alcohol, to reduce dependence on foreign aid and achieve Universal Health Coverage (UHC). The EU is urged to commit a bold, multi-year financial pledge to the GF to reinforce its own values and encourage other partners. Furthermore, the GF and Senegal recently concluded a high-level meeting focused on strengthening public financial management (PFM) across 15 Francophone African countries to promote health sovereignty and sustainability.

Key Reads:

- Guardian - UK cuts contribution to Aids, tuberculosis and malaria fund by £150m
- GFO issue 466 – Global health: shrinking to endure, investing to last

- CGD (Policy paper) – Financing at a Crossroads: How the Global Fund Can Adapt to a Shrinking Aid Landscape

More on Global Health Governance and Financing

The global health sector is experiencing a **financing emergency** due to global economic uncertainty and abrupt reductions in Official Development Assistance (ODA). A report for the G20 Joint Finance and Health Task Force is expected to highlight the decline of ODA for health by **40% in 2023** (from \$26 billion in 2022 to \$16 billion), creating "significant new risks" for national health systems. This aid collapse is already causing chaos, with evidence suggesting devastating impacts on health services in Africa.

In response to aid cuts, **domestic resource mobilisation** is a major focus. WHO recommends governments strengthen fiscal capacity, including implementing **well-designed health taxes** on items like tobacco, alcohol, and sugar-sweetened beverages. The Stop TB Partnership is also shifting strategy towards mobilising domestic resources and alternative financing mechanisms. Zambia, Zimbabwe, and the DRC have exemplified a positive shift, boosting their family planning funding to counter steep donor cuts.

Geopolitically, the **US has begun negotiations for bilateral health agreements with 16 African nations**. This strategy, part of the 'America First Global Health Strategy' (AFGHS), is highly criticized for being narrowly focused, self-interested, and designed to bypass the existing multilateral system. The Africa CDC encouraged African ministers to share information about their negotiations to secure beneficial deals.

Furthermore, the **AU-EU Summit** in Luanda (Nov 24-25) is poised to test relations between the two continents. African partners are demanding fairer representation in global institutions, warning that the EU's lack of credibility in recent international events could cause Africa to gravitate toward non-Western blocs.

In terms of effective financing tools, **cash transfer programmes** are highlighted as a crucial strategic investment and resilience mechanism in the current polycrisis, capable of delivering short, medium, and long-term health gains. Lastly, while many global health journals neglect the topic, there is an urgent call for greater, independent scrutiny of the influence and activities of **private foundations and philanthropy** in global health governance.

Key Reads:

- Devex - US has begun bilateral health negotiations with 16 African nations
- The Economist (30 Oct): Aid cuts are devastating health services in Africa
- Lancet (Comment) – Why cash transfers matter for global health—now more than ever
- GHF - Examining Private Foundations in Global Health [GUEST ESSAY]

UHC & PHC (Universal Health Coverage & Primary Health Care)

The pursuit of Universal Health Coverage (UHC) remains a central theme, with the **Universal Health Coverage High-level Forum** scheduled to be convened by the Government of Japan, WHO, and the World Bank Group in Tokyo on 6 December 2025. This forum aims to facilitate strategic dialogue among senior health and finance officials on strengthening collaboration and innovative approaches to health financing and systems reform. The event will feature the official launch of the **UHC Knowledge Hub** in Tokyo and the presentation of the joint **UHC global monitoring report 2025**.

However, the path to UHC is complicated by the increasing **financialisation of healthcare**. Healthcare institutions (hospitals, clinics, insurance, data) are increasingly being treated as financial assets and vehicles for capital accumulation, shifting the traditional view of healthcare as a public good. Experts urge governments and UHC advocates to scrutinize this transformation.

