

IHP news 853 : The Post-US Drift (that isn't)

(07 November 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,

This week in global health has been full of movement. COP30 deliberations on [climate hope](#), the [G20 meeting](#) on global priorities, and the WHO's unveiling of its [new financing strategy](#). Across the news, there is renewed attention on vaccines, sexual and reproductive health, and pandemic preparedness, despite the urgent need for action on climate change, non-communicable diseases, and reminders of how deeply interconnected our challenges remain.

Yet, amid all this, one pattern stands out. Even as many say we are entering a [post-U.S. world order in health](#), its influence still quietly shapes much of the agenda. Whether in funding frameworks, health security narratives, or development priorities, the U.S. continues to set the tone even when it is not in the room.

Perhaps this is less a drift and more a transition, one where new voices are emerging, but the old echoes still linger.

Enjoy your reading.

Rajeev B R

(P.S.: Kristof will take over the coming week onwards)

There will not be translated versions and the AI summary of this newsletter this week.

Highlights of the week

Structure of the Highlights section

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More on Reimagining global health & development
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Global Health Governance & Financing

WHO News- WHO issues guidance to address drastic global health financing cuts

<https://www.who.int/news/item/03-11-2025-who-issues-guidance-to-address-drastic-global-health-financing-cuts>

The World Health Organization (WHO) today **released new guidance for countries on ways to counter the immediate and long-term effects of sudden and severe cuts to external funding**, which are disrupting the delivery of essential health services in many countries.

The new guidance, called “Responding to the health financing emergency: immediate measures and longer-term shifts”, **provides a suite of policy options for countries to cope with the sudden financing shocks**, and bolster efforts to **mobilize and implement sufficient and sustainable financing** for national health systems.

External health aid is projected to drop by 30% to 40% in 2025 compared with 2023, causing immediate and severe disruption to health services in low- and middle-income countries (LMICs). WHO survey data from 108 LMICs collected in March 2025 indicate that **funding cuts have reduced critical services – including maternal care, vaccination, health emergency preparedness and response, and disease surveillance – by up to 70% in some countries**. More than 50 countries have reported job losses among health and care workers, along with major disruptions to health worker training programmes.

See- [Responding to the health financing emergency: immediate measures and longer-term shifts](#)

LANCET Regional Health- Strengthening WHO's South-East Asia Regional Office: from crisis to opportunity?

Sarkar, Swarup et al.; [https://www.thelancet.com/journals/lansea/article/PIIS2772-3682\(25\)00155-6/fulltext](https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(25)00155-6/fulltext)

Recent events at the World Health Organization's (WHO) South-East Asia Regional Office (SEARO) laid bare **weaknesses in governance that go beyond a single change in leadership**. This includes an **outdated leadership selection process**, its Director being placed ‘on leave,’ and the **second most populous country departing the WHO Regional Committee** for another.^{1,2} This tests both WHO's credibility and SEARO's capacity to protect and advance the health of the region's population. The Independent Panel for Pandemic Preparedness and Response³ identified **structural tensions in WHO governance**, with Regional Directors accountable both to the Director-General and to the member states that elect them. The Panel proposed two options: align with other UN agencies and appoint regional directors from headquarters, or retain the current system but strengthen accountability.

SEARO's most recent leadership contest illustrates why reform is urgent. Questions over the process governing Regional Director selection across all WHO regions were raised by over 100 experts prior to the SEARO election.⁴ The case of SEARO was particularly alarming with concerns

about one family-based nomination, inadequate vetting, inappropriate campaigning, and political maneuvering.

See also-

[Appeal to the WHO Executive Board on election of regional directors](#)

[WHO regional elections—more transparency and scrutiny essential](#)

[The WHO regional director elections must be reformed](#)

[Reforming the WHO regional director elections: an opportunity to restore trust](#)

More on Reimagining global health & development

BMJ Global Health- Who's leading WHO? A quantitative analysis of the Bill and Melinda Gates Foundation's grants to WHO, 2000-2024

Kennedy J, Thakrar R.;

https://gh.bmj.com/content/10/10/e015343?utm_source=alert&utm_medium=email&utm_campaign=bmjgh&utm_content=latest&utm_term=02112025

The **Bill and Melinda Gates Foundation (BMGF)** is the World Health Organization's (WHO) **second biggest source of funding**, contributing 9.5% of WHO's revenues between 2010 and 2023. BMGF made 640 grants worth \$5.5 billion to WHO between 2000 and 2024. This amounts to 6.4% of all money disbursed by BMGF in the period. \$4.5 billion or **82.6% of all BMGF contributions to WHO went to infectious diseases**, of which \$3.2 billion (58.9%) **went to polio – despite polio accounting for an insignificant proportion of the global burden of disease.**

A small proportion of the money BMGF gave to WHO **goes to strengthening health systems, non-communicable diseases, and broader determinants of health**, despite their importance to WHO's strategy and global health more generally. Our study emphasises an important point for global health practice and policy: **without flexible and sustainable sources of funding WHO will struggle to achieve its strategic aims.**

Croakey Health Media- Productivity Commission urged to ditch economic growth mindset, for the sake of our health and planet

<https://www.croakey.org/productivity-commission-urged-to-ditch-economic-growth-mindset-for-the-sake-of-our-health-and-planet/>

As the Productivity Commission finalises its reports to Government on reform priorities, **researchers have put forward four suggestions for how the Commission could advance planetary health equity.**

“However **well intentioned, business as usual approaches to economic policy simply won't work on a warming planet,**” write Professor Sharon Friel and Chelsea Hunnisett below, as part of their ongoing [#PlanetaryHealthEquity series](#).

Since its re-election in May 2025, the Albanese Government has been focused on [economic reform](#). Treasurer Dr Jim Chalmers announced that the first step was to **take a hard look at productivity growth in light of the ongoing productivity slump**.

Treasurer Chalmers told the National Press Club in June this year: “Too often it’s seen as a cold, almost soulless, concept – when it’s really the best way of making people better off over time, creating more opportunities, making our economy and our society more dynamic.”

[Latest research](#) from Dr Nicholas Frank and colleagues at the Planetary Health Equity Hothouse shows domestic demand and consumption have been key sources of economic growth over the past decade, even outweighing exports.

Devex- World leaders adopt Doha Political Declaration as US stays silent

https://www.devex.com/news/world-leaders-adopt-doha-political-declaration-as-us-stays-silent-111216?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd7bvJjY5gl28Ux5882bGNnagDk1Q4yip-AVUAbo8MsKnQBmZDIvohI6_n9r_7uFkfS6a68Fmr7oPVWzseZ8IPljGZg2GPGV6kkai-krZRTmwjfyD9

Leaders are gathering in Doha to revive 1995 pledges on poverty, jobs, and inclusion — amid stalled progress on the Sustainable Development Goals and rising tensions across the world. **The last time** leaders gathered for the World Summit for Social Development, it was **Copenhagen in 1995**.

In Denmark, **leaders agreed to eradicate poverty, expand employment, and build more inclusive societies** — ultimately signing the [Copenhagen Declaration on Social Development](#), a set of commitments. Thirty years later, they’ve arrived at the summit’s second iteration to do the same — now in Qatar’s gleaming capital, and amid an entirely different world.

For the United Nations, the Second World Summit for Social Development — and the corresponding [Doha Political Declaration](#), which was formally endorsed by delegates on Tuesday morning — is **an attempt to renew the commitments world leaders made in 1995**, and re-anchor promises made three decades ago....

“This Second World Summit for Social Development **opens at a moment of high global uncertainty, divisions, conflicts and widespread human suffering**,” said U.N. Secretary-General António Guterres, speaking at the summit’s opening on Tuesday. “The Doha Political Declaration represents a booster shot for development.”

