

IHP news 854 : Catching up after a few offline weeks

(14 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,

I'm back from a few weeks in the "Middle Kingdom" (*thanks a lot, @Rajeev B R for taking over the 'IHP shop' the past weeks!*). Just [like a few years ago](#), my feelings about the visit were somewhat ambivalent - and not just because on a long distance flight leaving at 2 am in the morning, I tend to feel like a long-legged Yeti (*with a rather heavy jetlag resulting*). But I won't go into detail on my short China visit here, as there's plenty happening in global health these weeks.

This newsletter issue will be a bit more extensive than usual, as we also feature some more journal articles of the past few weeks (especially in the extra sections), and **come back on a few global health events** (including the recent G20 Health related meetings and the 7th International Family Planning Conference in Colombia) from last week in this rather crazy "[month of international meetings](#)". So for once, we hope you do check out the extra sections more in detail (*beyond just the ones you might routinely check*). (**Hefty extra SRHR section** this week among others.)

The Highlights section is dedicated to this week, though, starting from last weekend – it's been a busy week too, as you'll notice. **So if you just want to stick to this week's updates, you'll be mostly ok with the HL section.**

Enjoy your reading

Kristof Decoster

*PS: For the ones who do want a few short China impressions (**feel free to skip, as no relevance to global health policies**, even if I just noted [The Economist](#) flagged China's growing global fan club), just a few things perhaps. Travelled a little bit (among others to Hangzhou & Suzhou), which was nice – China has this strange blend of picturesque places (old alleys, the Hangzhou lake at night, Wuzhen...) as well as some of the most depressing urban architecture I've ever encountered on train journeys, with high-rise building after high-rise building. I understand the point from an urban design & ecological perspective (and their cities are so much more efficient and organized than Indian ones), and yes, as I get older I don't really get 'rosier', but truly, with November fog not really helping much, "Blade Runner 2049" wasn't far away. On a more upbeat note, I also engaged in a bit of 'red tourism' (Mao's hometown). Just like you and me, one day the 'Great Helmsman' started in a humble primary school. Added bonus: arriving with some of the old Mao-era propaganda songs at the town, I almost got in the proper revolutionary mood myself for the current polycrisis - or whatever it is - era :) (And yes, I know there's a lot more to say about Mao, unfortunately)*

From time to time I also enjoyed again the CCTV 1 prime time news at 7 pm. Even if I still only understand about 10 % of what is being said, it's quite a treat, especially if a new 5-year programme has just been adopted

by the ruling party. There's 'Death by powerpoint', and then there's two CCTV1 news anchors going bullet point by bullet point over the entire new programme. With no visual whatsoever. More in general, I love the CCTV 1 news bulletin format: the first 25 minutes are about China (which is generally "on the right track"), and then you get in the last few minutes some snippets from the rest of the world. On CCTV 1, it's pretty much 'Sodom & Gomorra time' then (with a starring role for the US). These days, sadly, they're not entirely wrong.

Public infrastructure (the high speed trains! The subways!) is top-notch, as I already noted a few years ago. And so the contrast was all the bigger, when arriving back at the Belgian airport - fortunately, no drones were spotted this time. Sure enough, when I had bought my ticket to get out of the station under the airport (run by a "public-private partnership"), (1) I had to wait 30 minutes for my first train, and (2) as usual, the escalators didn't work. Nevertheless, I still prefer my own country (heck, in sync with the 'new nationalist' times, you might call me a Belgian 'patriot' !).

Anyway, with that, I hope you're ready for this IHP newsletter!

Featured Articles

Prequalifying the Qualified: The Lenacapavir Paradox

Belén Tarrafeta, Raffaella Ravinetto (both ITM)

(With thanks to Cécile Macé for her kind contribution)

On 6 October 2025, the [World Health Organization \(WHO\)](#) announced the **prequalification of lenacapavir**, a [breakthrough long-acting injectable medicine for HIV prevention](#). The news was rapidly spread across general and specialized media. But a key question remains unaddressed: *what does WHO prequalification really add for a medicine **already** approved by some of the world's most stringent regulators, including in the United States and Europe?*

The [WHO Prequalification](#) was created in 1987, to guide UN agencies and health programmes on the procurement of vaccines manufactured in countries with weak regulatory systems. After 2000, it expanded to other health products. [Its impact was transformative](#). For example, it enabled the global upscale of vaccination programmes (with now over [2 billion vaccine doses annually](#) through [UNICEF](#)) and of HIV antiretroviral therapy in low- and middle-income countries (LMICs).

Lenacapavir, however, is a different story. It had already passed stringent regulatory assessments particularly by the US FDA and European Medicine Agency (EMA). The added value of WHO prequalification would be clear if the WHO-prequalified product was a different version of Lenacapavir, for instance, from a production site in a less-regulated country. But based on public information, it is the same product authorized in the European Union and United States of America: same formulation, same manufacturing sites, no new inspection required. According to EMA documentation (see [here](#) and [here](#)) it will simply be marketed with a different brand name for export markets.

- To continue reading, see IHP: [Prequalifying the Qualified: The Lenacapavir Paradox](#)

AMR is not just a medical crisis: It an ecological and governance crisis

Keerthana Anilkumar (Consultant RCESDH- PHFI)

My seventy-year-old grandmother* had never been so seriously ill that she required hospitalisation. A slip-and-fall last year changed that. She fractured her spine and was advised to rest in bed and needed a urinary catheter. A few months later, she developed a urinary tract infection and was prescribed a widely used antibiotic for catheter-associated infections. But it didn't work. Her fever rose, her condition worsened, and she had to be hospitalised again. The urine culture report left everyone stunned. The bacteria were resistant to all the antibiotics tested.

My grandmother's infection came from the world she lived in, a world where antibiotic-resistant bacteria have become part of our environment....

- To continue reading, see IHP: [AMR is not just a medical crisis: It an ecological and governance crisis](#)

Highlights of the week

Structure of Highlights section

- Run-up to G20 Leaders summit (22-23 November)
- On Reimagining the Global Health Architecture
- Coming up later this month: the Global Fund Replenishment
- More on Global Health Governance and Financing
- UHC & PHC
- Global Tax Justice
- PPPR
- Health Emergencies
- Trump 2.0
- Commercial Determinants of Health
- NCDs
- COP30 in Belém (1st week)
- More on Planetary Health
- Conflict/War/Genocide & Health
- Access to Medicines, Vaccines & other health technologies
- Some more reports and other publications of the week
- Miscellaneous

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

In the run-up to the leaders meeting later this month, some **health related meetings** took place in Limpopo (South-Africa), the [G20 Seventh Health Working Group Meeting](#) (5 Nov), [G20 Health Working Group Ministerial Meeting](#) (6 Nov) and [G20 Joint Finance and Health Ministerial Meeting](#) (Virtual, 7 Nov).

Below you find **some of the info we could find (so far) on (some of) these meetings**, as well as some related **viewpoints** on agenda items (including in journals) & some **HL-advocacy**. Then we feature a few **more general reads** related to the G20. Including on some upcoming G20 related health reports.

HPW - EXCLUSIVE: US Blocking Consensus on G20 Health Ministers' Statement

<https://healthpolicy-watch.news/exclusive-us-blocks-consensus-on-g20-health-ministers-statement/>

“The United States, backed by Argentina, was reportedly blocking the G20 consensus on the final G20 Health Ministers’ statement – following their fourth and final [working group meeting of the year](#) Friday in Limpopo, South Africa, *Health Policy Watch* has learned. ... Rather than a ministerial declaration, approved by consensus, an “Outcome document and Chair’s Statement” was due to be released by the G20 group, sources told *Health Policy Watch* on Friday evening. “

“... The draft statement, seen by *Health Policy Watch* on the G20 letterhead, includes key references to prioritising universal health coverage (UHC) through primary health care systems; investments in health financing and health protection (e.g. insurance) systems; investments in the health workforce; as well as initiatives to combat noncommunicable diseases (NCDs) and antimicrobial resistance. However, the statement also stresses multilateral action on climate change as well as pandemic prevention, preparedness and response (PPPR) – to which the US Administration of President Donald Trump is vocally opposed. “The recently adopted WHO Pandemic Agreement presents an opportunity to strengthen PPPR with equity at its centre and in line with the principles of sovereignty, solidarity, respect for human rights and inclusivity,” according to the draft Outcome and Chair’s statement, seen by *Health Policy Watch*. **The statement had not yet been published on the [Health Track of the G-20 website](#), at the time of this publication. ...”**

PS: that’s still the case, as far as we can tell.

And so far, also nothing here yet: <https://www.g20.utoronto.ca/health/> (stay tuned on both websites)

“PS: Donald Trump says he won’t attend G20 Summit: Friday’s Health Ministers’ meeting comes against the background of statements yesterday by US President Donald Trump saying that he would not attend the G20 Summit, scheduled for 23-24 November in Johannesburg. On Wednesday, **Trump even called for the removal of [South Africa from the group of economic leaders](#)....”**
(trademark dickhead behaviour)

“The G20 health ministers meeting has concluded in Polokwane, Limpopo, without signing a declaration. All countries in the G20 agreed with the overall goal of equal access to healthcare services, except the United States of America. Member states as well as other invited nations

dissected important issues of advancing healthcare services globally. One of the key takeaways from the summit is **for the world to be prepared for the next pandemic.** The **common theme for the meeting centered around inclusivity, equity and solidarity.** South Africa's Health Minister Dr. Aaron Motsoaledi says that the decision by the US has prevented the G20 meeting from signing a declaration.....”

South Africa urges G20 to fund universal health systems

<https://www.plenglish.com/news/2025/11/07/south-africa-urges-g20-to-fund-universal-health-systems/>

(coverage from Nov 7) on the **agenda** of the health meetings, ahead of the meetings.

“During the G20 Health Ministerial Meeting held in the northern Limpopo province this week, the **high-ranking official underscored that the financial strains in the health sector demonstrate that health is an investment in global stability and economic prosperity.** “

“The **agenda of the meeting, which concludes this Friday, included specific sessions on tuberculosis, financing for Universal Health Coverage, and global partnerships, particularly the 8th Replenishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.....”**

“Phaahla told international delegates, **“The session on health financing is perhaps the most crucial....”**

“... **The meeting aims to synthesize the work of South Africa’s G20 Presidency on health, beginning with equitable access to scientific advances such as antiretroviral Lenacapavir.** “This reflects our commitment to equity in access to medical innovations,” he emphasized.....” “ The meeting [will] conclude with the **Joint Finance and Health Ministers’ Meeting (JFHMM)**, described by the deputy minister as “a **powerful signal that fiscal policy and health outcomes are inextricably linked.**”

- Related link: [Motsoaledi urges commitment to UHC at G20 meeting](#)

Lancet Comment - Closing the deal: a G20 panel report on financing for pandemic threats

Victor J Dzau, J Kaseya et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02275-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02275-5/fulltext)

“Pandemic prevention, preparedness, and response (pandemic PPR) stands at a precipice because of inadequate financing at a time of shifting geopolitical alignment in global health. **In 2021, in response to the COVID-19 pandemic, the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (HLIP) called for US\$15 billion per year in international finance to strengthen surveillance, health systems, vaccine supply, and governance for health security.** Execution, however, has not lived up to ambition. **Following the recommendations of the HLIP, the G20 catalysed the creation of the Pandemic Fund** at the World Bank in 2022, but the Fund has only mobilised pledges for approximately \$3 billion of its envisioned annual \$10 billion scale. **The G20 Joint Finance–Health Task Force (JFHTF) was launched in 2021 to**

bridge finance and health policy. Despite these developments, no global mechanism adequately finances pandemic response, and breakthrough research and development are underfunded.”

“... Against this background, in June, 2025, South Africa's G20 Presidency called on the HLIP to reconvene, seeking bold, practical recommendations for financing pandemic PPR that could be implemented within 6 months. The HLIP members, constituting global finance and health leaders, focused on two urgent priorities: expanding access to medical countermeasures (MCMs) in public health emergencies and strengthening domestic resource mobilisation and preparedness. Ahead of the November, 2025, G20 meetings, the HLIP released its new [report](#), *Closing the Deal: Financing Our Security Against Pandemic Threats*, on Nov 11, 2025, with updated recommendations to reignite global ambition and complete the agenda in the current global geopolitical and financial context. Framed as a call to action ahead of the 2026 UN High-Level Meeting (HLM) on pandemic PPR, the report identifies persistent gaps and outlines five priority levers for action.....”

Business Day - HELEN CLARK: It is time for SA to realise the promise of universal health coverage

<https://www.businessday.co.za/opinion/2025-11-03-helen-clark-it-is-time-for-sa-to-realise-the-promise-of-universal-health-coverage/>

“G20 offers a platform to showcase universal health coverage efforts.” Helen Clark in support of South Africa’s UHC reforms.

“... As the G20 gathers in SA, the nation has the chance to stand before its peers and show that it is leading by example. By fast-tracking the implementation of NHI, SA can further demonstrate its commitment to equity, solidarity and resilience. It can demonstrate that health for all is not a slogan but a lived reality.....”

WHO report - Catalyzing solutions for equitable global access and sustainable financing for novel tuberculosis vaccines for adults and adolescents

<https://www.who.int/publications/i/item/9789240116900>

Report launched on 6 November on the sidelines of the G20 Health Ministers meeting. **“This report was developed by the WHO TB Vaccine Accelerator Finance and Access working group, co-led by WHO, Gavi and the Government of South Africa. It sets out the working group’s shared vision for equitable access to novel TB vaccines and will advance a shared understanding of the current landscape and its possible evolution in the future. It identifies six urgently needed solutions to accelerate access and financing and highlights the roles of different stakeholders to support the implementation of these solutions. “**

- Related WHO press release: [New WHO report urges bold steps for equitable access to novel TB vaccines](#)

“The report, “Catalysing solutions for equitable global access for sustainable financing for novel tuberculosis vaccines for adults and adolescents,” presents a first-of-its-kind analysis of the anticipated barriers, bottlenecks, and market dynamics that could impact timely, equitable, and sustainable access to novel TB vaccines.”

P4H - G20 2025: Global Leaders Unite to Advance Equity in Tuberculosis Vaccine Access

<https://p4h.world/en/news/g20-2025-global-leaders-unite-to-advance-equity-in-tuberculosis-vaccine-access/>

“**Tedros Adhanom Ghebreyesus and Pakishe Aaron Motsoaledi** urge G20 nations to ensure equitable, affordable access to new TB vaccines, marking a key step toward ending the epidemic by 2030.”

- For more detail, see this [Lancet Infectious Diseases Comment \(by both abovementioned men\) - G20 2025: advancing equity and affordability in future tuberculosis vaccines for adolescents and adults](#)

UNAIDS – G20 Statement sets out actions to protect public health by fighting inequalities. Experts say the inequality-pandemic cycle can be broken.

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/november/20251107_G20-statement

UNAIDS’ take on the G20 statement, linking it to the **Global Council’s report (by Stiglitz et al, covered last week in IHP)**

“... **The statement sets out key actions to be taken that were recommended by the Global Council’s report including** through: Promoting affordable, rapid access to pandemic medicines like long-acting HIV drugs; Addressing the ways high levels of debt are making the world vulnerable; Tackling the social determinants of health...”

- Related: [Mail & Guardian - G20 health ministers take on dangerous inequalities](#)

“G20 Health Ministers and international organisations meeting in Polokwane, South Africa, are **focusing their attention on an urgent shared threat to public health: inequalities**. Delegates from across the world have **highlighted how entrenched gaps in wealth, income and access to basic services within and between countries are undermining governments’ collective capacity to protect everyone’s health.** “

“**Informing deliberations at the meeting is the landmark new report, Breaking the inequality-pandemic cycle: building true health security in a global age**, which revealed a **vicious cycle**: how inequality is making pandemics more likely, more deadly and more costly; and how pandemics are increasing inequalities. The **report was produced by the independent expert group, the Global Council on Inequality, AIDS and Pandemics**, convened by UNAIDS Executive Director Winnie Byanyima, and co-chaired by Nobel laureate Joseph E. Stiglitz, Executive Chairperson of the One Economy Foundation and former First Lady of Namibia Monica Geingos, and renowned epidemiologist Professor Sir Michael Marmot. It brings together economists, public health experts, civil society activists and current and former government leaders..... **The Global Council held the international launch of the report on Monday this week in Johannesburg, and then presented the report to President Cyril Ramaphosa in Cape Town on Tuesday, before heading up to Polokwane**

to address health ministers on Thursday and Friday. As well as identifying the inequality-pandemic cycle, the Global Council has also set out practical steps that can be taken to break the cycle....”

HPW - From Texas to the G20: The Man Leading the World's Brain Health Movement

<https://healthpolicy-watch.news/from-texas-to-the-g20-the-man-leading-the-worlds-brain-health-movement/>

*“As **the G-20 Health Ministers meeting** takes place next week in Johannesburg, South Africa, **a new global coalition is trying to put Alzheimer's and dementia-related diseases on the priority list of the world's major economies**; and there's one man who stands out as a driving force behind this movement. “*

“Next Tuesday, on **4 November**, DAC will hold yet another **brain health side event** – this time in Johannesburg **on the margins of the G20 Health Ministerial and G20 Joint Finance and Health Ministerial Meetings**. This comes just ahead of the G20 Summit, 22-23 November. **The day-long G20 side event** features a **lineup of prominent brain health researchers** from institutions in South Africa, Nigeria, Kenya, Cameroon, and Egypt, as well as globally.....”

“...It will also **showcase recommendations from the recent Nature Medicine publication, “Strengthening Africa's Brain Health and Economic Resilience,”** co-authored by over two dozen experts from around the world, led by University College London and DAC. **The Nature report presents a ‘6x5 Plan’ to prepare Africa for a demographic transition to an older population, including a framework for globally scalable strategies to address brain health from early childhood and across the life cycle — including through education, better workforce health, and more digital innovation.** It's based on projections that in Sub-Saharan Africa, the number of adults over the age of 60 will triple by 2050, from 69 million in 2017 **to around 226 million.**”

- Related: [HPW - Making ‘Brain Health’ an Economic Investment](#)

“**Some 80 million Africans are projected to have dementia by 2050** – a fourfold increase from 2015 – and **governments need to invest in brain health as an “economic imperative” to mitigate this.** This call was made by the **Davos Alzheimer's Collaborative (DAC)** at a meeting in Johannesburg on Tuesday, on the eve of the G20 Health Ministers meeting in South Africa.....”

PS: “The meeting launched Africa's first-ever **Brain Health Plan for Africa**, a **five-year roadmap to investing in African “brain capital”** developed by 25 academics and 28 institutions. It **sets clear goals across six strategic areas**, covering advocacy, the “brain economy”, harnessing data,digital and AI solutions, repurposing resources, breaking down silos and funding.”

“... **Scaling up known interventions to address brain health conditions could add \$6.2 trillion, around 3% to the global GDP, each year by 2050** – mostly by improving productivity and labour force participation, according to Kana Enomoto, director of brain health at the McKinsey Health Institute..... In contrast, a **modelling study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, found that in 2019, Africans had spent about \$10 billion on direct health services related to 24 brain disorders**, said IHME's Dr Angela Apeagyei.....”

PS: **"Vradenburg said that next year, DAC aims to "get practical" about what needs to change, moving from "brain health into brain capital, the brain economy". DAC is trying to figure out how to address both demographics, with older populations that are going to be sicker and incur "unsustainable health costs around the world" and "artificial intelligence, which basically threatens to eliminate 90% of our jobs, which will destroy humanity". "We have got to figure out how to take this moment and turn it into a human brain positive economy, not just an artificial brain economy.""**

World Report - Global health aid cuts: WHO urges urgent action to protect vulnerable populations

J Zaracostas; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02313-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02313-X/fulltext)

"With drastic reductions in health aid threatening essential services and millions of lives, WHO issues new guidance for countries to safeguard health budgets, limit out-of-pocket payments, and mobilise domestic resources. John Zarocostas reports."

One of the reads of the week – see also last week's IHP news. We put it here under this 'G20 summit section', given the info on upcoming G20 health reports in this World Report. **Some excerpts:**

".... In a similar vein, a new report prepared for the G20 South Africa Joint Finance and Health Task Force under the South Africa Presidency is expected to highlight that the rapid decline in official development assistance (ODA) poses "significant new risks for national health systems and global health security, at least in the immediate term". Moreover, a second report, also prepared for the same G20 South Africa task force, estimates that from its height of US\$26 billion in 2022, the decline in COVID-19-related funding drove a 40% decrease in ODA for health to \$16 billion in 2023. At the time of writing, public links or official citations for these reports were not yet available. Estimates by the Organisation for Economic Co-operation and Development predict a further 19–33% drop between 2023 and 2025, "potentially reducing health ODA to levels last seen in the mid-2000s". Additionally, the G20 South Africa report also states that many low-income and middle-income countries (LMICs) "remain heavily reliant" on external funding and notes that more than 50% of health budgets in sub-Saharan Africa, Haiti, Yemen, Laos, Tonga, and Small Island Developing States depend on ODA. In countries including Kenya, Uganda, and Mozambique, health represents more than 25% of total ODA....."

PS: **".... For the medium to longer term, WHO recommends, among other measures, that governments strengthen domestic fiscal capacity and revenue, including through well-designed health taxes on tobacco, alcohol, and sugar-sweetened beverages, and prioritise health in national budgets and improve financial protection, including through publicly financed health insurance. Looking ahead, Kalipso Chalkidou, Director of Health Finance and Economics at WHO, told *The Lancet* that the choices countries are making now will define what their health situation will look like in 5–10 years. Asked about the upcoming G20 summit in Johannesburg, South Africa, on Nov 22–23, Chalkidou said WHO's key message to leaders is that they need to prioritise health in public budgets, protecting the poorest and avoiding out-of-pocket payments, which drive two billion or more people into poverty. The current crisis, according to WHO's Director-General, also provides "an opportunity to leave behind the era of aid dependency, and embrace an era of sovereignty, self-reliance and solidarity". This sentiment is shared by many leaders of LMICs in the aftermath of the drastic aid cuts, which have affected many fragile nations and economies...."**

“...Health analysts and development economists point out that some low-income countries and many lower-middle-income countries have some policy space to usher in increases in public health outlays to fill the aid gap by mobilising more domestic resources for health. But at the same time, they highlight that about 20 fragile low-income countries will require sustained external assistance and help to respond to the crisis. A new forthcoming report for the G20 South Africa Joint Finance and Health Task Force estimates that the potential for increased tax mobilisation in low-income and middle-income countries might be as high as 9% of gross domestic product and says health taxes might help to improve health outcomes. Geopolitical tensions and volatility in global trade, coupled with many developing countries facing crippling debt servicing obligations and with large segments of their workforce in the informal sector and not paying taxes, limit fiscal space, say some economists, to rapidly increase funds for public health.....”

T20 South-Africa (Policy Brief) - Defining Sustainable Finance for Health: A Common Taxonomy to Mobilise Global Investment

H Beton (The G20 & G7 Health and Development Partnership (United Kingdom) et al; <https://t20southafrica.org/publications/defining-sustainable-finance-for-health/>

Via LinkedIn: “Our Executive Director **Hatice Küçük Beton** has recently published a **T20 South Africa** Policy Paper with Partners on **How to Mobilise Global Investment for Sustainable Finance for Health through a new Health Investment Framework, i.e. a Health Taxonomy.**”

“Since the COVID-19 pandemic, financing for health from private investors and asset managers has increased dramatically between 2020 and 2024 and healthcare private equity reached USD 480 billion. Yet many in the health sector remain unaware. **The G20, through the G20 Joint Health and Finance Taskforce (G20JHFTF), has acknowledged the need to enhance health financing,** particularly during the Italian (2021), Indonesian (2022), Brazilian (2024) and South African (2025) Presidencies. Recent efforts focused on innovative financing tools yet, broader systemic reforms are needed to reframe health, not merely as a public sector concern, but as a core pillar of financial stability, economic resilience, and geopolitical security. **This paper argues that, to effectively address debt sustainability issues of G20 economies, the G20 shall endorse a joint definition on what sustainable finance for health means for the health and finance community** in terms of delivering high societal and economic returns to save and drive productivity growth, create jobs, stabilise economies, and enhance long-term financial returns. **The authors also recommend that the G20, particularly through the Sustainable Finance Working Group (SFWG), shall encourage the development of national or regional health taxonomies** as strategic investment tools to align the communication between policymakers, companies, and investors.”

CESR - G20 at a crossroads: New report finds forum failing to tackle inequality or deliver economic justice

<https://www.cesr.org/g20-at-a-crossroads-new-report-finds-forum-failing-to-tackle-inequality-or-deliver-economic-justice/>

“As the G20 prepares for its 20th leaders’ summit in South Africa this month, a new joint report, **[The G20 at a Crossroads](#)**, exposes the forum’s ongoing failure to deliver on its promises of inclusive and sustainable growth.”

"The G20 at a Crossroads is the **result of a collaboration between the [New Economics Foundation](#) (UK), the CESR, the [Institute for Economic Justice](#) (South Africa), the [Institute for Policy Studies](#) (US), and [Transforma](#) (Brazil)**. The report calls on the G20 to shift its priorities. Rather than continuing to protect markets, **it must address the real emergencies of our time: ecological breakdown, precarious work, forced displacement and deepening inequality**. These threats to human rights and global stability demand the same urgency that the G20 has historically shown in responding to financial disruptions..... **While G20 decisions remain heavily shaped by the interests of the wealthiest G7 countries, the recent presidencies of Indonesia, India, Brazil and now South Africa show that alternative priorities can break through**. These governments have pushed issues like taxing extreme wealth, financing just energy transitions and valuing care work....."

Guardian - More than \$70tn of inherited wealth over next decade will widen inequality, economists warn

[Guardian](#)

"Expert panel says report on gap in global wealth between rich and poor highlights need for intervention by G20."

"More than \$70tn (£53tn) of inherited wealth will pass down the generations across the world over the next decade, widening inequality and highlighting the need for intervention by the [G20](#) group of leading nations, a group of economists and campaigners have warned. In a report ahead of the G20 meetings in Johannesburg, hosted by the South African government later this month, the expert panel said the [gap in global wealth between rich and poor will widen over the next decade without a permanent monitoring group](#) such as the UN Intergovernmental Panel on Climate Change. The Nobel prize-winning economist Joseph Stiglitz said the **report, commissioned by the South African president, [Cyril Ramaphosa](#), found inequality growing in more than eight in 10 of the world's countries....."**

On reimagining the Global Health Architecture

CGD (blog) - Can the African Union, European Union, and UK Solve the Global Health Architecture Impasse?

Pete Baker; <https://www.cgdev.org/blog/can-african-union-european-union-and-uk-solve-global-health-architecture-impasse>

"The global health architecture is in a crisis of finance and legitimacy. High-income governments are cutting back support, and low- and middle-income countries—notably in Africa—are demanding more [sovereignty and a 'reset'](#). There has been a dizzying array of initiatives attempting to achieve this, yet real reform has hit an impasse. This may be because the initiatives tend to be over-ambitious in scope, and either lack legitimacy or the power to make the changes required. A new solution is needed: one that limits itself in scope to reforming financial support for low- and middle-income country (LMIC) systems, pragmatically (and regrettably) excludes the US, and is legitimate *enough* and powerful *enough* to deliver change. In this blog, I propose that an African Union-European Union-United Kingdom (AU–EU–UK) tripartite agreement could be exactly the solution needed.....". Read why Baker thinks so.

Global Policy -The G7 and Global Development Architecture: Gradual shift or pivotal moment?

By Andy Sumner and Stephan Klingebiel;

<https://www.globalpolicyjournal.com/blog/06/11/2025/g7-and-global-development-architecture-gradual-shift-or-pivotal-moment>

“In late 2025 the development cooperation architecture or system is being openly renegotiated rather than quietly adjusted. Will it be a gradual shift or will 2025 be seen in the future as a pivot moment or a tipping point?”

“.... The recent [G7 Development Ministers’ Chair’s Summary](#) is unusually explicit on the future of the global development architecture: ministers call for reform of the “international aid architecture” to “reduce fragmentation and enhance coherence, effectiveness and impact,” and stress that reform must “go beyond cost-cutting” to include “targeted structural realignment, mandate streamlining, and enhanced efficiency.” This is not technical language. It sounds like a political signal that the G7 intends to reshape how development cooperation is organised, coordinated and justified. At the same time, that same text reveals tension inside the G7 on what the system is even for. If the chair is summarizing the debate of a meeting, it suggests that there is no broad consensus. The language of the statement also seems to closely reflect the expectations of the Trump administration. This is not the language used to strengthen a policy field. It is the language used to undermine it.....”

“ We believe the system is at a normative tipping point rather than facing a simple cyclical budget squeeze. We have discussed elsewhere [four competing visions](#) already visible in 2025, each vying for dominance. It is not yet clear how the coming months and years will unfold in this respect.

However, we should keep in mind that the Trump administration is not merely ignorant of the global sustainable development discourse. Rather, it appears to be pursuing a deliberately aggressive approach aimed at silencing such voices. The recent G7 document provides a clear illustration of this trend. Those actors — governments, parliaments, and non-state actors — who support what until recently was a broad global consensus on sustainable development **need to find ways to counter the destructive influence of the Trump administration on established forums such as the G7 and G20, and beyond.”**

Coming up later this month: the Global Fund Replenishment

Guardian - UK cuts contribution to Aids, tuberculosis and malaria fund by £150m

<https://www.theguardian.com/politics/2025/nov/11/uk-cuts-contribution-aids-tuberculosis-malaria-fund>

“Campaigners say 15% cut, which is smaller than had been feared, is serious setback in efforts to combat the diseases.”