Key Reads:

- WHO/World Bank/Japan UHC High-level Forum Announcement
- Governance Rx - When Finance Meets Health: The Rise of Financialisation and What It Means for Universal Health Coverage

Global Tax Justice

Negotiations are underway for a **UN Framework Convention on International Tax Cooperation**, with the Intergovernmental Negotiation Committee holding its third session in Nairobi from 10-19 November. The discussions are focusing on the Framework Convention text and two early protocols: one on cross-border services and another on dispute prevention and resolution. While the negotiations have clarified the terrain, no major debates have yet been resolved. The process is complicated by simultaneous negotiation of both substance and form, but the initiators view moving past the debate on the desirability of the process itself as a success. The African Group faces a particular dilemma in balancing the advocacy for radical changes versus seeking consensus on agreeable solutions.

Key Reads:

- IDS - UN Tax Convention Negotiations: Where are we at and where are we headed?

PPPR (Pandemic Prevention, Preparedness, and Response)

Multilateral efforts for pandemic preparedness were dominated by dual tracks this week: ongoing WHO negotiations and a controversial bilateral push by the US administration.

Multilateral Progress on PABS: The Third meeting of the Intergovernmental Working Group (IGWG3) on the **Pathogen Access and Benefit Sharing (PABS) system** annex to the WHO Pandemic Agreement took place in Geneva (Nov 3–7). Member States started text-based discussions on the proposed draft annex, which outlines provisions to operationalize commitments on **equitable access to life-saving tools** during health crises. While IGWG3 resulted in "solid progress," evolving the text from the Bureau's draft to delegate-owned text, the opening coverage noted countries criticized the draft as "inadequate" and "unbalanced".

US Bilateral Strategy to Undermine Multilateralism: A highly critical development is the US government's introduction of a template for bilateral health agreements, the **PEPFAR Memorandum of Understanding (MOU) template**. This strategy, part of the '**America First Global Health Strategy**' (AFGHS), compels countries receiving aid (initially 16 African nations, including Nigeria) to agree to a **specimen sharing agreement**.

Key provisions of the MOU template include:

- Recipients must share information on "pathogens with epidemic potential," including biological material and genetic sequence data, with the US within **five days of detection**.

- The specimen-sharing commitment is envisioned to last for **25 years**, even though the US aid package only runs from 2026 to 2030.
- The MOUs are seen as **bypassing the existing multilateral system** and the WHO pandemic negotiations.
- Experts warned that these bilateral deals, which also suggest policies favoring US commercial interests, will "torpedo the PABS system" and undermine the foundations of solidarity and equity in the multilateral system.
- African countries are under pressure to sign the MOUs despite affirming their support for the multilateral Pandemic Agreement.

Key Reads:

- HPW – US Ties Global Health Aid to Data Sharing on Pathogens – Undermining WHO Talks
- WHO - Countries make progress on WHO Pandemic Agreement annex...
- Devex – US template for bilateral health deals bypasses WHO pandemic negotiations
- Independent Panel – Bilateral deals would undermine pandemic preparedness...

Health Emergencies

Africa is currently facing its **worst outbreak of cholera in 25 years**. The Africa CDC reported approximately 300,000 cases (confirmed and suspected) and over 7,000 deaths. This represents a greater than 30% increase on total cases recorded last year. The severity of the outbreak is blamed on conflict and fragile water systems.

Key Reads:

- Reuters – Africa experiencing worst outbreak of cholera in 25 years, Africa CDC says

Trump 2.0

Information related to the potential return of the Trump administration highlights efforts to monitor the impact of its foreign aid policies. **The Aid Report Impact Tracker** serves as a public record tracking verified accounts of disruption or change resulting from US foreign aid cuts, such as halted health services. Furthermore, an in-depth analysis in *Science* details how the Trump administration is actively undermining efforts to develop vaccines and drugs necessary to fight the next viral scourge, with obvious ramifications for global PPPR.

Key Reads:

- Devex - The Aid Report Impact Tracker
- Science – The pandemic next time

Commercial Determinants of Health (CDH)

The biennial meetings of the governing bodies for global tobacco control treaties are imminent. The Conference of the Parties (COP11) to the **WHO Framework Convention on Tobacco Control (WHO FCTC)** will meet in Geneva (Nov 17-22), followed by the Meeting of the Parties (MOP4) to the Protocol to Eliminate Illicit Trade in Tobacco Products (Nov 24-26).