Devex- Opinion: Why the UN’s recent Africa relocation news matters

https://www.devex.com/news/opinion-why-the-un-s-recent-africa-relocation-news-matters-110239?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd-AgX_TOyW2xK73R50HV_KpEjMbaxaPsfkLhuCj8vmw86OwcW84ehJ-shsJFannmurUqGbp9AODY_i9J-RSWd83Nyau2Uhc_2xEyZM4eamgRuUyIR

The announcement that **key United Nations offices will be moved to Nairobi** marks an encouraging step toward localizing the global body.

The [United Nations](#)’ decision to relocate key agency offices to Nairobi is **more than logistical — it’s a chance to decolonize global governance and center Africa**, where it already plays an operational lead.

Earlier this year, it was [announced](#) by U.N. Secretary-General António Guterres and the government of Kenya that the global offices of [UNICEF](#), [UNFPA](#), and [UN Women](#) will be relocated — either in part or in full — to Nairobi by 2026. Some observers have framed the move narrowly as [cost-saving](#), especially given a widespread spate of aid cuts across the world.

However, this narrative **downplays the most significant aspect** of the move — that it could well mark an encouraging step toward localizing the U.N., through redistributing decision-making power, leadership, and institutional presence to regions where its agencies operate most actively. Indeed, Guterres himself has emphasized that Africa is a priority and that investing in the continent is a duty for the U.N. It’s crucial.

The fact is, for decades, the U.N. has remained rigid in its headquarters and leadership distribution, with decision-making power overwhelmingly concentrated in Europe and the United States. **The U.N.’s overall structure today — not just its [Security Council](#) — continues to reflect a post-World War II order**, dominated by the victors with outdated power dynamics.

The financial dominance of the U.S. and Europe heavily influences U.N. policy and decision-making. As the largest donor, the U.S. contributes billions annually, translating into disproportionate influence. U.N. agencies openly acknowledge this donor-driven dynamic.

More on global tax & debt justice

Bond- The UN Tax Convention: the government’s chance to stand for economic justice

<https://www.bond.org.uk/news/2025/11/the-un-tax-convention-the-governments-chance-to-stand-for-economic-justice/>

Next week, delegates from across the world will **converge on Nairobi, Kenya**, for two weeks of negotiations on the new UN Tax Convention.

This is potentially a landmark treaty that could **finally make it possible to tax the super-rich and global corporations fairly**. If successful, the convention would mark the beginning of a new era of international tax justice — one where wealth is no longer hoarded by a tiny elite while billions go without the basics.

The system is rigged

The UN Tax Convention offers a way out of this broken system. It **could bring measures for real transparency** — such as public country-by-country reporting of corporate profits — and coordination

to tackle tax avoidance. Likewise, it could fix the deeply unjust rules that allow multinationals to shift profits across borders to minimise their tax bills.

Instead of taxing profits where companies are headquartered (usually in the global North), a fairer system would tax global profits and **allocate taxing rights based on where companies actually do business** – reflecting real economic activity. That's the kind of change that could transform global revenues and start to level the playing field between rich and poor nations.

Health Emergencies

Telegraph- Famine spreads to two more areas in Sudan

https://www.telegraph.co.uk/global-health/terror-and-security/sudan-war-famine-el-fasher-kadugli-ipc-united-nations/?mkt_tok=Njg1LUtCTC03NjUAAAGd7bvJjSsms9tYSioALgG1keg6PPINyYzwgSDY19WFamkosaMsCKAIDHyYwmCMRoPt7vpqQQ-0ykOBJtKL2m_jcUQ_PiwKynX9wJWZ5c6XynqwsHo

The leading UN-backed international authority on hunger crises described the situation as a **'man-made emergency'**

Famine has gripped two more war-torn regions of Sudan as fighting intensifies and thousands edge closer to starvation, the UN-backed global hunger monitor warned on Monday.

The latest declaration covers two towns in Sudan: El Fasher in North Darfur and Kadugli in South Kordofan province.

Twenty other areas across Darfur and Kordofan are also at heightened risk of famine, the report says.

"This is a man-made emergency, and the steps needed to prevent further catastrophe are clear," said the IPC's Famine Review Committee (FRC), the independent body that verifies famine findings. "Only a ceasefire and unimpeded humanitarian access can prevent further deterioration and save lives."

Trump 2.0

Devex- Hurricane Melissa tests a US disaster system without USAID

https://www.devex.com/news/hurricane-melissa-tests-a-us-disaster-system-without-usaid-111229?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd6JXF3srgMrqjvBTNv36Hg6CthS_4D3vT5WrkXXeuRNW7oieDqiF2VODmCE2MyVsXnAhroHwFQABznhKM5XQFpTKhJBECb5MO_rBcZakcl6G_d

About **77% of Jamaica remains without power, while 50 people in Haiti, the Dominican Republic, and Jamaica are reported dead** as of this publication. And as organizations race to support affected communities, they're doing so largely without what was once the biggest player in the game: the

U.S. Agency for International Development. By **late March, the Trump administration canceled 73% of USAID programs in Jamaica and half of those in Haiti**, according to an early analysis from the D.C.-based Center for Global Development. And today, only a few hundred staff members have migrated from USAID to the U.S. Department of State.

But **typically, USAID would have deployed DART teams before a hurricane made landfall**, explained Konyndyk and two other former senior USAID and State Department officials. They and another former senior USAID official were also encouraged by the fact that the **U.S. government's regional disaster assistance program, or RDAP, in Latin America and the Caribbean was saved from the U.S. aid cull** — a move that preserved a roster of in-country expertise across the region.

Mondoweiss-Civil society should be resisting Trump's authoritarianism. It's succumbing to it instead.

<https://mondoweiss.net/2025/11/civil-society-should-be-resisting-trumps-authoritarianism-its-succumbing-to-it-instead/>

My American Public Health Association membership was revoked after over 20 years because I protested for Palestine. As authoritarian norms spread in government, they are metastasizing into civil society institutions that should be resisting them.

My offense? In November 2024, **I participated in a protest at APHA's Minneapolis meeting**. Three dozen of us donned red latex gloves — signifying “blood on our hands” — and walked through the exhibit hall. **We were protesting the executive board's unanimous decision to block the governing council from even considering a resolution on Palestinian health justice**, despite 90% of the council having approved a Gaza ceasefire statement the previous year.

An anonymous complaint deemed our protest “antisemitic and intimidating to Jewish members.” A **three-person subcommittee** held a 40-minute Zoom meeting with me — no written charges, no investigation, no witnesses interviewed, no appeal process — and **issued my expulsion**.

Devex- ‘America First’ in global health: Oxymoron or opportunity? Or a bit of both?

https://www.devex.com/news/america-first-in-global-health-oxymoron-or-opportunity-110825?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd8uLU0xS0o5XhmFfISBZq9lMAmpLnc1JFB87n7P0fKBdINy5q-sdD5TBWjYDI8ts2YYKUD2VCvNIWR68BiAKv4yTp5KqAhAWEu9zR_PBbJLYSAhdh

The **next decade could be marked by more preventable pandemics, rising health inequalities, and a world where the U.S. no longer sets the standard for science**,” said Dr. Jirair Ratevosian, Hock fellow at the Duke Global Health Institute.

“We’re concentrating power in one single person — that’s against our constitutional traditions. That whole idea of checks and balances has really been collapsing.” — Lawrence Gostin, founding director, O’Neill Institute for National and Global Health Law

One focus of the strategy is to **“promote American companies and American innovations abroad**, including continuing to procure goods from American companies,” but experts are concerned

programs tasked with product delivery — many built upon decades of developing partnerships, implementation arrangements, and trust with communities — were either eliminated or weakened.

An “America First” strategy is an oxymoron, given that the **backbone of global health is international cooperation as opposed to populist agendas**, according to Gostin.

