# IHP news 821 : Hushing

***( 21 March 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,

As this newsletter is sent out from "*a country attempting to sustain its neocolonial delusions"* (*according to Paul Kagame himself* 😊), we'll try to keep our delusions to a minimum in this intro.

Let's start with a couple of must-reads - all one way or another linked to 'Trump 2.0'. **Ken Opalo's hardhitting** article in an **Africanist Perspective**, '*African countries must urgently start the process of ending aid dependency*', went viral this week. Opalo makes a number of valid points, so it's easy to see why. From a different angle, the same was true for **Daniel Reidpath's** *'aid cruelty is not an opportunity'* and **Fifa Rahman et al's** *'A Roadmap for South-South Cooperation'*.

Borrowing a leaf from **B Badré et al** then, who worry in a **Project Syndicate op-ed** about '**The rise of "greenhushing"** *(i.e. when companies* (& other actors) *downplay environmental risks for financial or political reasons*), we hope **"health-hushing"** won't take off in the coming years, as collateral damage of all the current 'end of aid' talk. And so along these lines, we slightly adapted Badré et al's **overall stance**: " ….***The collective project that all countries embarked on ten years ago – with the SDGs and the Paris climate agreement – must remain our North Star****, even if pragmatism demands strategic tacking along the way.* ***We need the opposite of greenhushing*** **(& health-hushing*****):*** *bold, united action that weaves climate* **( & health***) priorities into our economic and geopolitical strategies.* ***Business*** **(/international organizations, countries, ….)** ***leaders who do not speak up now will later regret it*****."**

While I admit the SDG agenda is not exactly popular in some corridors nowadays, the lack of a truly holistic lens for our polycrisis times, is why I have a bit of trouble with **Seth Berkley**, one of many global health big shots weighing in now on the "new global health situation" after the first 50 days of Trump 2.0. In a rather neat Devex interview, Seth (correctly) discerned a coming **'Poly-epidemics era'**, linking it among others to climate change, but then failed to mention some of the root causes of the climate emergency. Presumably, 'climate change' comes out of nowhere - a bit like the meteor did for the dinosaurs. Didn't end well for the dinosaurs, I recall.

Another (and more humble) global health leader, **Wellcome's J-A Røttingen** also provided his take in an insightful and nuanced Stat **interview**, but again I had some trouble (*yes, I know I can be a pain in the ass* 😊*)* with a few quotes, among others this one, ***"…*** *I would expect that health security and biosecurity would be a priority of a Republican administration in the U.S. "* While J-A might (still) turn out right on health security, instead of a 'Republican administration' they now have **a far-right one** over there (with a few ultra-greedy tech-billionaires on top of it, some even with a fascist streak). Also, in the Brave New World after the US global health withdrawal, due to "scarcer resources for health", everybody (and certainly WHO) will have to 'prioritize', according to Røttingen, but

somehow I missed in this interview a similar stance on philanthropy. Presumably, they don't have to 'prioritize' (as they will keep having billions in the foreseeable future)…

I'd encourage Seth, J-Arne & others to ponder the following **tweet** **from Eric Reinhart**, ostensibly only linked to the Democrats in the US, but clearly with some relevance for Global Health power as well: *"You can neither prevent nor beat fascism by just simply resisting its force. You must* ***change the material and affective conditions that sustain its appeal.*** *For decades, Democratic Party neoliberalism has cultivated ideal soil for fascism. Still now they refuse to change course."*

And so I hope that sooner rather than later these global health leaders will connect the dots, and among others also become vocal proponents of global tax justice in every interview, as part of **a more holistic analysis "fit for our polycrisis times"**. Under the already abovementioned motto, "…. *Leaders who do not speak up now will later regret it*" 😉. Time is surely running out.

PS: By the way, sadly, in the past two years there's been plenty of other 'hushing'. The horrific results we see everyday on our screens. '**Dark energy'** might be weakening at the level of the universe, but on this planet the reverse seems to be the case.

But as PHM argues, we can't afford despair.

Enjoy your reading.

Kristof Decoster

# Featured Articles

## The Paradox of a Public Healthcare System: The case of Male Workers Processing e-waste in slums of a South Indian City

**Sapna Mishra & Rakhal Gaitonde**

India is the third largest producer of e-waste, and approximately 90% of it gets processed in the unorganized sector. A report by the National Commission for Enterprises in the Unorganized Sector (NCEUS) from 2007 highlighted that the Muslim community is overwhelmingly concentrated in the unorganized sector and engaged in self-employed activities to meet their livelihood needs. The unorganized e-waste processing sector is an example.

This piece attempts to shed light on certain aspects of the public healthcare system that make it inaccessible to young male workers (many of them aged 24 years or less) who process e-waste in the unorganized sector of a south Indian city.