The agenda includes urgent concerns such as the **rising wave of nicotine addiction**, particularly among young people, the growing threat of illicit tobacco trade, and the environmental impact of tobacco.

A new report, **The Global Tobacco Industry Interference Index 2025**, found that the tobacco industry has increased efforts to influence policymakers. The report, which surveyed 100 countries, reveals that scores related to government efforts to protect public health policy from tobacco industry meddling have deteriorated in about half (46) of the countries analyzed, indicating that many governments are failing to uphold their obligations under WHO FCTC Article 5.3.

Key Reads:

- FCTC News release
- Global Tobacco Industry Interference Index 2025

NCDs (Non-Communicable Diseases)

New research highlights a growing global crisis concerning **hypertension among children and adolescents**. The rate of high blood pressure in individuals aged 19 or younger has nearly **doubled** between 2000 and 2020, rising from about 3% to over 6%. Poor diet, inactivity, and obesity are implicated as key drivers of this increase. Specifically, almost 19% of children and adolescents living with obesity have hypertension, a rate eight times higher than those of healthy weight. The study also noted that over 9% of this group has masked hypertension, which is high blood pressure undetected during regular check-ups. Authors emphasize the urgent need for improved screening and coordinated diagnostic standards globally.

For **World Diabetes Day 2025**, WHO is set to launch its first-ever global guidelines focusing on **managing diabetes during pregnancy**. This release is designed to provide a critical roadmap to ensure healthier outcomes for the 21 million women affected by diabetes annually.

Key Reads:

- Lancet Child & Adolescent Health - Global prevalence of hypertension among children and adolescents aged 19 years or younger: an updated systematic review and meta-analysis.
- WHO guidelines for managing diabetes during pregnancy (forthcoming).

COP30 in Belém (1st week)

The UN Climate Change Conference, COP30, convened in Belém, Brazil (November 10–21), with a focus on implementing existing climate commitments. A key moment was Health Day (November 13), where Brazil, in collaboration with the WHO, launched the **Belém Health Action Plan**. This action plan, a first of its kind, is a voluntary framework designed to strengthen global health systems against climate threats (such as heat, vector-borne diseases, and food insecurity). It outlines 60 action items and positions WHO as the secretariat. A key objective is to integrate member state progress reports into the broader COP **"Global Stocktake"** mechanism by 2028, pulling health sector climate action out of isolation. The plan calls for sustainable investments, including shifting to renewable energy sources for health facilities, especially vital in the Global South where 1 billion people are served by facilities with inadequate energy.

However, the plan's launch came with **no new financial commitments from nations**. Philanthropic organizations, including the Gates Foundation, Wellcome Trust, and Rockefeller Foundation, did

announce a new **Climate and Health Funders Coalition**, committing **\$300 million** for integrated action on climate-health solutions. This figure, however, is significantly dwarfed by the estimated need: LMICs require at least \$11 billion annually just for basic health adaptation measures. Notably, the Belém Plan **omitted any reference to phasing out fossil fuels**. Ahead of the summit, reports found that the world remains on track for a catastrophic **2.6°C temperature rise**, with fossil fuel emissions hitting a record high this year.

Key Reads:

- Devex – Brazil, WHO launch pioneering climate adaptation road map for health.
- HPW - Brazil Wins Limited Backing for COP30 Climate-Health Plan, But Nations Commit No Finance.
- Guardian – World still on track for catastrophic 2.6C temperature rise, report finds.

More on Planetary Health

Beyond the COP, research highlights that a quarter of the world's population, or **2 billion people**, live within three miles of operational fossil fuel projects (oil, gas, and coal), posing threats to health and ecosystems. Furthermore, official statistics are vastly undercounting deaths caused by extreme weather, such as rainfall and flooding.

