

# International Health Policies Newsletter: AI Summary of IHP news 856

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## Introduction

This edition of the *International Health Policies* (IHP) newsletter reviews three major global events concluded last week: the **Global Fund Replenishment**, the **G20 summit**, and **COP 30**. These events, held in South Africa and Brazil, carry significant global health implications and are assessed based on whether they represent ‘empty multilateralism’ or a ‘victory for multilateralism’. A similar discussion surrounds the pending pandemic treaty, where securing a fair **Pathogen Access and Benefits Sharing (PABS) annex** is crucial; unfortunately, some argue that merely ‘holding the line in the current geopolitical environment’ is a feat in itself.

While many outcomes were disappointing and progress was insufficient, characterized by the dominance of voluntary initiatives (the ‘glass half empty’ perspective), some positives emerged, such as the likelihood that the roadmap idea will shape future COPs.

Given the multiple and intersecting global emergencies—including planetary, geopolitical/military, and inequality—the concept of ‘**resilience**’ is **expected to be the overarching lens** in power corridors worldwide. Carsten Schicker, CEO of the World Health Summit, coined the concept of ‘resilience returns,’ suggesting that by 2035, health spending will be treated as a **strategic investment that safeguards stability, growth, and peace**. Since the global community has proven resistant to ideas like degrowth and ecosocialism, resilience is predicted to be the defining theme for the coming decades.

Beyond these three major events, the newsletter covers the AU-EU summit in Luanda, Angola, which focused on “Promoting peace and prosperity through effective multilateralism”. In the run-up to World AIDS Day, attention is paid to the dire UNAIDS report, *Overcoming Disruption, Transforming the AIDS Response*, alongside coverage of AMR Awareness week. Finally, the Emerging Voices for Global Health call for 2026 is flagged.

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## Highlights of the Week

### Global Fund Replenishment (21 Nov, Jo’Burg)

The Eighth Global Fund Replenishment, co-hosted by South Africa and the United Kingdom on the margins of the G20 Summit, resulted in **US\$11.34 billion raised**. This figure reflects renewed solidarity and a commitment to sustaining progress and strengthening global health security. The event marked a shift toward a more agile, country-driven partnership model focused on mobilising new donors and accelerating domestic resource mobilization.

The **United States committed US\$4.6 billion**, maintaining its position as the largest donor. This pledge was considered surprising given the political climate, and the US also maintained its matching pledge ratio (requiring \$2 from other donors for every \$1 the US contributes). G20 member states contributed US\$8.96 billion. African implementing countries collectively pledged US\$51.59 million, with South Africa's \$26 million contribution nearly tripling its three-cycle average. Private donors, notably the Gates Foundation, pledged US\$912 million.

Despite these significant commitments, the US\$11.34 billion raised fell short of the financial target, reflecting a **weakening of international solidarity**. The *Global Fund Observer* (GFO) characterized the event as a "Missed Opportunity," warning of the risks of a new **"health austerity" in Africa**. The financial result signals that the era of continuous expansion of multilateral funding for HIV, TB, and malaria has ended, as health security, pandemic preparedness, and military security now absorb increasing shares of attention and budgets.

The US pledge was described as advancing the 'America First' strategy, viewing the Global Fund as a "critical partner". This support is linked to prioritizing innovative private-sector health technology and providing incentives to companies that produce health innovations, rather than allowing the market to be dominated by generic drug manufacturers. The GFO notes that while Johannesburg was not a failure, it was a mirror reflecting a world in transition where the "moral grammar of aid is being rewritten". A key challenge remains coherence: balancing realism with solidarity and justice. Traditional donors like France, Japan, and the European Commission failed to announce specific financial pledges at the meeting, sending an ambiguous signal of symbolic support for multilateralism but reluctance to fund it adequately. Furthermore, internal documents suggest the European Commission is considering ending its financial support to Gavi and the Global Fund by 2030.