SRHR

JeuneAfrica- En Afrique, la santé des femmes et des enfants ne doit pas être l'angle mort du développement (In Africa, the health of women and children must not be a blind spot in development)

https://www.linkedin.com/posts/rajat-khosla-4031bb220_en-afrique-la-sant%C3%A9-des-femmes-et-des-enfants-activity-7389920676633014272-APR7?utm_source=share&utm_medium=member_desktop&rcm=ACoAABU0XKsB7UmMYVvJIGKJW87HjnPAdcomGBE

Africa's development hinges on the health and rights of its women, children, and adolescents.

Too often, these groups are treated as peripheral in policy and investment decisions. Yet, they are the very foundation of the continent's future.

In our latest opinion piece for [Jeune Afrique](#), [Prof. Mohamed Janabi](#) and I argue that health is not a cost—it is a catalyst for development. When women and children are healthy, educated, and empowered, societies thrive. Economies grow. Peace and stability become more attainable.

But today, millions of women still die from preventable causes during pregnancy and childbirth. Children lack access to basic health services. Adolescents face barriers to sexual and reproductive health. These are not just health issues—they are failures of policy and political will.

We call on African leaders and global partners to:

- Prioritize universal health coverage with a focus on primary care and sexual and reproductive health.
- Invest in data systems that make women and children visible in national planning.
- Ensure accountability for commitments made under the Sustainable Development Goals and the African Union's Agenda 2063.

The time to act is now. Let's not allow the health of women and children to remain the blind spot of development.

Read the full piece here: <https://lnkd.in/efKFrphr>

Planetary Health

Devex- US federal officials to skip COP30 as local leaders vow to fill the gap

https://www.devex.com/news/us-federal-officials-to-skip-cop30-as-local-leaders-vow-to-fill-the-gap-111242?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd7bvJjYVodukhMoZNVk1ZuOVgTOSPMY95yfsuhmawyHAI8oMK-aXnmLBDc1CZJ-rJnN47QgK3EDWs-V2xWSdq-QF7ZPv9uLrHMugRaSmqbPTkJOZU

The United States will not send any high-level federal officials to the 30th United Nations Climate Change Conference, or COP30, in Brazil — which officially starts next week — but dozens of governors, mayors, and other local leaders say they will attend to represent U.S. interests at the subnational level.

The decision comes as **President Donald Trump, who has called climate change a hoax**, moves forward with plans to withdraw the U.S. from the Paris Agreement for a second time. The administration notified the [United Nations](#) of its intent to leave, and the **withdrawal will take legal effect on Jan. 27, 2026**.

While parties to the Paris Agreement are in the midst of submitting their updated nationally determined contributions, or NDCs — their 10-year plans for cutting greenhouse gas emissions — the U.S. is not expected to do so. **The lack of a federal plan from one of the world's top emitters complicates global efforts to stay on track to limit warming**, but there is still hope that emissions cuts from climate-focused states and cities, which account for a large share of U.S. emissions, can make a meaningful difference.

Financial Times- How a warmer world is making pregnancy riskier

https://www.linkedin.com/posts/george-institute_how-a-warmer-world-is-making-pregnancy-riskier-activity-7391391780765859841-r8sN?utm_source=share&utm_medium=member_desktop&rcm=ACoAABU0XKsB7UmMYVvJIGKJW87HjnPAadcomGBE

Professor [Jane Hirst](#), Chair in Global Women's Health, from The George Institute for Global Health, featured in the [Financial Times](#) **discussing the growing risks rising global temperatures can pose to maternal and newborn health**.

The article **highlights emerging evidence on how rising temperatures can affect pregnancy outcomes**, reinforcing the importance of understanding the intersection between climate and health.

Devex- COP30 presidency calls for shift from climate pledges to implementation

https://www.devex.com/news/cop30-presidency-calls-for-shift-from-climate-pledges-to-implementation-110024?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd-AgX_clkde_IsZx7RAtn8yBMNwibfqJ-K_-Fqp-pg3lwKHarZ2T0IB5f0kG2ddBl1XKSmG7GbCOdkRwpGf1kdnSbK9RDmfVWKscl_RDwWGx-iBWU

At a key ministerial in Copenhagen, **Brazil calls for stronger institutions, grassroots mobilization, and finance leadership** to shift global climate efforts from promises to delivery.

In the face of “climate urgency,” the Brazilian presidency of the 30th United Nations Climate Change Conference, or COP30, called for a focus on implementing climate action in the lead-up to the summit in Belém this November.

“The international community should investigate how climate cooperation could become better equipped to accelerate the implementation of the Paris Agreement and of COP decisions by aggregating efforts that are currently fragmented,” the presidency wrote in its second letter to the public, published Thursday at the end of the Copenhagen Climate Ministerial — the second in a series of gatherings to galvanize consensus ahead of COP30. The first was the Petersberg Climate Dialogue, which took place in March in Berlin.

One of the primary criticisms of annual COP meetings is that **they produce big promises but don’t create clear pathways** for implementing them.

“The UNFCCC and the Paris Agreement don't have the strength or mandate to take this forward, so we're proposing to reconsider how we can institutionally strengthen implementation,” COP30 President André Corrêa do Lago told journalists Wednesday.

Brazil outlined its **concept of the global *mutirão***, a term that is being used ahead of COP30 to symbolize a joint effort across national and subnational governments, societies, Indigenous communities, and economic players.

This isn’t the first time Brazil has fought to emphasize implementation over pledges and promises. Brazilian President Luiz Inácio Lula da Silva made similar comments last November during the G20 summit in Rio de Janeiro.

“There’s no point in negotiating new commitments if we don’t have an effective mechanism to accelerate the implementation of the Paris Agreement,” he said then. *“We need stronger climate governance.”*

Access to Medicines, vaccines & other health technologies

WHO news- WHO and Bayer AG renew longstanding collaboration to eliminate three deadly neglected tropical diseases

<https://www.who.int/news/item/04-11-2025-who-and-bayer-ag-renew-longstanding-collaboration-to-eliminate-three-deadly-neglected-tropical-diseases>

The World Health Organisation (WHO) and the **German pharmaceutical company, Bayer AG, have renewed** a longstanding collaboration to support endemic countries in **scaling up free-of-charge treatment against three deadly neglected tropical diseases** (NTDs).

Donated medicines include suramin and different formulations of nifurtimox for the treatment of human African trypanosomiasis and Chagas disease, as well as **niclosamide** for the treatment of taeniasis. The donation amounts to **18 million tablets and vials**, and its estimated value is US\$ 15.5 million.

The agreement, which was signed by WHO on 26 August 2025 and by Bayer AG on 2 October 2025, also stipulates that **Bayer AG provide US\$ 9.45 million in support of WHO's** programmatic work and operations on these **three conditions** at global, regional and country levels during the crucial years between 2025 and 2030. This will enable Member States and partners to accelerate progress towards the 2030 targets set in the NTD road map 2021–2030.

Global health events

EATG- Report: inequality is making pandemics more likely, more deadly and more costly

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/november/20251103_pandemic-inequality#:~:text=The%20research%20found%3A,cyclical%2C%20self%2Dreinforcing%20relationships.

A report by world-leading economists, public health experts, and political leaders released today ahead of G20 meetings, ***Breaking the inequality-pandemic cycle: building true health security in a global age***, shows that inequality is making the world more vulnerable to pandemics.

In landmark findings based on **two years of research and convenings around the world**, the new report shows that **high levels of inequality are linked to outbreaks becoming pandemics** and that inequality is undermining national and global responses, making pandemics more disruptive, deadly, and longer in duration. The report also shows that **pandemics increase inequality, fuelling a cycle** that research shows is visible not just for COVID-19, but also for AIDS, Ebola, Influenza, Mpox and beyond.