“The UK will commit £850m to the Global Fund to Fight Aids, Tuberculosis and Malaria for the 2027-29 period, against the £1bn pledged by the Conservative government for the last funding round. ... While the sum, announced in a [written government statement](#), is slightly higher than the

figure of £800m previously being discussed by senior officials, **aid groups called it a serious setback in global efforts to combat the diseases.....**"

"The total amount given by all countries to the global fund will be announced later this month at an event co-hosted by the UK on the sidelines of the G20 summit in South Africa, which Keir Starmer is due to attend....."

ONE (resource) - Tracking progress on the Global Fund Replenishment

ONE

Live tracker. **"The Global Fund's Eighth Replenishment aims to raise US \$18 billion to sustain the fight against AIDS, tuberculosis (TB) and malaria for the next three years. This live tracker follows donor pledges—who has committed, how contributions add up, and how close the world is to reaching the investment target."**

So far, **4.1 billion pledged.**

GFO issue 466 – Global health: shrinking to endure, investing to last

https://aidspan.org/Blog/view/32558/global_health_shrinking_to_endure_investing_to_last

Great issue. **"In this new issue of GFO, the editorial examines the financial strains challenging global health and the Global Fund, while highlighting the rise of health sovereignty exemplified by Nigeria's ambitious reform. It calls for a renewed focus on coherence, justice, and sustainability, so that health becomes a truly shared and nationally owned public good."**

".... The test of truth: the upcoming Replenishment: ... As the Global Fund prepares for its Eighth Replenishment, the entire system faces a moment of truth. The goal is no longer to secure more promises, but to preserve their real value. As the Fund's report emphasizes, future success will depend less on new tools than on targeted investment in system functions - supply chains, laboratories, data systems, community infrastructure. This is where the "last mile" must be won: the space where the marginal return on investment is greatest, but the path is most difficult....."

Check out among others:

- [Doing more with less: how the Global Fund is safeguarding lives amid financial cuts](#)
- [Nigeria Bets on Mandatory Health Insurance and Economic Reforms to Achieve Universal Health Coverage](#)

" This article highlights Nigeria's biggest health reform yet, moving away from depending on foreign aid to paying for health with its own money. The plan, launched at the National Health Financing Dialogue, makes health insurance compulsory for federal workers, adds new taxes on tobacco, alcohol, and sugary drinks, and looks to diaspora funding. Health Minister Muhammad Ali Pate wants 44 million Nigerians insured by 2030. Finance Minister Wale Edun linked economic changes to better healthcare. Lawmakers also promised more funds and community involvement. If

followed through, this plan could change Nigeria's health system and inspire other African countries."

- [What does the Global Fund's 2025 Results Report reveal?](#)

"This article analyses the Global Fund's 2025 Report: 70 million lives saved and significant progress made against HIV, TB and malaria. However, the 'last mile' remains, with challenges such as PrEP, DR-TB, pockets of malaria transmission, rights and data. The article shows that future impact depends less on new tools than on targeted funding for system functions such as supply chains, laboratories, data and community resources, and focused delivery where the marginal return is greatest. In short, the Eighth Replenishment is the litmus test to avoid backtracking and deliver on the 2030 promise."

Politico Pro - The EU's global health test: Invest or retreat

P Lamy et al (Friends of the Global Fund Europe); <https://www.politico.eu/sponsored-content/the-eus-global-health-test-invest-or-retreat/>

(4 Nov) "Continuing to support the Global Fund is not just a matter of affordability and morality, but also about protecting decades of hard-won progress that has saved and protected countless lives."

"... The EU has a unique chance to turn this crisis into an opportunity. The upcoming G20 summit and the Global Fund's replenishment are pivotal moments Ultimately, this isn't a question of affordability, but one of foresight. Can the EU afford for the Global Fund not to be fully financed? The answer, for us, is a resounding no."

"We therefore urge the European Commission to announce a bold, multi-year financial commitment to the Global Fund at the G20. This pledge would reaffirm the EU's values and inspire other Team Europe partners to follow suit. It would also support ongoing reforms to further enhance the Global Fund's efficiency, transparency and inclusivity."

Global Fund - Francophone Africa and the Global Fund Join Forces to Strengthen Public Financial Management and Promote Health Sovereignty

<https://www.theglobalfund.org/en/news/2025/2025-11-10-francophone-africa-global-fund-strengthen-public-financial-management-health-sovereignty/>

(10 Nov) **"The government of Senegal and the Global Fund today concluded a high-level regional meeting that marks a turning point in aligning health financing with national public financial management (PFM) systems.** Over four days, representatives of finance and health ministries, supreme audit institutions, and civil society from **15 Francophone African countries** worked on strengthening the transparency, effectiveness, and sustainability of investments in the health sector. **This meeting comes at a crucial time when countries in Francophone Africa must reconcile limited national budgets, reduced external funding, increased social pressure on public finances, and the imperative of financial sovereignty....."**

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

J M Keller et al ; <https://www.cgdev.org/publication/how-global-fund-can-adapt-shrinking-aid-landscape>

‘Amid widespread donor retrenchment, the Global Fund faces an era of austerity that threatens the sustainability of its donor-dependent, grant-based financing model. **This paper models an alternative financial approach inspired by multilateral development funds such as the World Bank’s International Development Association. We propose combining grants for the poorest, highest-burden countries with loans on varying levels of concessionality for middle-income countries....**”

“Using Global Fund annual disbursement data, we construct a hypothetical cash flow model anchored in World Bank lending terms. We find that a **combined grant and loan model could generate reflows of up to \$1 billion annually by 2033—roughly 20 percent of the Global Fund’s current annual grant disbursements—while maintaining full grant financing for the poorest countries....**”

“A **gradual shift toward a mixed grant and loan approach** could enhance financial resilience, promote greater domestic fiscal ownership, and bring more external health spending on-budget. **However, introducing loans also raises policy trade-offs and risks—including, but not limited to, possible shifts in country demand and gaps in service coverage. Importantly, the proposed model does not replace the Global Fund’s commitment to grants but adapts it to the realities of shrinking aid budgets by targeting them to the poorest countries and evolving the Global Fund’s financing relationship with middle-income countries.** Ultimately, the key policy question is around how to balance financing volumes and terms....”

More on global health governance & financing

Devex - US has begun bilateral health negotiations with 16 African nations

<https://www.devex.com/news/us-has-begun-bilateral-health-negotiations-with-16-african-nations-111339>

(13 Nov) “This is part of the State Department’s **new strategy around global health — engaging directly with countries as opposed to through implementing partners.**”

“The U.S. government has begun its first round of negotiations for bilateral health agreements with **16 African nations, with others to follow**, the director-general of the Africa Centres for Disease Control and Prevention, **Dr. Jean Kaseya, said during a press briefing on Thursday.** This is part of the U.S. State Department’s new strategy around global health — **engaging directly with countries through these bilateral agreements as opposed to the traditional method of funneling funds through implementing partners....**”

PS: “During the press briefing, **Kaseya encouraged African health ministers to share information about what is happening around their negotiations with the U.S. so that countries can compare**

information and negotiate agreements that are in their best interests. “We want ministers to talk,” Kaseya said. “How can we have the best approach, the best deal based on mutual accountability, [and a] respectful partnership?” **While he didn’t provide the full list of the initial tranche of 16 countries amid negotiations, Kaseya noted that Nigeria is one of them.....”**

PS: For a lot more on this (including on the links with the PABS discussions in Geneva), **see the PPPR section** below.

Andrew Harmer - The America Farce Global Health Strategy. Or, why the United States is not the world’s global health leader.

<https://andrewharmer.org/2025/11/09/america-farce-global-health-strategy-or-why-the-united-states-is-not-the-worlds-global-health-leader/>

With Harmer’s blogs, a few excerpts in full are always needed :)

Ps: **AFGHS** stands for the America First Global Health Strategy.

“... there are at least four broad reasons why the United States is not the world’s global health leader. ... The first reason why the United States is not the world’s global health leader is because its President and health leadership team are, how can I put it, unfit for purpose. ... **The second reason** why the United States is not the world’s global health leader is because it is so bad at protecting the health of its own population at home... ... **The third reason** why the United States is not the world’s global health leader is because of its foreign policy, which has historically and into the present directly and indirectly killed thousands and thousands of people. It’s a mystery to me why this side of the global health ‘ledger’ is missing from pretty much every ‘what has the US done for global health’ type analysis..... **The fourth reason** why the United States is not the world’s global health leader is because – aided and abetted by its government – the actions of many US multinational corporations are inimical to global health.”

“The United States is NOT the world’s global health leader. Only deluded grifters occupying the Whitehouse think that. **I have deliberately not repeated the obvious criticisms of AFGHS in this post.** Others have, rightly, pointed out all of its embarrassing weaknesses: **the narrow focus, the inequity, the economic costing and political realities that would make the strategy unfeasible, its lack of appeal, the clumsy attempts to frame the strategy as a move away from dependence when in fact it is the complete opposite of that, the pathetic appropriation of decolonisation movement arguments in an effort to get progressives on board, the tragic pretence that the Covid pandemic never happened, and the writing out of all the work that WHO does that the strategy would seek to replicate.** It’s so stupid that this strategy exists. In some respects, it’s an insult to my profession as an academic – a profession predicated on the assumption that politicians have at least *some* integrity and *some* intelligence, and aren’t so craven and driven by self interest that they are willing to subvert the foundations of knowledge and science for political gain – to see this kind of work being published. But in other respects, it validates our work because we have the knowledge and skills to critique it, and encourage others to resist it. **This strategy document has nothing to do with global health and everything to do with the self-interests of one State, the United States. That’s not what global health is, and it’s not what global health should be.”**

Harmer concludes in style: **“The only way States can moderate and mitigate their violent actions is through International Organisations, where (for example) they confer leadership on global health matters to the United Nations system. The United States is the worst of all States because it is the most powerful and has the biggest of everything, and has used that advantage to do more damage to global health than all the other States combined. And now it wants to completely bypass the existing multilateral order and recreate a new bilateral order in its own image. Unfortunately, that currently seems to be a white, wealthy, male, fundamentalist Christian, racist, violent, and ignorant ass hole.”**

Global Policy -America First and the Fragmentation of Global Health: How Africa can Reimagine Its Agency

By Nelson Aghogho Evaborhen; <https://www.globalpolicyjournal.com/blog/06/11/2025/america-first-and-fragmentation-global-health-how-africa-can-reimagine-its-agency>

“Nelson Aghogho Evaborhene argues that a multipolar landscape opens space for innovation, accountability, and more legitimate governance.”

“Amid... .. geopolitical and institutional transformations, as Okereke argues, “Africa is not powerless.” The continent is redefining health security through the African Union’s New Public Health Order (NPHO), championed by Africa CDC, which seeks to strengthen self-sufficiency and amplify Africa’s voice in global health....” Check out what this would entail, ideally.

Among others: **“....To consolidate this vision, the Africa CDC should spearhead the creation of a Pandemic Peer Review Mechanism (PPRM)—modelled on the African Peer Review Mechanism (APRM).....”** Also with **suggestions on Financing & technology/manufacturing.**

He concludes: **“The upcoming G20 Leaders’ Summit in Johannesburg, offers a vital platform to advance African priorities on global health reforms, linking pandemic preparedness, health sovereignty, and equitable financing to broader agendas on climate finance, debt-relief, and inclusive growth....”** **“ In an era of resurgent nationalism and geopolitical fragmentation, Africa’s ability to act collectively, negotiate as a bloc, and assert its priorities will determine whether it remains a site of competition or emerges as an actor of consequence in global health governance.”**

The Economist (30 Oct): Aid cuts are devastating health services in Africa

<https://www.economist.com/middle-east-and-africa/2025/10/30/aid-cuts-are-devastating-health-services-in-africa>

(30 Oct) **“The sudden dismantling of USAID has led to more death and disease.”**

“... The impact of aid cuts on Africans’ health is obscured by the fact that the data systems used to track disease were paid for by American aid—and have largely been shut down. But two sources of information suggest reasons to worry. The first are analysts’ estimates that take the relationship between previous aid spending and the deaths that it averted, then in effect undo it to estimate the additional mortality. The second source of information comes from on-the-ground reports of chaos across Africa. ...”

“... African policymakers are paying lip service to the idea that the crisis offers an opportunity. “We cannot build healthier populations purely on the generosity of other nations,” said Muhammad Ali Pate, the Nigerian health minister, in August. But the ngos and local officials dealing with the fallout are gloomier. Seramila Teddy, who governs the Madagascan province where Dr Jackia works, says he has no money to dispatch health workers to remote areas. South Africa’s government has said it will replace the lost pepfar funding, but ngos say no cash has arrived. **A silent crisis could be dangerously convenient for both sides. America does not want to be blamed for contributing to the deaths of Africans; African governments do not want to look weak and incompetent. All the while, the signs are growing that America First also means Africa last.”**

Devex (Op-ed) – Amid aid cuts, these countries have ramped up global health cooperation

Sharmishta Sivaramakrishnan <https://www.devex.com/news/amid-aid-cuts-these-countries-have-ramped-up-global-health-cooperation-111311>

“Opinion: As major donors reduce global health funding, countries such as China, Angola, Ethiopia, and Pakistan are stepping up.”

“... These examples show why multilateralism matters now more than ever. It is not just about money — it’s about action, coordination, and results. When countries actively engage, they fill gaps left by reduced donor funding, stabilize global programs, and ensure health systems continue to function.....”

Tim Schwab - Congress investigates Gates Foundation

<https://timschwab.substack.com/p/congress-investigates-gates-foundation>

“A few weeks ago, I published a story showing that Gates's financial ties to China were a major political liability under Trump. Now Congress is investigating this very issue.”

GHF - Examining Private Foundations in Global Health [GUEST ESSAY]

By **Maya Li Preti & David McCoy**; [Geneva Health Files](#);

“In today’s edition, experts from the United Nations University International Institute for Global Health, present their analysis on why private foundations and private philanthropy in global health is a topic that seems to be neglected in the mainstream global health scholarship. They call for greater and independent scrutiny of private foundations and their activities. And urge that such actors “should themselves be encouraging” such scrutiny given the apparent decline of public trust in global agencies and public health science in many countries.....”

“... We conducted a rapid review of all 8,277 articles (including all original research, editorials, and comment pieces) published between January 2021 and June 2024 in four leading global health journals: *The Lancet*, *The Lancet Global Health*, *BMJ Global Health*, and the *Bulletin of the WHO*. Of these, only [19](#) (approximately 0.23%) engaged with the topics of private philanthropy or private foundations.....”

Check out the rest of their **findings**.

HPW - Building Africa's Health Sovereignty: From Dependence to Partnership

Mohammed Ali Pate - <https://healthpolicy-watch.news/building-africas-health-sovereignty-from-dependence-to-partnership/>

As a reminder: “...At the **78th World Health Assembly** this year, countries adopted a **Nigeria-sponsored initiative** aimed at strengthening global health financing and accelerating progress toward long-standing commitments to achieve UHC....”

“The message from Accra and Abuja is not isolation or a call for donor retreat, but for a new kind of solidarity. Donors can continue to play a critical role by investing with us to address pressing health needs, while building robust, resilient, and sustainable health infrastructure that supports countries in managing transitions away from perpetual dependence. The aim is not disengagement but transformation – from recipients of aid to equal partners.”

“... The Accra gathering offered a continental blueprint for the future of health engagement with international partners. Nigeria's September dialogue aimed to anchor it in national reality. Together, the two initiatives reflect a new mood: Africans insisting on authorship of their own health future. ...”

Politico – The head of the World Health Organization has a message for Trump

<https://www.politico.com/news/2025/11/09/world-health-organization-tedros-trump-un-global-health-00641160>

“Tedros Adhanom Ghebreyesus tells POLITICO President Donald Trump should reconsider quitting the UN's health arm.”

“...Tedros outlined for POLITICO his efforts to address Trump's complaints of “inappropriate political influence” at the WHO and “onerous payments,” and explained how he's engaging Trump officials to get the administration to reconsider its withdrawal....”

Quote: “... **How have you engaged with the Trump administration and how did that go?** We have done that formally, informally, because we think informal is more effective. And we ask for meetings, but for reasons they don't tell us, it hasn't happened yet....”

Lancet Offline – The death of globalism (part 1)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02204-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02204-4/fulltext)

See also [The death of globalism - part two](#).

R Horton dedicates his two last Offline contributions to a recent **book from P Cunliffe**, and the ‘**new nationalism**’. Some excerpts:

“...Philip Cunliffe's The National Interest: Politics After Globalization (2025), a vision for an atomised world of nations jostling for advantage and supremacy. Cunliffe's book is part celebration (“The age of globalism is over”) and part political tract (“an intellectual rediscovery of nationalism”). His style is barely concealed ridicule: “the jamboree of international summits”; “the ether of globalisation and transnationalism”. He is hostile to collaborative decision-making institutions, such as the G8, G20, the UN, and EU. **The pursuit of the national interest as a guide to political life will bring democratic revival, he argues. Governing according to the national interest will act as a restraint, since, by definition, the national interest must accept the legitimacy of plural state interests. **An embrace of the national interest accepts “the fact of a politically fragmented humanity””****

“... The globalism that followed began to disintegrate in 2016 with the election of President Trump and Brexit—the “revolt of the left-behind” and the reassertion of political and cultural sovereignty. It is a dire story, one that seeks to explain and justify the calamitous nature of today's times. But **we should be grateful to Cunliffe. His book gives us evidence as to how we can fight back to reclaim the successes and benefits that globalism has unquestionably delivered.....”**

“The only stable future for the world is through strong nation states, argues Philip The invasion of Ukraine on Feb 24, 2022, was an inflection point that drew political attention to the importance of protecting and strengthening the nation state. Cunliffe observes that political systems are now being slowly renationalised—eg, the re-shoring of supply chains. **Enemies of this project of renationalisation must be defeated, purged, or erased: the institutions of globalism—associations and unions of nation states, global governance mechanisms, and international humanitarian laws. Cunliffe does not want to see existing political parties and institutions strengthened. He wants to see them destroyed, with the creation of new groups that can better represent collective public interests....”**

“... Messianic though Cunliffe is, his argument should fail to convince anyone who has lived through the progress and reversals of nations during the past quarter century. It was and is the unrestrained power of individual nation states that has triggered brutal wars and their consequent humanitarian crises. **Cunliffe offers no solutions for those who face transnational threats of pandemics, climate change, or commercial exploitation. It is his omissions that are especially egregious....”**

And linking then with the upcoming GF replenishment: “... One test of how far Trump is prepared to advance his anti-globalist programme will come in the next few weeks: the Global Fund to Fight AIDS, Tuberculosis and Malaria's eighth replenishment conference, to be held on the margins of the G20 in Johannesburg, South Africa, on Nov 21. The seventh replenishment delivered pledges totalling US\$15.7 billion, with the US contributing US\$6 billion. **Will Trump match the 2022 pledge with a similar or greater commitment in 2025? If he does not, his administration will transform a catastrophe into an apocalypse for those dependent on the medicines and health care presently supported by the Global Fund. And for those of us working in medicine and global health, who see day by day the value of international collaboration to serve the wellbeing of peoples, **we must do better to prove that our work serves the interests of nation states....”****

CGD (blog) - How Will We Know When the Health Financing Emergency Is Over?

A Gheorge et al; <https://www.cgdev.org/blog/how-will-we-know-when-health-financing-emergency-over>

“...**Many countries are facing a health financing crisis** on the back of the Covid-19 aftermath, ongoing global economic uncertainty, and the 2025 abrupt aid reductions. With shrinking health budgets, decades of health gains are at immediate risk without swift, decisive action. To weather the health financing storm, both the World Health Assembly and World Health Organization (WHO), respectively, in a May 2025 resolution and recent policy paper, have urged countries to protect domestic budgets for health, implement an ambitious and comprehensive range of new health financing policies, and improve the availability and quality of health expenditure data. **The proposed health financing agenda** covers how revenues for health are raised (e.g., innovative sources of financing, introduce or increase taxes on tobacco, sugar and alcohol), pooled (e.g., reduce fragmentation of programs, health financing schemes and funding flows) and spent (e.g., design health benefit packages based on inclusive and transparent processes, improve health system performance).....”

“**Will global progress on this ambitious agenda be made? Herein lies the problem: there’s no real way to know. Such a multi-dimensional health financing framework requires a fit-for-purpose monitoring framework—which currently does not exist.....**”

“... **To systematically track whether health financing goals are met and action is taken across countries, we need a tool that:** relies on routinely collected health financing data; has a global scope; is hosted by one or more clearly defined organisations; covers the entire health financing agenda—not just one or two subtopics.....”

The author then argues: “... **The seeds for a fit-for-purpose global health financing monitoring framework are there, but there’s much more work to do. There are three top priorities:...**”

“Bring available data and tools under one roof. ... Adopt or develop new metrics and tools where needed... Make clear who’s in charge of what.”

Devex – How the Stop TB board plans to future-proof tuberculosis finance

<https://www.devex.com/news/how-the-stop-tb-board-plans-to-future-proof-tuberculosis-finance-111239>

“Consistent with what's happening across global health, Stop TB Partnership is seeking ways to boost domestic resources and explore other financing mechanisms while finding avenues to reduce costs in the TB response.”

“ The Stop TB Partnership’s board is asking its secretariat to work with countries to find new ways to fund and grow tuberculosis programs, as traditional donor support starts to shrink — and to make sure civil society and people living with TB are part of the conversation. The [decision](#), made during the partnership’s recent board meeting in Manila, Philippines, highlights the precarious traditional donor funding landscape for global health, and **how the sector is increasingly turning to domestic resources and alternative financing options**, including through health taxes and blended finance.....”

CGD – The AU-EU Summit in Luanda: What's on the Table and What Should Change

S Manservigi; <https://www.cgdev.org/blog/au-eu-summit-luanda-whats-table-and-what-should-change>

“The seventh AU-EU Summit, taking place in Luanda, Angola over November 24-25, will not only test the state of relations between the two continents, but will serve as a critical signal to the world on how both are considering multilateralism and international cooperation for development in the broken world we are living in....”

ECDPM (Comment) 25 years of troubled EU-AU relations: Breaking the cycle of summit rituals

G Laporte; <https://ecdpm.org/work/25-years-troubled-eu-au-relations-breaking-cycle-summit-rituals>

“On 24-25 November, the 7th AU-EU heads of state summit will take place in the Angolan capital, Luanda. A euphoric summit declaration will once again underline the uniqueness of 25 years of formal Europe-Africa relations since the first summit in Cairo in 2000. But after the summit, scepticism and even cynicism will prevail again. To end this seemingly endless loop, both parties should make better use of the time between summits, resolve major disagreements and discuss their partnership in the context of a rapidly changing geopolitical context. ”

Excerpt: **“... The EU is desperately searching for new allies in the Global South who disapprove of the ‘mafia-style politics’ of the USA and Russia. However, in recent years, the EU has been losing its credibility in major parts of the Arab world, Africa and other parts of the Global South, especially since it blatantly failed to condemn Israel’s war crimes and impunity in Gaza. The catastrophic consequences of Europe’s passive attitude towards Israel will continue to haunt Europe in the coming years. If Europe wants to be taken seriously, it should support Africa’s demand for fairer representation in multilateral institutions – from the UN Security Council to the IMF and World Bank – and be willing to adjust its own post-war overrepresentation. It is better to do this now instead of being forced to do so in the future. Without such change, Africa and the wider Global South will continue to develop alternative institutions or gravitate towards non-Western power blocs such as the BRICS.....”**

- Related read: CGD (blog) - [EU “Partnerships”: A Euphemism for European Interests](#) (by M Gavass et al)

Concluding: **“If the EU is to regain any credibility with its partner countries, it must use the opportunity of the EU-AU Summit to engage in meaningful dialogue by listening to the needs and priorities expressed by its African partners. Real partnership must be co-created and co-designed and should ensure shared benefits, inclusive consultations, transparency and accountability.”**

Guardian – Three countries boost family planning funding in ‘powerful shift from dependency’ in Africa after aid cuts

<https://www.theguardian.com/global-development/2025/nov/12/african-countries-boost-family-planning-funding-in-shift-from-dependency-after-aid-cuts>

Some coverage from last week’s International Conference on Family Planning in Bogota, Colombia, last week. **“Zambia, Zimbabwe and DRC take steps to protect decades of progress in reproductive health, as donor fatigue leads to steep cuts in aid....”**

“... More than 80% of donor funding for family planning comes from countries that have announced they are cutting aid budgets, according to a [report released last week](#) by the global partnership FP2030....”

PS: For a lot more on the 7th International Conference on Family Planning in Bogotá, Colombia, last week, see the **extra section on SRHR**.

Plos Med – How can middle-income countries successfully transition away from international health aid?

Osondu Ogbuoji, J Nonvignon, G Yamey et al ;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004794>

« Recent research has examined factors contributing to the successful transition of middle-income countries away from international health aid. **Three factors are especially important: effective leadership, using domestic resources to close the financing gap created by loss of aid, and realigning country systems to new sources of domestic funding.** »

Lancet - Africa leads, multilateral health organisations support

Ngashi Ngongo, Yap Boum et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01974-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01974-9/fulltext)

« ...**The lesson is clear: the era when multilateral organisations led, convened, and implemented in Africa is ending.** Continuing to do so duplicates effort, fragments responses, and weakens the very systems Africa has built. The Lusaka Agenda (2023) and Gavi Leap (2025) both affirm a new order: Africa must be in the driver's seat, setting priorities and leading implementation, while multilateral organisations provide respectful, enabling support. **The future role of multilateral health organisations in Africa must be redefined around four actions:** (1) co-develop and uphold evidence-based norms and guidelines with and through African institutions, tailored to continental and national contexts; (2) facilitate technology transfer and regulatory capacity to enable sustainable African production of vaccines, diagnostics, and therapeutics; (3) invest selectively in workforce capacity strengthening, especially in epidemiology, genomics, emergency response, and health economics; and (4) enable effective resource mobilisation and deployment, aligning donor priorities with African-led strategies, brokering innovative financing, and ensuring equitable access to health products.....”

K Bertram - Is broken better than...gone?

<https://katrbertram.wordpress.com/2025/11/10/is-broken-better-than-gone/>

“Should people like myself feel guilty about criticizing the aid sector and tied advocacy funding? Thoughts on whether a vanishing aid sector is better than a broken one. And whether no advocacy funding is better than tied funding.”

Excerpt:

“We can’t stay silent: As [The Economist](#) recently wrote, silence is convenient. Neither countries like America nor governments in Africa want to appear like they are killing people abroad or too weak to save lives at home. Let’s not focus too much on the specifics nor on the complexities and rather move on, please? Silence is also convenient for an aid sector that has been increasingly costly and reluctant to reform, despite decades of various Paris and Accra declarations (or resets). Country-led? Impact- and need-driven? Effective and efficient? Sustainable? A lot of lipservice, especially after the year 2000. Let’s rather try to keep going, hopefully under the radar of sensorshop and cuts, please? **Silence is also convenient for funders such as foundations but also the [European Commission](#), who are annoyed with independent advocacy for not saying and doing exactly what they’re told to do. Funders increasingly prefer partnerships with the (transactional and money-serving) private sector. Let’s just nicely all follow the play-(funding-)book, please?....”**

GAVI - Brazil pledges US\$ 72 million in support of Gavi’s global immunisation efforts

<https://www.gavi.org/news/media-room/brazil-pledges-us-72-million-support-gavis-global-immunisation-efforts>

“Brazil commits US\$ 72 million to Gavi’s 2026–2030 strategic period, reinforcing its role as a key stakeholder in global health and vaccine manufacturing. The pledge will reinforce supply of yellow fever vaccine (which is manufactured in Brazil), protect Latin America against infectious diseases and help accelerate immunisation coverage in Africa. Brazil’s contribution underscores the importance of South–South cooperation and global solidarity to protect communities everywhere from life-threatening diseases.”

PS: “This latest commitment **builds on Brazil’s previous engagement with Gavi under the COVAX Facility....”**

ACCA - Global health and accountancy bodies sign new collaboration to fight diseases.

<https://www.accaglobal.com/gb/en/news/2025/October/global-health-and-accountancy-bodies-sign-new-collaboration-to-f.html>

“ACCA (the Association of Chartered Certified Accountants), Gavi (The Vaccine Alliance) and the Global Fund have signed a Memorandum of Understanding (MoU) aimed at improving the management of public money spent on fighting infectious diseases in lower and middle-income countries. The three organisations have agreed to work together to help countries improve transparency, sustainability and accountability in their public finance management (PFM) systems.”

Global Cooperation Institute (paper) - Six lessons from the EU for the future of aid

J Glennie et al ; <https://globalcooperation.institute/six-lessons-from-the-eu-for-the-future-of-aid/>

“Does Europe’s experience offer insights for a more effective global financing system?”

Lancet (Comment) – Why cash transfers matter for global health—now more than ever

D Rasella et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01899-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01899-9/abstract)

“In this issue of The Lancet, Aaron Richterman and colleagues made a laudable effort to evaluate the population-level effect of cash transfers across 37 LMICs on 17 behavioural and health determinants of mortality between 2000 and 2019.....”