### **G20 Summit in South Africa (22-23 Nov)**

The G20 summit in Johannesburg successfully adopted a Leaders Declaration, despite the **absence and boycotts of the United States**. The declaration touched upon expected global health issues such as **Pandemic Prevention, Preparedness, and Response (PPPR)** and Universal Health Coverage (UHC). Analysts described the consensus as a "victory for the diplomatic process," even though it achieved little substantive policy change, arguing that "holding the line in this current geopolitical environment is an achievement in itself".

South Africa's presidency highlighted critical issues for the African continent, including inequality, rising debt burdens, and the steep cost of capital. The declaration acknowledged Africa's debt pressures and saw the launch of the **Africa Engagement Framework** to cement G20-Africa cooperation until 2030. However, the summit disappointed those seeking major financial architecture reform; leaders reaffirmed support for the existing Common Framework on debt treatments but **failed to acknowledge or adopt new proposals** from an expert panel designed to ease fiscal constraints in indebted nations.

The declaration included calls to address **"deepening inequality"** and increase sustainable financing for health, notably through domestic revenue and the Global Fund. Critically, the declaration explicitly referenced the **Lusaka Agenda** for the first time, providing political weight to the agenda's focus on integrated health systems, UHC, and national leadership. South Africa championed priorities such as UHC, primary health care, and Non-Communicable Diseases (NCDs), supported by Norway, a guest country. The summit also launched the **Ubuntu Commission** to promote research and informed dialogue on global public challenges and investments.

The transition to the United States' G20 presidency marks a significant shift. The US agenda is expected to focus on **"growth, deregulation, and energy,"** moving away from South Africa's focus on "solidarity, equality, and sustainability," and is expected to strip topics like gender and climate from the G20 process. This change in leadership poses a challenge, as it heads away from the Global South just as debt sustainability issues in developing nations become more prominent, testing the G20's commitment to debt relief.

### **AU-EU Summit in Angola (24-25 Nov)**

The 7th African Union (AU) – European Union (EU) Summit in Luanda focused on “Promoting peace and prosperity through effective multilateralism”. Leaders affirmed support for multilateralism, cooperation in counterterrorism, green energy, digital transformation, agriculture, and strengthening **health systems**. They pledged to boost investment and support Africa's industrialization. Key outcomes included welcoming significant progress on the implementation of the **Global Gateway Africa-Europe investment package, valued at €150 billion**. The African Union chair called for fairer debt restructuring tools and innovative financing instruments for Africa’s development. The joint declaration showed a **stronger emphasis on the need to "reset the multilateral system,"** and highlighted critical minerals and industrial sovereignty, signaling a move away from a traditional aid-driven approach.

### **Global Health & Development Reimagining**

By 2030, influenced by geopolitical shifts and climate change, four competing visions for the global development architecture are identified:

1. **Aid Retrenchment with Nationalist Conditionality:** Development assistance shrinks, multilateral agencies are sidelined, and bilateral deals are tied to migration control or access to minerals, leading to the recession of rights, gender, and climate justice.
2. **Strategic Multilateralism:** Multilateral development banks remain central but their remit narrows to crisis response; concessional finance is rationed based on geostrategic importance; and health is framed specifically as **biosecurity**.
3. **Pluralist Development Cooperation:** Multiple, overlapping systems (Chinese, Indian, Gulf, regional) exist, giving LMICs bargaining power, but resulting in the fragmentation of rules (e.g., on debt workouts) and difficulty funding global public goods.
4. **Global Solidarity 2.0:** Cooperation is rebuilt around shared cross-border risks (climate, pandemics, AMR, debt contagion). This vision proposes a pooled **Global Public Goods Facility**, co-led by the North and South, where the traditional donor-recipient binary fades.

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

The **Africa Centres for Disease Control and Prevention (Africa CDC)** unveiled the **Africa’s Health Security and Sovereignty (AHSS) Agenda**. The AHSS Agenda seeks to reduce Africa’s dependence on external systems for manufacturing, procurement, and financing. This push is critical because **external health aid to the continent has dropped by nearly 70% since 2021**. The AHSS Agenda reinforces the New Public Health Order (NPHO) while adding **digital transformation** and **reform of the global health architecture** as critical components.