Evidence gathered by the experts also shows that “inequality-informed” pandemic responses, alongside actions on inequality taken before pandemics hit, can protect the world from the next global disease crisis more effectively than current preparedness efforts. The report lays out the **social determinants of pandemics and actions that can be taken to address them**, linked also to communities and multi-sectoral governance. It provides **recommendations for global economic policy, and access to affordable medicines**. As well as strengthening preparedness for future pandemics, the proposals in the report can also help decisively end existing health crises, such as HIV, tuberculosis and Mpox.

See report here- [Breaking the inequality-pandemic cycle: Building true health security — Findings and recommendations of the Global Council](#)

Four recommendations to break the inequality-pandemic cycle

1. **Remove the financial barriers in the global architecture** to allow all countries sufficient fiscal capacity to address the inequalities driving pandemics.

2. **Invest in the social determinants of pandemics.** Use social protection mechanisms to reduce socioeconomic and health inequalities and build societal resilience in order to prepare for, and respond to, pandemics.
3. **Build local and regional production** alongside a new governance of research & development capable of **ensuring the sharing of technology** as public goods needed to stop pandemics.
4. **Build greater trust, equality, and efficiency in pandemic response** by investing in multi-sectoral response and community-led pandemic infrastructure in partnership with government.

Global health governance & Governance of Health

Development Alternative Women's Network- The Conceptual Framework: A Feminist Approach to Macroeconomics

<https://www.dawnfeminist.org/feminist-macroeconomics/feminist-macroeconomics-conceptual-framework#conceptual>

The Global South Feminist Perspectives on Macroeconomics [conceptual framework](#) aims to **challenge orthodox approaches to macroeconomics** by expanding the dialogue with alternative heterodox views, highlighting historical economic power relations between and within countries, centring inequalities and the sustainability of life, and going beyond traditional economic models and indicators. The framework integrates **three key dimensions**: analysis of actors and specific roles; a systemic approach and political economy lens.

Global health financing

Eurocare News- Eurocare announces closure of its Brussels office amid funding difficulties

<https://eurocare.org/eurocare-news/eurocare-announces-closure-of-its-brussels-office-amid-funding-difficulties>

The Board of Eurocare have announced that due to constraints on its funding it will no longer be able to maintain an office in Brussels and will be letting go its paid staff members from the end of the year. However, the organisation will maintain its network of over 50 members to ensure co-ordination on alcohol policy across Europe.

Eurocare is an alliance of non-governmental and public health organisations with member organisations across European countries, advocating for measures to prevent and reduce alcohol related harm in Europe.

Speaking about the decision, Chair of the Eurocare Board, Dr Peter Rice said:

This is a very difficult time for Eurocare which has been to the forefront of alcohol policy and advocacy at EU level, for over two decades making the public health case to address alcohol harm. Eurocare

*has been funded by a combination of membership fees and EU grants. While its membership numbers are at an all-time high, unfortunately the **scope for accessing EU funding has dramatically reduced**. The Board has taken the painful decision to close its Brussels office.*

Europe is the highest drinking region in the world with devastating harms resulting, including almost **800,000 deaths in Europe from alcohol annually**, large impacts on health, social care and justice systems, loss of workplace productivity and almost incalculable damage to children impacted by alcohol harm in the home. **More than ever there is a need for strong advocacy against the power of the alcohol industry which makes extraordinary profits** leaving individuals, families and governments to pick up the tab caused by their product.'

UHC & PHC

BMJ Global Health- Strengthening primary health care in Nigeria: a means to achieve universal health coverage

Yisa SS, Ogunniyi TJ, Dine RD.;

https://gh.bmj.com/content/10/10/e018486?utm_source=alert&utm_medium=email&utm_campaign=bmjgh&utm_content=latest&utm_term=02112025

In Nigeria, **70% of Nigerians rely on primary health care (PHC)** centres, accounting for a total of 85.3% of hospitals and clinics in the country. However, despite the need for the PHC centres to cater to the well-being of the citizens, **only around 20% of PHC facilities are functional**. To address the challenges facing PHC centres, **the federal government commenced the renovation programme for 10 000 PHCs** in 2017. This has **improved the supply of necessary medications and medical supplies**, equipping 110 PHC centres throughout Nigeria and educating and assigning healthcare staff to these centres.

Additionally, following the **collaboration of the National Health Insurance Authority and the National Primary Health Care Development Agency**, at least 1400 PHC centres, which serve 8300 facilities, have received funding, **improving professional birth attendance**, and also over 2400 healthcare professionals have been hired to provide services to Nigerians. There is a need to strengthen public–private partnerships as a means to improve PHC service delivery, which will go a long way in achieving universal health coverage by 2030.

The Lancet Primary Care- Integrating oral health into Kenya's primary health care system: opportunities and challenges

Lee, Hyewon et al.; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00055-X/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00055-X/fulltext)

Kenya has substantial challenges regarding oral health, including insufficient integration of oral health into primary health care and non-communicable disease (NCD) services, **inadequate financing schemes, discordant governance systems in achieving universal health coverage of essential oral health care, and a shortage and maldistribution of the oral health workforce**. Moreover, these factors exacerbate the rural–urban oral health disparities. Health-care reforms implemented in the past 5 years, including the 2023 Primary Health Care Act and Social Health Authority's benefit package, present opportunities to integrate oral health services into the primary health care system. This Health **Policy examines the current challenges** and opportunities in Kenya's

pursuit of universal coverage of essential oral health services through major national health policies. Success in oral health-care reforms will **require systematic integration of oral health programmes into existing health initiatives, particularly in primary health care and NCD care systems, supported by ongoing health-care worker training and community-level interventions.**

Pandemic preparedness & response/ Global Health Security

Health Policy Watch- Countries Criticise ‘Inadequate’ Pathogen-Sharing Draft Annex at Start of Text-Based Talks

<https://healthpolicy-watch.news/countries-deem-pathogen-sharing-draft-agreement-inadequate-at-start-of-text-based-talks/>

“**Inadequate**” and “**unbalanced**” were some of the complaints levelled against the first draft of a Pathogen Access and Benefit-Sharing (PABS) system when World Health Organization (WHO) member states met for text-based negotiations in Geneva on Monday.

Once agreed, **the PABS system will be an annex to the Pandemic Agreement**, but several member states at the Intergovernmental Working Group (IGWG) **described the first draft as simply a “cut and paste”** of text already in the agreement.

However, even before text-based negotiations began, members **confronted a contentious process issue**. Despite an agreement at the last IGWG meeting in September that “**relevant stakeholders**” **would be included as observers in the negotiations as a “pilot”**, it emerged that some member states had privately objected to this.

Planetary health

Devex-Cities stake their claim in COP30 Baku to Belém road map

<https://www.devex.com/news/exclusive-cities-stake-their-claim-in-cop30-baku-to-belem-road-map-111230>

..United Nations’ yearly climate conference, cities have been working to ensure that **climate finance makes its way to the municipal level**. In particular, they’ve been **pushing for cities to feature in one of the key documents** that will set the stage for the conference: the Baku to Belém Roadmap. It looks like city leaders’ hard work has paid off: Experts told Devex that the roadmap will feature a section on cities, outlining the **need for public investment to encourage private investment**. It will also call for **more direct access to climate funds for cities** and request that MDBs help reshape the finance architecture to better integrate cities and subnational bodies.

Cities are on the frontlines of climate change. One report from 2024 showed **that 83% of cities face significant climate hazards**. But ultimately, there’s not enough financing for adapting to climate

change. So cities want to be included in COP30 discussions as they call for clear, actionable funding — and the mechanisms to make it accessible to municipal leaders.
See- [Baku to Belém Roadmap to 1.3T](#)

Devex- Green Climate Fund hits record \$3.26B in project finance for 2025

https://www.devex.com/news/green-climate-fund-hits-record-3-26b-in-project-finance-for-2025-111227?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd6JXF3vQ4r2C3DaMLy9lrJp3R87KFrCv1nKOzVG9dKRq4KO-n2U-8zFTLjtykojx63be7ZDmJH-cg-2LMI75YCmOmLBpInAJffRYlcbpQLLIYvEZ

Despite tighter budgets and a withdrawn U.S. pledge, the Green Climate Fund (GCF) posted record approvals and is planning its next phase of reform.