The Comment concludes: **“...In the current context of high debt burdens in LMICs, exacerbated by the COVID-19 pandemic, governments should avoid reducing cash transfer funding. Instead, cash transfers should be viewed as a strategic investment, not only for socioeconomic advancement but also for public health gains.** These programmes’ health returns span the short term (improved nutrition and access to care), medium term (reduced morbidity, hospitalisations, and mortality), and long term (enhanced human capital and intergenerational health improvements). **Recent projections indicate that expanding cash transfer coverage in the future could lead to substantial reductions in overall hospitalisations and mortality.** In today's polycrisis era, marked by deepening inequalities and worsening socioeconomic conditions in many LMICs—alongside the recent dramatic decline in official development assistance—**cash transfers should be recognised as a crucial resilience and mitigation strategy.** These programmes should not only be preserved but also strengthened and scaled up to safeguard the growing number of vulnerable individuals in these uncertain times.”

- For the **Lancet study by Richterman et al:** [The effects of government-led cash transfer programmes on behavioural and health determinants of mortality: a difference-in-differences study](#)

“Government-led cash transfer programmes are crucial to poverty reduction strategies in many low-income and middle-income countries (LMICs). Although extensive research from individual programmes exists on the effects of cash transfers on beneficiaries, evidence of these programmes’ population-wide health effects remains scarce. **Previously, we showed that cash transfer programmes are associated with substantially reduced mortality rates among women and young children at the population level in LMICs. In this study, we aimed to explore the mechanisms underlying these reductions.”**

Interpretation of the findings: **“...As many countries consider the future of their cash transfer programmes, including whether to embrace approaches such as basic or guaranteed incomes, these findings provide new evidence on the numerous ways in which such programmes can improve population health.”**

UHC & PHC

Coming up (on 6 Dec) - Universal Health Coverage (UHC) High-level Forum

[https://www.who.int/news-room/events/detail/2025/12/06/default-calendar/universal-health-coverage-\(uhc\)-high-level-forum](https://www.who.int/news-room/events/detail/2025/12/06/default-calendar/universal-health-coverage-(uhc)-high-level-forum)

As a reminder: **“The Government of Japan, jointly with the World Health Organization (WHO) and the World Bank Group, is convening a High-level Forum on Universal Health Coverage (UHC) in Tokyo, Japan on 6 December 2025.** The Forum will provide a platform for senior officials from Ministries of Health and Finance, international organizations, and development partners to engage in a strategic dialogue on advancing UHC through strengthened collaboration and innovative approaches to health financing and systems reform. **In addition, the Forum will celebrate the official launch of the UHC Knowledge Hub in Tokyo, established by WHO and the World Bank Group with the support of the Government of Japan.** The hub offers capacity strengthening programmes for leaders of Ministries of Health and Finance to support health financing reforms.”

“During the Forum the **UHC global monitoring report 2025**, a joint publication of WHO and the World Bank, will be presented and **several country leaders will announce their National Health Compacts.....**”

Governance Rx - When Finance Meets Health: The Rise of Financialisation and What It Means for Universal Health Coverage

Dave Clark; https://governancerx.substack.com/p/when-finance-meets-health-the-rise?r=68ljyh&utm_campaign=post&utm_medium=web&triedRedirect=true

“Healthcare has long been regarded as a public good, enabling access, protecting individuals from financial hardship, and enhancing population health. But **the contours of health systems are shifting. Beyond privatisation or greater private-sector involvement, we are witnessing a more profound transformation: the financialisation of healthcare**, where hospitals, clinics, insurance, data, and delivery systems are increasingly treated as financial assets, investment opportunities, and vehicles for capital accumulation.”

“In this post, I explore what financialisation in healthcare means. Next, I examine why it is happening now and its impacts on Universal Health Coverage (UHC). Finally, I consider what governments, regulators, and UHC advocates need to ask and do.....”

Global Health Tax Justice

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

F Heitmüller et al; <https://www.ids.ac.uk/opinions/un-tax-convention-negotiations-where-are-we-at-and-where-are-we-headed/>

“The Intergovernmental Negotiation Committee on a UN Framework Convention on International Tax Cooperation will convene from [10-19 November in Nairobi](#). This is the third out of nine planned sessions, during which the Committee is developing three foundational texts in three Workstreams (WS): the Framework Convention itself (WS1) and two early protocols on 1) cross-border services (WS2) and 2) dispute prevention and resolution (WS3). Before the next round of negotiations, we reflect on where the main debates currently stand....”

Concluding: **“So far, the discussions did not resolve any debates, but clarified the terrain on which negotiations are beginning to unfold. However, both the substance and the form of the final output are starting to be negotiated at the same time and negotiators are starting to test how that flexibility can be used to assert their own or shape others’ priorities. While this format visibly makes the task more challenging, countries appear to be equal in their shared uncertainty of what can be agreed, which could be considered as an aspect of inclusiveness. Whether it will ultimately be successful in delivering effective solutions is of course another question. On the side of those driving the process – particularly the African Group – there remains a [dilemma between advocating in favour of radical changes and those that are agreeable to a large number of countries](#). Nevertheless, for now the negotiations have moved past the point in which the desirability of the process itself was the main point of debate: certainly a success for the initiators!”**

PS: For updates from Nairobi, see [Tax Justice Network](#).

PPPR

With among others some info on the **PABS negotiations** (meeting 3-7 Nov in Geneva) and the latest nasty **move from the Trump administration**. (on PABS, you also find more in the extra PPPR section). And with some early analyses on the interaction between both.

WHO - Countries make progress on WHO Pandemic Agreement annex on pathogen access and benefit sharing system

<https://www.who.int/news/item/07-11-2025-countries-make-progress-on-who-pandemic-agreement-annex-on-pathogen-access-and-benefit-sharing-system>

Press release (7 Nov). “In an important step, Member States started discussing for the first time the proposed draft text of the annex to the WHO Pandemic Agreement that establishes the **Pathogen Access and Benefit Sharing (PABS) system**. The PABS system is a key part of the global agreement adopted earlier in 2025 to make the world safer from future pandemics. The **draft PABS annex was discussed at the [Third meeting of the Intergovernmental Working Group \(IGWG\)](#) that took place over 3–7 November in Geneva**. The World Health Assembly established the IGWG to undertake several tasks, including, as a priority, to draft and negotiate the PABS annex to the WHO Pandemic Agreement....”

“... The draft text under consideration outlines provisions designed to operationalize the commitments made in Article 12 of the WHO Pandemic Agreement on equitable access to life-saving tools during health crises....”

PS: next formal round of discussions is scheduled to begin on **2 December**.

HPW - 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/>

Coverage of the opening day.

““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.....”

- Related: PAN's [newsletter](#) (13 Nov) – with section on “IGWG3 recap — solidarity over nationalism. “ (neat summary of the past week)

HPW – US Ties Global Health Aid to Data Sharing on Pathogens – Undermining WHO Talks

<https://healthpolicy-watch.news/exclusive-us-ties-new-health-funding-to-pathogen-sharing-disrupting-who-talks/>

Bombshell from end of last week. **“The United States (US) aims to compel countries that receive its aid to fight HIV, tuberculosis and malaria to share all information about “pathogens with epidemic potential” in exchange.** This is according to a US government document, the **“PEPFAR [US President’s Emergency Plan for AIDS Relief] Memorandum of Understanding (MOU) template”**, seen by *Health Policy Watch*.”

“Countries that sign these bilateral MOUs with the US will also be expected to sign a “specimen sharing agreement” committing them to sharing biological material and genetic sequence data of such pathogens with the US within five days of detection. This **specimen-sharing agreement is envisaged to continue for 25 years** although the US aid package only runs from 2026 to 2030. However, the MOU indicates that the specimen-sharing agreement is still being drafted.... **Two highly placed and credible sources have confirmed that the US is rolling out these MOUs with African countries.....”**

“These bilateral deals will potentially torpedo the Pathogen Access and Benefit Sharing (PABS) system currently being negotiated by World Health Organization (WHO) member states. The US pulled out of the WHO in January, the day Donald Trump became president.....”

PS: **“A technical guide accompanying the MOU sets out its purpose as “to establish an understanding between the US Department of State and partner countries** that will advance US interests, save lives, and help countries build resilient and durable health systems”. **The PEPFAR template is narrowly focused on nine outcomes** related to HIV testing and antiretroviral treatment; reducing TB deaths and malaria deaths in children under the age of five (U5); improving maternal and U5 mortality and polio and measles vaccinations.... **The MOU is heavily skewed towards disease outbreaks, and US donor recipients will be expected to have the capacity to “detect infectious**

disease outbreaks with epidemic or pandemic potential within seven days of emergence” and notify the US government “within one day of an infectious disease outbreak being detected”

PS: “Once the MOUs are signed, **countries can expect funds from April 2026.**”

- See also Devex – [US template for bilateral health deals bypasses WHO pandemic negotiations](#)

“Experts are raising concern around a template for bilateral agreements between the U.S. and partner governments that includes pathogen sharing **and agreements on automatic approval for American products.**”

“...Devex obtained a copy of this template, but it’s unclear how widespread it’s being used in negotiating agreements with partner governments, who authored it, or if it’s just one of several proposed templates. The document is marked as sensitive, but unclassified, and part of a “[deliberative process](#)” — meaning it was crafted prior to the [U.S. State Department](#) reaching a final decision....”

“The State Department aims to finalize many agreements with countries by the year’s end, with plans to start implementation next April....”

- Reaction from the Independent Panel- [Bilateral deals would undermine pandemic preparedness, multilateralism is the only answer](#)

“In our view, these bilateral agreements will undermine the multilateral system. They will bypass the [World Health Organization], and the foundations of solidarity and equity we have been trying to build here,” **Dr. Michel Kazatchkine**, member of the Independent Panel for Pandemic Preparedness and Response....”

Some more reactions, eg via **AVAC’s newsletter**: [US Global Health MoU Template Raises Urgent Concerns](#)

“This week, US government country teams at embassies and missions around the world received a draft memorandum of understanding (MoU) template and guide that will shape bilateral US global health investments. **These MoUs between the US and individual countries are being developed for PEPFAR but will also extend across other US global health foreign assistance programs, establishing a framework for how the US engages partner governments on health priorities. The bilateral agreements, which the Administration is aiming to finalize by mid-December, outline process and outcome metrics** focused on treatment, such as ART coverage and viral suppression. However, the **draft template omits HIV prevention indicators**, including any reference to PrEP or new products such as injectable lenacapavir, **and also also bypasses multilateral coordination**, ignoring institutions like WHO or regional public health agencies, and **suggests that policies favoring US commercial interests would factor into funding decisions, while providing no framework for civil society or key population engagement.** “

- **Nina Schwalbe** (on Substack) – [Pandemic treaty update: States make progress as the US tries to cut its own \(one sided\) deal](#)

In this post, Schwalbe also gave her **update on how things are moving forward in the PABS negotiations.**

“.... In stark contrast to this the US approach the rest of the world moved forward on developing an equitable approach to this same issue. The Third meeting of Intergovernmental Working Group (IGWG3) to develop Pathogen Access and Benefits Sharing (PABS) Annex for the Pandemic Treaty ended on Friday. The IGWG made solid progress: Annex text evolved from Bureau’s draft to delegate-owned, with a lot of new additions across sections. Earlier in the week, WHO Member States expanded sections on operations, access to PABS materials and sequence information, benefit-sharing (Section 2) and governance (Section 3), and the last day focused on scope and terms (Section 1). Stickypoints (among many) include defining categorization of users. In the closing, Member States reaffirmed their commitment to work in good faith, to carefully define operational details, and close potential loopholes. Drafting remains operationally feasible, but politically difficult for some states - requiring a delicate balancing act.’ “The Bureau has taken great effort to engage Relevant Stakeholders, providing briefings and space to discuss how to improve interactions. They also shared all on-screen texts daily with Stakeholders. Going forward, while many States welcome Stakeholders in formal sessions, others oppose - making it a no-go. On the US news stakeholders were firm: stop bilateral deals that undermine the pandemic treaty and the multilateral system.”

Geneva Health Files - Transactional U.S. Bilateral Contracts Seeking Biological Data Complicates Multilateral Negotiations on Pathogen Access & Benefit Sharing; Unlocking PABS Puzzle Could Hinge on Conditional Access

[Geneva Health Files](#)

“.... The proposed bilateral efforts for securing access to data and information on pathogens from Africa, in exchange for aid, will have an impact on the massive exercise on Pandemic Preparedness Prevention and Response, that have been made in Geneva over the last four years. In this edition, we unpack this for you. Read our story today to understand this new geopolitical complexity that now hangs over an already political and technical negotiations on the Pathogen Access Benefit Sharing System at WHO.”

“We capture negotiation dynamics, and also bring you expert comments on options before African countries with respect to U.S. bilateral contracts and the PABS discussions....”

And re IGWG3: **“....At the third formal meeting of the IGWG that concluded last week, WHO member states clashed on differing visions for the PABS System, but they made progress. Countries began text-based negotiations on the [draft](#) of the PABS system that was presented by the Bureau.....”**

HPW - African Countries Affirm Support for Multilateral Pandemic Agreement Amid Pressure to Make Bilateral Deals with US

<https://healthpolicy-watch.news/african-countries-affirm-support-for-multilateral-pandemic-agreement-while-under-pressure-to-make-bilateral-deals-with-us/>

“African countries want information about pathogens with the potential to cause pandemics to be shared “exclusively” through a global system currently being negotiated at the World Health Organization (WHO) – yet at the same time, their governments are under pressure to agree to bilateral Memorandums of Understanding (MOU) with the United States that will trade their pathogen information for health aid.....”

PS: **"The WHO** told *Health Policy Watch* that it **has "not received any official information" about the US MOUs.** "However, WHO member states are working actively to develop the PABS system as part of the already adopted WHO Pandemic Agreement," the WHO spokesperson added...."

TGH – To Finish the Pandemic Agreement, WHO Needs a Trustworthy Viral Database

T Poisot et al ; [Think Global Health](#)

"Online platforms for sharing virus sequences are in disarray. The World Health Organization has a chance to build something new."

Science – The pandemic next time

<https://www.science.org/content/article/trump-administration-dismantling-efforts-fight-next-pandemic>

"How President Donald Trump's administration has undermined efforts to develop vaccines and drugs for the next viral scourge."

In-depth analysis. Also with ramifications for global PPPR, obviously...

Health Emergencies

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

[Reuters;](#)

"Africa is facing the worst outbreak of cholera in 25 years, the Africa CDC told reporters in a briefing on Thursday, blaming the rise on fragile water systems and conflict. The Africa CDC said it had recorded about 300,000 cases of cholera, and suspected cases of cholera, and over 7,000 deaths. The figures show a more than 30% increase on total cases recorded last year...."

Trump 2.0

Devex - The Aid Report Impact Tracker

<https://www.theaidreport.us/>

Resource. **"The Aid Report Impact Tracker is a living, public record of real-world impacts from U.S. foreign aid cuts.** Each entry captures verified accounts of disruption or change — from halted health services to shuttered education programs. Every submission is reviewed and vetted by our editorial team before inclusion...."

Nature (News) - Vaccine advice based on science: US centre fills gaps in public-health information

[Nature News](#);

“Epidemiologist Michael Osterholm talks about efforts by the Center for Infectious Disease Research and Policy to inform vaccine recommendations and maintain public-health awareness during the Trump administration.”

Commercial determinants of Health

Coming up soon: WHO FCTC COP

“Representatives from Parties will meet in Geneva over the next two weeks to discuss tobacco control measures under the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Protocol to Eliminate Illicit Trade in Tobacco Products.

[The Conference of the Parties \(COP\)](#) is the governing body of the WHO FCTC and its **eleventh session will be held in Geneva on 17-22 November 2025.** [The Meeting of the Parties \(MOP\)](#) to the Protocol to Eliminate Illicit Trade in Tobacco Products (Protocol) is the governing body of the Protocol. The **fourth session of the MOP will take place in Geneva from 24-26 November 2025....”**

FCTC News release (13 Nov) – Global tobacco control treaties to address nicotine addiction, tobacco’s impact on the environment and illicit tobacco trade

https://hq_who_departmentofcommunications.cmail19.com/t/d-e-gjdkrg-ikudkhluul-d/

“A rising wave of nicotine addiction, particularly among young people, and the growing threat of illicit tobacco trade will be addressed in the coming two weeks by over 1400 delegates representing governments, international organisations and civil society. **These urgent concerns, as well as highlighting the importance of criminal and civil liability to comprehensive tobacco control,** will be among the issues on the agenda of **biennial meetings of governing bodies of two landmark international health treaties – the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Protocol to Eliminate Illicit Trade in Tobacco Products.** The Conference of the Parties (COP) to the WHO FCTC will meet in Geneva on 17–22 November, followed by the Meeting of the Parties (MOP) to the Protocol on 24–26 November....”

- Related HPW coverage: [Global Anti-Tobacco Summit Targets Youth Nicotine Addiction ‘Epidemic’ and Environmental Harms](#)

“Global health leaders are calling for robust new measures to combat the use of tobacco and related products, including restrictions on flavours to curb the surge in e-cigarettes use in adolescents and filter bans to protect the environment.....”

News release: Government Efforts to Protect Policy from Tobacco Industry Interference Deteriorate in 46 Countries

<https://exposetobacco.org/news/global-tobacco-index-2025/>

“The tobacco industry has ramped up its efforts to cultivate relationships and influence policymakers at all levels of government, to help protect cigarette sales and promote the sale of its addictive e-cigarettes, heated tobacco products and nicotine pouches. This uptick in aggressive industry tactics highlights that many governments are not doing enough to reject these tactics as required under a global treaty, [the WHO Framework Convention on Tobacco Control \(WHO FCTC\)](#). **A new report from STOP and the Global Center for Good Governance in Tobacco Control (GGTC), The Global Tobacco Industry Interference Index 2025**, reveals that policymakers across a wide range of countries were approached with paid-for junkets to visit industry facilities, promises of investment and employment, and corporate social responsibility efforts designed to distract from the industry’s social and environmental harms. In some countries these tactics are working, with lawmakers endorsing industry activities and even proposing bills on its behalf. The new Index—a global survey on how governments respond to and protect their public health policies from tobacco industry interference—reveals a worsening of the negative trend identified in previous reports. Analysis from civil society organizations shows scores getting worse for about half (46) of the 90 countries analyzed in the 2023 report, while about one-third (34) improved their score....”...

- For more, see the [Global Tobacco Industry Interference Index 2025](#).

“The Global Tobacco Industry Interference Index shows which governments are leading the way in protecting policies from Big Tobacco’s meddling, and which governments can do better.... **State Parties to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) are obligated to protect their health policies by using Article 5.3 and its implementing guidelines**, which empowers them to protect public health policies from commercial and other vested interests. The Global Tobacco Industry Interference Index (the Index) surveyed 100 countries and found that many countries’ parliamentarians, heads of state and ministers did not fulfill their duties to protect the human right to health under Article 5.3**The Index is a civil society review of how governments are implementing WHO FCTC Article 5.3.** The 2025 Index shows worsening interference, as more scores deteriorated than improved...”

NCDs

Lancet Child & Adolescent Health - Global prevalence of hypertension among children and adolescents aged 19 years or younger: an updated systematic review and meta-analysis

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(25\)00281-0/abstract](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(25)00281-0/abstract)

Cfr the **press release**:

“The Lancet Child & Adolescent Health: High blood pressure in children and adolescents nearly doubled between 2000 and 2020, suggests largest global study to date”

- *The rate of high blood pressure (hypertension) in children and adolescents under 19 has nearly doubled, increasing from about 3% in 2000 to over 6% in 2020.*
- *More than 9% of children and adolescents have masked hypertension — high blood pressure that only shows up with out-of-office tests, meaning hypertension could be undetected during regular checkups.*

- **Nearly 19% of children and adolescents with obesity have hypertension, eight times higher than the prevalence of hypertension in those considered a healthy weight.**
- **Approximately 8% of children and adolescents now have prehypertension, a warning sign of potential progression to hypertension, which could lead to serious health issues, including cardiovascular and kidney disease, if not addressed.**
- **The authors say these findings underscore the pressing need for improved screening and coordinated diagnostic standards to tackle the rising tide of childhood hypertension globally.**

.... **The study suggests that obesity is a substantial driver of the increase in childhood hypertension**, with nearly 19% of children and adolescents living with obesity affected by hypertension, compared to less than 3% in children and adolescents considered a healthy weight....”

- Coverage via the **Guardian** – [High blood pressure rates in children nearly doubled in 20 years, global review finds](#)

“**Poor diet, inactivity and obesity** believed to have caused hypertension for millions of under-19s around the world.”

World Diabetes Day & new WHO guidelines

“On World Diabetes Day 2025, **WHO is launching its first-ever global guidelines for managing diabetes during pregnancy**. This release, aligning with **the year's theme "Diabetes across life stages,"** provides a critical roadmap to ensure healthier outcomes for the 21 million women affected annually.”

Stay tuned for this later today.

COP 30 in Belém, Brazil (1st week)

We focus first on the **climate & health** intersection, then you find an overview of some key other news so far. (Ps: you find a lot more in the extra Planetary health section)

WHO media advisory - WHO at COP30 in Belém, Brazil

https://hq_who_departmentofcommunications.cmail19.com/t/d-e-gjjuhy-ikudkhlul-e/

As announced ahead of the COP: “**The World Health Organization will play a central role at COP30, taking place 10–21 November 2025 in Belém, Brazil, to advance the global agenda linking climate and health.** A key moment will be **Health Day on 13 November**, where ministers and leaders will convene for a high-level Ministerial Health Plenary to adopt the **Belém Health Action Plan**, followed by a high level Ministerial round-table on accelerating support and implementation....”

“Building up on Health Day, WHO and Brazil will also launch two major reports providing evidence and guidance for building climate-resilient, equitable and low-carbon health systems worldwide. In addition, WHO will host the Health Pavilion with partners, convening experts, civil society and frontline voices, and showcasing solutions that place health at the centre of climate action.

Lancet World Report – Health at COP30

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02259-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02259-7/fulltext)

(from last week’s Lancet issue) “The UN Climate Change Conference, taking place on Nov 10–21, will see the **launch of the Belém Health Action Plan**. Faith McLellan reports.”

Global Climate and Health Alliance - Will COP30 Be the Turning Point We Need? Health Community Calls on Delegates to Make Lives and Health Central to Climate Talks

<https://mailchi.mp/3d4fc4f09e3a/will-cop30-be-the-turning-point-we-need-health-community-calls-on-delegates-to-make-lives-and-health-central-to-climate-talks-17350628?e=3289726e8a>

(10 Nov) “As the COP 30 climate summit opens in Brazil, **the health community is calling on all governments, led by developed countries, to honor responsibilities to support adaptation and climate action in developing countries, and to lead the transition away from fossil fuels** i/n order to deliver clean air, saved lives, strong health systems, and sustainable economies. ...”

“What to Expect on Health at COP30: “There are **four areas in which progress at COP30 is key for people’s health**”, said Jess Beagley, Policy Lead at the Global Climate and Health Alliance “The [Global Goal on Adaptation](#) (including finance and other adaptation support); the [Just Transition Work Programme](#); addressing [trust and conflicts of interest](#); and implementing the [COP28 commitment to phase out fossil fuels](#).””

PS: on the latter: (via [Climate Change News](#)): “...**The first-day call by Brazil’s President Luiz Inácio Lula da Silva to start plotting a roadmap to transition away from fossil fuels has led to several countries rallying behind the idea, with ministers from Brazil, the UK and Germany launching a call to move the idea forward in Belém.** The initiative has received support from Denmark, Colombia, Kenya, France and the Marshall Islands, as well as from the Environmental Integrity Group, composed of six nations among them Mexico, Korea and Switzerland.....”

Devex – Brazil, WHO launch pioneering climate adaptation road map for health

<https://www.devex.com/news/brazil-who-launch-pioneering-climate-adaptation-road-map-for-health-111336>

(13 Nov) “As **COP30 observed Health Day on Thursday**, world leaders came together to witness the **launch of the Belém Health Action Plan for the adaptation of climate change to the health sector.**”

“The [Brazilian Ministry of Health](#), in collaboration with the [World Health Organization](#), launched the first-of-its-kind [Belém health action plan](#) on Thursday to strengthen global health systems against rising climate threats. The action plan lays out practical measures to help countries prepare their health systems for climate impacts already unfolding worldwide — from heat-related illnesses and vector-borne diseases to food insecurity, floods, and mental health challenges.....”

Devex - Philanthropies commit \$300M for climate-health solutions at COP30

<https://www.devex.com/news/philanthropies-commit-300m-for-climate-health-solutions-at-cop30-111329>

“A new coalition of 35 funders is backing efforts to scale solutions on extreme heat, air pollution, and climate-driven disease — and strengthen climate-resilient health systems.”

“On the sidelines of COP30, the funders launched the Climate and Health Funders Coalition, committing \$300 million “for integrated action to tackle both the causes of climate change and its consequences for health — accelerating solutions where they are needed most.””

“... The coalition includes Bloomberg Philanthropies, the Gates Foundation, Wellcome, The Rockefeller Foundation, IKEA Foundation, the Children’s Investment Fund Foundation, Quadrature Climate Foundation, Philanthropy Asia Alliance, and others. The immediate focus for the fund will be to advance solutions, innovations, policies, and research on extreme heat, air pollution, and climate-sensitive infectious diseases. The fund will also strengthen the integration of critical climate and health data to support resilient health systems that protect people’s lives and livelihoods, according to a press release.....”

- See also HPW – [Global Philanthropies Commit \\$300 Million at COP30 Towards Climate And Health Solutions](#)

“This announcement was made at the high-level opening of the [COP30 Health Day](#) – where a new [Bélem Health Action Plan](#) was launched.”

“....The Coalition’s funds are aimed to “support” the Bélem Health Action Plan through funding of projects on the ground....”

HPW - Brazil Wins Limited Backing for COP30 Climate-Health Plan, But Nations Commit No Finance

<https://healthpolicy-watch.news/brazil-cop30-belem-health-climate-plan/>

Neat HPW analysis. Excerpts:

“Brazil launched a sweeping climate-health action plan on Thursday, named after the COP30 host city in the Amazon, winning initial endorsements from roughly two dozen countries for a voluntary framework calling on nations to strengthen disease surveillance, build climate-resilient infrastructure, and protect vulnerable populations from the health impacts of rising temperatures and extreme weather. The [Belém Health Action Plan](#) outlines 60 action items across surveillance systems, evidence-based policies, and health innovation to address the health risks facing 3.3 billion people globally affected by the climate crisis.”

“....Brazil’s health minister Alexandre Padilha said the plan had received backing from more than 80 nations and institutions, though the vast majority comprises civil society organisations like the Global Climate and Health Alliance, global health actors including Medicines for Malaria Venture and Drugs for Neglected Diseases Initiative, and UN agencies such as UNFPA, UNICEF and UNITAID. ...The voluntary nature of the framework and broad support for the Alliance for Transformative Action on Climate and Health (ATACH) — a WHO-led initiative launched at COP26, which now counts 101 members — suggest endorsements will likely grow, but implementation remains uncertain. WHO will serve as the secretariat for the Belém plan, measuring outcomes through the ATACH framework.....”

“....The launch came with no new financial commitments from endorsing nations. The sole funding announcement came from a coalition of philanthropies including the Gates Foundation, Wellcome Trust, and Rockefeller Foundation: a \$300m one-time grant to support climate-health adaptation measures. That figure is dwarfed by estimates that low- and middle-income countries require at least \$11 billion annually just for basic health adaptation covering only disease control for malaria, dengue, diarrheal diseases, heat-related mortality, and essential surveillance improvements, according to the UN Environment Programme. The \$11 billion annual UNEP pricetag excludes respiratory illnesses, malnutrition, mental health services, additional infectious disease programs, workers’ health protection, supply chain adaptation, and health system decarbonization — most of what the Belém plan contains. The UNFCCC estimates global health adaptation will require \$26.8 to 29.4 billion annually by 2050.....”

“Current health-specific climate finance reaching those countries totals perhaps \$500m-700m annually, representing 2 per cent of adaptation funding and 0.5 per cent of multilateral climate finance. “With regards to finance, that reality is that we have a deficit that is quite colossal,” said Carlos Lopes, Special Envoy for Africa to the COP30 Presidency.Climate-health financing has grown from less than \$1 billion globally in 2018 to \$7.1 billion in 2022, the only aid sector to grow in that time apart from education, according to Rockefeller Foundation analysis. But substantial portions arrive as loans: 24 per cent of bilateral climate-health funding and more than 90 per cent from the Asian Development Bank and Inter-American Development Bank.”

“Many developing countries now spend more on servicing debt than on healthcare, with low-income countries spending roughly 300 times less per capita on health than wealthy nations. That finance shortfall impacts their ability to implement adaptation plans like the Belem Framework: A 2021 WHO survey found that while half of the countries reported having national health-climate strategies, less than a quarter achieved high implementation levels. Insufficient financing was identified as the key barrier by 70 per cent of responding countries.....”

“....The Belém plan’s success will depend not just on building infrastructure, but on countries’ ability to track and report progress. WHO will measure implementation through ATACH, its Alliance for Transformative Action on Climate and Health, which already requires members to complete vulnerability studies, adaptation plans, emissions inventories, and decarbonization roadmaps. The record so far suggests those demands exceed many countries’ capacity.....”

PS: “Fossil fuel phase-out excluded: Notably absent from the plan is any reference to phasing out fossil fuels, the main driver of climate change and the resulting heat, extreme weather and air pollution killing approximately 8m people annually from respiratory and cardiovascular diseases. The omission came at the explicit instruction of the Brazilian COP30 presidency, according to people familiar with the negotiations....”

PS: "... The Belém plan follows a pattern established at recent climate summits: the COP28 [Dubai Health Declaration](#) signed by 143 countries, the [Baku Coalition](#) for Climate and Health launched last year, and efforts stretching back to Glasgow in 2021. Like those efforts, Belém is a non-binding, voluntary process taking place outside formal UN negotiations....."