Experts expressed concern that the **‘America First’ approach** to global health undermines the collective bargaining power of African nations, which are attempting to negotiate as a bloc. However, some acknowledged that the US's "blunt honesty" might help African countries better negotiate the terms of bilateral deals. The Africa CDC is actively engaging with African countries regarding their

negotiations with the US to ensure they secure the best outcomes. Nigeria's integrated health financing and local production model was praised by the Africa CDC as a strong pathway for continental health system strengthening.

In terms of governance, an analysis of 73 global health public-private partnerships (PPPs) found that **high-income country representatives hold 69% of the seats** on governing boards. This suggests that the shift from multilateral governance (like the WHO) to multistakeholder governance (PPPs) has led to a **decrease in the decision-making influence for low- and middle-income countries**.

In other governance news, analysis shows that organizations in the global health sector led by **women CEOs have smaller median gender pay gaps** than those led by men, suggesting that women leaders may be more likely to address structural pay inequalities.

### **Pandemic Prevention, Preparedness, and Response (PPPR)**

Negotiations are focusing on the highly contentious **Pathogen Access and Benefits Sharing (PABS) Annex** to the pandemic treaty. The fourth meeting of the Intergovernmental Working Group (IGWG 4) is scheduled to resume discussions (1-5 Dec.), although expectations for major breakthroughs are modest due to limited informal dialogue and significant divergences concerning PABS contracts, databases, and laboratory networks. The Elders group warned against bilateral pandemic agreements that grant access to pathogen data without benefit-sharing, cautioning that such deals could **fragment multilateral cooperation** necessary for global safety and undermine health sovereignty goals like the **Accra Reset**. An integrated system linking materials and sequences, addressing data access, and rethinking Intellectual Property (IP) was proposed as a "third way" to overcome current negotiating pitfalls.

In financing, the **Pandemic Fund Governing Board** approved **US\$500 million** in grants under its 3rd Call for Proposals, which will support 20 projects across 32 low- and middle-income countries. When combined with international co-financing and domestic co-investments, these grants are expected to mobilize over **US\$4 billion**, highlighting the fund's catalytic capability. In total, the Fund is projected to mobilize over **US\$11 billion** across three calls, reaching 98 countries. The Board also endorsed a new methodology designed to identify countries with the highest risks and needs to effectively fill capacity gaps.

### **AMR Awareness Week (18-24 Nov)**

Recent scientific breakthroughs in the battle against superbugs are noted, fueling optimism that the pace of drug discovery is accelerating.

### **Run-up to World AIDS Day (1 Dec)**

The new UNAIDS report, ***Overcoming Disruption, Transforming the AIDS Response***, highlights that **abrupt funding cuts** have thrown the global AIDS response into turmoil. These cuts have resulted in "perilous risks" and massive disruptions to HIV prevention, testing, care, and community-led services, especially for vulnerable populations. The report warns that the decline in prevention services alone could lead to an additional **3.9 million new infections** over the next five years.

To achieve global targets, UNAIDS estimates an annual need of **\$21.9 billion** until 2030 in low- and middle-income countries. Boosting domestic financing is seen as essential, with the domestic share expected to rise from 52% in 2024 to two-thirds by 2030, despite the challenge posed by rising public debt in many African countries. The report also introduces the new **Global AIDS Strategy (2026–**

**2031**), which is person-centred and focuses on integrating HIV services, reducing stigma, and securing sustainable financing.

Concerns remain about equitable access to effective preventative medicines like **lenacapavir**. While generic versions are expected to be available for around \$40 per year starting in 2027, UNAIDS has urged Gilead to license more companies, including in Africa and Latin America, to further reduce the price and accelerate supply. Meanwhile, the US administration instructed employees and grantees not to use US funds to commemorate World AIDS Day, citing the observance's origin with the World Health Organization (WHO).