GCF, the world's largest climate fund, **was established in 2010 to serve the Paris Agreement by increasing access to climate finance for developing countries.**

The [Green Climate Fund](#)'s board has approved a record-high level of funding: \$1.332 billion in new project commitments, bringing its total climate finance approvals for 2025 to \$3.26 billion.

Among the newly approved projects is a \$295 million investment expected to leverage over \$6 billion for what is set to become one of the **world's largest desalination plants, located in Jordan** and designed to supply water to half of the country's population. Another major project is a **"glacier-to-farms" program focused on improving water management strategies in parts of Central Asia** affected by glacial melt. GCF will contribute \$250 million to this initiative, expected to mobilize up to \$3.5 billion in total financing.

Covid

GAVI- COVID-19 infection poses higher, longer heart risks to children than vaccination

<https://www.gavi.org/vaccineswork/covid-19-infection-poses-higher-longer-heart-risks-children-vaccination>

As reports of rare heart inflammation in young people after COVID-19 vaccination gained traction during the early months of the pandemic, many parents understandably worried about the risks.

Now one of the largest [studies](#) to date has provided reassuring clarity: **children and adolescents were far more likely to experience rare but serious heart and inflammatory conditions after a COVID-19 infection than after being vaccinated** – and the risks after infection lasted much longer.

*"I want to stress that these **serious complications are really rare in children** and young people overall," said study co-author Prof Angela Wood at the University of Cambridge, UK. "But in this data, using the first two years of the pandemic, we can see that the risks of serious complications were generally higher and lasted for longer after a COVID-19 infection than after a vaccination."*

Mpox

SA News- AU, EU to strengthen health partnership ahead of G20 meeting

<https://www.sanews.gov.za/south-africa/au-eu-strengthen-health-partnership-ahead-g20-meeting>

The African Union (AU) and the European Union (EU) will hold a **high-level meeting** on Wednesday, 5 November 2025, to **renew their strategic partnership** on health.

Guided by the principles of equity, security, and resilience, the meeting will lay the foundation for deeper cooperation ahead of the Group of 20 (G20) Health Ministers Meeting and the AU-EU Summit in Luanda, Angola, taking place on 24 to 25 November 2025.

The **key outcomes** of the collaboration include the **procurement and donation of 215 000 vaccine doses** to support the Africa Centres for Disease Control and Prevention (Africa CDC) in **addressing the mpox outbreak in Africa**.

Infectious diseases & NTDs

Devex- Global polio coalition braces for 30% budget cut

https://www.devex.com/news/global-polio-coalition-braces-for-30-budget-cut-111152?access_key=vzw0GbsMCxW2dA7BoUuw5sywFzbMOc-j&utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta&mkt_tok=Njg1LUtCTC03NjUAAAGd6JXF3gmHI6PaluDaFI_CB92qU959I-y_3mU4INepRqMVFDjgP0vqaBSVaulSCDazwMLiLU8FPJ13HneP6tNwAyzGUyS4dEGwlamz6QGvV-Zt-V00

Though polio funding levels have so far remained steady in the United States, several traditional donors — including the **United Kingdom and Germany** — **are expected to make cuts**.

The Global Polio Eradication Initiative plans to cut its budget for next year by 30% over what it originally planned in the wake of foreign aid cuts.

“There are things we will not be able to do and choices that we have to make,” said Tsedeye Girma, polio outbreak response senior program manager at [UNICEF](#), during a press briefing on Tuesday.

“We will be having fewer campaigns. We will change the scope of some campaigns, having less nationwide campaigns and **more subnational approaches** as much as we can in the more persistent areas of transmission.”

PLOS GPH- Integrated health checks as a person-centred approach to systematic screening of household tuberculosis contacts: A realist-informed mixed-methods study

Calderwood CJ, Marambire ET, Ngwerume M, Tshuma M, Coleman M, Musunzuru T, et al.;
<https://doi.org/10.1371/journal.pgph.0005146>

Globally, **tuberculosis incidence and mortality is driven by syndemic interactions of tuberculosis with other chronic conditions including HIV, diabetes and undernutrition** in a deleterious social and structural context, often characterised by poverty. **Systematic screening for tuberculosis among**

household contacts is a core element of the WHO tuberculosis strategy but is hampered in high-tuberculosis incidence settings by health system constraints and low participation by household members of people with tuberculosis. **Reframing screening as a health check, informed by the syndemic framework, could improve uptake** and address proximate determinants of tuberculosis. Within a larger research study aimed at evaluating new tuberculosis diagnostic tests we developed and, using **mixed methods, evaluated an integrated health check in a prospective cohort of tuberculosis household contacts in Zimbabwe**. This included screening for a range of health conditions, health education and counselling, and on-site treatment or referral. Of 836 identified household contacts, 700 (84%) participated in tuberculosis screening. Of those, 467 people (67% women, median age 28 years) were invited to the health check; all participated in the intervention. One percent (n = 5/459) were diagnosed with tuberculosis. Almost **two thirds (n = 288) had at least one unmet health need** (either undiagnosed or uncontrolled diabetes, hypertension, HIV, anaemia, undernutrition, common mental health disorders, vision impairment, or tuberculosis). Of those referred following the health check, **66% accessed care for at least one condition**, with variation across conditions. **In-depth interviews with participants (n = 28)**, informed development of a **refined explanatory theory**, illustrating the benefits of a syndemic theory-based approach to tuberculosis screening for household contacts. Members of tuberculosis affected households have multiple, intersecting and unmet health needs. A holistic approach to systematic screening of household contacts guided by the syndemic framework could improve the health of these vulnerable people, advancing progress towards both tuberculosis and sustainable development goals.

Wellcome- Hope in the hotspots – how local research is turning the tide against cholera

<https://wellcome.org/insights/articles/hope-hotspots-how-local-research-turning-tide-against-cholera>

By tracking the communities' activities and the number of cholera cases being reported at the health clinic where they carry out their research, the team found [hotspots of infection](#). **When children leave school, they play in contaminated surface water. Adults eat street food washed in contaminated water and stored in open markets.** And just like that, they are infected by the water-borne bacteria.

“Action is needed, and needed now,” Kariuki says. “The **communities where cholera is most prevalent** are those of poverty, those **torn apart by conflict or extreme weather**, those where even the **municipal water sources are contaminated** with the bacteria.”

For example, when Kariuki and his team shared the finding that [one source of infection was the leaky drains contaminating water](#), local councils and public health officials were able to construct concrete-sided drains to prevent leakage.

“In the short-term, **the most effective intervention to prevent cholera outbreaks and protect the most vulnerable people is vaccines**,” explains Kariuki “But to address the root causes of outbreaks and prevent them **in the long-term, improving water sanitation and hygiene infrastructure and practices is vital**.”

LANCET- G20 2025: advancing equity and affordability in future tuberculosis vaccines for adolescents and adults

Ghebreyesus, Tedros Adhanom et al.; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00666-8/fulltext?rss=yes](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00666-8/fulltext?rss=yes)

Currently, the only licensed tuberculosis vaccine, Bacillus Calmette–Guérin, offers some protection for young children from severe forms of tuberculosis but provides only **partial protection for adolescents and adults**,.... In 2023, WHO established the **TB Vaccine Accelerator Council** to accelerate progress in vaccine development and access by fostering collaboration across sectors...

Realising the potential for **new tuberculosis vaccines requires early and collective action to mobilise sustainable financing** and address access barriers. Principles for development must be **grounded in equity, solidarity, and shared responsibility**. Such preparedness is essential to avoid delays in access, particularly given the current uncertainties in global health financing following recent abrupt reductions in official development assistance.