Lancet Comment- Delivering Nigeria's COP26 commitments on climate and health: health and climate financing needed to match our ambition

Muhammad Ali Pate et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02249-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02249-4/fulltext)

(Nov 4) **"Nigeria will go to COP30 in Brazil in November, 2025 with a Nationally Determined Contribution that is comprehensive and ambitious in relation to adaptation and mitigation in the health sector. However, if Nigeria and other African countries are to deliver at the pace and scale that the climate crisis requires, more climate financing resources will need to be mobilised and climate adaptation must be integrated into country level investments in health."**

"While climate funds such as the [Green Climate Fund](#) highlight health as a strategic priority, this financing has yet to materialise at the scale required into health sector funding in Africa. Estimates suggest that globally only 0.5% of multilateral climate financing is directed at projects and programmes that address the health impacts of climate change. This situation persists despite the devastating burden of disease from climate change and associated costs. Although in theory climate financing is open to the health sector, the application processes are often resource intensive, poorly designed for health funding needs, and with specific challenges for health sector engagement. Countries in Africa need new approaches to mobilise health and climate financing that are co-created with recipient countries, so that they respond to country needs and context and ensure strong country ownership..."

Devex - Road maps, resilience, and reform: What to watch at COP30 in Belém

[Devex](#)

Good (analytical) curtain raiser (on the general COP agenda).

Reuters - Ethiopia to host COP32 climate summit in 2027

<https://www.reuters.com/sustainability/cop/ethiopia-be-approved-host-cop32-climate-summit-2027-2025-11-11/>

"Ethiopia wins backing of African nations, seeing off Nigeria. Host role gives Ethiopia influence over outcomes and agenda. COP31 remains a contest between Turkey and Australia with Pacific Islands."

"Experts said this presents an opportunity to push Africa's priorities - among them funding climate-vulnerable countries through the Fund for Responding to Loss and Damage (FRLD). The fund launched its first call for proposals at COP30, three years since its birth in Egypt. It will disburse an initial \$250 million to applicants...."

HPW - COP30 Opens on Amazon's Edge as World Battles to Claw Back 1.5°C Target

<https://healthpolicy-watch.news/cop30-opens-on-amazons-edge-as-world-battles-to-claw-back-1-5c-target/>

Great HPW coverage and analysis of the **opening day** (including on the **health related agenda**).
Some excerpts:

“The third decade of United Nations climate negotiations opened on Monday in the Brazilian Amazon, as 50,000 negotiators, politicians, civil society representatives, industry lobbyists, and indigenous peoples from around the world gathered for talks on protecting the planet from climate catastrophe. The thirtieth anniversary of COP summits has little time to celebrate: Ten years after the world agreed to limit warming to 1.5 degrees Celsius, that threshold has been breached. In the health arena, the [Bélem Action Plan](#) to be launched on Wednesday aims to position health sector climate action a little closer to the mainstream of climate commitments, actions and stocktaking – after years of operating on the margins.....”

“... ‘COP of implementation’: Unlike previous summits, COP30 is not expected to produce a landmark agreement. Instead, the focus is implementation: meeting the promises made in Paris, Baku and Dubai to raise climate finance, transition away from fossil fuels, and return warming to under 1.5°C..... The tasks ahead may be the most difficult COP in years: find the money, international cooperation and political will to protect billions facing life or death on current warming projections.....”

“... In his inaugural address as COP president, André Aranha Corrêa do Lago said three priorities will dominate the agenda: climate adaptation, finance for a just transition, and implementing the global stocktake recommendations on clean energy and reversing deforestation.....”

“... The latest COP is the first in several years not to be heavily clouded by the smoke and scandal of petrostate hosts. ...”

“... At the opening ceremony of COP30, outgoing president Mukhtar Babayev presented delegates with an “invoice for climate justice”, a document outlining the minimum financial commitments required from wealthy nations. The invoice includes: \$40 billion in urgent adaptation finance by 2025, tripling climate funds to \$5.1 billion by 2030, and the \$300 billion annual pledge by 2035 that emerged from last year’s negotiations. The total, including the aspirational \$1.3 trillion annual climate funding target in the Baku finance deal? Several trillion.....” “... But the US, historically the world’s largest emitter and responsible for roughly 40% of climate finance under this framework, has walked away from the table. The gap in the \$1.3 trillion annual target agreed in Baku created by a US exit breaks the math: The EU and other Annex II nations cannot shoulder \$1.3 trillion, or even the scaled-back \$300bn commitment, on their own.

“This leads to the second, politically fraught problem that has plagued environmental negotiations from plastics, to biodiversity and climate alike for years: several of the world’s wealthiest nations – China, Russia, South Korea, Saudi Arabia, Taiwan, Poland, the United Arab Emirates, and Mexico – are classified as developing countries under the 1992 framework. They are not obligated to contribute climate finance, and they have so far largely refused to do so voluntarily. Since then, China’s cumulative emissions have surpassed the EU’s while it has become the world’s second-largest economy. Early drafts of the Baku agreement proposed expanding the donor list to include

some of these nations. That language was quietly dropped from the final text, leaving the donor list unchanged.....”

PS: “... The UNHCR’s latest [report](#), released on the opening day of the summit, **adds to the reality just decades away – or already here – for the world’s most vulnerable populations.** “Three in every four refugees and other displaced people fleeing war and persecution now live in countries that are highly vulnerable to climate-related hazards,” UNHCR chief Filippo Grandi said. “...”

“... **Health will have its own featured day at the conference, on the COP30 Health Day this Thursday.** Proponents hope this [year’s high-level event](#) will create more of a buzz than last year’s COP29 in Baku, where [the marquee Health Day event](#) took place in a cramped, windowless meeting room with just a few dozen attendees in person and online. This **year’s day will focus on the launch of the [Belém Health Action Plan](#) – a blueprint for health sector adaptation to climate change.** A **key political objective of the Action Plan, however, is to integrate by 2028 member state progress reports into the broader COP [“Global Stocktake” mechanism](#) – ending years of health sector isolation from mainstream climate monitoring and reporting.** Specifically, the Action plan aims to support stronger health sector surveillance of climate-sensitive disease trends, integration of “climate adaptation and resilience measures into all levels of health care,” strengthen the health care workforce and support “Innovation, Production, and Digital Health.””

“Buried under that last rubric is a call to support “investments in sustainable investments in sustainable innovation and technology to provide uninterrupted operation of health care services during extreme climate events.” And that, finally, includes “energy-efficient solutions, renewable energy sources, safe water supply and sanitation, and logistics systems in health facilities to strengthen operational resilience.” Translated, that means **supporting shifts to more sustainable and reliable energy systems for energy-starved health systems in the global South**, where some [1 billion people are served by health facilities](#) with inadequate energy services, and 12-15% of facilities in South-East Asia and Africa have no electricity at all.”

“... [WHO is also hosting a Health Pavilion at COP30 in the official Blue Zone](#) in collaboration with the UK-based Wellcome Trust, engaging dozens of global health, finance and environmental partners from the International Energy Agency to the Asian Development Bank, not to mention local governmental, non-profit and youth alliances.....”

Climate Change News – COP30 Bulletin Day 3: Brazil tries to find a home for tricky issues

<https://www.climatechangenews.com/2025/11/12/cop30-bulletin-day-3-protesters-break-into-summit-venue-clashing-with-security/>

(gated) “Brazil is **trying to craft a compromise package** on climate finance, trade measures, stronger emission cuts, and data transparency. It **has dismissed the idea of a roadmap away from fossil fuels.** “

Brazil’s plan postponed: “ While observers and delegations claim the mood inside negotiating rooms has been “constructive”, **four of the most contentious issues at COP30 will remain deadlocked until Saturday, when the presidency is expected to outline a plan forward.** After a surprisingly smooth start on Monday, the Brazilian presidency **set aside talks on finance from rich**

countries, trade measures, boosting emissions-cutting ambition in line with 1.5C, and transparency of national climate data....”

Guardian - World still on track for catastrophic 2.6C temperature rise, report finds

<https://www.theguardian.com/environment/2025/nov/13/world-still-on-track-for-catastrophic-26c-temperature-rise-report-finds>

“The world is still on track for a catastrophic 2.6C increase in temperature as countries have not made sufficiently strong climate pledges, while emissions from fossil fuels have hit a record high, **two major reports have found.**”

“Despite their promises, **governments’ new emission-cutting plans submitted for the Cop30 climate talks** taking place in Brazil have done little to avert dangerous global heating for the fourth consecutive year, according to **the Climate Action Tracker update**. The world is now anticipated to heat up by 2.6C above preindustrial times by the end of the century – **the same temperature rise forecast last year.**”

“... A separate report (by the Global Carbon Project) found the fossil fuel emissions driving the climate crisis will rise by about 1% this year to hit a record high, but that the rate of rise has more than halved in recent years. The past decade has seen emissions from coal, oil and gas rise by 0.8% a year compared with 2.0% a year during the decade before. The **accelerating rollout of renewable energy** is now close to supplying the annual rise in the world’s demand for energy, but has yet to surpass it.....”

“A world at 2.6C means global disaster,” said Bill Hare, CEO of Climate Analytics....

PS: “... On Tuesday, the G77 group of nations plus China, representing approximately 80% of the world’s population, announced support for an agreed process at **Cop30** to support a just transition away from fossil fuels – though other countries (including Australia, Canada, Japan, Norway, the UK and the EU) did not support it.....

“Brazil has established an **investment fund to tackle deforestation**, but many countries, including the UK, have not signed up to it.....”

Guardian - Removing CO2 from atmosphere vital to avoid catastrophic tipping points, leading scientist says

<https://www.theguardian.com/environment/2025/nov/11/leading-scientist-says>

“10bn tonnes must be captured from the air every year to limit global heating to 1.7C, says Johan Rockström.”

“Removing carbon from the atmosphere will be necessary to avoid catastrophic tipping points, one of the world’s leading scientists has warned, as even in the best-case scenario the world will heat by about 1.7C.

“Johan Rockström of the Potsdam Institute for Climate Impact Research, who is one of the chief scientific advisers to the UN and the Cop30 presidency, said 10bn tonnes of carbon dioxide needed to be removed from the air every year even to limit global heating to 1.7C (3.1F) above preindustrial levels. To achieve this through technological means, such as direct air capture, would require the construction of the world’s second biggest industry, after oil and gas, and require expenditures of about a trillion dollars a year, scientists said. It would need to be done alongside much more drastic emissions cuts and could also have unintended consequences.....”

“Rockström was among several leading climate experts who spoke at a first public event for the Science Council, which was set up as an advisory body by the Belém Cop30 presidency.”

“... Rockström told the Guardian he would like the Cop30 presidency to put carbon removal in its declarations to focus attention on the risks and costs ahead. ... Scientists want the prevention of tipping points to be included in the global stocktake of the Cop process.”

Devex – Exclusive: EBRD and AIIB consider investing in Brazil's forest fund

<https://www.devex.com/news/exclusive-ebrd-and-aiib-consider-investing-in-brazil-s-forest-fund-111326>

“Two major development banks may soon join Brazil’s Tropical Forest Forever Facility, or TFFF — a new bid to make saving tropical forests an investment opportunity.”

UN News - ‘A wave of truth’: COP30 targets disinformation threat to climate action

<https://news.un.org/en/story/2025/11/1166351>

Negotiators in Belém, Brazil, opened COP30 with a stark warning: the race to avert catastrophic global heating is being sabotaged by a surge of climate disinformation. The falsehoods, spreading faster than ever online, threaten to derail fragile progress on climate action.

“... On Wednesday, 12 nations – including Brazil, Canada, France, Germany and Spain – [signed onto](#) the first-ever Declaration on Information Integrity on Climate Change, pledging to fight back against the flood of false content and protect those on the frontlines of truth: environmental journalists, scientists and researchers. The declaration, unveiled under the **Global Initiative for Information Integrity on Climate Change, calls for concrete steps to dismantle networks of climate lies and shield evidence-based voices from harassment and attacks.....”**

Climate Change News - COP30 Bulletin Day 4: African and Arab groups want adaptation indicator delay

<https://www.climatechangenews.com/2025/11/13/cop30-bulletin-day-4-african-and-arab-groups-want-adaptation-indicator-delay/>

(gated) **“The groups are concerned that the current indicators will pressure them to spend more of their own governments’ scarce funds on adaptation.”**

Guardian – China and Saudi Arabia among nations receiving climate loans, analysis reveals

<https://www.theguardian.com/global-development/2025/nov/14/china-and-saudi-arabia-among-nations-receiving-climate-loans-analysis-reveals>

“Investigation by Guardian and Carbon Brief finds just a fifth of funds to fight global heating went to poorest 44 countries.”

Guardian - Fossil fuel lobbyists outnumber all Cop30 delegations except Brazil, report says

<https://www.theguardian.com/environment/2025/nov/14/fossil-fuel-lobbyists-cop30>

“One in every 25 participants at 2025 UN climate summit is a fossil fuel lobbyist, according to Kick Big Polluters Out.”

More on Planetary Health

Nature News – Global greenhouse-gas emissions are still rising: when will they peak?

<https://www.nature.com/articles/d41586-025-03618-z>

“Scientists say emissions could begin to decline in the next several years. What happens in China could determine when.”

“... Emissions from the burning of fossil fuels and cement production are projected to rise by 1.1%, to 38.1 billion tonnes of CO₂ this year, according to **data published on 13 November by the [Global Carbon Project](#)**, an international consortium of researchers who track carbon emissions. **Overall carbon emissions could decline slightly if a projected drop in deforestation and other land-use changes is factored in, but researchers warn that it’s still too early to say that the world has turned a corner on its fossil-fuel addiction ... “We don’t [project] the global inflection point until around 2030, unfortunately, but it does look like emissions are flattening off,”** says Bill Hare, a physicist who is head of Climate Analytics, a non-profit consultancy in Berlin that analyses the impact of global climate policies.....”

Guardian - Fossil fuel projects around the world threaten the health of 2bn people

<https://www.theguardian.com/environment/2025/nov/12/fossil-fuel-projects-health-research>

“Exclusive: ‘Deep-rooted injustices’ affect billions of people due to location of wells, pipelines and other infrastructure.”

“A quarter of the world’s population lives within three miles (5km) of operational fossil fuel projects, potentially threatening the health of more than 2 billion people as well as critical ecosystems, according to first-of-its-kind research.”

“A damning new report by Amnesty International, shared exclusively with the Guardian, found that more than 18,300 oil, gas and coal sites are currently distributed across 170 countries worldwide, occupying a vast area of the Earth’s surface. **Almost half a billion (463 million) people, including 124 million children, now live within 0.6 miles (1km) of fossil fuels sites, while another 3,500 or so new sites are currently proposed or under development that could force 135 million more people to endure fumes, flares and spills, according to Extraction Extinction: Why the Lifecycle of Fossil Fuels Threatens Life, Nature, and Human Rights.....”**

Nature Editorial – Official statistics are vastly undercounting deaths from extreme weather

<https://www.nature.com/articles/d41586-025-03669-2>

“Research reveals that many more people lose their lives because of the effects of rainfall and flooding than are routinely accounted for.”

Linked to a new study in Nature.

Lancet – The Lancet MedZero: carbon analytics for health care, by health care, at scale

N Watts et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02280-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02280-9/fulltext)

“... A path to decarbonising health care globally will need to include an expansion of evidence, international alignment on core standards and methodologies, and renewed efforts to ensure future research is clinically relevant. The *Lancet* MedZero is a new, open-access, global database that will launch in early 2026, dedicated to providing health professionals with robust carbon footprint data for pharmaceuticals, medical and surgical devices, diagnostic services, and care pathway components. The platform exists as a collaboration between *The Lancet*, the Health Intervention and Technology Assessment Program Foundation of Thailand, the National Institute for Environmental Studies of Japan, Northeastern University, USA, the National University of Singapore, and The University of Melbourne, Australia, with full independence from industry and other vested interests.”

“... The work of The *Lancet* MedZero will continuously improve, developing new methods and iteratively augmenting quality assurance processes. Importantly, the data available to make informed clinical decisions will grow with the platform and our aim is to provide coverage of 80% of the health system's footprint across all major pathways and care settings, within the next 5 years....”

HPW - Dental Amalgam Set to Be Phased out by 2034 to Reduce Toxic Mercury Exposures

<https://healthpolicy-watch.news/dental-amalgam-set-to-be-phased-out-by-2034-to-reduce-toxic-mercury-exposures/>

“Mercury-containing dental amalgam, used to fill cavities, is set to be phased out globally by 2034 to reduce human exposure to the toxic heavy metal. The decision was taken by the 153 parties to the Minamata Convention on Mercury at the Sixth Conference of Parties (COP-6) that took place last week in Geneva.....”

“While 50 countries, including the European Union’s 27 member states, have already phased out dental amalgam, typically a mix of liquid mercury and silver, many countries, [including the United States](#), continue to allow the use of the amalgam in dental procedures. Mercury is a highly toxic element and exposure to even small quantities of it can cause developmental delays in children as well as affect the nervous, digestive and immune systems, [according](#) to the World Health Organization (WHO).....”

Conflict/War/Genocide & Health

Sadly, there’s a lot more to say in this section, but we’ll keep it short this week.

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

<https://peoplesdispatch.org/2025/11/07/europes-palestine-solidarity-movement-strengthens-call-to-boycott-israeli-pharmaceutical-company-teva/?ref=peoples-health-dispatch.ghost.io>

“Pressure is mounting on local governments and public pharmacies to replace Teva products with alternatives not complicit in Israel’s occupation and genocide.”

Access to medicines, vaccines & other health technologies

With among others, on 11 November the **launch of the African Medicines Agency (AMA)** in Mombasa, Kenya.

Nature (Comment) - Africa finally has its own drug-regulation agency — and it could transform the continent’s health

M Mulubwa et al ; [Nature Comment](#)

“If it gets things right, the first major regulator of medicines to launch for 30 years could empower Africa to tackle African challenges around health and disease.”

“After more than a decade of planning, the launch of the African Medicines Agency (AMA) is being celebrated in Mombasa, Kenya, this week **at the [Seventh Biennial Scientific Conference on Medical Products Regulation in Africa](#)**. The agency’s establishment marks a **pivotal moment in Africa’s public health**, at a time when the need for biomedical research conducted in Africa, focused on African health problems, has never been greater.....”

Nature Africa (News) – What the launch of the African Medicines Agency means for drug and health regulation

By Esther Nakkazi; <https://www.nature.com/articles/d44148-025-00350-8>

“The new organisation promises to streamline systems and protect millions from fake and substandard drugs, but uneven political will could test its ambitions.”

- Related [Nature Editorial – Failure is not an option for Africa’s newly launched medicines agency](#)

“The **inequitable distribution of vaccines during the COVID-19 pandemic** was the final proof of the need for more home-grown manufacturing and regulatory capacity across Africa.”

Devex - Novartis’ new malaria treatment shows promise against resistant parasites

<https://www.devex.com/news/novartis-new-malaria-treatment-shows-promise-against-resistant-parasites-111317>

“Scientists said ganaplacide-lumefantrine, or GanLum, would be the first major innovation in **malaria treatment in decades** since the introduction of artemisinin-based combination treatments.”

“... Ganaplacide-lumefantrine, or GanLum, is **developed by pharmaceutical giant [Novartis](#) in partnership with different scientific and funding organizations, including [Medicines for Malaria Venture](#), or MMV**. It is a combination of two compounds: a new antimalarial drug called ganaplacide, and a new formulation of an existing antimalarial called lumefantrine....”

“Results from a phase 3 clinical trial carried out across 12 countries in sub-Saharan Africa and published this week showed it’s highly effective in treating uncomplicated malaria, as well as in **killing parasites that have developed partial resistance to current antimalarials**. It was also found to rapidly kill the sexual transmission stages of the malaria parasite, blocking further transmission to other people....”

“... With the positive results from the trial, **Novartis will apply for regulatory approvals**. If authorized, it would be the first major innovation in malaria treatment since artemisinin-based antimalarial therapies were introduced more than two decades ago, according to a news release....
... **Novartis has not yet disclosed pricing**. But Sujata Vaidyanathan, global health development unit head at Novartis, said “we’ve always committed to making sure that these medicines are available at a nonprofit basis for us, at-cost basis, and we’ll continue to do the same.””

- See also [HPW – New Malaria Drug Candidate Exceeds Cure Rate for Standard ACTs in Phase 3 Trial](#)

*“The **97% cure rate** for the novel compound, ganaplacide/lumefantrine in a recent Phase 3 trial offers hope for continued progress rolling back malaria even as resistance to artemisinin combination therapies (ACT) escalates. ”*

“... Initial regulatory approval is expected to be sought in Switzerland via [Swissmedic](#). But the aim is to kickstart national regulatory procedures in the Sub-Saharan Africa region as well, added Vaidyanathan. The drug would be made available on a ‘largely not-for-profit’ basis in low- and middle-income countries, MMV said, in accordance with agreements signed with Novartis.....”

- See also [Science News – ‘A sigh of relief’: New malaria drug succeeds in large clinical trial](#) (by Kai Kupferschmidt)

*“As existing drugs falter because of resistance, the world gets a backup—but **hard choices loom on how to use it.**”*

*“... **How best to use the new therapy is likely to be hotly debated.** One idea is to keep it on the shelf until current treatments no longer work, the way some new antibiotics are kept in reserve. But because lumefantrine is the partner drug in both KLU156 and existing ACTs like Coartem, waiting until resistance to lumefantrine has emerged could put the new drug at a disadvantage from the start. One way to reduce that risk is to roll out the drug as soon as possible in areas where K13 mutations are already very common. Or the drugs could be alternated, using ACTs one year and KLU156 the next. KLU156’s cost will also affect the strategy. Novartis has not yet announced a price but has said it aims to deliver the drug largely on a not-for-profit basis....”*

Telegraph – South Africa making first new cholera vaccine in decades

[Telegraph;](#)

“The project is seen as a milestone in vaccine manufacture in Africa, which is almost wholly reliant on jabs and drops made elsewhere.”

*“A South African pharmaceutical company is **beginning trials of cholera drops that could become the first vaccine created from scratch on the continent.** The **project by Cape Town-based Biovac** is seen as a milestone in vaccine manufacture in Africa, which is almost wholly reliant on jabs and drops made elsewhere....”*

- See also HPW - [South Africa Launches Trial of First African-Made Cholera Vaccine](#)

*“The vaccine candidate was **developed thanks to a technology transfer partnership between Biovac and the International Vaccine Institute in South Korea in 2022.** At present, the only manufacturer of a cholera vaccine is EuBiologics in South Korea, which makes a vaccine marketed as Euvichol-Plus.....”*

*“The Biovac vaccine development project is **supported by the Gates Foundation, Open Philanthropy, Wellcome, and the ELMA Vaccines & Immunization Foundation, among others....”***

Results for Development - Building Integrated Systems for Financing Essential Medicines and Other Health Products — From Silos to Systems

[Results for Development](#);

“To better understand and strengthen these intersections, we **conducted a multi-country rapid assessment in Ghana, Ethiopia, Nigeria and Tanzania with support from the Gates Foundation**. This **work examined the linkages between health financing, market shaping and supply chains**, revealing how fragmentation and misalignment between these areas drives inefficiency, cost escalation and stockouts....”

“We share new insights on how we can [build integrated systems for financing essential medicines and other health products](#): **Four country briefs** highlighting context-specific challenges and opportunities; **An overview brief** that distills cross-country insights; and **A summary report** outlining practical recommendations for countries and partners. “

Reuters - Third of donated Japanese mpox vaccines going to waste in Congo amid storage challenge

[Reuters](#);

“Around a third of mpox vaccines donated by Japan to the Democratic Republic of Congo are being **wasted because they cannot be stored once prepared for use**, the head of Congo's mpox response told Reuters....”

Plos Med - Financial risk protection from vaccines in 52 Gavi-eligible low- and middle-income countries: A modeling study

Boshen Jiao, S Verguet et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004764>

“Poverty alleviation is a major global development goal. Vaccines have the potential to provide financial risk protection (FRP) by preventing illnesses and associated healthcare costs. **We estimate the lifetime FRP benefits generated by major vaccines among individuals vaccinated between 2000 and 2030 in low- and middle-income countries (LMICs).**”

Interpretation of the findings: “**Vaccines play a dual role: preventing illness and alleviating poverty, particularly among disadvantaged groups in LMICs....**”

Some more reports & other publications of the week

WHO - 2025 Global Tuberculosis Report

<https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025>

Cfr the [WHO press release: Global gains in tuberculosis response endangered by funding challenges](#)

“Tuberculosis (TB) remains one of the world’s deadliest infectious killers, claiming over 1.2 million lives and affecting an estimated 10.7 million people last year, according to the *WHO Global Tuberculosis Report 2025*, released today. Despite measurable progress in diagnosis, treatment and innovation, persistent challenges in funding and equitable access to care threaten to reverse hard-won gains in the global fight against TB....”

PS: **“For the first time, WHO has reported on progress toward the social protection target established at the second UN High-Level Meeting on TB in 2023, using data compiled by the International Labour Organization (ILO). Among the 30 high TB burden countries, social protection coverage remains highly unequal, ranging from 3.1% in Uganda to 94% in Mongolia. Notably, 19 countries report coverage rates below 50%....”**

“... Funding gaps endanger progress and research: Despite many gains, global progress levels remain far from meeting the End TB Strategy targets. A major obstacle is global funding for TB, which has stagnated since 2020. In 2024, only US\$5.9 billion was available for prevention, diagnosis, and treatment--just over a quarter of the US\$22 billion annual target set for 2027..... Cuts to international donor funding from 2025 onward pose a serious challenge. Modelling studies have already warned that long-term cuts to international donor funding could result in up to 2 million additional deaths and 10 million people falling ill with TB between 2025 and 2035. Global TB research funding also lags, reaching only US\$1.2 billion in 2023 (24% of the target).....”

- See [HPW coverage – Aid Cuts Jeopardise 2024’s Slight Global Progress Against Tuberculosis](#)
- And via [Nature Africa](#) : [Africa exceeds global tuberculosis targets, despite funding squeeze](#)

“The incidence of TB fell 28% and deaths 46% in Africa — among the strongest global results.”

Lancet - Translational social medicine for global health: introducing Cases in Global Social Medicine

Seth M Holmes, Tinashe Goronga, M Marmot et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02103-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02103-8/fulltext)

“... “Why treat people and send them back to the conditions that make them sick?”, one of us (Michael Marmot) has asked, based on overwhelming evidence that social forces are among the strongest determinants of health and disease. As the epidemiologist Jaime Breilh has pointed out, social “structural processes incompatible with life and health are being globally accelerated...with an exponential growth of inequity”. Addressing such social forces involves action at individual, clinical, collective, and policy levels. There is a great deal people who work in health care can do. Yet many health professionals feel unequipped to analyse and respond to forces outside the clinic. To provide insights and fresh perspectives about some of the social forces affecting health in different settings, The Lancet launches Cases in Global Social Medicine, a new monthly section in Perspectives. The first case is published in this issue...”

“The discipline of social medicine lies at the nexus of the social and medical sciences, offering methodological, analytical, and theoretical tools to investigate who gets sick, why, and what

medicine can do about it. **Cases in Global Social Medicine is informed by ideas from translational social medicine....”**

Global Health Watch 7 - open-access Global Health Watch 7 (downloadable chapters and full book, in English or in Spanish)

Both versions as full book PDFs and as individual chapters are free to download at the PHM Global Health Watch site: <https://phmovement.org/mobilizing-health-justice-global-health-watch-7> (English) and <https://phmovement.org/es/una-movilizacion-por-la-justicia-en-salud-observatorio-global-de-salud-7-edicion-en-espanol> (Spanish).

Via the editors: *“We encourage all of you to consider using the full book or individual chapters in any of the courses you are reaching, or to recommend it to your colleagues. You are also free to distribute the book and chapters as widely as possible, to upload them to your own personal or institutional websites, or to post the links to the PHM website. Printed books can be ordered via our solidarity publisher, Daraja Press, at their website: <https://darajapress.com/publication/mobilizing-for-health-justice-en/>. PHM orders receive a 30% discount; shipping costs are extra and depend on your location and the amount of books. In order to get the discount and an estimate of the shipping costs, do not order from the Daraja website but write to info@darajapress.com mentioning you are a PHM member. ...”*

- Related: PHM - [The People's Health Movement: 25 years of struggle for health and justice](#)

“This year marks 25 years of the People’s Health Movement (PHM) — 25 years of resistance, solidarity, and collective action for health justice across the globe.....”

UN News - Millions of lives at risk, warn UN food agencies, as hunger crisis worsens

<https://news.un.org/en/story/2025/11/1166342>

“The UN Food and Agriculture Organization (FAO) and World Food Programme (WFP) warn of a major hunger emergency, with acute food insecurity set to worsen in 16 countries and territories between now and May 2026, putting millions of lives at risk.”

“A [report](#) released by the two UN agencies on Tuesday identifies six that are at the highest risk of famine or catastrophic hunger: **Sudan, Palestine, South Sudan, Mali, Haiti, and Yemen.**

“... The **report highlights four main drivers**: **Conflict and violence**: The leading cause in 14 of the 16 hotspots. **Economic shocks**: Fragile economies, high debt, and soaring food prices. **Climate extremes**: Floods, droughts, and cyclones linked to La Niña conditions. **Reduced humanitarian aid**: Funding shortfalls have forced ration cuts and limited malnutrition treatment.”