***Social position, precarious work, and related health problems***

In India, processing of e-waste is mostly carried out by young, poorly educated Muslim men. Indeed, while waste processing in general is traditionally carried out by the low caste groups in India owing to its rootedness in the notion of purity and pollution, e-waste processing is carried out mostly by deprived Muslim communities.

A related quote from the abovementioned NCEUS report sheds some light on this:

*"While men and women from the upper castes and other religious groups were most likely to get organised sector jobs, Muslims, both Other Backward Classes (OBC) and others, both men and women, were least likely to do so. While the high levels of education among the upper castes explained this difference, in the case of Scheduled castes (SCs) and Scheduled Tribes (STs) affirmative action in their favour led to better access to organised sector jobs (even if they were at the lower levels) compared to Muslims."* – the NCEUS report.

Workers in the unorganized waste processing sector in general and the e-waste processing sector in particular are neither recognized, registered, nor protected. Their employment and working conditions are not regulated. Hence, most of them are either self-employed or casually employed without any written/verbal contract, with no fixed wages. They also work for long hours, do not have any paid leave, and work under unsafe conditions with no safety equipment. Their social position entraps them in precarious work.

The evidence suggests that such precarious conditions themselves make workers vulnerable to work-related injuries and diseases. Workers in our study (conducted in 2020-21) reported injuries, low back pain, and skin-related conditions and attributed these to their work.

One of the private healthcare providers detailed how activities involved in e-waste processing expose workers to injuries: *"Cuts are frequent when they strip wires using the knife. Crush injuries are common when they use a hammer to dismantle the scrap. Amputation of fingers results from the machine used to cut the wires. So, injuries to hands and toes are common in scrap workers. There are also cases of eye injuries".*

Even if lack of (/non-use of) safety equipment is known as one of the proximal risk factors for injuries, workers avoided using safety equipment altogether as it causes discomfort and delays their work (which is valued at a piece rate). Though the importance of safety equipment is undeniable, merely asking everyone to wear it without taking into account their work process, the type of material they deal with, the appropriateness of existing safety equipment, and especially the precarity of their job, will thus not address the root cause of the problem.

***Inaccessible public health care system***

Precarity associated with their work not only makes them vulnerable to work-related injuries/diseases, it also contributes to downplaying the seriousness of the same by delaying care seeking. The inability of the public healthcare system to address their basic healthcare needs adds another layer to their existing vulnerability.

The Commission on Social Determinants of Health recognizes the healthcare system as one of the crucial determinants of health. It has been argued that while a healthcare system can play a significant role in reducing inequity, conversely a poorly functional healthcare system can

perpetuate inequity. More in particular, in our study urban primary health centers (UPHCs) remained inaccessible to workers as they believed it only cared for women and children.

*"See, only females are there. How could we go there? You should ask the doctor of this UPHC to put a board outside in which it is written that this UPHC is for males also."* – a 26-year old male worker

In addition, prevalent gender and cultural norms also restricted them from discussing their issues with community health workers (ASHAs) who are women. Interestingly, even ASHAs echoed the same. One of them stated, "*Men are strong; they don't need care as much as women and children do"*. The inconvenient opening times of the UPHC, and the long waiting time further restrained workers from approaching these centers.

Even though it is a mandate of the UPHC to provide routine care, historically the focus has remained on the provision of maternal and child health services. The inability of the system to recognize the precarious nature of work that marginalized groups are involved in, makes male workers perceive it as limited to providing services for mothers and children.

The indifference of the public healthcare system pushes workers to seek care from private clinics/hospitals. These clinics/hospitals largely provide curative care, which is exploitative, costly, and further impoverishes workers. Frequent tetanus toxoid (TT) injections are the only preventive care they provide for injuries. Many workers reported getting an injection once every two months by paying an amount ranging between 30 and 200 INR per injection. The publicly funded health insurance schemes appear irrelevant as they only cover hospitalization costs without any provision for outpatient treatment of everyday illnesses affecting these male workers. Multiple studies have documented challenges workers in the unorganized sectors encounter while accessing healthcare services.

Though we have not directly looked into the role played by caste/religion with respect to access to health care services, a recent book on health inequities in India has extensively documented how social determinants (caste/religions and their intersection with gender, socio-economic status, sexuality etc.) shape access to health care services among different communities in India. While arguably many of these challenges have been discussed at the policy level and various policy initiatives have been taken for unorganized sector workers (including e-waste workers), the reality on the ground remains grim.

Existing evidence demonstrates the contribution of the public healthcare system in reducing health inequity by addressing the healthcare needs of various underserved communities. However, when it remains gender blind and fails to consider precarity associated with the occupation of a minority group, as is clear in this case, it probably contributes to the perpetuation of health inequity.