AMR

LANCET- Global antibiotic consumption and regional antimicrobial resistance, 2010–21: an analysis of pharmaceutical sales and antimicrobial resistance surveillance data

Wang, Ligui et al.; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00308-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00308-0/fulltext)

... We aimed to **examine spatiotemporal patterns of antibiotic consumption across countries from 2010 to 2021 and explore factors associated with the prevalence of antibiotic resistance**.

We used the **latest data on antibiotic consumption from the IQVIA MIDAS database**, a globally standardised system for tracking pharmaceutical sales, to characterise changes in consumption patterns of WHO Access, Watch, Reserve, and non-recommended antibiotics across 74 countries and regions during 2010–21. **A linear mixed model was used to identify potential socioeconomic and environmental factors associated with antimicrobial resistance detection rate across 26 European countries** for 14 bacterium–antibiotic resistance pairs, using data from the European Antimicrobial Resistance Surveillance Network.

Between 2010 and 2021, antibiotic consumption increased in most studied countries or regions in the WHO South-East Asia region (four of five), African region (three of three), region of the Americas (seven of 13, all seven in Latin America), and the Eastern Mediterranean region (five of nine). The **highest annual growth rate of antibiotic consumption was found in the eight countries of west Africa (7%; formerly known as French West Africa), followed by China (7%) and Algeria (5%)**. Conversely, antibiotic consumption decreased in most countries in the WHO European region (25 of 33) and the Western Pacific region (nine of 11). In 2011, **amoxicillin was the most used antibiotic (28%), followed by azithromycin (10%) and doxycycline (10%)**. The linear mixed model revealed that, among the 26 countries, antimicrobial resistance was positively associated with both antibiotic consumption rate and annual average temperature, while being negatively associated with GDP per capita and proportion of current health expenditure.

The global use of antibiotics has substantially changed in the past decade, with more countries meeting the WHO target for Access antibiotics. **Increasing antibiotic consumption in the WHO South-East Asia and African regions and its impact on antibiotic resistance warrant close monitoring.** Policies on expanding health expenditures to promote appropriate use of antibiotics should be encouraged.

NCDs

LANCET- Obesity legally recognised as a chronic disease in Italy

Bifulco, Maurizio et al.; [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00326-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00326-2/fulltext)

Obesity has now reached pandemic proportions.^{1,2} **WHO coined the term globesity to characterise its relentless rise worldwide** which, according to the 2025 World Obesity Atlas, will increase by more than 115% between 2010 and 2030.³

Alarming, children and adolescents are increasingly affected. Obesity thus represents a global emergency, not just a health issue but a societal crisis. **Italy has recently taken a historic step forward in the fight against obesity** and achieved a major milestone in public health by becoming the **first country to legally recognise obesity as a chronic, progressive, and relapsing disease.**^{4,5} This recognition marks a **fundamental shift in obesity perception**, not as a matter of lifestyle choice or personal failure, but as **a multifactorial disease requiring structured prevention and care.** Obesity exerts a profound impact on health, significantly increasing the risk of several life-threatening conditions such as cardiovascular diseases. Furthermore, obesity can cause or exacerbate cancers, being associated with at least 13 cancer types. Obesity-related cancer deaths have more than tripled from 1999 to 2020, prompting us to introduce the term adiponcosis to emphasise its relevance.⁶

LANCET-The urgent need for a diabetes data rights charter

Downey, Laura et al.; [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(25\)00291-8/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00291-8/fulltext)

Data generated by diabetes devices—including continuous glucose monitors, smart pens, and insulin pumps—are fundamental to the care and long-term health of people with diabetes. Yet, despite their centrality, **users of these devices do not have full access to and control over their own data.** Regulatory frameworks such as the General Data Protection Regulation in the EU and UK, and the EU Data Act, establish much needed rights for device users. However, in practice, **mechanisms to exercise these rights are often missing.**

There are **clear asymmetries in the power to use and control data between manufacturers and users** of diabetes technologies.^{1,2} As a result, people with diabetes do not have full access to their data, limiting their **freedom to switch between different (potentially improved) devices and restricting their ability to share data with others** (eg, health-care professionals). Ultimately, these restrictions diminish both the quality of care people with diabetes receive and their ability to make informed decisions about their diabetes management. Moreover, **users are not fully informed of what data is held, how it is used, and with whom it is shared.**³ The inability to control their own

data poses a continuum of risks for users, at the most extreme end of which lies the possibility of the data being shared with a third party who might act against users' interests.

WHO News- Initiative WHO SPECS 2030: expanding services for vision loss in the Western Pacific Region

<https://www.who.int/westernpacific/newsroom/feature-stories/item/initiative-who-specs-2030--expanding-services-for-vision-loss-in-the-western-pacific-region>

The World Health Organization (WHO) **Western Pacific Region has some of the highest rates of vision loss** caused by refractive error (often referred to as “shortsightedness” or “longsightedness”) – a condition that often **begins in childhood and can usually be corrected with a simple pair of glasses**. Yet, it is estimated that **less than half of the people in the Region have access** to quality-assured and affordable eye-care services.

Launched globally in 2024, the **WHO SPECS 2030 initiative envisions** a world where everyone who needs refractive error interventions can access quality-assured, affordable and people-centred services. Pioneering Member States in the Western Pacific Region are now adopting and advancing this initiative to strengthen refractive error services and ensure better vision for all.

Devex- Reimagining a healthier future: Why oral health is imperative

https://www.devex.com/news/sponsored/reimagining-a-healthier-future-why-oral-health-is-imperative-111014?utm_source=nl_newswire&utm_medium=email&utm_term=article&utm_content=cta

The mouth is the clinical gateway to the rest of the body, yet **oral health is fundamentally deprioritized by people, governments, and health care professionals**. With the 2030 [sustainable development agenda](#) deadline fast approaching, experts agree that needs to change.

Oral diseases are the most common noncommunicable diseases, or NCDs, in the world. Every year, **3.7 billion people — the majority in lower- and middle-income countries — experience an oral disease such as gum disease or cavities**. If left untreated, they can lead to the development and worsening of other NCDs such as [diabetes, heart disease, and mental health issues](#).

It's also **where member states renewed their commitments to preventing the rise of NCDs overall by 2030 via a new [political declaration](#)**, which is expected to pass a vote in the United Nations General Assembly in the coming weeks. **For the first time, oral health was included in the proposed text with a dedicated clause** that commits countries to scaling up health promotion, prevention, and early detection to address the climbing rates of oral health conditions. To tackle NCDs more broadly, it also commits them to promoting healthy diets, strengthening tobacco and alcohol control policies, and boosting financing for NCDs.

Social & commercial determinants of health

BMJ Global Health-How should morality play a role in global health?

Jindal RM, Tiwari S.;

https://gh.bmj.com/content/10/10/e019118?utm_source=alert&utm_medium=email&utm_campaign=bmjgh&utm_content=latest&utm_term=02112025

Moral determinants of health are generally discussed in the context of individual and public health but not in global health. **Moral clarity is the integration of internal ethical guidance, formal ethical directives and organisational accountability** even in the face of pressure or uncertainty. Indigenous cultures may provide contextually relevant systems **that strengthen trust, inclusivity and collective responsibility in implementing global health initiatives**. We propose a practice-oriented integration of morality in global health curriculum.

JCHS- Forest neighbourhoods and healthcare access for Adivasi communities in India: A critical interpretive synthesis

Juneja A, Prashanth N, Garimella S, Anna-Karin Hurtig. ;

<https://journals.ub.umu.se/index.php/jcsh/article/view/1187>

Environments where people live and work shape resources and opportunities available to them and **studying healthcare access in relation to people's living environments helps in understanding structural factors beyond individual factors**. This is especially relevant for many Adivasi communities whose lives are closely connected with forests.