Miscellaneous

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

<https://peoplesdispatch.org/2025/11/03/jaime-breilh-health-is-incompatible-with-capital/?ref=peoples-health-dispatch.ghost.io>

“Latin American epidemiologist and collective health scholar Jaime Breilh met with Outra Saúde during the SIMCOL conference, hosted by the School of Medicine at the University of São Paulo. Breilh presented his critical epidemiological studies, grounded in the belief that **health must be understood as a social process rather than mere access to services.**”

His work offers a relentless **critique of capitalism**, a social metabolism that has destroyed cultures and knowledge systems around the world. This destruction is what many term **“epistemicide”**: the killing of ways of thinking that do not serve profit, a phenomenon that deeply affects the scientific field.

According to Breilh, by allowing themselves to be dominated by the reproductive logic of capitalism, the sciences have become Cartesian: **focused on efficiency and practicality**, while knowledge itself has become increasingly fragmented and alienated.

“He calls on universities to renew their ethical commitment to humanity and to politicize scientific activity. For Breilh, **this approach is urgently needed in a world that is visibly disintegrating while alienating people from meaningful action.** His message to the scientific community is clear: they must take action now, because “we can no longer afford to live like this.””

Question: “... ***What is public health in the 21st century, given the interaction of multiple crises, especially the climate crisis? Is it possible to talk about public health without explicitly placing capitalism at the center of its critique?***”

Answer JB: “Yes, capitalism is the name of the society we live in. Why capitalism? Because the social reproduction of Brazil, Ecuador, or any capitalist country is based on the accumulation of capital, and that determines everything. From the economy to culture, it shapes all aspects of life. **Today’s capitalism is extremely aggressive, it’s not just neoliberal. It’s a mistake to keep calling it neoliberalism, as if we were still in the last century. What we’re facing now is a very aggressive, accelerated, highly technological capitalism that operates in alliance with a small group of corporate owners, the giants who control Big Data.....**”

Global health events

PHM - Health sovereignty addressed at the Third Social Summit of the Peoples of Latin America and the Caribbean

<https://phmovement.org/health-sovereignty-addressed-third-social-summit-peoples-latin-america-and-caribbean>

“Strengthening efforts to build health sovereignty and pharmaceutical autonomy were one of the topics discussed **at the Third Social Summit of the Peoples of Latin America and the Caribbean held in Santa Marta, Colombia, 8-9 november 2025**, in which the People's Health Movement participated alongside regional organizations and movements for the right to health.”

WHO's Alliance for HPSR - Responsible use of AI for health policy and systems research

<https://ahpsr.who.int/newsroom/news/item/06-11-2025-responsible-use-of-ai-for-health-policy-and-systems-research>

“The Alliance hosted experts in Montreux, Switzerland, at the end of September to explore how artificial intelligence (AI) can be responsibly and equitably integrated into health policy and systems research (HPSR), particularly in low- and middle-income country settings.”

Global health governance & Governance of Health

RAND report – China's Global Health Activities in Africa: historical perspectives and case studies

J Bouey et al ; https://www.rand.org/content/dam/rand/pubs/research_reports/RRA4100/RRA4151-1/RAND_RRA4151-1.pdf

Summary on pages 5-7.

PS: **“The need to understand China's global health activities has intensified, given that Western, particularly U.S., foreign health aid policies are changing, prompting questions about whether China will shift its own policies to strengthen its soft power in Africa.** This analysis of China's health aid history, its current role in African health aid, and its recent reform called for by President Xi's Global Development Initiative is intended to help U.S. policymakers understand China's strategy for foreign aid. It is also intended to draw lessons for African countries that receive global health aid from China.”

NYT - Behind the Dismantling of the C.D.C.: Reform or 'Humiliation'?

[NYT](#)

(NYT gift link) “The agency has lost a third of its work force this year. **The Trump administration maintains that the losses are necessary, but critics say that there is no real plan, only animosity.**”

Business Today - Africa CDC has moved from commitments to institutionalised youth inclusion and leadership in global health – Kaniki

[Business today](#)

From a few weeks ago. *“As health leaders across government, public health, research, innovation and development sectors gather in Durban, South Africa, for the fourth edition of the international conference on public health in Africa, the **imperative of youth involvement and their role in the success of the new public health order for Africa has been a key feature of the conference.**”*

“.... one of our most symbolic milestones in recent times is **the development of the Youth Engagement and Participation in Global Health Strategy (YES!Health 2025–2028), a landmark policy framework designed to position young people not merely as beneficiaries of health policies but as active partners in shaping and advancing public health across Africa.** The official unveiling of this framework will take place during CPHIA 2025....”

- Related: [Africa CDC – Getting Youth a Space at the Table in Global Health Governance](#)

“A few students at Johns Hopkins University School of Public Health in March 2020 pitched the idea of the **International Working Group for Health System Strengthening (IWGHSS)** as part of a competition. Their idea was chosen as the best in the competition, and later, connections were made with other World Health Organization (WHO) regions and institutions..... ... In **its quest to become a leading global think tank and policy institute that centres the voices of young people at all levels of the health system, IWGHSS has joined hands with Africa CDC to ensure that young people in Africa have a space at the table in global health governance.**”

“Among the programmes led by the Africa CDC Youth Programme is the **Africa CDC Bingwa Plus initiative**, in which IWGHSS is an active partner. ... **“Under the Africa CDC Bingwa Plus programme, we will be leading a Youth and Global Health Governance Report,”** she explained. **“Through this report, we want to show that the world’s population is over 30 per cent young people, 60 per cent in Africa, a number expected to rise to 75 per cent by 2030. Yet their presence in global health governance remains largely tokenistic, even though they are widely recognised as changemakers.”** Buabeng-Baidoo said a **preliminary report will be released within three months**, drawing on publicly available data...”

“... Dr Chrys Promesse Kaniki, Africa CDC Youth Lead, said the agency already has a strategy to engage young people, aligned with the Agenda 2063, the Africa CDC Strategic Plan, and the African Youth Charter, currently under review with the African Union Commission Youth Division.”

Devex Opinion - A USAID-funded demographic survey is in peril. The global south can save it

P Joshi; <https://www.devex.com/news/a-usaid-funded-demographic-survey-is-in-peril-the-global-south-can-save-it-111149>

“Opinion: **The Demographic and Health Surveys Program**, funded for some 40 years by USAID, provided vital data for policymakers. **Its future must be locally led.**”

With some suggestions. Including : **Regional organizations in the global south are best positioned to take ownership of DHS’s former functions.**

Devex - How will America's new global health strategy change PEPFAR?

A Green; <https://www.devex.com/news/how-will-america-s-new-global-health-strategy-change-pepfar-111201>

“The Trump administration's new health strategy maintains a commitment to global AIDS targets, but **experts warn it will undercut the program needed to achieve them.**”

Re the criticisms: “... **Less popular? The strategy is prioritizing commodities and front-line health workers, but wants to wind down support for what it describes as “wrap-around activities,” including technical assistance and quality assurance programs.** Except, PEPFAR experts say, these components **are exactly what have made the program so successful.** There are **other concerns** about the strategy, including **questions around how it can operate in an emerging PEPFAR data vacuum and worries that this process will be too rushed to allow for an effective transition....”**

Chatham House (Expert Comment) - The good, the bad, and the possible: What the America First Global Health Strategy means for Africa – and the world

Ngozi Erundu; <https://www.chathamhouse.org/2025/11/good-bad-and-possible-what-america-first-global-health-strategy-means-africa-and-world>

“African countries have an important opportunity to align the strategy with their own health security agendas.

TGH – Questions for the America First Global Health Strategy

J Kates et al ; <https://www.thinkglobalhealth.org/article/questions-for-the-america-first-global-health-strategy>

“Transitioning to time-bound, bilateral agreements with partner countries **could create gaps in service continuity and health financing.**”

“... As stakeholders await additional details on these plans—expected at the end of 2025 or early in 2026—and building on **analysis** and **commentary** published in *Think Global Health*, **we identify several key issues and questions that lie ahead....”**

Global Fund - African Union and Global Fund Formalize Cooperation to Strengthen Health Systems and Development in Africa

(3 Nov) <https://www.theglobalfund.org/en/news/2025/2025-11-03-african-union-global-fund-formalize-cooperation-strengthen-health-systems-development-in-africa/>

“The African Union (AU) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) today signed a memorandum of understanding (MoU) to deepen collaboration in support of African countries’ efforts to end AIDS, TB and malaria, strengthen health systems, increase domestic resource mobilization and advance health security and sustainable development across the continent.”

“This agreement presents a joint commitment to enhance data-driven accountability and integrate health priorities with broader development and resilience goals. **It reinforces the longstanding partnership between the AU and the Global Fund** in alignment with the AU Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, African Health Strategy 2030 and the newly adopted Roadmap to 2030 & Beyond: Sustaining the AIDS Response, Ensuring Systems Strengthening and Health Security for the Development of Africa. ... **The partnership is firmly anchored in the AU Agenda 2063: The Africa We Want and the Africa Health Strategy 2016-2030, underscoring the central role of resilient health systems and pathway to self-reliance in Africa’s development.** It also highlights the urgency of global solidarity and investment as the Global Fund prepares for its next Replenishment cycle.....”

Stat Opinion – Beware the financialization of the global health industry

S L Erikson; [Stat](#);

“Complex banking instruments designed to generate money can’t make up for global health shortfalls.”

Excerpts: “ **Into the breach a clamor for the financialization of the global health industry resounds. Speculative finance is gaining ground.** New voices join earlier crusaders, who, since about 2010, have begged for more private capital to plug gaps in global public health funding. **Financiers who haven’t worked in impoverished community health clinics are championing impact investing, catalytic finance, and blended finance as silver bullets.**”

“Unfortunately, financialization — the use of complex banking instruments designed to generate money from money using Wall Street and risk logics — is not the answer to the problem of global health shortfalls. Such devices use public taxpayer dollars to mitigate private investor losses. They include design features that keep certain questions front of mind, like: What will investors buy? What is their loss tolerance? Left behind are the most important questions: Are lives being saved? Are people getting healthier?...”

“....As we’re seeing now, some pro-market policies *do* provide, but inequitably and at exorbitant cost. An increasing slice of the world’s population is unfed, unhoused, and unhealthy, even in wealthy countries....”

“.... The financialization of global health is a whole next order of profit-seeking. It’s not about care or aid or the grinding labor of medical research or practitioner training. Its metrics are geared not to improving population health, but rather to calculating loss risk and likely return on investment. It means that hospitals can be bought for their real estate value, rather than prioritizing the value to societies of having enough hospital beds — and that private investors can bet millions on the risk of future pandemics, as with the pandemic bonds....” “ ... **We should not give up on good, well-funded government management of our health.....”**

HP&P – Towards a coherent global health architecture: perspectives on integrating global health security and universal health coverage through diplomacy and governance reforms

Arush Lal; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf086/8307553?searchresult=1>

“This paper presents one of the first detailed analyses of contemporary efforts to conceptualize and operationalize GHS-UHC coherence – through the perspectives of key actors responsible for its implementation It reveals important insights in the way specific actor and geopolitical groups varied in terms of shifting perceptions of GHS and UHC, as well as major factors influencing GHS-UHC coherence (e.g., strategic considerations including motivations and concerns, and structural considerations including enablers and barriers). The analysis suggests that an emerging ‘hybrid norm’ linking GHS and UHC appears well-underway. It further contends that strengthening coherence between GHS and UHC not only depends on, but also enhances, three key imperatives: 1) overcoming geopolitical power asymmetries, 2) leveraging strategic collaboration across actor types, and 3) pursuing integrative health diplomacy amid polycrisis.”

Nature Medicine -Academic freedom and meaningful international cooperation are needed to safeguard good health and well-being globally

Lukoye Atwoli, A Hyder, S Peterson et al; https://www.nature.com/articles/s41591-025-04026-6#auth-Adnan_A_-Hyder-Aff4

“The World Health Summit (WHS) Academic Alliance currently comprises 28 leading universities and scientific organizations from all continents. Although they work in very different local environments, the members of the alliance are united in their goal of promoting equity and quality in health and on the principle that research and implementation should benefit all global citizens....”

With **three policy recommendations.**

“A convergence of ideas on how to foster global solidarity led the World Health Summit’s Academic Alliance to co-author a Nature Medicine commentary outlining a potential framework. We reminisced how, during COVID-19, countries, institutions, governments, and organizations joined efforts in a rapid fashion to meet the moment. **Our framework coalesced around three core principles: Define, respect, and safeguard academic freedom and maintain the independence of institutions funding and organizing research. Strengthen international collaboration and multilateral institutions in the global health sector and establish transparent exchange of health information Combat misinformation and rebuild trust in science and suppress the spread of disinformation.”**

Africa and Europe strengthen the AU-EU health partnership

<https://africacdc.org/news-item/africa-and-europe-strengthen-the-au-eu-health-partnership/>

(5 Nov) **“ Around 20 delegates from the European Union and the African Union, including 15 countries and 11 continental institutions, meet today in Pretoria to affirm action-oriented collaboration in the lead-up to the AU-EU Summit.”**

“...laying the groundwork for deeper cooperation ahead of the AU-EU Summit in Luanda, Angola (November 24-25, 2025) and marking the next phase in the broader [25-year AU-EU collaboration](#) (#AUEU25).... The **overarching objectives of today’s meeting are ensuring strategic alignment, informing and building consensus on health priorities and identifying areas of convergence around global health architecture and health financing.** Specifically, Africa and Europe reaffirm their commitment to advancing **Universal Health Coverage through sustainable, country-led health financing and building on Africa’s leadership, the joint roadmap set by the Lusaka Agenda, the Seville Financing for Development Conference, the “Accra reset,” and the AU-EU Innovation Agenda.** Together, both continents are charting a new era of global health diplomacy — one that strengthens domestic investment, promotes equity, and ensures resilient health systems for all....”

PS: “... **Since 2021, Africa and Europe have accelerated their partnership on health through five interconnected thematic areas:** manufacturing and access to vaccines, medicines and health technologies (MAV+); sexual and reproductive health and rights (SRHR); sustainable health security using a “One Health” approach (HSOH); digital health for health systems strengthening and universal health coverage (DH); and support for public health institutes (PHI). This work builds on the trusted clinical research partnership between Africa and Europe (Global Health EDCTP3) that has been running since 2004. “

“Looking ahead, delegates foresee a number of potential key milestones in the cross-continental partnership related to global health diplomacy, strengthening the collaboration, and joint coordination of key initiatives, including:

- Launching additional twinning between African and European public health institutions, including collaboration between continental disease control institutions for wastewater surveillance at airports and ports in Africa (Africa CDC-DG HERA), starting the 2nd phase of the ECDC-Africa CDC partnership, and building on the partnership between the continental regulatory agencies (AMA-EMA)
- Launching a new program with Africa CDC to support capacities for prevention, detection, and control of AMR and development of a “One Health” workforce
- Increasing digitization of primary health care in four additional countries and launching a regional program for public health institutes in 10 countries
- Kicking off continental and regional pooled procurement of medicines and vaccines, including a focus on sexual and reproductive health (SRH) commodities, through the African Pooled Procurement Mechanism (APPM) and Regional Economic Communities
- Supporting African manufacturers in receiving the first African Vaccines Manufacturing Accelerator (AVMA) payments for locally produced vaccines
- Convening the Pharmaceutical and Pricing Reimbursement Information Network in Africa (PPRI Africa) to bring together public authorities in Europe and Africa to learn about pricing and reimbursement policies and to benchmark implemented mechanisms
- Implementing harmonized sub-regional SRHR scorecards for the regional economic communities EAC, SADC, and ECOWAS/WAHO to track services, legal reforms, and gender-based violence, guiding AU-EU dialogue
- Increasing access to finance through innovative mechanisms like the continental blended finance facility and the Human Development Accelerator (HDX) supported by the EU in partnership with the European Investment Bank (EIB) and the Gates Foundation.”

The Independent - Aids cuts will help drive 'lost decade' for progress across the globe, UN warns

<https://www.the-independent.com/climate-change/un-aid-cuts-trump-human-rights-b2853779.html>

(28 Oct) **"Global conflicts, pushback on climate action, and a retrenchment from values of Diversity, Equity, and Inclusion (DEI) are also all seen as key threats to global development."**

"Declining respect for [human rights](#)" and a retreat from multilateralism are putting hard-won gains in global development at risk, a senior [UN](#) figure has warned. In comments made at a high-level meeting in Geneva, Nada Al-Nashif, UN deputy high commissioner for human rights, said that [warfare](#), resurgent [climate skepticism](#), [cuts to overseas aid](#) and a [retrenchment from values of Diversity, Equity, and Inclusion \(DEI\)](#) are all putting global progress at risk... .. Ms Al-Nashif was speaking at a session of the Expert Mechanism on the Right to Development in Geneva, which is a body that meets to discuss best global practices in the pursuit of the "Right to Development": a human right adopted by the UN in 1986, that recognises every human being's right for constant improvement in their well-being....."

Foreign Policy - This Is the Future of U.S. Foreign Aid Under Trump

D Grossman; <https://foreignpolicy.com/2025/11/11/us-aid-usaid-trump-geopolitics-vietnam/>

"Post-USAID assistance may depend on a country's strategic value to Washington."

Devex Pro - US nonprofits seek refuge abroad

[Devex](#)

(gated) **"Law firms in Canada and the United Kingdom tell Devex they've seen increased interest from U.S. entities in setting up international arms as the U.S. environment looks increasingly unstable."**

FT – Gates calls for UN to 'pivot' from climate to health and poverty

<https://www.ft.com/content/3fe5f3af-6582-4023-bd4b-0ea624b8ab14>

"Bill Gates has called for the UN to make a "major strategic pivot" from a "doomsday view" of climate goals towards funding vaccines and alleviating poverty."

- See also the Guardian: [Bill Gates says climate crisis won't cause 'humanity's demise' in call to shift focus to 'improving lives'](#)

"Bill Gates has called for a "strategic pivot" in the effort against the climate crisis, writing that the world should shift away from trying to limit rising temperatures to instead focusing on efforts to prevent disease and poverty. Writing on his [Gates Notes website](#), the billionaire Microsoft co-founder criticized what he described as a "doomsday view of climate change" which is focusing "too much on near-term emissions goals""

- And via **Devex**: Gates outlined **“three truths” on climate he wants everyone to know before COP30**: that climate change won’t lead to humanity’s demise, that temperature is not the best way to measure our progress on climate, and that health and prosperity are the best defense against climate change. Gates pushed against the focus on near-term emissions goals and **instead on improving lives and preventing suffering**.

Yeah, whatever Bill. (see for example Peter Singer’s neat response: [What Bill Gates Overlooks About Climate Change](#))

Devex – World Bank staff alarmed by plan to phase out short-term consultants

[Devex](#)

“Short-term consultants make up roughly 25% of the World Bank' workforce, and the bank said it has become overly reliant on that "contingent workforce."

Canadian Press – Ottawa cutting foreign aid and research spending back to pre-pandemic level

[Canadian Press](#);

(4 Nov) “Canada plans to scale back foreign aid to pre-pandemic levels, with about 2.7 billion Canadian dollars in cuts over four years, the government announced Tuesday.”

Devex - UN staffers depart Manhattan's urban canyons for Kenya's leafy capital

[Devex](#)

(5 Nov) “United Nations agencies chase cost savings in the global south, while relocating staff to the region it serves.”

“[UNICEF](#), the [U.N. Population Fund](#), and [UN Women](#) are transferring several hundred staffers from New York to [Nairobi, Kenya](#), in part to save money, but also to station its workers closer to the beneficiaries of U.N. programs. So how is it going?...”

PS: “African governments welcome the effort to bolster the U.N.’s presence in Africa at the same time that they have expressed concerns that a U.N. reform effort, known as UN80, combined with extensive U.N. layoffs, will ultimately reduce U.N. support for key African priorities, including development and peacekeeping.”

Devex with an update on the Aid Transparency Index

[Devex](#);

The opt-in transparency index: Earlier this year, we brought you news both of the closure of the [Aid Transparency Index](#) and of [its subsequent revival](#) as a paid-for service. Now, **Publish What You Fund**, the U.K. nonprofit that produces the index, has published a list of the **14 organizations to be included in the 2026 edition**. The list, however, **does not include many of the world’s largest donor**

agencies, including the principal agencies from the United Kingdom, the United States, the European Union, Germany, and Canada.”

“The index has historically tracked the quality of data submitted to the [International Aid Transparency Initiative](#) by 50 of the largest bilateral and multilateral development agencies. It was funded first by philanthropies and then by IATI itself. After IATI pulled funding for the 2026 edition, [PWYF](#) initially announced it would not be able to produce the index. But after consultation with donors, the nonprofit **decided to relaunch the index as a paid-for service**. The **publicly listed participating organizations include the [World Bank](#), [UNICEF](#), and French development agency [AFD](#)**. **Two large philanthropies will also take part, but they have not yet been named**. Gary Forster, CEO of PWYF, says that his organization **would continue to monitor agencies that did not participate**, and would call out when it sees standards of transparency slip.”

Globalization & Health - Constructing and contesting industry’s role in multistakeholder governance: a qualitative analysis of responses to WHO consultations

Amber van den Akker et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01159-8>

“... While research shows that industry actors have pushed for MSG (*Multistakeholder governance*), and others have questioned its legitimacy, *how* MSG is constructed, legitimised and contested by different actors has not been systematically studied. Analysing responses to World Health Organization (WHO) consultations related to non-communicable diseases (NCDs) and associated risk factors, this study examines how actors construct or contest the legitimacy of MSG to address these public health issues.....”

Globalization & Health - Assessing ‘connective tissue’ in public-private partnerships: a stakeholder survey on multisectoral collaboration in global health

Gavin Allman, R Nugent et al;

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01156-x>

“Public-private partnerships have the potential to advance solutions to complex dilemmas such as the prevention and control of noncommunicable diseases. **Knowledge creation, trust, and social capital among partners – encapsulated in the term “connective tissue”** – are key considerations for the cohesion and sustainability of multisectoral collaborative efforts in global health.”

“A survey was conducted with **23 stakeholders of projects in four countries supported by Access Accelerated, a collective of biopharmaceutical and life sciences companies**. The survey elicited perspectives on the factors that strengthen collaboration and develop knowledge creation, trust, and social capital within the multisectoral partner network.....”

Global health financing

Devex - To end TB, time for us to own our disease response and financing for health

<https://www.devex.com/news/to-end-tb-time-for-us-to-own-our-disease-response-and-financing-for-health-111168>

(28 Oct) “Opinion: **As the health ministers of four of the world’s highest-burden TB countries, accounting for 25% of the global tuberculosis occurrence**, we know ending tuberculosis is no longer a technical puzzle — it is a financing one.”

By Budi Gunadi Sadikin, Dr. Muhammed Ali Pate, Dr. Teodoro Javier Herbosa, Dr. Pakishe Aaron Motsoaledi.

“**Speaking of a pivot to domestic financing**, that’s exactly how four health ministers from high-burden tuberculosis countries say their governments must tackle the ancient disease, **alongside domestically anchored financing models**. The ministers come from Indonesia, Nigeria, the Philippines, and South Africa, which together account for 25% of the global TB occurrence. In an opinion piece for Devex, they [lay out a strategy for funding the solvable problem that is ending TB](#).”

“Among the **seven tactics they identify** are making universal health coverage truly universal, [increasing sin taxes](#) on substances such as alcohol and tobacco, and working with donors to swap debt for domestic investments in health systems. While their **emphasis is on domestic commitments**, they also call on the leaders of the world’s advanced economies to **contribute by linking TB to pandemic preparedness** and introducing new innovative financing to address the disease.”

CGD (Working paper) - Health Taxes and the IMF: What 15 Years of Policy Advice Reveal

S Gupta et al; <https://www.cgdev.org/publication/health-taxes-and-imf-what-15-years-policy-advice-reveal>

“**This paper reviews 15 years of International Monetary Fund (IMF) policy advice on health taxes (2010–2024) across bilateral surveillance, lending programs, technical assistance, and multilateral surveillance**. While health policy is not part of the IMF’s direct mandate, the institution influences it indirectly through its work on the tax mix and domestic resource mobilization. Based on over 5,400 IMF documents, **the analysis finds that health taxes have not been a central focus of IMF engagement—and are typically framed in fiscal, rather than health, terms**. References to health taxes peaked between 2017 and 2019, particularly in program-linked conditionality, whereas technical assistance remained episodic, reflecting its demand-driven nature. IMF advice did not vary across income groups or regions, despite wide disparities in fiscal capacity and health burdens, nor was it aligned with countries’ untapped revenue potential or actual excise performance. **This suggests an opportunity for the IMF to place greater emphasis on health taxes in countries with low revenue-to-GDP ratios, where they could advance domestic resource mobilization while delivering a “double dividend” of better health outcomes and higher revenues.**”

OC Academy - WHO Funding cuts: Global Health Emergencies Face Dire Outlook in 2026

<https://www.ocacademy.in/blogs/who-funding-cuts-global-health-outlook-2026/>

“The World Health Organization (WHO) faces drastic WHO funding cuts for humanitarian emergencies this year, and the outlook for 2026 is exceptionally grim. Already, the UN health agency has seen a 40 percent reduction in funding for aid emergencies globally compared to 2024. This substantial decrease forces difficult choices in prioritizing humanitarian assistance, with over 300 million people requiring support worldwide....”

“Consequently, the WHO is now concentrating efforts on the most vulnerable populations in challenging environments, enduring the worst living conditions. As of September, more than 5,600 health facilities in humanitarian settings had reduced services, while over 2,000 had suspended operations entirely. This directly diminishes access to essential health services for 53 million people across numerous countries....”

IDS - African tax leaders meet in Uganda to tackle effective taxation of the wealthy

<https://www.ids.ac.uk/news/african-tax-leaders-uganda-tackle-effective-taxation-wealthy/>

(28 Oct) **“The taxation of high-net-worth individuals (HNWIs) represents one of the key challenges for tax professionals and policymakers across the world, including in Africa.** Faced with rising debt, the cost of climate change mitigation and massive cuts to foreign aid, governments are under pressure to increase their domestic revenues while ensuring fairness and credibility in their tax systems. A focus on the wealthiest citizens, [whose numbers are growing in Africa](#), has become both an economic and political priority. In this context, the [International Centre for Tax and Development \(ICTD\)](#) in partnership with the [African Tax Administration Forum \(ATAF\)](#) and the [Uganda Revenue Authority \(URA\)](#), hosted a regional workshop on Enhancing Tax Compliance Among High-Net-Worth Individuals last week in Entebbe, Uganda. Participants representing fourteen Revenue Authorities across Africa discussed research and exchanged ideas on how to design effective strategies to maximise compliance, overcome resistance to enforcement, and consider necessary legal reforms. ...”

PS: **“ [A recent ICTD policy briefing](#) highlighted how solutions for taxing the wealthy are already at hand: many tax codes already include provisions targeting wealth-related income – such as taxes on property, rental income, capital gains, inheritance, and professional self-employment. Indeed, the real obstacles to securing revenue and compliance from the wealthy lie elsewhere: insufficient data, weak compliance strategies, and political interference in enforcement.”**

KFF - Donor Government Funding for Global Family Planning Declined 8% in 2024

A Wexler et al ; [KFF](#);

“A new KFF report examines both bilateral and multilateral funding for family planning provided by donor governments in 2024, finding family planning funding from donor governments was U.S. \$1.36 billion in 2024, a decline of 8% compared to 2023 (\$1.47 billion). This is one of the lowest

funding levels since the London Summit on Family Planning in 2012, and more than \$200 million below the peak reached in 2019 (\$1.58 billion).....”

“Declining funding for family planning efforts is all but certain moving forward. Under the new Trump administration, the United States — the largest donor to family planning in the world — has fundamentally changed the global health landscape, including for family planning efforts, through substantial cuts in funding, programming, and personnel. Additionally, many of the other donor governments have announced plans to reduce their international assistance, which could further impact global family planning funding levels....”

HP&P - Remittances, Political Economy and Public Health Expenditure: Evidence from Africa

Lwanga Elizabeth Nanziri et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf089/8317129?searchresult=1>

“This article revisits the argument that in the absence of good governance, remittance inflows cause the government to renege on the provision of social services and crowd out public finance where private substitutes exist. Using a quantile approach on a sample of African countries for the period 1990–2022, and after controlling for the endogeneity of remittances, the results show a positive contribution of remittances to public health expenditure, which is annihilated into a non-linear crowd-out of public health expenditure across quantiles in the presence of varied political regimes. This relationship does not change even in the presence of a health shock. The crowd-out of public health expenditure points to an indirect effect of remittances through household consumption, private investment and tax revenue.”

Global Policy (briefing) – The price of money: High capital costs as an obstacle to development

B Ellmers; [Global Policy](#);

“Governments in the Global South pay significantly higher interest rates on international capital markets than industrialised countries, despite comparable economic fundamentals. Our new briefing by Bodo Ellmers analyses the causes of these cost disparities and outlines policy solutions, from credit rating reform to fairer financial regulation.”

UHC & PHC

Lancet Primary Care – October issue

[https://www.thelancet.com/issue/S3050-5143\(25\)X0005-4](https://www.thelancet.com/issue/S3050-5143(25)X0005-4)

- Start with the [Editorial - Misinformation, disinformation, and the fight for health](#)

Concluding: **“Despite coordinated efforts by scientific institutions and societies to counter [vaccine revisionism](#), this movement continues to be a serious public health threat. Having been trained to**

focus on disease prevention and the provision of comprehensive care in their communities, **primary care providers need to be adequately equipped and supported to fulfill their essential role in the battle against misinformation.**"

Guardian - Free medical cover has revolutionised healthcare in India. So why is it ailing?