## Health Emergencies

The Marburg outbreak in Ethiopia is worsening, raising concerns among experts that its proximity to the borders of Kenya and South Sudan could lead to rapid spread if containment efforts fail.

## Trump 2.0

The 'America First' approach to global health aid is characterized by a focus on **enterprise-driven development**, innovation, and economic growth. The US State Department granted up to **\$150 million to Zipline** to expand drone operations in five African countries, symbolizing this new approach. A former USAID official, Bill Steiger, advocated for Congress to reauthorize vulnerable programs such as **PEPFAR** and the President's Malaria Initiative. Steiger also called for the State Department to be granted the ability to negotiate **binding bilateral compacts** (as opposed to nonbinding MOUs) to successfully implement the 'America First Global Health Strategy'.

Analysts warned that policies enacted during the first year of the second Trump administration have harmed global flows of goods and services, disproportionately impacting women in low- and middle-income countries. Furthermore, the proposed elimination of the CDC's Global Health Center is seen as a severe risk, as it would compromise global surveillance and emergency response networks that detect and contain disease outbreaks. The dismantling of US influence in this space is likely to be filled by other nations, such as China, reducing global preparedness.

## Commercial Determinants of Health

The Eleventh Conference of the Parties (COP11) to the WHO Framework Convention on Tobacco Control (FCTC) concluded with decisions on strengthening measures related to the environment and industry liability. Delegates called on member states to consider holding the tobacco industry **legally liable** for the health and environmental damage it causes and to establish stronger regulatory frameworks for polluting products. They also supported increased state funding for domestic tobacco control and the consideration of **generational (youth) bans** on cigarettes.

However, the conference was hindered by "unprecedented levels of industry interference". Key regulatory breakthroughs stalled, including a proposed ban on **polluting plastic cigarette filters** and stronger regulation of new tobacco products.

Separately, the Fourth Meeting of the Parties (MOP4) to the Protocol to Eliminate Illicit Trade in Tobacco Products focused on the global problem of illicit trade, which accounts for approximately **11% of the global tobacco market** and costs global tax revenues around **US\$47.4 billion annually**.

## COP30 in Brazil: final analysis

The COP30 climate summit delivered a final deal, which was noted as a victory for multilateral cooperation despite geopolitical turmoil. However, the outcomes were described by analysts as achieving minimal progress, characterized by the creation of plans to make more plans. While leaders managed to achieve a consensus, the final agreement contains small steps rather than leaps.

Key outcomes included an agreement to **triple funding for adaptation**, although the goal of roughly \$120 billion annually was postponed until 2035. Crucially, the final decision text did not include any mention of **fossil fuels** due to fierce opposition from petrostates such as Saudi Arabia. Outside of the formal UN process, Brazil supported a roadmap initiative to transition away from fossil fuels. In a complementary move, Colombia and the Netherlands announced a separate conference aimed at speeding up a "just" fossil fuel phase-out for high-ambition countries.

A major outcome welcomed by civil society was the agreement on a **Just Transition Mechanism**, intended to ensure that the shift to a green economy is fair and protects the rights of people globally; however, efforts to attach specific funding to this mechanism failed. On the health front, the summit delivered incremental victories: the final COP decision text included the **first direct acknowledgement of the economic and social benefits and opportunities of climate action, including improved public health**. The voluntary **Belém Health Action Plan** was endorsed by about 10% of nations but received no dedicated government funding. This action plan is significant because it invites nations to report progress on health adaptation in their submissions to the Global Stocktake at COP33, integrating health adaptation into countries' official climate progress reporting for the first time.

### More on Planetary Health

The world has missed an important decade needed to keep the Earth system within its safe operating space. Scientists warn that humanity has lost the climate gamble, expecting warming to exceed 1.5°C and entering the dangerous terrain of "**overshoot**" within the next few years. This risks crossing tipping points, including those affecting the Amazon and tropical coral reef systems. Analysts warned that COP30 continued to spread "**false hope**" rather than delivering real plans to phase out fossil fuels.