We used the **critical interpretive synthesis method**, a flexible, critical and iterative approach to literature synthesis. We **conceptualised health and healthcare access in relation to neighbourhood environment** and used this lens to examine healthcare access in Adivasi communities living in forest neighbourhoods in India.

We developed a **lens of neighbourhood as a physical and social environment and used it to build a conceptual framework describing forest neighbourhoods in India**. We describe forest neighbourhoods in terms of their built and social environment. The availability of mobile networks, the condition of roads, flooding of streams during rains and the forms of transport available constitute the built environment. There are two important components of the social environment, first is the connection of the Adivasi people with the forest and second is the institutional environment comprising of different actors working in the forest neighbourhood. The life of Adivasi people is connected with the forest through their livelihood, nutrition, physical and mental well-being and their ecological knowledge about the forest from their lived experience. The institutional environment consists of different actors that shape the built and social environment that comprise the government institutions, private for-profit providers, civil society organisations, traditional healers and the forest department.

While working on Adivasi health, it is **critical to consider their connection with the forest**. Exploring forest neighbourhoods as physical and social environments can help examine distribution of public services and how they are shaped by external policies and actors working in the neighbourhood. This could shift the focus of Adivasi health and healthcare interventions away from the current emphasis on individual-level health interventions.

Mental health & psycho-social wellbeing

WHO- Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders: executive summary

<https://www.who.int/publications/i/item/B09329>

This guideline includes 48 updated and new evidence-based recommendations related to MNS conditions. The guideline is **targeted towards non-specialized health workers at primary- or secondary-level healthcare facilities, or those working at the district level including basic inpatient and outpatient services.**

Sexual & Reproductive health rights

LANCET- Effect of maternity care improvement, fertility decline, and contraceptive use on global maternal mortality reduction between 2000 and 2023: results from a decomposition analysis

Ahmed, Saifuddin et al.; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00409-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00409-7/fulltext)

.... aimed to **examine the effects of maternity care improvement, fertility reduction, and increased contraceptive use on maternal mortality decline** between 2000 and 2023.

We conducted two sets of analyses. First, we **measured the effects of maternity care improvement and fertility reduction on maternal mortality reduction at the global, regional, and national levels for 195 countries and territories with a simple decomposition method.** Second, we employed a **counterfactual approach to assess the effects of contraceptive use on maternal mortality reduction through fertility reduction.** Data for this analysis came from the most recent database of maternal mortality trends estimations by WHO/Maternal Mortality Estimation Inter-Agency Group for 2000–23 and the UN's World Contraceptive Use 2024 database.

We estimated that **61·2% of global maternal mortality decline between 2000 and 2023 was attributable to improvements in maternity care and 38·8% was attributable to fertility reduction. An increase in contraceptive prevalence rate during this period prevented 77 400 maternal deaths in 2023** (approximately 24·0% of maternal deaths). The regional estimates showed that the fertility reduction effect on maternal mortality was most pronounced in Latin America and the Caribbean, sub-Saharan Africa, and eastern and southeastern Asia.

Our analysis suggests that **both improved maternity care and fertility reduction, primarily through contraceptive use, substantially reduced maternal mortality globally.** Accelerated efforts should be given to maternity care and family planning interventions for achieving the UN's Sustainable Development Goals 3.

Neonatal and child health

Guardian- Babies born to black mothers 81% more likely to die in neonatal care, NHS study shows

<https://www.theguardian.com/world/2025/nov/04/babies-born-to-black-mothers-81-more-likely-to-die-in-neonatal-care-nhs-study-shows>

Analysis of England and Wales units also **finds 63% higher risk to babies whose mothers live in most deprived areas.**

Babies born to black mothers in England and Wales and those from the most deprived areas are significantly more likely to die while in neonatal units, according to analysis revealing the “deeply concerning” figures.

The **study**, led by academics at the University of Liverpool and published in The Lancet Child & Adolescent Health, examined data on more than 700,000 babies admitted to an NHS neonatal unit across England and Wales between 2012 and 2022.

Babies **born to black mothers had the highest mortality rates** for the majority of years in the study, with an **81% higher risk of dying** before discharge compared with babies born to white mothers.

The highest mortality rate for black babies stood at 29.7 deaths per 1,000 babies, with the **highest rate for white babies at 16.9 deaths per 1,000 babies.**

Adolescent health

NPR- Teens who use weed before age 15 have more trouble later, a study finds

<https://www.npr.org/sections/shots-health-news/2025/10/29/nx-s1-5589224/teens-weed-cannabis-marijuana>

Teens who start **using cannabis before age 15 are more likely to use the drug often later in their lives.** They are also more likely to **develop mental and physical health problems in young adulthood** compared to their peers who did not use the drug in adolescence.

Those are the findings of a new study in *JAMA Network Open*. "This further builds the case that **cannabis use in adolescence adversely** affects the [health] trajectories of those who use it," says psychiatrist [Dr. Ryan Sultan](#) at Columbia University, who wasn't involved in the new research.

The new study used data from the [Québec Longitudinal Study of Child Development](#). Researchers in **Montreal, Canada, have been following more than 1,500 kids** since birth into young adulthood to understand the factors that influence their development and their health. Among the various aspects of the kids' lives and habits scientists have recorded is cannabis use between ages 12 and 17.

.....**two to four times higher likelihood of developing psychiatric disorders** for teens who used cannabis recreationally compared to adolescents who don't use the drug at all

Access to medicines & health technology

PATH- A standardized health services framework for developing digital health tools

https://www.phsdframework.net/ExcelTool/Brochure%20A4_2_12_2024.pdf

Digital health tools often lack standardization, leading to fragmented implementation across health programs.

- Develop a standardized framework for the primary health care service delivery ecosystem to guide the creation of digital solutions. This will include a compendium detailing health care service, primary health care providers, and national health programs.
- Deploy the validated framework to test three health thematic areas: reproductive, maternal, newborn, and child health plus adolescents
- (RMNCH+A); non-communicable diseases (NCDs); and mental health (MH).
- Develop an intuitive, end-user digital tool based on the framework and compendium for RMNCH+A, NCDs, and MH within the primary health care service delivery ecosystem.
- Demonstrate and disseminate the framework and tool to relevant stakeholders.

Propublica- Threat in Your Medicine Cabinet: The FDA's Gamble on America's Drugs

<https://www.propublica.org/article/fda-drug-loophole-sun-pharma>

The FDA has given **more than 20 foreign factories a special pass to continue sending drugs to the U.S. even though they were made at plants that the agency had banned.**

The medications **came mostly from plants in India** where inspectors found contaminated drugs, filthy labs and falsified records.

The agency did **not proactively inform the public when drugs were exempted from import bans**, and it did not routinely test the medications to ensure they were safe.

Intas, whose U.S. subsidiary is [Accord Healthcare](#), said in a statement that **the company has invested millions of dollars in upgrades** and new hires and launched a companywide program focused on quality. Exempted drugs were sent to the United States in a “phased manner,” the company said, with third-party oversight and safety testing. Intas also said that some exempted drugs were never shipped to the United States because the FDA found other suppliers. The company would not provide details.

The **decisions to weaken penalties and allow banned factories to continue sending drugs to the United States were approved by Woodcock**, one of the agency's most powerful administrators.

Human resources for health

HRH- Trends and inequalities of Human Resources for Health across 15 states/territories in Malaysia during 2010–2022

Ariff, J.M., Sulaiman, L.H. & Sreeramareddy, C.T.; <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-025-01029-9>

The density and distribution of Human Resources for Health (HRH) are critical to achieving universal health coverage. We aimed to **study temporal trends** in HRH density and state-wise inequalities in Malaysia, 2010–2022.

We **obtained state-wise data on HRH** (doctors, dentists, pharmacists, nurses, and assistant medical officers) from the Ministry of Health (MOH), and estimates of mid-year population, the human development index (HDI), and Gross National Income (GNI) from the Department of Statistics Malaysia. We estimated trends in HRH density per 10,000 population. **Inequalities in HRH density were measured using absolute and relative gaps, and slope index inequality (SII) and concentration index (CI)** across the states are ranked high, middle, and low. For geographic inequalities, we estimated absolute and relative dissimilarity indices and the Theil index.