<https://www.theguardian.com/global-development/2025/oct/28/india-ayushman-bharat-free-medical-cover-healthcare-revolutionised-narendra-modi>

"Modi's Ayushman Bharat scheme put hospital treatment within reach of tens of millions of Indians for the first time. But the government's unpaid bills may derail the reforms."

"... doctors warn that **unless blanket reform means payments are made on time to hospitals**, one of the principal schemes of the prime minister, [Narendra Modi](#), could be at risk...."

SS&M - Factors influencing the adoption of Universal Health Coverage in Africa: Insights from a realist synthesis

E Langat et al, P Ward et al ;

<https://www.sciencedirect.com/science/article/abs/pii/S0277953625010408>

"Political leadership and commitment are crucial for institutionalizing UHC reforms. Active community engagement fosters sustainability of UHC initiatives. **Absence of political commitment or community engagement stagnates UHC reforms.** Trust in healthcare systems is fundamental for success of UHC initiatives. Conditionality requires alignment with local priorities and political commitment."

HP&P - State-Church Partnerships as an Innovative Strategy in Healthcare Delivery for Universal Health Coverage in Sub-Saharan Africa: A Scoping Review

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf082/8306163>

By Joseph Atta Amankwah et al.

HPW (Opinion) - Powering Africa's Health Future: Innovation and Infrastructure in Primary Care for Universal Coverage

A N Thakker; <https://healthpolicy-watch.news/powering-africas-health-future-innovation-and-infrastructure-in-primary-care-for-universal-coverage/>

"Africa is continuing to make progress in meeting its Universal Health Coverage (UHC) targets (part of the United Nations' Sustainable Development Goals). **Countries like Rwanda and Ethiopia are two examples of African countries making exemplary progress.** Kenya, Ghana and South Africa are also among those making significant progress towards realising this dream. However, there is still a long way to go if the continent is to achieve its target on the Service Coverage Index by 2030. The continent's average on the scale of UHC rose from 23 in 2000 to 44 in 2021, still only [halfway](#) to its

projected goal.” Accelerated progress toward UHC is possible, however, it requires an initial step; resilient primary health care (PHCs) systems.....”

WHO Bulletin - Trend analysis and modelling of universal health coverage

Yibeltal Assefa et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.24.292995.pdf?sfvrsn=b72e3a3c_4

Objective: “To investigate the attainability of the 2030 universal health coverage (UHC) target of 80% using Ethiopia as a case study.”

SS&M – Implementing large-scale primary health care workforce reforms: a narrative literature review of middle-income country experiences

<https://www.sciencedirect.com/science/article/pii/S0277953625010482>

By A Mehta , Krishna Rao et al.

SSM Health Systems - A Critical Assessment of Strategic Health Purchasing in Benin's Health Financing Schemes and the Implications for Universal Health Coverage

<https://www.sciencedirect.com/science/article/pii/S2949856225001047>

By Cossi Xavier Agbeto, JP Dossou et al.

Pandemic preparedness & response/ Global Health Security

As promised, we start this section with a bit more on the latest PABS round (*for the fans/nerds/freaks (choose the term you prefer) :*)

HPW - WHO Member States Get Skeleton Draft on Pathogen Sharing Ahead of Text-Based Negotiations

<https://healthpolicy-watch.news/skeleton-draft-on-pathogen-sharing/>

(28 Oct) “Member states start text-based negotiations next week on the final outstanding piece of the World Health Organization’s (WHO) **Pandemic Agreement**, the Pathogen Access and Benefit Sharing (PABS) system. They will have had **nine days to consider the seven-page first draft of the PABS system**, which was distributed late Friday (24 October) by the administration Bureau of the Intergovernmental Working Group (IGWG), which is running the talks. **The draft considers access to pathogen materials and sequence information to be on a “equal footing” with “equitable benefit-sharing” arising from this sharing** – something that has already been agreed to by member states in the Pandemic Agreement’s Article 12.

The **PABS system being negotiated will be an annex to Article 12**, but at this stage, it is a mere skeleton and negotiators have much work ahead to add more substance.

Check out **HPW's analysis of this first draft**.

Geneva Health Files - Strong on the Access to Pathogen Information, Non-Binding on The Sharing of Benefits - Bureau of Intergovernmental Working Group Comes Up with Negotiating Text

[Geneva Health Files](#);

(27 Oct) "The Intergovernmental Working Group (IGWG) set up to negotiate the Pathogen Access & Benefits Sharing (PABS) mechanism - an annex to the Pandemic Agreement, circulated a draft negotiating text on the evening of Friday, October 24, 2025. **Geneva Health Files has reviewed the draft and in this story we highlight and analyse key elements of the text.**"

"The Bureau's text, ostensibly a starting point in the negotiations lays out the annex in **seven pages with three sections** including on scope, objectives, use of terms; provisions for implementation of the PABS system; and governance and review...."

"The Bureau states that the annex reflects the written submissions from member states and their inputs during the previous consultations. It also highlights few areas that need further discussion from the IGWG, and from inputs from designated experts...."

" **The annex that will be taken up for text-based negotiation in the coming days articulates stronger obligations on accessing pathogen information, while ducking on suggesting clear legally binding obligations on the sharing of benefits by the users of such information by using caveated language, according to preliminary views of negotiators.** While most countries want seamless access to information, this is a top priority for **developed countries**. Leaving obligations on benefits sharing that may not be binding will undoubtedly receive a push back from **developing countries**, for whom, this is a priority, and for many - the heart of the equity deliverable in the Pandemic Agreement...."

"There are **two other key features of the text, the Bureau's proposal veers towards an "open" system for PABS by suggesting that information can be shared outside of the network with priority given to WHO-designated entities.** On **annual monetary contributions to the PABS system**, it suggests flexibility based on the Participating Manufacturer's nature and capacity...."

Geneva Health Files - EXCLUSIVE: Pharma Industry Throws its Hat in the Ring: Wants to be "Expert" to Inform Talks on Pathogen Access & Benefit Sharing, Sends Letter to IGWG; Some Countries Pushing to Keep Stakeholders Out

[Geneva Health Files](#);

(29 Oct) "In an exclusive story today, we have learned that the **pharma industry is keen to be included as a designated expert to inform the negotiations on the Pathogen Access & Benefit Sharing discussions.** (In this edition, find a graphic on all experts currently on the IGWG map.)"

“In parallel, few countries (both developed and developing ones) are not in favor of opening up the negotiations so that stakeholders including Civil Society Organizations (CSOs) (and industry representatives) could witness some of the deliberations, walking back from a previously agreed commitment to do so. This will be decided on Monday, November 3....”

“I will also draw your attention to this: **there are more than 130 organizations** listed as relevant stakeholders, many of them CSOs, but also includes lobbyists who have some amount of access to the discussions. **The press** is not a part of this list.”

- See also PAN’s newsletter from 31 October on [IGWG3 essentials](#).

Geneva Health Files – At the Threshold of Negotiations, Conceptual Differences Over the Pathogen Access & Benefit Sharing System Divide Countries [IGWG UPDATE]

[Geneva Health Files](#)

Update 4 Nov.

“Conceptual differences over approaches to building the PABS system divides developing and developed countries. While key principles of such a system have already been negotiated and agreed in the Pandemic Agreement, **countries do not agree on the ways in which these principles can be operationalised to bring such a system into existence.”**

“The most fundamental disagreement has been on linking the access to pathogen information to the sharing of benefits – a defining feature of an Access and Benefit Sharing instrument. Some developed countries, particularly the European Union, among others, want to see the treatment of benefits (the sharing of medical products during pandemic emergencies, for example) as separate, from the discussion on the terms of access to such information. This is diametrically opposite to what a majority of the developing countries are seeking – namely to make the access to information conditional on the obligations over the sharing of benefits.”

“... Countries also disagree on process: developing countries have keen on text-based negotiations this week, and after some resistance have some have been able to suggest language to the Bureau’s text under consideration, diplomatic sources said. Developed countries appear to be reluctant to plunge into line-by-line discussions without a full reading of the draft text. The current meeting is a combination of formal meetings of the IGWG, and informal consultations between countries....”

“... The gulf between countries is obvious in the numerous and clear statements made by them at the beginning of the meeting. But even so, the perceived mood seems less hostile compared to the negotiations during the Pandemic Agreement, although there is palpable mistrust between delegations on motives and intent.....”

Nature News – Antibody drugs show promise for treating bird flu and HIV

[Nature](#)

“Scientists are developing antibodies to track the evolution of these viruses and better treat infections.” Update from a pandemic research conference. Lots of antibody therapies seem to be in the works.

Tropical Medicine & Health - Strengthening Somalia’s health system: pathways to achieving International Health Regulations core capacities at points of entry by 2025

<https://tropmedhealth.biomedcentral.com/articles/10.1186/s41182-025-00836-z>

By Saadaq Adan Hussein et al ;

The Telegraph - First evidence of rats hunting bats sparks disease ‘spillover’ fears

<https://www.telegraph.co.uk/global-health/science-and-disease/first-evidence-of-rats-hunting-bats-disease-spillover-fears/>

“Rats have been observed snatching bats out of the air and eating them for the first time, raising concern about pandemic risks. The never-before-seen behaviour, captured on video and described in a study published in the journal Global Ecology and Conservation, shows two of the animal kingdom’s most notorious disease-vectors getting horribly close....”

Nature (News) – This ‘minor’ bird flu strain has potential to spark human pandemic

<https://www.nature.com/articles/d41586-025-03519-1>

“Experiments suggests H9N2 has adapted to human cells, but cases of person-to-person transmission haven’t been reported yet.”

Stat (Opinion) - Global security is impossible without sufficient support for global health

Seth Berkley; [Stat](#);

“Strong, well-functioning health systems are as vital as advanced weaponry, military strategy, and intelligence.”

“... Until global health initiatives are universally viewed as indispensable elements of global security, they will struggle for even a fraction of the resources that currently go to “strategic” or “hard power” assets, receiving much less than they need to truly succeed. Otherwise, the goal of “global security” will always be elusive....”

“It’s especially important that we make this case at a moment when the U.S. government is carrying out a large-scale abandonment of its historically strong support for global health initiatives and dismantling what is indisputably the biggest and most effective public health and medical research system in the world..... ... It’s **hard to know what will persuade the current U.S. administration to abandon its current dismantlement of domestic and global health programs. But if one of its**

priorities is the security of the American people, it could be receptive to the argument that there is no global security without global health security.”

Reuters - WHO says mpox now detected in more countries, with 17 deaths in Africa over six weeks

<https://www.reuters.com/business/healthcare-pharmaceuticals/who-says-mpox-now-detected-more-countries-with-17-deaths-africa-over-six-weeks-2025-10-31/>

(Oct 31) “The World Health Organization (WHO) said on Friday that **17 countries in Africa have experienced ongoing active transmission of mpox over the past six weeks**, with 2,862 confirmed cases, including 17 deaths between September 14 and October 19....”

For more, see [WHO](#)

BMJ GH - A global analysis of quarantine and isolation policies governing outbreak responses

A M Rosner, R Katz et al ; <https://gh.bmj.com/content/10/11/e018367>

Authors systematically analysed legally enforceable policies in current standing in each United Nations (UN) Member State, assessing the authorities to quarantine and isolate individuals within national borders. **Check out the findings.**

Planetary health

With among others, **some more COP30 related reads**. But we start this extra section with the **new Lancet Planetary Health issue**.

Lancet Planetary Health – October issue

[https://www.thelancet.com/issue/S2542-5196\(25\)X0011-5](https://www.thelancet.com/issue/S2542-5196(25)X0011-5)

Start with the [Editorial: An EAT special](#).

Lancet Planetary Health – Energy security as a crucial component of health infrastructure: global evidence and actions

NIHR Global Health Research Unit on Global Surgery*;

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00207-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00207-4/fulltext)

This Viewpoint highlights **four potential solutions**.

Lancet Planetary Health - Integrative Sustainable Development Goal policy portfolios to accelerate global progress towards a more sustainable future: a modelling study

Jin Yang et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(25\)00196-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(25)00196-2/fulltext)

“Progress towards the UN’s 17 Sustainable Development Goals (SDGs) is far off track. An effective and comprehensive assessment of policy impacts on the SDGs is crucial for accelerating global progress towards their achievement. **We aimed to provide a comprehensive assessment of progress towards ten SDGs under future deep uncertainties and identify the most effective policy portfolios that best achieve these SDGs simultaneously. Two robust policy portfolios composed of seven policies, including ambitious education, energy supply decarbonisation, crop yield increase, sustainable water use, high nitrogen use efficiency, healthy and sustainable dietary change, and climate change mitigation with careful consideration of ecosystem impacts, were the most effective for global sustainable transformations regardless of future uncertainties, effecting up to a 19.6% to 29.5% improvement in overall progress towards the ten SDGs by 2050 compared with a reference policy portfolio without additional policies taken.**”

HPW - World on Track for 2.8°C Warming as Paris Agreement Overshoot Now Inevitable

<https://healthpolicy-watch.news/world-on-track-for-2-8c-warming-as-paris-agreement-overshoot-now-inevitable-un-finds/>

(from last week). **“The world is heading for 2.8°C of warming by century’s end under current policies, according to a United Nations [assessment](#) released (last week on) Tuesday that finds new climate pledges have “barely moved the needle” despite a decade of international commitments under the Paris Agreement. The projection represents a decline from the 3.1°C forecast in last year’s assessment, but the UN Environment Programme warns that methodological updates account for 0.1°C of that improvement, while the US withdrawal from the Paris Agreement will erase another 0.1°C, meaning actual policy progress remains minimal.....”**

PS: **“The G20 major economies, which account for 77% of global emissions excluding the African Union, collectively failed to deliver adequate climate action. UNEP found G20 emissions rose 0.7% in 2024, with the European Union the only major emitter to record a decrease, down 2.1%. India’s emissions grew 3.6%, Indonesia 4.6%, and China 0.5%.....”**

Nature Africa (Feature) – Reframing climate finance for Africa

<https://www.nature.com/articles/d44148-025-00353-5>

“Ahead of COP30, **experts say adaptation finance must shift to grants**, or African communities will see little benefit from global climate finance.”

Climate Home News - Roadmap to \$1.3 trillion seeks to tip climate finance scales but way forward unclear

<https://www.climatechangenews.com/2025/11/05/roadmap-to-1-3tn-seeks-to-tip-climate-finance-scales-but-way-forward-unclear/>

“A new report shows how the world could deliver a big funding boost for developing nations by 2035, yet lacks a firm plan to implement its ideas.”

“A keenly awaited plan to mobilise \$1.3 trillion a year in climate finance for developing nations by 2035 could spark a “positive tipping point” that drives an exponential shift in global climate funding, COP30 President André Corrêa do Lago said on Wednesday as the document was unveiled.....” “The 81-page **“Baku to Belém Roadmap”** offers a shopping list of potential measures that, if put into practice, could deliver on a promise made at last year’s UN COP29 summit to boost the provision of climate cash for poorer vulnerable nations from a range of public and private sources..... That deal came after developing countries in Azerbaijan were disappointed by wealthy governments offering an annual \$300 billion by 2035 under a new UN climate finance goal, known as the NCQG. ...”

“Reaching the wider \$1.3-trillion target, which includes the \$300 billion, would require “significant effort” from traditional climate finance providers – including rich countries and development banks – as well as innovative sources, such as new taxes, the report says, adding that the goal is “achievable”. ... The roadmap presents ideas on five elements of the global financial architecture: public concessional finance, fiscal and debt-related measures, private capital, multilateral climate funds and supervisory bodies, like regulators and central banks. The COP presidents say in their foreword that the roadmap **“transforms scientific warning into a global blueprint for cooperation and tangible results””**

“Not on the COP30 agenda: Yet it remains unclear how – or even whether – its recommendations will be taken forward. Corrêa do Lago told journalists **“there is no plan” for the roadmap to be formally discussed at the COP30 summit or reflected in its final outcomes.** “There is no priority absolutely in having it approved or acknowledged at COP,” he added. **The roadmap was never meant to be a negotiated outcome at the UN climate talks.** But the two COP presidencies took on the task of crafting a plan to scale up climate finance, with many developing countries viewing the new NCQG target for government funding as insufficient to meet their needs....”

- Related: **Solidarity Levies in the Baku-Belém Roadmap to 1.3T**

“For the first time, a major report places solidarity levies and fairer taxation at the center of the global finance agenda — recognizing them as key tools for generating debt-free financing, and in particular to support adaptation efforts.....”

“Fact: According to the Baku to Belém Roadmap, different types of voluntary levies could raise at least US\$508 billion per year....”

PS: **“On Friday November 14th, the GSLTF will publish its latest report, ‘The Untapped Potential of Solidarity Levies’.** The report will be officially launched at the High-Level Ministerial on Solidarity Levies on Saturday 15th November. **This report, from the GSLTF, sets out ten recommendations on the next steps and future agenda for solidarity levies,** including fossil fuels, financial transactions, aviation, shipping, and novel areas such as cryptocurrencies.”

Guardian - America's super-rich are running down the planet's safe climate spaces, says Oxfam

[Guardian](#);

Exclusive: **"Data shows wealthiest 0.1% of the US burn carbon at 4,000 times the rate of the world's poorest 10%."**

"The US's super-rich are burning through carbon emissions at 4,000 times the speed of the world's poorest 10%, according to an analysis provided to the Guardian. **These billionaires and multimillionaires, who comprise the wealthiest 0.1% of the US population, are also running down our planet's safe climate space at 183 times the rate of the global average.** The data, produced by [Oxfam](#) and the [Stockholm Environment Institute](#) ahead of the Cop30 climate summit, highlights the [chasm between the carbon-guzzling rich](#), who are most responsible for the climate crisis, and the heat-vulnerable poor, who suffer the worst consequences...."

"... The analysis was provided for the launch of Oxfam's annual report on carbon inequality, which underscores how lavish lifestyles of superyachts, private jets and vast mansions often combine with investments in polluting industries to create climate-destabilising individual footprints. **The study, which was released on Wednesday, found that 308 of the world's billionaires had a combined CO₂ tally that, if they were a country, would make them the 15th most polluting country in the world.**"

"... A similar picture was painted by a separate report, also released on Thursday, by the [World Inequality Lab](#), which revealed that the richest 1% have 2.8 times higher emissions associated with their capital than with their consumption. "

"... The consequences are deadly. The report calculates that the **emissions of the richest 1%** are enough to cause an estimated 1.3m heat-related deaths by the end of the century, as well as \$44tn of economic damage to low- and lower-middle-income countries by 2050...."

Devex – The world's most fragile states get less than 10% of climate finance

[Devex](#);

"As fragile and conflict-affected countries face mounting climate threats, experts warn that limited finance is undermining both resilience and peace."

Frontiers (Policy Brief) - Implementing Indigenous rights through climate-health governance: advancing the Indigenous Determinants of Health framework within the UNFCCC

G S Roth et al;

<https://www.frontiersin.org/journals/climate/articles/10.3389/fclim.2025.1697881/full>

"As the UNFCCC evolves, the urgency to advance Indigenous Peoples' Rights within global climate governance has never been greater. COP 30 offers a powerful starting point to embed reforms that center Indigenous leadership, rights and knowledge systems. This article proposes integrating the Indigenous Determinants of Health (IDH) Framework into UNFCCC processes to realize

Indigenous Rights as affirmed by UNDRIP and the Paris Agreement. Drawing on CBD Decision 16/19, we **highlight entry points in the Global Stocktake, the Gender Action Plan and the national adaptation planning, alongside five additional mechanisms on adaptation, finance, and loss and damage.** We argue the IDH provides a rights-based structure for implementing Article 7.5 of the Paris Agreement and ensuring alignment with UNDRIP, FPIC and cultural safety.”

Pandemic Action network – new paper: A resilience agenda for a more equitable future

<https://www.pandemicactionnetwork.org/news/reframing-resilience-an-agenda-for-a-more-equitable-future/>

(Oct 30) “ **Our new discussion paper — [Reframing Resilience: An Agenda for a More Equitable Future](#) — focuses on how to build people-centred resilience so communities can withstand shocks while sustaining dignity and agency, and build stronger systems for the future.** Authored by PAN and a team from the London School of Economics and Political Science (LSE), the paper was informed by consultations with experts and is **being released on the eve of COP30 in Belém.** It offers policymakers a framework to guide resilience investments, whether through climate finance mechanisms, national adaptation plans that incorporate health and peace considerations, or **via [new solidarity levy instruments](#)** that can fund cross-sectoral resilience investments. “

“Authored by LSE’s Komala Anupindi, Arush Lal, and George Wharton and PAN’s Luisa Mucci and Eloise Todd, this paper is **intended to contribute to the debate around solidarity levies mechanisms to fund climate and development** and expand the conversation to a broader resilience agenda.”

- Also via PAN:

“Real benefits of investing in adaptation and resilience. COP30’s success will lie in countries’ ability to reach consensus and secure commitments on a **[new adaptation finance target](#)**. Climate disasters are leading to losses **[costing US\\$2.3 trillion annually](#)**. The UN Environment Programme’s Adaptation Gap Report 2025 found an **[annual US\\$310 billion gap](#)** for developing countries in 2035. When adding Nationally Determined Contributions (NDCs) and National Adaptation Plans’ (NAPs) costs, **the gap increases to US\$365 billion annually — making adaptation financing needs in developing countries 12-14x as much as current flows**, putting health and stability in the **[world’s most vulnerable states](#)** at great risk. Systemiq’s new global report found that investments in climate adaptation would **[deliver 4x more benefits than costs](#)**, and resilience-building investments could increase some LIC economies’ GDP by 15% by 2050 and **[save lives](#)**.”

- See also The **[Independent](#)**: “ **Global climate adaptation finance fell from \$28 billion to \$26 billion in 2023**, even as the U.N. Environment Programme warns that developing countries will need up to \$365 billion annually by 2035 to cope with the impacts of climate change.”

Eurodad - COP 30 must tackle the debt trap and shortfall in public finance to deliver a Just Transition

https://www.eurodad.org/cop30-debt-just-transition?utm_campaign=newsletter_06_11_2025&utm_medium=email&utm_source=eurodad

“Despite multiple initiatives both within and beyond the United Nations Framework Convention on Climate Change (UNFCCC), the implementation of a truly just transition at the scale and speed needed is simply not happening. **Two key reasons for this** are the **overwhelming debt that many countries in the Global South are facing** and the **severe shortfall in public climate finance**. The fact is that without urgent action on these issues, this month’s COP30 will not deliver what is needed to ensure a Just Transition.”

Recourse - The MDBs' growing role in climate finance: All that glitters is not gold

The MDBs' growing role in climate finance: All that glitters is not gold

“Ahead of COP30, this briefing examines the growing role of multilateral development banks (MDBs) in climate finance and aims to give civil society, government negotiators, and journalists a short, accessible background on the latest developments around MDBs, the main criticisms of their approach, and how they impact climate finance delivery and the achievement of the Paris Agreement. It will go from specific to broad — starting with MDBs’ direct role in climate finance delivery, to their overarching ‘Paris alignment’, to their wider development agenda championing private finance de-risking over human rights.”

Devex on the TFFF

[Devex](#):

(Nov 7) “Setting the tone for the week, yesterday, [Brazil launched its flagship Tropical Forest Forever Facility, or TFFF](#), drawing pledges of support from several countries. Norway made the biggest splash, committing 30 billion krone (\$3 billion) in loans over the next decade. Smaller pledges came from Colombia (\$250 million), the Netherlands (\$5 million for TFFF’s secretariat), and Portugal (\$1 million). But notably, the United Kingdom — an early backer of the idea — said it would not contribute taxpayer funds to the initiative.....”

Climate Home News -What do African countries want from COP30?

<https://www.climatechangenews.com/2025/11/10/what-do-african-countries-want-from-cop30/>

“At the UN climate summit, African negotiators are seeking more “debt-free” financing that would allow them to implement climate solutions – from adaptation to just transition.”

Climate Change News - Five big questions hanging over COP30

<https://www.climatechangenews.com/2025/11/05/five-big-questions-hanging-over-cop30/>

Another curtain raiser: “From flagging ambition on cutting emissions to gaps in adaptation finance, here’s a look at some of the thorny issues facing the pivotal UN climate summit in Belém.”

“How will COP30 address the global ambition shortfall?

What’s next for the fossil fuel transition?

Will adaptation take centre stage?

How will fractured geopolitics influence discussions?

Will an Amazon COP turn the tide on deforestation?"

Climate Change News

"An **updated UN analysis of all national climate plans submitted so far revealed some progress in the right direction**, with **global emissions set for a 12 percent fall by 2035 from 2019 levels**. But scientists say that **drop needs to be about 60 percent to have a good chance of limiting warming to 1.5C** - a threshold the UN admits is now likely to be exceeded, at least temporarily. ..."

Science (Editorial) - Avoiding the climate "ambition trap"

<https://www.science.org/doi/10.1126/science.aed3356>

The Editorial concludes: **"A global shift in emphasis is needed, from benchmarking pledges to understanding what they signal about how and why countries will act.** Questions include whether pledges stack up against current national policies, rather than abstract global emissions futures; whether sectoral plans exist that are sufficiently detailed to attract financing and are embedded in legal, institutional, and regulatory frameworks to enable implementation; and whether policies reinforce politically popular issues that are climate-adjacent. Global temperature targets are important, but they serve better as a guide against which to judge actual progress ex post than speculative intent ex ante. **Paris-derived country pledges are worthy of attention and scrutiny. But benchmarking a country against itself may be more productive than devising speculative global benchmarks in the hope of talking-up pledges. Instead of emissions beacons, there should be evidence of a political and economic turn toward a low-carbon future."**

TGH – COP30 and the Climate Consequences of Ignoring Sanitation

S J C Ataiades; <https://www.thinkglobalhealth.org/article/cop30-and-the-climate-consequences-of-ignoring-sanitation>

"The Belém Health Action Plan offers a **blueprint for bridging climate and sanitation.**"

WHO - One Health. One Planet. Our Responsibility.

<https://www.who.int/europe/news/item/03-11-2025-one-health.-one-planet.-our-responsibility>

(3 Nov) (Joint news release) **"Time for action: a joint statement of the EU Cross-agency One Health Task Force and the European and Central Asia Quadripartite on One Health."**

"As wildfires, heatwaves, floods and other interconnected crises intensify in 2025, recognizing the link between human, animal and environmental health – and acting across sectors – is essential. **This World One Health Day**, 9 international organizations **make 4 key recommendations** and call for action nationally, regionally and globally to advance the implementation of the One Health approach in Europe and beyond....."

Tsinghua University - 5th World Health Forum focuses on "Climate Change and Health"

<https://www.tsinghua.edu.cn/en/info/1245/14552.htm>

“The **5th World Health Forum, hosted by Tsinghua University**, commenced in Beijing on November 1 ... With the **theme “Climate Change and Health: Responsibility, Governance and a Shared Future for Mankind,”** this year’s forum brought together nearly 400 experts, scholars, representatives of international organizations and youth delegates from 22 countries and regions to jointly explore new paths and cooperation models for global health governance in the context of climate change.....”

PS: “... **Shen Hongbing said that the Chinese government attaches great importance to the coordinated development of climate and health**, continuously promoting an integrated layout of “**mitigation–adaptation–resilience**” to form a **governance system of “four-in-one”** with policies, actions, standards, and evaluation.....”

CGTN – Global experts urge China-U.S. leadership in climate, health actions

<https://news.cgtn.com/news/2025-11-02/Global-experts-urge-China-U-S-leadership-in-climate-health-actions-1HYrKFHeNm8/p.html>

(2 Nov) “ With the world edging closer to critical climate thresholds, **global health and climate experts are calling for urgent, coordinated actions – led by China and the United States – to protect humanity from the mounting health threats of a warming planet.** Their **appeal came during the 5th World Health Forum held over this weekend in Beijing**, where the intersection of climate change and public health took center stage. The event's theme, "Climate Change and Health: Responsibility, Governance, and a Shared Future for Mankind," reflects how global health governance is adapting to the realities of a hotter world....”

“**Former UN Secretary-General Ban Ki-moon, now the chairman of the Boao Forum for Asia, opened the event with a clear message** that countries must come in solidarity to tackle climate-related health issues, especially for countries like China and the U.S....”

BMJ Opinion - International Court of Justice’s ruling on climate change affirms states’ obligations to human and planetary health

<https://www.bmj.com/content/391/bmj.r2240>

“Climate change is a human rights crisis, and countries have a legal duty to act, write **Jennifer S Martin and colleagues.**”

Covid

Nature (News) – COVID-19 is spreading again — how serious is it and what are the symptoms?

[Nature;](#)

(4 Nov) “**COVID-19 cases are flying under the radar.** Global cases of COVID-19 increased by more than 19,000 last month compared with the previous month, **according to the World Health Organization.** But the **true number of infections is probably much higher, say researchers, because**

surveillance of the virus has dropped off since the pandemic. This data gap can leave health organizations unprepared to recommend vaccine formulations and their roll-out, says clinical epidemiologist Antonia Ho. **Some researchers also question whether COVID-19 is really a seasonal virus,** the current basis for vaccine offerings in some countries being in the autumn.”

New Scientist – Covid raises risk of heart issues in children more than vaccination

[New Scientist](#);

Getting covid-19 for the first time slightly increased the risk of heart inflammation, blood clots and bleeding disorders among children, whereas being vaccinated against the virus was much safer and sometimes protective

Globalization & Health -China’s COVID-19 aid in Africa: trends and implications for future pandemic preparedness

Julia Hudson et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01153-0>

“This study examines the modes of COVID-19 aid delivered by the Chinese government across African countries and regions, offering a nuanced understanding of China’s operational role in pandemic response. In doing so, it contributes to the global health assistance literature by providing a more comprehensive view of China’s involvement in the prevention, treatment, and control of COVID-19.”