Brazil launched the **Tropical Forest Forever Facility (TFFF)**, designed as an investment vehicle to reward tropical forest nations for conservation. The TFFF raised US\$6.6 billion in pledges, notably from Norway (US\$3 billion over ten years). However, this fell short of the \$25 billion government investment target needed to unlock an additional \$100 billion in private financing. The funding shortfall severely weakens the initiative: at current levels, the facility projects paying tropical forest nations approximately **16 cents per hectare annually**, a 96% decrease from the target amount, substantially reducing the incentive for nations to scale back deforestation. Indigenous and forest communities criticized the TFFF as a mechanism for privatizing forest finance, arguing that capitalism cannot solve the ecological collapse it caused.

Finally, the coincidence of the climate finance talks (COP30) and global tax rule negotiations (Nairobi) highlights a crisis where the global response to climate action remains fragmented and disconnected.

### SRHR (Sexual and Reproductive Health and Rights)

Guyana's Ambassador to the UN in Geneva called for other countries to eliminate all taxes and customs duties on feminine hygiene products, following Guyana's lead in removing the "Period Tax" to promote freedom and dignity. A new report revealed Africa's significant **stillbirth crisis**, finding that the continent accounts for half of all global stillbirths, with rates nearly eight times higher than

in Europe. Additionally, an analysis of SRHR noted that local rights-based civil society organizations are key to achieving progressive policy reform and should receive long-term funding.

### Human Resources for Health (HRH)

The **Lusaka Agenda** is highlighted as a strategic opportunity to harmonize resources and stakeholder efforts to optimize the scalability and sustainability of Community Health Worker (CHW) programmes in Africa. Currently, the CHW programme faces challenges related to poor governance and lack of sustainable funding. African countries agreed upon the priority actions for the **Africa Health Workforce Agenda 2026–2035**, aiming to address the projected shortage of **6.1 million health workers by 2030** through measures like modernizing education and improving retention.

### Access to Medicines, vaccines & other health technologies

Amid a deepening political row, the US government has not invited South Africa to discuss resuming its HIV grant and will not supply the long-acting HIV prevention drug, **lenacapavir**, to the country. The US and the Global Fund purchased Gilead's 2026 stock of lenacapavir, a drug shown to be 100% successful in preventing HIV transmission. Although advocacy groups estimate 10 million Africans need the drug, the US will only provide doses for 325,000 people in 2026, which advocates called "insulting". Experts noted that the infrastructure required to roll out the drug has been decimated by PEPFAR cuts, with South Africa seeing the dismissal of approximately 8,000 healthcare workers.

In other news, a new pricing deal for the **R21/Matrix-M malaria vaccine** will reduce its cost to \$2.99 per dose within a year. This reduction is expected to save up to \$90 million and protect nearly **7 million additional children by 2030**. Separately, generics for the weight-loss drug **semaglutide (Ozempic)** are expected to slash prices by up to 80%, but experts caution that booming demand in wealthy countries may limit benefits for low- and middle-income countries (LMICs).

### Conflict/War/Genocide & health

The war in Gaza has created a "human-made abyss". The United Nations trade and development agency estimated that reconstruction will cost **more than \$70 billion** over several decades. The economy of Gaza contracted by 87% over 2023-2024, leaving its gross domestic product (GDP) per capita among the lowest globally at just \$161.

### Some more reports & publications of the week

A comment piece highlighted **post-separation abuse** as an ignored public health crisis where legal, judicial, health, and child protection systems may compound the harm faced by women and children. Separately, the **Global Burden of Disease 2023** was noted as the most comprehensive iteration yet, presenting challenges and opportunities for improving its accuracy and policy relevance.

### Miscellaneous

New data from UNICEF indicates that over one in four children globally—around **610 million**—live with mothers who experienced physical, emotional, or sexual abuse by an intimate partner in the past year. Finally, the number of women incarcerated worldwide is nearing one million (over 733,000 women and girls) and is rising at nearly **three times the rate of men**, leading experts to warn of a "global crisis".