HRH density increased from 43.77 to 77.65 at an annual rate of change (ARC) of 4.89%. In absolute terms (SII), HRH density in states ranked by HDI and GNI was higher for doctors (9.77) and nurses (7.44), and in relative terms (CI), however, **pharmacists (9.62), doctors (8.48), and dentists (6.30) had higher inequalities between the states**, indicating higher concentration in higher-ranked states. To attain distributive equality across the states, about 13% of current doctors, nurses, and dentists, and 11% of pharmacists need to be redistributed.

HRH numbers and density increased across the states. **Inequalities analyses showed that HRH are concentrated in higher-ranked states.** Our report provides leads and directions for policymakers to achieve an equitable distribution of HRH, essential for achieving Universal Health Coverage.

Decolonize Global Health

Linkedin- The Quiet Colonization of Knowledge: Why Africa Must Stop Seeking Permission to Think

Luchuo Engelbert Bain; <https://www.linkedin.com/company/global-health-otherwise/posts/>

Too often, **African and Indigenous epistemologies are trapped in cycles of validation** scholarship, where proving legitimacy to the Global North drains time, energy, and confidence—ironically reinforcing the hierarchies we seek to dismantle.

True transformation begins with mindset: a confident belief in our own systems, grounded in rational humility and continuous learning. We must trust our methods and innovations without waiting for approval from those who have long dictated what “valid” knowledge is. The COVID-19 pandemic revealed the cost of overdependence on external validation — and we responded effectively. Rwanda, for instance, demonstrated exceptional capacity by containing the Marburg virus outbreak in record time.

South–South collaboration and intellectual allyship are critical. Examples like Kenya’s M-Pesa prove that excellence thrives when confidence meets competence. The future of global health knowledge lies in courageous self-definition—where legitimacy emerges from integrity, inclusivity, and locally anchored innovation, not distant validation.

Africa must begin to question **what—and who—defines legitimate knowledge, scholarship, and evidence**. For too long, intellectual validation has been outsourced, trapping the continent in a cycle of dependency and self-doubt. True innovation cannot flourish in a system that constantly seeks approval from external arbiters of truth.

Conflict/War & Health

Guardian- At least 36,000 Sudanese have fled since fall of El Fasher to RSF, says UN agency

<https://www.theguardian.com/world/2025/nov/03/sudanese-refugees-el-fasher-rsf-tawila-un>

More than 36,000 people have fled Sudan’s Kordofan region east of Darfur since Saturday, the UN’s migration agency has said, a week after the paramilitary Rapid Support Forces took control of the city of El Fasher.

An estimated 36,825 people fled five localities in North Kordofan state between 26 October – the day El Fasher fell to RSF – and 31 October, the International Organization for Migration said late on Sunday.

She warned of patterns echoing those in Darfur, where **RSF fighters have been accused of mass killings, sexual violence and abductions against non-Arab ethnic groups** after the fall of El Fasher.

BMJ- How attacking healthcare has become a strategy of war

Stahl-Timmins W, Mahase E, Hutcheson M, Looi M.;
<https://www.bmj.com/content/391/bmj.r2153>

The number of military and other hostile attacks on healthcare infrastructure and staff in many of the world’s major conflict zones has risen markedly in the past five years. Data for 2020 to the end of 2024 from the Attacks on Health Care in Countries in Conflict dataset ([box 1](#)) show that **the number of attacks has nearly tripled overall (fig 1)**, with the conflicts in Ukraine and Gaza boosting the numbers of attacks and the resulting deaths and injuries.

Migration & Health

Times of India- Indian doctors and nurses form backbone of global health systems, says OECD report

<https://timesofindia.indiatimes.com/nri/indian-doctors-and-nurses-form-backbone-of-global-health-systems-says-oecd-report/articleshow/125060996.cms>

Indian doctors and nurses have become indispensable to health systems across advanced economies, according to the International Migration Outlook 2025 released on Monday by the Organisation for Economic Co-operation and Development (OECD). **From the perspective of the 38 OECD member countries (which include the US, Canada, European nations, and Australia)**, the report states that the growing dependence on migrant medical professionals' underscores both a lifeline and a vulnerability in global healthcare.

The report finds that India is now the single largest source of migrant doctors and the second-largest source of migrant nurses working in OECD member countries. In 2020-21, there were **98,857 Indian-born doctors and 122,400 Indian-born nurses** employed across OECD nations — up by 76 per cent and 435 per cent, respectively, since 2000-01.

Miscellaneous

Guardian- Britain one of least 'nature-connected' nations in world – with Nepal the most

<https://www.theguardian.com/environment/2025/nov/01/britain-one-of-least-nature-connected-nations-in-world-with-nepal-the-most>

Britain is one of the least “nature connected” nations in the world, according to the first ever global study of how people relate to the natural world.

Britain ranks 55th out of 61 countries in the **study of 57,000 people**, which **looks at how attitudes towards nature are shaped by social, economic, geographical and cultural factors.**

The most nature-connected nation is Nepal, followed by Iran, South Africa, Bangladesh and Nigeria, according to the study, which is published in the journal *Ambio*. Croatia and Bulgaria are the only European nations in the top 10, followed by France in 19th place.

See- [Macro-level determinants of nature connectedness: An exploratory analysis of 61 countries](#)

The Frontline- India's elderly deserve full coverage, not partial promises

<https://frontline.thehindu.com/the-nation/public-health/elderly-healthcare-ayushman-bharat-gap/article70225735.ece/amp/>

India is witnessing one of the most significant demographic transitions of the 21st century. The proportion of elderly persons—individuals aged 60 years and above—is rising rapidly. Today, the

elderly constitute approximately 10 per cent (104 million people) of India's population. **By 2050, they will reach nearly 19.5 per cent** (319 million), according to NITI Aayog (2024). A sharp decline in fertility rates below 2.0, particularly in southern and western States, and increasing life expectancy (69-72 years) have created new healthcare challenges.

Nearly 75 per cent of the elderly suffer from one or more chronic health conditions. Only 18 per cent (NITI Aayog, 2024) have any form of health insurance. Ensuring equitable access to affordable healthcare for senior citizens is not just a policy concern but a moral imperative.

..... Restricting AB PM-JAY to senior citizens aged 70 years and above does not align with international standards or India's own policy definitions.

With an average life expectancy of 71 years in India, the expansion of AB PM-JAY to cover senior citizens aged 70 years and above **creates an impression of inclusivity while excluding millions** who need protection most. The government's commitment to the elderly population and its vision for UHC will be reflected genuinely only when it adopts a comprehensive approach

WHO News- 48th session of the Codex Alimentarius Commission

<https://www.who.int/news/item/03-11-2025-48th-session-of-the-codex-alimentarius-commission>

The 48th session of the [Codex Alimentarius Commission](#) will be held at FAO headquarters in Rome, Italy **10–14 November**. The plenary sessions will be [webcast](#) in all six UN languages (Arabic, Chinese, English, French, Russian and Spanish).

About Codex

Established by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), the Codex Alimentarius Commission first met in 1963. It is the United Nations' body charged with **setting food standards to protect consumer health and facilitate fair practices** in international food trade.

Webstream

Please find links to webstreams in all languages in the CAC48 YouTube playlist

Podcasts

PAHO- Let's Talk About Health – Ep. 14: Adolescents and Mental Health

<https://www.paho.org/en/documents/lets-talk-about-health-ep-14-adolescents-and-mental-health>

In this episode, Matías Irarrázaval was interviewed, a child and adolescent psychiatrist and mental health advisor at PAHO, to explore the growing concerns around mental health in young people across the Americas.