Globalization & Health - From zero-COVID to global alignment: transnational pressures and China’s pandemic communication transformation

Dandan Liu et al; <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01155-y>

“.... China’s abrupt transition from “zero-COVID” to a strategy of coexistence provides a critical case for examining how transnational pressures—from the World Health Organization, diplomatic partners, markets, and global media—shape official communication over time.... Pandemic communication in China followed a cyclical frame-reinforcement pattern rather than a linear arc, and relied on semantic governance to manage rapid policy change under transnational pressure.”

Mpox

See PAN’s [newsletter](#) from 30 October:

“Ups and downs — mpox. Africa CDC’s Oct. 30 briefing reported a [general decrease in cases](#) compared to the previous epidemiological week. However, Kenya, Liberia, and Ghana reported notable increases in cases, ranging from 41% to 66%. On Oct. 28, Africa CDC received [110,000 doses of mpox vaccines from Bavarian Nordic](#). The vaccines will be **distributed via the Mpox Access and Allocation Mechanism (AAM) to Uganda.....”**

Infectious diseases & NTDs

Telegraph - Faulty field test undermines fight against malaria, says new research

<https://www.telegraph.co.uk/global-health/science-and-disease/malaria-fight-undermined-by-faulty-field-test/>

“The **suspect devices are in use across vast swathes of Asia and South America** and appear to throwing false negative results.”

“A malaria test commonly used across Asia and South America “is not fit for purpose”, researchers have claimed. According to a study in the Malaria Journal, a rapid test made by Abbott Diagnostics is associated with false negatives or provides only a very faint, sometimes barely visible, positive indication. This has raised concerns that treatment could be delayed for patients with a potentially deadly disease, while malaria elimination programmes may be undermined by undetected transmission.....”

“... The World Health Organization (WHO) issued an internal memo highlighting concerns in April and is investigating, but has not told health workers to stop using it....”

Meanwhile **Abbott Diagnostics has refuted the study.** *(ps: a bit a blurred picture so far...)*

Cidrap News - Ivermectin found to be safe, effective in small children with scabies

<https://www.cidrap.umn.edu/misc-emerging-topics/ivermectin-found-be-safe-effective-small-children-scabies>

“The results of multicenter trial indicate **the antiparasitic drug ivermectin can be safely used in small children, a finding that could expand the scale and impact of campaigns against neglected tropical diseases**, an international team of researchers announced today **at the annual meeting of the American Society of Tropical Medicine and Hygiene (ASTMH).**”

Telegraph - Scientists create antivenom that protects against whole family of deadly snakes

[Telegraph;](#)

“Experts hail the research as a major leap forward that has the potential to become a product that could be mass-produced.”

“Scientists have used **alpaca and llama antibodies to create a next-generation antivenom that protects against a whole family of venomous snakes in Africa**, including the black mamba. In a study published in Nature on Wednesday, researchers outlined a potential antivenom cocktail that protected mice against 17 of the 18 elapid snakes found across Africa, including cobras, mambas and rinkhals. As well as preventing death, the treatment significantly reduced skin damage and necrosis caused by the venom. **Scientists are hailing the research as a major leap forward, as it turns a series of exciting scientific advances into a tangible product that could be mass-produced. ...**”

Cidrap News - In real-world study, malaria vaccine effectiveness matches clinical trials

<https://www.cidrap.umn.edu/malaria/real-world-study-malaria-vaccine-effectiveness-matches-clinical-trials>

“Interim analysis of a **phase 4 study** shows incidence of malaria and severe malaria were significantly reduced in children who received the RTS,S/AS01_E malaria vaccine, researchers reported last week in *The Lancet Global Health*....”

AMR

Africa CDC - Africa CDC Pushes for Country-Level Action in Version 2.0 of the African Union Framework for AMR (2026–2030)

<https://africacdc.org/news-item/africa-cdc-pushes-for-country-level-action-in-version-2-0-of-the-african-union-framework-for-amr-2026-2030/>

“A **three-day continental meeting hosted at the Africa Centres for Disease Control and Prevention (Africa CDC) headquarters** closed with a **strong call to translate antimicrobial resistance (AMR) strategies into country-level action**, as African Union (AU) organs and Member States move to **finalise a strengthened Framework 2.0 to guide implementation from 2026 to 2030**....”

“... Dr Merawi Aragaw, Head of the Division for Surveillance and Disease Intelligence at Africa CDC, commended progress achieved under the first AU AMR Framework but underscored **persistent gaps in financing and implementation, speaking at the recent continental consultation held from 27–29 October 2025**. He noted that **while nearly 47 countries have developed national AMR action plans, “most of the time these are not funded,”** and urged governments to **“own it” by embedding AMR within domestic budgets and systems rather than relying on aid cycles.**”

“**Organisers outlined the next steps towards finalising the new strategy**. Africa CDC is targeting an April 2026 launch of the framework, ahead of the **Global Ministerial Meeting on AMR scheduled for June 2026 in Abuja, Nigeria**....”

ITM - Even legally allowed amounts of antibiotics in food can cause resistance

<https://www.itg.be/en/health-stories/press-releases/even-legally-allowed-amounts-of-antibiotics-in-food-can-cause-resistance>

“**The presence of legally permitted antibiotic residues in food can lead to antibiotic resistance in humans. This is shown in a new study from the Institute of Tropical Medicine (ITM), published in *Scientific Reports***. For the first time, researchers have demonstrated that even very low doses of antibiotics that are legally approved and previously assumed to be safe can trigger resistance in bacteria in the human gut.”

The Loop (ECPR) - Can UN high-level meetings on health deliver real change?

Frank T Ngo ; <https://theloop.ecpr.eu/can-un-high-level-meetings-on-health-deliver-real-change/>

(analysis) “Every September, world leaders gather at the UN high-level meetings to confront the most pressing global health crises. **In 2024, the spotlight fell on antimicrobial resistance** – a silent pandemic threatening to make infections increasingly difficult to treat. But, asks **Frank Tu Ngo, will the 2024 meeting lead to real change?**”

Science Daily - Scientists find hidden antibiotic 100x stronger against deadly superbugs

<https://www.sciencedaily.com/releases/2025/10/251029002855.htm>

(28 Oct) “**Chemists discovered a powerful hidden antibiotic that’s 100 times stronger than existing ones and effective against deadly superbugs.**”

“A team of scientists discovered a hidden antibiotic 100 times stronger than existing drugs against deadly superbugs like MRSA. **The molecule had been overlooked for decades in a familiar bacterium. It shows no signs of resistance so far**, offering hope in the fight against drug-resistant infections and paving the way for new approaches to antibiotic discovery.....”

Cidrap News - Analysis suggests cigarette butts are a source of antibiotic-resistance genes

<https://www.cidrap.umn.edu/antimicrobial-stewardship/analysis-suggests-cigarette-butts-are-source-antibiotic-resistance-genes>

“A new **study** suggests cigarette butts are an “overlooked yet potent” source of antibiotic resistance genes (ARGs), Chinese researchers reported today in the *Proceedings of the National Academy of Sciences*....”

NCDs

Lancet - Global, regional, and national burden of chronic kidney disease in adults, 1990–2023, and its attributable risk factors: a systematic analysis for the Global Burden of Disease Study 2023

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01853-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01853-7/fulltext)

New study by GBD 2023 Chronic Kidney Disease Collaborators†.

“Chronic kidney disease (CKD) is now the ninth leading cause of death globally, up from the 27th in 1990.....”

- Coverage via the NYT – [Rise in Kidney Disease Tied to Other Chronic Conditions, Study Finds](#)

“Rates of the disease have been rising for decades, driven in part by diabetes and high blood pressure.”

‘...About 14 percent of adults age 20 and older — 788 million people — were estimated to have chronic kidney disease in 2023, up from just over 12 percent in 1990, [according to the study](#). The increase reflects the aging of the world’s population, as well as the rise in common risk factors, such as diabetes, high blood pressure and obesity. It may also reflect growing awareness and diagnosis of the disease, researchers said....

PS: “... Other risk factors for kidney disease include chronic infections, autoimmune disorders, and certain genetic variants. The new study also noted that chronic kidney disease is an emerging public health concern in Central America and South Asia, where [excessive heat stress](#) and [exposure to environmental pollutants](#) are thought to play a role....”

Cidrap News - Some common viruses may steeply raise risk of cardiovascular disease

<https://www.cidrap.umn.edu/influenza-general/some-common-viruses-may-steeply-raise-risk-cardiovascular-disease>

“A [meta-analysis](#) of 155 observational studies ties influenza, COVID-19, hepatitis C, and herpes zoster (shingles) to a dramatically higher risk of major cardiovascular events such as heart attack and stroke in the weeks after infection, and viruses that linger in the body (eg, HIV) can raise long-term risk. A University of California Los Angeles (UCLA) researcher led the study, a systematic review of literature on the link between any viral infection and the odds of heart attack and stroke. The findings were published last week in the *Journal of the American Heart Association* (AHA)...”

Nature (News) – Alzheimer’s decline slows with just a few thousand steps a day

[Nature](#);

“A modest increase in physical activity can delay cognitive decline by three years — or more.”

“Taking as few as 3,000 steps per day seems to [stave off mental decline by around 3 years](#) in people whose brains have begun to show molecular signs of Alzheimer’s disease, but who have yet to display any cognitive symptoms, compared with those who stay sedentary. Up to 7,500 steps per day slows the decline by an average of 7 years, but the effect tails off after that. Meanwhile, people who rack up most of their daily steps in [long walks have a lower risk of cardiovascular disease](#) than do those who take walks lasting less than five minutes....”

The Conversation - Strokes are on the rise in Africa: why the continent needs its own care guidelines

<https://theconversation.com/strokes-are-on-the-rise-in-africa-why-the-continent-needs-its-own-care-guidelines-267645>

“Stroke is now one of the leading causes of death and disability in Africa. Current estimates indicate rates of incidence (new cases) as high as 316 per 100,000 people annually and prevalence (existing cases) of 1,460 per 100,000 – among the highest globally. Yet, most nations lack locally adapted stroke management guidelines. This is unlike high-income countries, which regularly update their national stroke management guidelines. These guidelines typically provide standards to support uniform, evidence-based stroke care. Nicholas Aderinto, a medical doctor and doctoral researcher who has researched stroke, unpacks why Africa needs its own stroke management guidelines as a continent.”

Social & commercial determinants of health

Guardian – Utter hypocrisy: tobacco firm lobbied against rules in Africa that are law in UK

<https://www.theguardian.com/global-development/2025/nov/13/british-american-tobacco-africa-zambia-uk>

“British American Tobacco pushed Zambian ministers to drop or delay ad bans, health warnings and restrictions on flavoured products, letter shows.”

Globalization & Health - Women’s views about the use of gendered Corporate Social Responsibility strategies by harmful industries

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01152-1>

By Monique Murray, et al.

Globalization & Health - Global market trends and financial performance of the corporate fast-food industry and their potential contributions to diets high in meat and ultra-processed foods

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-025-01158-9>

By K Sievert et al.

Lancet GH (Viewpoint) - Mind the gap: rethinking global alcohol metrics in high-abstention low-income and middle-income countries

[Robyn Burton](#), et al

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00396-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00396-1/fulltext)

“Alcohol per capita consumption (APC; total pure alcohol consumed per person 15 years or older per year) is the primary indicator used to track global progress in reducing harms associated with alcohol use. However, in many low-income and middle-income countries (LMICs), where most of the population abstain from alcohol and risk of alcohol-associated harm is concentrated in a heavy-drinking minority, APC can misrepresent both exposure and risk. This Viewpoint argues for the

routine inclusion of drinker-adjusted metrics, specifically litres of alcohol consumed per drinker (alcohol per drinker), alongside the standard APC indicator. By use of data from WHO's Global Information System on Alcohol and Health, we show how alcohol per drinker reveals patterns hidden by population averages, particularly in high-abstention LMICs. For example, South Africa and the UK have similar APC but starkly different alcohol-attributable harm profiles, which are better explained by differences in alcohol per drinker. **Although APC remains valuable, relying on this metric alone risks misinterpreting progress and misdirecting policy in contexts where drinking is concentrated among a minority of the population who drink heavily. As global monitoring evolves, we call for the inclusion of additional metrics that better reflect risk in diverse contexts."**

Mental health & psycho-social wellbeing

Lancet Public Health (Editorial) – Mental health: a public health crisis unfolding

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(25\)00261-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(25)00261-0/fulltext)

Coming back on the most recent WHO reports on mental health.

Sexual & Reproductive health rights

With among others, some focus on the **Colombia Family Planning conference** of last week.

Devex Check-up – With focus on the 7th International Conference on Family Planning.

[Devex](#):

(Nov 6) **"Advocates are making the case for family planning and sexual and reproductive health rights as backlash grows in some parts of the world.** The [International Planned Parenthood Federation](#) — one of the largest global organizations working on sexual and reproductive health rights — used the moment to unveil its new fiery red branding, a bold visual clapback to those trying to silence SRHR organizations. But behind all the buzz and color, **questions about money remain....**

"According to the latest data, the loss of [USAID](#) funding will strip family planning programs of roughly \$600 million a year — about 41% of total global funding. That's not all. The sector's other **top donors are also reducing their aid budgets**, which could mean further cuts to family planning funding or stagnant budgets for it...."

"But advocates are refusing to back down. Yes, there is [wide recognition of the funding cuts](#), but governments and organizations are also exploring partnerships, innovative financing, and ways to incentivize more countries to raise domestic resources. While donor pledges have been scarce at the conference, government ministers from the global south are **stepping up with funding commitments drawn from their own domestic resources...."**

Devex – Fighting for facts and funding: UNFPA’s new chief steps into the storm

[Devex](#)

(5 Nov). **“Diene Keita officially took over the leadership of the [United Nations Population Fund](#) in August.....**

“... Keita said one of her main priorities for the next four years is to mobilize more resources, including through partnerships with development finance institutions and the private sector....”

“While much progress has been made on family planning, [257 million women](#) who want to decide their own future still don’t have access to safe modern contraception. They include women in humanitarian crises or those forcibly displaced by conflict and disasters. Yet [70% of donor funding](#) for family planning is at risk, with the U.S., its largest donor, already pulling the plug on its support.....”

“But crucial to the agency’s resource mobilization is educating the public about what UNFPA does and doesn’t do.....” “ Keita said what worries her most is the disinformation and misinformation surrounding the work they do, including in ensuring women have access to family planning products and services, and that young people have the information they need about their sexual and reproductive health and the right knowledge to make informed choices concerning their bodies.....”

“.... Keita isn’t so concerned about the U.N. secretary-general’s proposal to merge UNFPA and [UN Women](#). But she hopes the U.S. government does not further expand the “global gag rule” — which prohibits foreign nongovernmental organizations that receive U.S. funding from providing or advocating for abortion services — [to include entities promoting “gender ideology”](#) or initiatives supporting diversity, equity, and inclusion. “I hope it will not happen,” she told me. But if the U.S. decides to expand the rule, UNFPA will double down on explaining to countries what it does, she said.....”

UNFPA - Countries step up with landmark financing commitments for family planning and reproductive health

<https://www.unfpa.org/press/countries-step-landmark-financing-commitments-family-planning-and-reproductive-health>

(5 Nov) **“UNFPA drives historic shift from aid dependence to domestic investment.”**

“As traditional global aid for reproductive health declines, countries once reliant on external donors are responding with their own bold investments to safeguard access to family planning for millions of women and girls. At the International Conference on Family Planning in Bogotá, world leaders gathered at a high-level plenary co-hosted by UNFPA, the United Nations Population Fund, and FP2030. During the event, the Democratic Republic of the Congo (DRC), Zambia and Zimbabwe announced major investments in lifesaving reproductive health supplies, including contraceptives.”

“... a growing number of countries are taking the lead in financing and managing their reproductive health programmes. UNFPA is helping to accelerate this shift through its flagship global health initiative, the UNFPA Supplies Partnership, which strengthens national supply chains, policy

frameworks and accountability systems in 54 countries. **Through incentives such as its Match Fund – which provides US \$2 for every US \$1 a country invests up to US \$2 million – government spending on contraceptives has increased fivefold since 2020, reaching a record US \$52 million in 2024.....”**

FP Impact report

<https://www.fp2030.org/impact-report-2025/>

“The family planning field has achieved remarkable progress over the last decade, and today there are 101 million more modern contraceptive users in low- and lower-middle-income countries than in 2012. Contraceptive method choice has expanded as well, with shifts toward greater use of implants and injectables. The termination of family planning funding by the U.S. Agency for International Development (USAID), in early 2025, however, has created unprecedented disruption. This report documents the progress made since 2012 while also reviewing both qualitative insights and early quantitative data to assess impacts to health systems, services, and family planning outcomes stemming from funding cuts.”

“... The report explores the vulnerabilities of donor-dependent health systems and demonstrates that without renewed investments from country governments and alternative donors, hard-won gains in contraceptive choice and access are at significant risk. The report also highlights that the loss of critical data infrastructure, including the Demographic and Health Surveys Program and supply chain management systems (supported by USAID funding), will limit the monitoring of progress or backsliding, and further, limits our ability to assess which populations will be the hardest hit.”

Guttmacher Releases Most Comprehensive Evidence to Date on Global Family Planning Gaps, Investment and Economic Returns

<https://www.guttmacher.org/news-release/2025/guttmacher-releases-most-comprehensive-evidence-date-global-family-planning-gaps>

“Two new studies show dual impact of family planning: saving lives and driving women’s economic empowerment.”

“.... the Guttmacher Institute unveiled findings from two groundbreaking research initiatives revealing the most comprehensive evidence to date of the transformative impact of family planning on women’s lives—underscoring the urgent need for sustained investment in global sexual and reproductive health. The new evidence has been released at the International Conference on Family Planning (ICFP), which kicked off today in Bogotá, Colombia. The two complementary studies—Adding It Up and FP-Impact—demonstrate that investing in comprehensive sexual and reproductive health care delivers immediate, life-saving benefits while simultaneously functioning as economic “seed funding” that expands national workforces and generates sustained economic returns.....”

PS: “928 million women in 128 low- and middle-income countries want to avoid pregnancy, according to one of these Guttmacher report”.

UN News - Around 224 million women still don't access family planning

<https://news.un.org/en/story/2025/11/1166257>

“Since 1990, the number of people using modern contraception methods has doubled globally but despite this, nearly 224 million women in mainly developing regions still do not use safe and effective family planning methods, according to the UN sexual and reproductive health agency, UNFPA.”

PS: **“‘The Law Alone Is Not Protection’** : Victim-survivors of sexual violence in West and Central Africa face a **maze of barriers to obtain abortion care**—even when the pregnancy resulted from rape or incest and when safe abortion is legally permitted, [per a new study from Rutgers and CERRHUD released](#) yesterday at the International Conference on Family Planning in Bogotá, Colombia.”

HPW - UN Special Rapporteur Urges ‘Right to Health’ Approach to Ensure Access to Services

<https://healthpolicy-watch.news/un-special-rapporteur-urges-right-to-health-approach-to-ensure-access-to-services/>

“Sexual and reproductive health rights (SRHR) are being restricted, human rights defenders are being silenced, and evidence-based policy is being replaced by ideology – “but we are not powerless or voiceless”, said Dr Tlaleng Mofokeng, the United Nations Special Rapporteur on the [Right to Health](#).”

“She urged governments and organisations to use the “right to health” approach to break down “siloes” to ensure all people have access to the health services they need. “There should be no competing agendas between maternal health, sexual and reproductive health rights, and universal health coverage,” she told a meeting hosted by the [Centre for Health Diplomacy and Inclusion](#) (CeHDI) on the sidelines of the International Conference on Family Planning (ICFP) on Tuesday. “They are all part of the same promise of human dignity,” said Mofokeng.

PS: **“The ICFP, currently being hosted in Colombia, comes at a time of huge pushback against sexual and reproductive health and rights, currently led by the United States under President Donald Trump. Aside from defunding global health programmes – from HIV to SRH – the US is pushing an anti-abortion alliance centred on the Geneva Consensus Declaration, which asserts that abortion is not a right.....”**

“On the eve of ICFP, UNFPA Executive Director Diene Keita said that “access to contraception is under threat, due to global funding shortfalls”. “UNFPA is seeing [contraceptive stocks dwindle](#) in communities that rely on international family planning funding,” she added.....”

Lancet Comment - A rights-based imperative for young women

Nomonde Ngema; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02063-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02063-X/fulltext)

“For young women like me living with HIV in South Africa, health systems too often treat our care as a series of disconnected tasks. Sexual and reproductive health and HIV care should be integrated for convenience given the high unmet need in young people, including those living with HIV. This division forces adolescent girls and young women (aged 18–25 years) into fragmented care, with different providers and health-care service locations for antiretroviral therapy, contraception, and mental health services....”

“... Looking ahead, the global health community cannot afford to keep HIV and sexual and reproductive health separate. For adolescent girls and young women, integration is the difference between thriving and being left behind....”

Devex – Roofshots, moonshots, and innovation in a sector under threat

[Devex:](#)

“Across the world, reproductive health leaders are redefining the sector — one outcome at a time.”

“... [Tiko](#), a South African nonprofit, unveiled [its new Girls’ Outcomes Platform](#) this week — an effort to scale outcomes-based financing models across Kenya, South Africa, and potentially the rest of the continent. Instead of paying for activities or inputs, the approach ties funding to verified, measurable results....” “What’s different here is that Tiko isn’t counting solely on traditional donors. The model brings in private philanthropy and domestic government funds, which, according to cofounder Benoit Renard, helps guarantee local ownership.....”

Lancet – Who pays and what pays off in sexual and reproductive health? A review of the cost and cost-effectiveness of interventions and implications for future funding and markets

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01724-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01724-6/fulltext)

One of a Series of five papers about innovations in sexual and reproductive health. All papers in the Series are available at [thelancet.com/series/sexual-reproductive-health](https://www.thelancet.com/series/sexual-reproductive-health)

“This Series paper provides a summary of what is known about the funding, cost, and cost-effectiveness of sexual and reproductive health and rights interventions, interrogates the likely impacts of increasing or reducing future sexual and reproductive health and rights funding, and provides recommendations for policy and regulatory changes from an economic perspective. Interventions that target HIV and sexually transmitted infections, contraceptive interventions, and abortion care are among the most cost-effective health interventions worldwide, but their funding is under severe duress. In 2023, approximately US\$35 billion was spent on these intervention areas across low-income and middle-income countries—only two-thirds of the \$52 billion needed per year. HIV treatment and prevention, as well as contraceptive commodities, rely heavily on donor funding, which has decreased since 2017. The discontinuation of the US Agency for International Development funding in early 2025, in particular, requires that the most impacted countries will have to do more with much less going forward.....”

HP&P - Out of Focus: Limited representation of men's health needs in regional and global sexual and reproductive health (SRH) policy

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf090/8322118?searchresult=1>

By [Tim Shand](#) et al.

Guardian – For parents who have buried infants born too soon, a device like the AquaWomb is a miracle in waiting – and an impossible choice

<https://www.theguardian.com/world/2025/nov/05/baby-alive-outside-womb>

“This machine could keep a baby alive outside the womb. How will the world decide to use it?”
Update on [an artificial womb](#), engineered to gestate babies outside the human body.

Devex – Could Malawi's landmark abortion ruling save lives — and public funds?

<https://www.devex.com/news/could-malawi-s-landmark-abortion-ruling-save-lives-and-public-funds-111289>

“Experts say a High Court decision granting survivors of sexual violence access to safe abortion services could reduce Malawi's maternal deaths — and ease the strain on its health system.”

Plos GPH – The mental health impact on women of engaging men in health interventions in low- and middle-income countries: A systematic review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005168>

By Anvita Bhardwaj et al.

Neonatal and child health

NYT – Diphtheria, a Once Vanquished Killer of Children, Is Resurgent

https://www.nytimes.com/2025/10/27/health/diphtheria-somalia-vaccines.html?unlocked_article_code=1.wk8.fdkp.RHbNdt3LKGO0&smid=url-share

“...There are large diphtheria outbreaks now in Somalia, Sudan, Yemen and Chad — countries with civil wars or large populations of refugees where vaccination coverage is low, surveillance is weak and frail health systems leave children undiagnosed or treated too late..... The disease was vanishing from developing countries, too, at the beginning of the 21st century. But cases began to resurge about 15 years ago.”

“... Diphtheria now kills up to 1 in 4 infected children in low-resource settings, prompting Gavi, the Vaccine Alliance to create emergency vaccine funding for boosters. “We didn't even have a

diphtheria support modality, because we didn't need one. And now we have to build out a whole new process to help countries respond," said Katy Clark, a diphtheria expert with Gavi."

Scientists Try to Prove Link Between Amazon Gold Mining and Disabilities in Babies

<https://www.usnews.com/news/world/articles/2025-11-01/scientists-try-to-prove-link-between-amazon-gold-mining-and-disabilities-in-babies>

"Brazilian researchers are finding mounting proof that mercury from illegal Amazon gold mining is linked to neurological disorders and disabilities among Indigenous children. "

TGH – Vaccine-Preventable Disease: A Global Tracker

[TGH](#);

"TGH Data Visuals Editor Allison Krugman has developed a [global tracker for nine vaccine-preventable diseases](#). **Updated on a weekly basis**, the tracker features alerts from ProMed, a disease surveillance program run by the International Society for Infectious Diseases, as well as historical data from the World Health Organization. "

Access to medicines & health technology

CGD (Policy paper) - Geographical Diversification of Vaccine Production: Challenges for Africa and Latin America

W Savedoff; <https://www.cgdev.org/publication/geographical-diversification-vaccine-production-challenges-africa-and-latin-america>

"After characterizing the relevant differences and similarities between the two regions, this paper argues that negotiating and implementing regional agreements is the most reliable way for each region to promote vaccine production compared to alternatives. It describes some of the more prominent regional vaccine initiatives that are underway and outlines options for governing such arrangements based on regional experiences inside and outside health."

"The paper argues that the most significant obstacle to promoting vaccine production is effective demand because most countries are too small on their own to support the scale required to motivate and sustain production. In addition, the prospects for regional or subregional agreements to assure producers that there will be sustained demand for their vaccines are unlikely due to the difficulties of establishing binding international pacts to pool purchasing in sufficient volumes. A second critical obstacle is an adequate number of individuals with the requisite skills for biomedical research, development, and manufacturing. Finally, without a high-quality and efficient regulatory systems, it is difficult for countries to assure vaccine quality, let alone attract private investors."

"The paper concludes by reviewing some common strategies for promoting vaccine production, including actions on the demand side, supply interventions, and institutional factors. It considers

the advantages of regional agreements and discusses characteristics for such agreements that are important to their success.”

CGD (blog) Smarter Vaccine Doses: A High-Impact Fix for Global Immunization

W Wiecek et al ; <https://www.cgdev.org/blog/smarter-vaccine-doses-high-impact-fix-global-immunization>

“Hundreds of millions of dollars are typically spent developing a new vaccine. You would assume that by the time the vaccine receives approval, we would know precisely the right dosing *regimen*: how much vaccine to give, how many doses to administer, and the best spacing between them. But that’s rarely the case. Rather, vaccines that reach the market are often far from optimal. Yes, newly approved vaccines are *safe* and *effective*, but they are not always optimized to reach as many people, save as many lives, and stretch budgets as far as possible. **A new [CGD policy paper](#), released today, explores why this happens and argues that optimizing vaccine regimens is a high-impact—and often overlooked—opportunity in global health.**”

PS: “Gavi is uniquely positioned to play a leading role in advancing the vaccine optimization agenda, alongside partners like WHO, CEPI, and UNICEF. It is an area that aligns closely with Gavi’s 6.0 strategic focus; strengthening “countries’ prioritization and optimization of vaccine programmes” is listed as the top goal under the new strategy....”

This marks a shift from Gavi’s previous strategy, which referenced optimization to a somewhat narrower extent.

Also **presenting two ideas for how Gavi should play a larger role in the optimization agenda going forward**. In both cases, a **potential target for these considerations could be the upcoming TB vaccine**.

Bhekisisa – SA becomes the first African country to register the twice-a-year anti-HIV jab — at record speed

(Oct 27). “South Africa regulators have approved lenacapavir—making it the first African country to register the twice-yearly anti-HIV injection, and at record speed (within 65 days); distribution could roll out as early as February 2026.”

PS: “LEN’s maker, Gilead Sciences, hasn’t yet announced a price for its drug for either the public or private sector in South Africa. But the health department is **getting doses for 464 360 people from the Global Fund for HIV, TB and Malaria.....**”

- And from last week (via [AVAC’s newsletter](#)): **Zambia Approves LEN for PrEP**

“Zambia is the latest country to approve injectable lenacapavir for PrEP (LEN), following the South African Health Products Regulatory Authority (SAHPRA) approval two weeks ago. **These are the first low- and middle-income countries to approve an HIV prevention method within just months of regulatory approvals in the US and EU. Regulatory reviews are also underway in a number of additional countries, with decisions expected over the next few months.....**”

- And from [today's AVAC newsletter](#) (14 Nov): “**Rwanda is now the 7th African country to receive a regulatory submission for lenacapavir for PrEP (LEN)**, which was recently approved in South Africa and Zambia, in addition to the US and European Union. **For a full regulatory update, [see here](#)**). The pace of progress for PrEP rollout continues to accelerate reflecting lessons [learned from previous PrEP rollouts](#) and signaling growing capacity and urgency to act. As [AVAC's new infographic below](#) shows, the global community can learn and apply lessons, can move with speed, scale and equity, and might actually seize a PrEP opportunity instead of squandering it. “

Africa CDC - Africa CDC Strengthens Mpox Response through Additional Vaccine Support from Bavarian Nordic

<https://africacdc.org/news-item/africa-cdc-strengthens-mpox-response-through-additional-vaccine-support-from-bavarian-nordic/>

(28 Oct) “ Africa CDC has received an additional donation of 110,000 doses of mpox vaccines from Bavarian Nordic to support the ongoing response to the mpox outbreak across the continent. The **vaccines have been allocated to Uganda, one of the countries most affected in 2025, through the Mpox Access and Allocation Mechanism (AAM)**, coordinated by Africa CDC in collaboration with key global health partners....”