In response to health system decarbonization needs, **The Lancet MedZero**—an open-access global database—will launch in early 2026 to provide robust carbon footprint data for pharmaceuticals, medical devices, and diagnostic services. Separately, parties to the Minamata Convention on Mercury agreed to phase out **mercury-containing dental amalgam** globally by 2034 to reduce human exposure to the toxic heavy metal.

Key Reads:

- Guardian - Fossil fuel projects around the world threaten the health of 2bn people.
- Lancet – The Lancet MedZero: carbon analytics for health care, by health care, at scale.

Conflict/War/Genocide & Health

In Europe, the Palestine solidarity movement is escalating pressure on local governments and public pharmacies to **boycott the Israeli pharmaceutical company Teva**. The demand is to replace Teva products with alternatives that are not deemed complicit in Israel's occupation and genocide.

Key Reads:

- People's Health Dispatch - Europe's Palestine solidarity movement strengthens call to boycott Israeli pharmaceutical company Teva.

Access to Medicines, Vaccines & other health technologies

The **African Medicines Agency (AMA)** was officially launched in Mombasa, Kenya, marking a critical moment for African public health regulation after over a decade of planning. The AMA is expected to streamline systems and help protect millions from substandard drugs.

A new treatment candidate for malaria, **ganaplacide-lumefantrine (GanLum)**, showed high effectiveness in Phase 3 trials across 12 sub-Saharan African countries. Developed by Novartis and

Medicines for Malaria Venture (MMV), it is highly effective against resistant parasites and rapidly kills transmission stages. Novartis and MMV have committed to making the drug available on a largely **not-for-profit or at-cost basis** in low- and middle-income countries (LMICs).

In South Africa, Biovac is beginning trials for cholera drops, which could become the **first vaccine created from scratch on the African continent**. This initiative is viewed as a milestone in African vaccine manufacture. Meanwhile, there are reports that approximately **one-third of mpox vaccines donated by Japan to the Democratic Republic of Congo (DRC) are being wasted** due to storage difficulties after preparation.

Key Reads:

- Nature (Comment) - Africa finally has its own drug-regulation agency — and it could transform the continent's health.
- HPW – New Malaria Drug Candidate Exceeds Cure Rate for Standard ACTs in Phase 3 Trial.
- Telegraph – South Africa making first new cholera vaccine in decades.

Some more reports and other publications of the week

The **WHO Global Tuberculosis Report 2025** highlights that TB remains one of the world's deadliest infectious killers, but global gains are jeopardized by persistent funding challenges. Funding for TB prevention, diagnosis, and treatment in 2024 totaled only **\$5.9 billion**, significantly short of the \$22 billion annual target set for 2027. Modeling suggests that long-term cuts to international donor funding could result in up to **2 million additional deaths** between 2025 and 2035.

The Lancet is launching a new monthly section, **Cases in Global Social Medicine**, to provide tools for health professionals to analyze and respond to social determinants of health and disease, addressing the core question of why medicine often sends people "back to the conditions that make them sick". Additionally, the open-access **Global Health Watch 7** (Mobilizing for Health Justice) is now available for download.

UN food agencies warned of a major hunger emergency, projecting acute food insecurity to worsen in **16 countries and territories**, identifying Sudan, Palestine, South Sudan, Mali, Haiti, and Yemen as being at the highest risk. This crisis is driven by conflict, economic shocks, climate extremes, and a reduction in humanitarian aid.

Key Reads:

- WHO - 2025 Global Tuberculosis Report.
- Lancet - Translational social medicine for global health.
- UN News - Millions of lives at risk, warn UN food agencies, as hunger crisis worsens.

Miscellaneous

Latin American epidemiologist Jaime Breilh argues that **health is fundamentally incompatible with capital**. He critiques modern, aggressive, highly technological capitalism for destroying cultures and knowledge systems ("epistemicide"). Breilh calls for the scientific community to renew its ethical commitment to humanity and politicize scientific activity, arguing that this approach is urgently needed in a world currently disintegrating.

Key Read: People's Health Dispatch – Jaime Breilh: Health is incompatible with capital.