BMC Public Health - MPOX outbreak in Africa: the urgent need for local manufacturing of the vaccine and decolonized health systems

Adanze Nge Cynthia; <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-25120-x>

Systematic review.

BMJ Collection - Access to novel medicines

<https://www.bmj.com/collections/novel-medicines>

“The **high cost of new drugs, including cell, gene, and tissue therapies (“advanced therapy medicinal products,” ATMPs)**, is restricting patient access, increasing inequities, and contributing to financial hardship. In **addition to legislative and regulatory responses, collaborative and voluntary efforts are needed throughout the drug lifecycle — in development, marketing, manufacturing, and financing.**”

“This **BMJ Collection includes evidence synthesised by the [Oslo Medicines Initiative](#)** to propose consideration of different ways of assessing value, collective ways to reduce costs, health system reforms, and corporate-social contracts that could help make costly new drugs accessible to all eligible patients and realise universal health coverage.”

- Do start with the Editorial : [Equitable access to costly new drugs](#) (by B Woods et al-

“Pricing should consider local value to ensure fair access and health system affordability.”

Global Public Health - Advancing vaccines justice through international regulatory pathways

<https://www.tandfonline.com/doi/full/10.1080/17441692.2025.2566730?src=>

By Katrina Perehudoff et al.

Stat – How Moderna, the company that helped save the world, unraveled

[Stat](#);

(gated) **“After missteps and misfortune, the biotech confronts a precarious future.”**

“ ... The story of Moderna’s great unraveling — told here in detail, with new disclosures about the pressures the company has faced and the missteps it has made — is neither simple nor finished. At the end of this year, the company will still have \$6 billion in the bank, a Covid shot with more than \$1 billion in sales annually, and a cancer vaccine that has tantalized oncologists and analysts alike with its potential to revive that moribund field. **“They’re not going anywhere,” said Melissa Moore, Moderna’s former chief scientist of mRNA research. That does not mean it will survive in its present shape....”**

Stat – Microdosing aims to extend the lifespan of the GLP-1 compounding market

[Stat](#);

“Marketing claims about GLP-1s in small doses aren’t backed by robust clinical evidence.”

(from the US) “.... Telehealth companies Noom, Found, and Hims & Hers have all launched programs to prescribe “microdosed” GLP-1s in the last three months, following in the steps of many smaller direct-to-consumer brands. They claim that compounded GLP-1s in small doses can reduce diabetes risk, lower inflammatory markers, and lower the risk of cognitive decline. But **doctors and researchers say there’s no robust clinical evidence that these drugs are effective at very small doses, and the drugs aren’t proven to help patients with many of those symptoms.** It’s the latest move for telehealth companies that have been tweaking their formulations in order to continue selling compounded versions of GLP-1s after regulators decided there was [no longer a shortage](#).”

Stat - Trump announces deal with Lilly, Novo to expand access to weight loss drugs, cut prices

[Stat](#)

(6 Nov) **“Medicare, Medicaid secure deep discounts on costly drugs in potential public health victory.”**

“The administration argued that giving millions more people access to these drugs represents a major victory in the fight against chronic disease. The precise timeline for the coverage expansion, and the extent of who will gain access, remain unclear....”

- See also the NYT [Obesity Drugs May Drop to as Little as \\$149 a Month](#)

“President Trump announced a deal with Eli Lilly and Novo Nordisk to lower prices on hugely popular weight-loss drugs for Medicare, Medicaid and American patients who pay with their own money.”

NYT – Scientists Grow More Hopeful About Ending a Global Organ Shortage

<https://www.nytimes.com/2025/11/12/health/pig-organs-transplants.html>

“At an international conference, researchers at the forefront of animal-human transplantation compared notes and allowed themselves the first real optimism in decades. In a modern glass complex in Geneva last month, hundreds of scientists from around the world gathered to share data, review cases — and revel in **some astonishing progress.**”

“Their work was once considered the stuff of science fiction: so-called **xenotransplantation**, the use of animal organs to replace failing kidneys, hearts and livers in humans. But as the scientists traded notes, it became ever more clear that it wasn’t fiction anymore. They were **nearing breakthroughs that might help alleviate the shortage of donor organs plaguing every nation.** Transplants with organs from genetically modified pigs, designed not to trigger rejection by the human body, have begun to show great promise. “The future is here,” said Dr. Muhammad M. Mohiuddin, the outgoing president of the **International Xenotransplantation Association, which hosted the conference....**”

Human resources for health

People’s Health Dispatch – Health worker migration still shaping healthcare after COVID-19

<https://peoplesdispatch.org/2025/10/29/health-worker-migration-still-shaping-healthcare-after-covid-19/?ref=peoples-health-dispatch.ghost.io>

“**New case studies by the People’s Health Movement** show how health worker migration continues to shape health systems in the post-COVID period.”

BMJ GH - Health worker unemployment in countries with critical health worker shortages: a rapid synthesis of evidence from 33 countries

<https://gh.bmj.com/content/10/11/e021574>

by W Nwadiuko et al;

AHOP (Policy brief) - Managing health workforce brain drain in Africa The role of bilateral agreements

<https://ahop.aho.afro.who.int/wp-content/uploads/2025/11/Cross-cutting-PB2-EN-Summary-v0.1.pdf>

4-pager.

Decolonize Global Health

Speaking of Medicine (blog) - You are a Global Health Professional, and You Don't Know It

By guest contributors **Chiamaka P. Ojiako and Madhukar Pai**;

<https://speakingofmedicine.plos.org/2025/11/07/you-are-a-global-health-professional-and-you-dont-know-it/>

Cool blog. “.... many people’s reality; an **unspoken dynamic around the ‘global health professional’ label and who a global health “expert” is** that people encounter and embrace despite its nebulous origin and inconsistent application. **It begs for deeper exploration, and we invite you to unravel this mystery with us.....”**

Global Health Research & Policy- Decolonizing global health: a scoping review of its key components, proposed actions, and contributors

Michelle Amri, J Bump et al ; <https://ghrp.biomedcentral.com/articles/10.1186/s41256-025-00436-8>

Results: “When analyzing **how scholars understand “decolonizing global health”**, its meaning is rooted in **three key components**: (i) power asymmetries between the global north and south; (ii) a legacy of colonialism in global health or neocolonialism; and (iii) epistemic injustice. The second part of the analysis looked to **understand if decolonizing global health can be acted on, and if so, how?** The analysis demonstrated that **decolonization of global health involves: (i) overhauling existing power structures; (ii) establishing agency and self-determination of the global south; (iii) epistemic reformation and epistemic and ontological pluralism; (iv) education; and (v) inclusivity, solidarity, and allyship.**

(via Rajeev BR): Lastly, in assessing which scholars’ work was retrieved in this systematic search of the literature, most first authors were situated in the Americas Region (n = 45/99; 46%), followed by the European Region (n = 29/99; 29%). When combining these two regions, this accounted for almost 75% of all included articles. Notably, only 22% of first authors of retrieved articles had an affiliation in a low- and/or middle-income country.

Lancet GH Viewpoint - Implementation science in Africa—whose epistemology counts?

Ejemai Eboime et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00414-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00414-0/fulltext)

Part of a number of Global health ‘early online articles’ on implementation science.

“Implementation science, although promising to bridge the know–do gap in global health, has inadvertently created new forms of epistemic exclusion in African health systems. **In this Viewpoint, we present an empirical critique of how widely used implementation frameworks, rooted in Eurocentric and North American epistemologies,** systematically fail to recognise the mechanisms through which successful implementation occurs in African contexts. Drawing on case studies across diverse African settings, we reveal how this epistemological mismatch undermines both the science and practice of implementation in African health systems. Using **epistemic injustice theory,** we show how frameworks operationalise constructs in ways that treat traditional governance, community legitimacy, and relational authority as peripheral variables rather than generative mechanisms of change. We propose concrete transformations to implementation science that centre African epistemological traditions and require genuine power-sharing in knowledge production to support health system improvement across all contexts.”

Lancet GH (Viewpoint) - Measuring co-design in global health research: methodological challenges and decolonial innovations

Prof Jenevieve Mannel et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00438-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00438-3/fulltext)

(another ‘early online’ one). “Although co-design is increasingly recognised as a cornerstone of implementation science in global health research, **methods for its evaluation are often heterogeneous or of poor quality, and can reinforce the power inequalities they seek to address.** In the worst cases, the term co-design can be used to cover up research practices that **reproduce power differentials** between partners from high-income countries and low-income and middle-income countries. Methodological innovation is urgently needed to move beyond measuring the number of attendees and participant satisfaction within global health interventions, and towards evaluating whether the dynamics and process of co-design are achieving equity, power sharing, and knowledge democratisation. **This Viewpoint critically examines the current state of tools and measures used in implementation science and highlights trends and examples of innovations that move towards decolonising global health.** We identify **five key methodological innovations in measuring co-design processes and practices:** theory-informed evaluation, co-developed tools, data triangulation, expanded impact metrics, and feedback loops and adaptive measurement. ...”

See also: [Lancet GH - Implementation science and power: equity-oriented implementation science needs a power lens](#)

[Community engagement in global health: addressing power, ownership, and invisible labour](#)

Nature - Inside the fake-essay industry

[Nature:](#)

“In her documentary **The Shadow Scholars**, sociologist **Patricia Kingori** delves into the world of ‘**contract cheating**’. Focusing on Nairobi, Kenya, it **explores how scholars in the global north are outsourcing their writing to young people in poorer parts of the world.** These ghostwriters “wanted the world to know they exist, because they are proud of their work, even if it is uncredited”, Kingori tells Nature. Even if people are aware of contract cheating, “they can’t picture that it’s actually young, bright Africans in Kenya who might never have left the country, and yet have the skills to write PhD-level work”, she says.”

BMJ GH Commentary- Global research partnerships and the impact of inequitable research practices on systematic reviews

Leah Wangari Kinyanjui et al; <https://gh.bmj.com/content/10/11/e020021>

Two medical students from the University of Nairobi and University of Oxford collaborated on a systematic review project—we describe a **model for collaborative research which is led by low- and middle-income country (LMIC) researchers and supported by high-income country (HIC) researchers** and where researchers seek to build capability such that HIC support is not needed in the long term.

“When systematic reviews are conducted in LMICs, **publication bias means that main databases are not representative of the current knowledge**. Grey literature searches can be used in addition. LMIC authors are left with a publishing dilemma—the **inaccessibility of publishing in the large international journals vs the discreditation of their work when published in smaller alternative journals.**”

Daniel Reidpath - Decolonising Epistemic Injustice in Global Health

<https://www.linkedin.com/pulse/decolonising-epistemic-injustice-global-health-daniel-reidpath-nnhbe/>

“In global health, few phrases have the cachet of “epistemic injustice” and “decolonisation.” They signal a speaker’s virtue and righteousness, and to question them risks being branded oppressive. Yet this moral immunity from critique is precisely the problem — and I call bullshit. A full 6,000-word version of this essay, with references, is available on [SocArXiv](#).”

PS: *comment KDC (not following this closely, but I’d love to see a virtual discussion at some point between Daniel and Seye Abimbola – both smart people I respect a lot)*

Conflict/War & Health

Lancet Editorial – Understanding the health threats of drone warfare

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02261-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02261-5/fulltext)

Last week’s editorial (8 Nov). Concluding: “... **As we enter a new era of combat**, much greater scientific, political, and public scrutiny is **needed about the neglected physical and psychological effects of drone warfare.**”

Health Research Policy & Systems - Measuring what matters: key indicators for performance and resilience in fragile, low-income contexts. A scoping review

Maisoon Elbukhari Ibrahim, K Blanchet et al; <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01410-z>

“This scoping review aims to examine how the performance and resilience of the health system have been assessed and measured in fragile, low-income contexts, identify gaps and provide recommendations to improve resilience measurement.”

Reuters - US mulls Gaza aid plan that would replace controversial GHF aid operation

<https://www.reuters.com/world/middle-east/us-mulls-gaza-aid-plan-that-would-replace-controversial-ghf-aid-operation-2025-10-23/>

(from 23 October) Proposal includes '**Gaza Humanitarian Belt' with 12-16 aid hubs**; US official says one of several concepts being explored; GHF could be replaced by other aid groups under proposal.

“The **United States is considering a proposal for humanitarian aid delivery in Gaza that would replace the controversial U.S.-backed Gaza Humanitarian Foundation**, according to a copy of the plan seen by Reuters. It is **one of several concepts being explored, said two U.S. officials** and a humanitarian official familiar with the plan, as Washington seeks to facilitate increased deliveries of assistance to the Palestinian enclave after two years of war. ... "The U.N. and NGOs in Gaza will be mandated to use the platform run by the CMCC and will provide the goods distributed from the hubs," according to the proposal, which also says the aim would be for all aid in Gaza to be delivered via the hubs within 90 days.... **The United Nations and international aid groups are likely to be wary of the plan that in part resembles the GHF method of using secure distribution hubs and armed escorts to transport aid.**”

The Telegraph- Global conflicts fuel a surge in strokes and heart disease, experts warn

[Telegraph](#)

“**The risk of cardiovascular diseases increases for people living in conflict zones due to chronic stress and disrupted access to health care**, driving up incidences of stroke and heart disease. ”

“**Recent research from Ukraine** shows that chronic stress and disruption to healthcare services have sharply raised the incidence of strokes – especially among those living in frontline areas. **Overall hospital admissions for stroke are up by 16 per cent in Ukraine**, with jumps of up to 60 per cent in some front line areas. **Experts believe it is highly likely that the same patterns are playing out in other conflict zones such as Sudan and Gaza.** “The evidence is that there is a higher rate of a range of different cardiovascular diseases like stroke and heart attack at various times of conflict, war, stress and disturbance,” Prof Tim Chico, Professor of Cardiovascular Medicine and Honorary Consultant Cardiologist, University of Sheffield, told The Telegraph...

Migration & Health

Guardian- Climate disasters displaced 250 million people in past 10 years, UN report finds

[Guardian](#);

“A **UN Refugee Agency report** warns that **climate-related disasters have displaced 250 million people** over the past decade, with the climate crisis also intensifying conflicts and worsening inequality around the world. **By mid-2025, 117 million people were displaced by war, violence and persecution** – a dire human rights crisis that the climate emergency is rapidly intensifying.”

“The UNHCR said the **climate crisis was a “risk multiplier”** that exposed and compounded existing inequalities and injustices, including the impact of conflict, violence and forced displacement within and across borders....”

KFF Health News- Immigrants With Health Conditions May Be Denied Visas Under New Trump Administration Guidance

[KFF](#);

(6 Nov) “Foreigners seeking visas to live in the U.S. might be rejected if they have **certain medical conditions, including diabetes or obesity**, under a Thursday directive from the Trump administration.”

“The guidance, issued in a cable the State Department sent to embassy and consular officials and examined by KFF Health News, directs visa officers to deem applicants ineligible to enter the U.S. for several new reasons, **including age or the likelihood they might rely on public benefits**. The guidance says that such people **could become a “public charge” — a potential drain on U.S. resources** — because of their health issues or age.

While assessing the health of potential immigrants has been part of the visa application process for years, including screening for **communicable diseases like tuberculosis and obtaining vaccine history**, experts said the new guidelines greatly expand the list of medical conditions to be considered and give visa officers more power to make decisions about immigration based on an applicant’s health status.”

Miscellaneous

Science News – After Coalition S disrupted scientific publishing, new plan retreats from strict requirements

<https://www.science.org/content/article/after-coalition-s-disrupted-scientific-publishing-new-plan-retreats-strict-requirements>

The **group’s latest strategy emphasizes consultation, lacks spending pledges.**

Nature News – Pressure to publish is rising as research time shrinks, finds survey of scientists

<https://www.nature.com/articles/d41586-025-03623-2>

Researchers feel that pressures to publish are increasing, but the **time and resources available to do research are decreasing**, according to a survey by Elsevier.

“About 68% of respondents said the pressure to publish their research is **greater than it was two to three years ago**, and only 45% agreed that they have sufficient time for research (see ‘Researchers are feeling the pressure’). Another **concern is uncertainty over funding** — just 33% of respondents expect funding in their field to grow in the next 2–3 years. And that proportion fell to just 11% in North America, reflecting unprecedented cuts to US research funding this year.....”

NYT - Mark Zuckerberg and Priscilla Chan Restructure Their Philanthropy

[NYT](#)

“The Chan Zuckerberg Initiative said **its restructured organization, Biohub**, would lead its **focus on artificial intelligence** and scientific research.”

“After President Trump’s inauguration in January, the Chan Zuckerberg **Initiative ended diversity-based recruiting and laid off or reassigned employees who ran its diversity initiatives**. In April, a school for low-income students that Dr. Chan had founded announced that it was closing after losing its funding. In May, the organization ended nearly all of its giving to local housing nonprofits.....”

IISD - DESA Report Identifies Lessons From 80 Years of Sustainable Development

[IISD](#);

“The UN Department of Economic and Social Affairs (DESA) has released a **report that traces the evolution of sustainable development within the UN system** over the course of eight decades. It highlights the **UN’s role in shaping the understanding and practical application of sustainable development** and identifies lessons for the future.”

“The report titled, ‘**Advancing Together: Eight Decades of Progress Towards Sustainable Development for All**,’ outlines the UN’s approach to development, which, it notes, has **evolved from focusing on economic, social, and environmental issues separately to “recognizing these as deeply interconnected dimensions of a single challenge,”** which ultimately converged as **indivisible in the 2030 Agenda for Sustainable Development and its 17 SDGs.**”

Science News – U.K. science sector is ‘bleeding to death,’ lawmakers say in report

[Science News](#);

“The United Kingdom’s science and technology sector is in crisis, with a stream of companies leaving the country for greener pastures overseas, according to a damning report published today

by a House of Lords committee. The result, the legislators say, is not just economic malaise, but a loss of sovereignty over important technologies such as artificial intelligence. The report implores government to act quickly to “staunch the bleeding” by nurturing startups, encouraging investment from within the country, and reducing visa costs and other obstacles for foreign scientists.”

“The **“provocative” title** of the report—Bleeding to death: the science and technology growth emergency—is accurate, says Kieron Flanagan, a science policy researcher at the University of Manchester who gave evidence to the committee. It’s a thoughtful report, he says, but still **underplays the “challenge facing the U.K. research base in our universities.” ...**”

Nature (News) - Chinese scientists increasingly lead joint projects with the UK, US and Europe

[Nature News](#)

The number of Chinese scientists taking on leadership roles in international science projects is growing rapidly. They now lead more than half of all research projects with the United Kingdom, and are expected to lead an equal number of projects with countries in the European Union and with the United States in the next couple of years, according to a study published in the Proceedings of the National Academy of Sciences last week.”

“Hongjun Xiang, a physicist at Fudan University in Shanghai, China, says the projections are consistent with what he has observed in the country, **particularly in fields such as physics and engineering**. But China **needs to strengthen its leadership capabilities in disruptive basic research**, “as Nobel-level original breakthroughs remain rare”, he adds.”

Devex with an update on the Global Alliance Against Hunger and Poverty

[Devex](#):

From the World Social Summit in Doha. Which included:

Including: **“A daylong appetizer:** The summit officially began on Tuesday, Nov. 4. But the day before, there was a **“pre-summit” event, largely centered around the Brazil-backed Global Alliance Against Hunger and Poverty**. The alliance was **launched at last year’s G20 Leaders Summit** and, ever since, it has essentially **served as a matchmaking platform** for countries, organizations, and funders **to link up around hunger-related programming.**”

“On Monday, dozens of countries recounted their new and old initiatives, and four nations — Ethiopia, Haiti, Kenya, and Zambia — unveiled how they’d begun putting their alliance-born implementation plans into action.....”

Read: [One year on, global hunger alliance shifts into execution mode](#)

“One year after its launch, the Brazil-backed initiative is beginning to show its results — even amid bureaucratic bottlenecks and financing gaps.”

IPS –The World Social Summit in Doha: Time to Act

<https://www.ipsnews.net/2025/11/the-world-social-summit-in-doha-time-to-act/>

By Isabel Ortiz.

IISD - World Social Summit Commits to Follow-up Process to Ensure Implementation

<https://sdg.iisd.org/news/world-social-summit-commits-to-follow-up-process-to-ensure-implementation/>

“... To ensure full implementation of the social development agenda, leaders committed to a five-year follow-up process starting in 2031, including a high-level plenary meeting under the auspices of the UN General Assembly (UNGA)....”

Papers & reports

Lancet Global Health – December issue

[https://www.thelancet.com/issue/S2214-109X\(25\)X0012-7](https://www.thelancet.com/issue/S2214-109X(25)X0012-7)

Start with the Editorial: [Where there's the will, there's a safe roadway](#)

“... **Nov 16, 2025 marks the UN's 20th World Day of Remembrance for Road Traffic Victims.** Addressing the burden of road traffic deaths is not dependent on access to medicine, identifying mechanisms, or a greater depth of research. **We know what the problems and solutions are....”**

Concluding: “...The **key to ending the carnage on the world's roads lies with political will, with legislation, and with (urban) design.** The goal now is to make governments around the world agree and act.”

Lancet (Comment) – Affordability decision rules: useful heuristic or misleading rule?

Brendan Kwesiga, E Barasa et al [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00413-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00413-9/fulltext)

“The **paper by Andres Pichon-Riviere and colleagues offers a timely synthesis of how health systems can signal affordability of health interventions....”**

“... **While acknowledging this contribution, we argue that it is important to exercise caution in how the proposed approach is used from philosophical, conceptual, methodological, and implementation perspectives.** ”

“To conclude, strengthening decision making within the health sector requires pragmatism, and the paper by Pichon-Riviere and colleagues makes an important contribution in the area. The proposed approach can be useful as a basis of organising deliberation and appropriate risk management. However, there is a need for more research to strengthen the validity and improve the legitimacy of signals from budget impact thresholds...”

- The concerned Lancet GH Paper (by Pichon-Riviere et al) [Affordability decision rules: a systematic review and framework for categorising budget impact thresholds across health systems](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00373-0/fulltext)

“Affordability concerns have become increasingly relevant in health systems globally when deciding on the adoption and coverage of new interventions. However, a standardised approach for defining budget impact remains elusive. This study aimed to contribute to filling this gap by systematically identifying budget impact thresholds (BITs) currently in use, proposing BIT categories, and illustrating how these estimates could be applied across 182 countries to support local deliberations.”

Lancet GH – Countries cannot cover the shortfall from US funding cuts

Nicola Bulled; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00373-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00373-0/fulltext)

“The proposal from Malabika Sarker and colleagues (August, 2025) to view the dissolution of the United States Agency for International Development (USAID) as an opportunity to reimagine global health assistance is not only lacking in empirical grounding, but also troublingly dismissive of the structural global inequities USAID was designed to address.”

Providing three reasons.

Lancet GH (Viewpoint) - Facing up to reality: over-the-counter access to antibiotics in low-income and middle-income countries needs a paradigm shift in thinking

Prof Marc Mendelson et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00394-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00394-8/fulltext)

“... In this Viewpoint, we argue that over-the-counter antibiotic sellers need to be integrated into a solution for antibiotic misuse and overuse, rather than being seen as part of the problem. Furthermore, we provide a framework with which to achieve integration, so that the concept of global health care for all becomes a reality.”

WHO Bulletin theme issue: on traditional medicine and global health

<https://www.who.int/publications/journals/bulletin>

On **Monday, 3 November**, WHO, released the *Bulletin of the World Health Organization* Special theme issue on traditional medicine and global health.

“The theme issue explores the profound potential of traditional medicine - including traditional, complementary, integrative, Indigenous and ancestral practices - and expands the global knowledge base of high-quality published evidence on traditional medicine, in line with the call for increased research and evidence on traditional medicine as stated in the [WHO global traditional medicine strategy: 2025–2034](#). This issue of *Bulletin* supports the agenda of the second [WHO Global Summit on Traditional Medicine](#) - to be held from 17 to 19 December 2025 in New Delhi, India – by exploring how the integration of traditional medicine can enrich health systems, promote universal health coverage and support inclusive, sustainable development.

WHO - WHO calls for a new era of strategic urban health action with global guide to unlock healthy, prosperous and resilient societies

<https://www.who.int/news/item/31-10-2025-who-calls-for-a-new-era-of-strategic-urban-health-action-with-global-guide-to-unlock-healthy-prosperous-and-resilient-societies>

(31 Oct) “On World Cities Day, the World Health Organization (WHO) calls on national and city leaders to transform urban areas into engines of health, equity and sustainability.”

“More than 4.4 billion people, over half of humanity, now live in urban areas, a figure projected to rise to nearly 70% by 2050. In cities health, inequality, environment and economy intersect in powerful and dramatic ways, creating both complex risks and unique opportunities for progress. While health challenges loom in all urban settings, the worst health outcomes are often concentrated in slums and informal settlements, with residents enduring unsafe housing, inadequate sanitation, food insecurity, and rising exposure to floods and heat. Today, 1.1 billion people live in these conditions, a number expected to triple by 2050. With the new guide for decision-makers launched today “[Taking a strategic approach to urban health](#)” WHO provides concrete ideas to usher in a new era of urban health action. The Guide responds to the growing demand for integrated solutions that address health challenges and promote health more broadly in urban settings. It is the first comprehensive framework of its kind to help governments plan urban health strategically, integrating evidence into policy and practice.”

Plos GPH - Disinvesting in the future leadership of global health has already begun: What can we do about it?

Shashika Bandara et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005310>

“Following the abrupt and significant funding cuts by the U.S. and increasing retreat by high-income countries from development aid for health, global health as a field requires reimagining and urgent solution building by all parties involved. In this essay, we aim to draw attention to an important and urgent challenge that deeply affects our collective future: *the destruction of global health training opportunities and the weakening of future global health leadership*. If we do not approach this challenge with a sense of urgency, global health research and training face irreversible shifts, weakening global preparedness to face future pandemics, address climate crisis, and achieve global goals such as universal health coverage or health for all. We outline existing best practices that we can build on and pathways to build better approaches in global health training.”

Nature Medicine - Maximizing researcher–policymaker engagement in global public health

J. Jaime Miranda, K Buse et al ; <https://www.nature.com/articles/s41591-025-04015-9>

« Herein, we provide a framework for research–policymaker engagement, framed around the questions of why, on what, with whom, when, where and how clinical and public-health researchers can and should undertake engagement with policymakers. The views presented in this Perspective are a synthesis of the diverse, collective experience of the authors across global health contexts, supported by real-world illustrative case studies. We provide tangible recommendations for researchers, funders and policymakers to facilitate bridging the gap between evidence and policy.”

BMJ GH (Commentary) – How should morality play a role in global health?

R M Jindal et al ; <https://gh.bmj.com/content/10/10/e019118>

“**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.**”

“... In this commentary, we argue that moral clarity must be reasserted as a central pillar of global health practice. Integrating morality into decision-making is foundational to addressing inequities and ensuring inclusivity. By blending operational excellence with ethical clarity, defined here as the deliberate and consistent application of ethical reasoning, human rights and inclusiveness, global health can move beyond just addressing gaps; it can build systems rooted in fairness, compassion and shared human....”

Plos GPH – Tuberculosis laboratory capacity building in the WHO African Region: The past, the present and the future: A Viewpoint

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004979>

By Jean de Dieu Iragena et al.

Plos GPH - A public health framework for reparations and generational healing in Haiti

Judite Blanc et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004133>

“... We propose a biopsychosocial-ecological approach to guide reparations efforts. A targeted investment of \$30 billion could yield substantial improvements in healthcare, mental health services, and public safety—contributing to increased life expectancy, reduced mortality rates, and decreased violence.”

Global Health Research & Policy -Humility is critical in science communication: lessons from the UN’s recent report on child mortality estimates

Daniel D. Reidpath, Brian Wahl & Nina Schwalbe;

<https://ghrp.biomedcentral.com/articles/10.1186/s41256-025-00444-8>

(1st author), via LinkedIn: **“ In March 2024, the United Nations announced a “historic milestone”: global deaths among children under five had fallen below 5 million in 2022. It was an encouraging message—but only about 5% of that estimate came from countries with actual 2022 data. The rest was modeled, with limited adjustment for the COVID-19 pandemic or the sharp drop in vaccination coverage. If agencies do not respect the uncertainty of the science, there is little wonder that people do not trust them. In a recent article I co-authored with Brian W. and Nina Schwalbe, we argue that humility is vital—especially when the evidence informs global policy. Our concern isn’t with the modeling itself. It is with how findings are communicated. When uncertainty is polished away for a click-bait headlines, we risk losing credibility. Acknowledging what we don’t know builds trust—it doesn’t erode it. In global health, humility isn’t modesty. It is a mark of rigour and respect for evidence.”**

Health Research Policy & Systems - Peer-learning and support among health policy and systems research actors in West Africa: a social network analysis

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-025-01417-6>

By Selina Defor, U Lehmann et al.