On the authors:

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# Critical Medicines and Priority Medical Products should not leave anyone behind

**Belén Tarrafeta** & **Raffaella Ravinetto** (both ITM)

Historically, limited access to medicines was viewed as a problem primarily affecting healthcare systems in the Global South. However, in recent years this issue has also emerged in the Global North, thus transforming access to medicines into a global concern extending beyond low-resource settings. Moreover, access to medicines is nowadays addressed not *just* as a moral and public health imperative, but also considered as a matter of health security. Stakeholders in the European Union (EU) and in Africa increasingly call for measures to reduce dependence on Asian markets, thus ensuring health security while also fostering local industrial and economic development.

Last week, the fifth anniversary of the Covid pandemic brought back memories of shortages of essential health products, in Europe and elsewhere. Focusing on our region, EU supply systems were indeed exposed as far more vulnerable than anticipated during the pandemic. In response, the EU just introduced the Critical Medicines Act "to improve the availability, supply and production of critical medicines within the EU." The Act comes with a robust set of measures to enhance access to specific 'critical medicines'. Despite some criticism , it represents an important step forward for the EU.

Even if primarily focused on the EU, this novel approach may provide valuable guidance for pharmaceutical policies elsewhere. In fact, the goal of diversifying pharmaceutical manufacturing aligns with other initiatives, such as the ones taken by Africa CDC, or efforts to be discussed at the forthcoming WHO World Local Production Forum in Abu Dhabi, April. In preparation of the latter event, the New Partnership for Africa's Development (NEPAD), in collaboration with Health Action International (HAI), have issued the report "24 Priority Medical Products and Roadmap for Regional Manufacturing in Africa", to guide investments in pharmaceutical manufacturing across the continent. These recommendations are based on a thorough analysis that considers disease burden, as well as other factors that would make production technically and economically feasible.

As global health researchers, we should however remind decision makers that it's not just about safeguarding collective health security, States should also protect the individual right to health. Therefore, any list of critical medicines should "not leave anyone behind". This requires that criteria for selecting critical and priority medicines consider the complexity of health conditions, especially for vulnerable populations .

We contend here that the essential medicines needed for alleviating pain, for adults and children, should be included in any plans to improve access. Some of these medicines, like morphine, are essential but can lead to addiction and/or be abused, and so they are regulated under international treaties and laws. The 68th Commission on Narcotic Drugs, which also took place last week (in Vienna), marked one year since the approval of the (Belgium-sponsored) resolution 67/2 focused on improving access to these essential medicines for children. In these turbulent times, when multilateralism and human rights are at stake (or worse), it was particularly meaningful to stand alongside like-minded organizations and individuals, to advocate for vulnerable children's right to health and to be pain-free.

Sadly, despite growing attention for access to medicines, there is still a huge neglect of medicines that can relieve human suffering, in all age groups. For instance, it is disappointing that the EU list of

critical medicines includes four injectable forms of morphine but no oral paediatric formulations. And although NEPAD listed sickle cell disease, cancer, and injuries in its priority medical products lists, treatments for severe pain remain overlooked.

While developing policies and making investment decisions to improve access to medicines, we must not forget individual people and their unique needs. Providing the means to alleviate suffering, especially for vulnerable groups like children, should remain at the forefront of our efforts.

# Highlights of the week

## Reads of the week

### People's Health Movement - While the World is in Turmoil, the People's Health Movement calls for Hope, Optimism, Resistance, Solidarity and Peace

https://phmovement.org/while-world-turmoil-peoples-health-movement-calls-hope-optimism-resistance-solidarity-and-peace

**PHM's Steering Committee** gathered end of February, and published this statement (5-pager). Which, I'm sure, we all need. Among others with a number of strategic action points.

### Journal of Physical Activity and Health - Thinking and Acting Politically for Effective Policies for Physical Activity

**Kent Buse;** https://journals.humankinetics.com/view/journals/jpah/aop/article-10.1123-jpah.2025-0033/article-10.1123-jpah.2025-0033.xml?content=pdf-preview
This commentary is **an excerpt of a keynote address** delivered to the 10th Congress of the International Society for Physical Activity and Health on October 30, 2024, in Paris, France.

Nice read with plenty of relevant frameworks.

And also a bit to make up for the fact that this newsletter (like many others), sadly, doesn't pay nearly enough attention to 'systems for health'…. We should.

## Trump 2.0: updates from past week

More or less chronologically.

## Devex – US Congress passes budget bill, but questions remain on foreign aid

https://www.devex.com/news/us-congress-passes-budget-bill-but-questions-remain-on-foreign-aid-109653

(16 March) "**A continuing resolution means funding levels will remain the same until September, but what that means for foreign assistance is unclear."**

"**The U.S. Congress passed a budget bill late on Friday, averting a government shutdown, but experts say questions persist on foreign assistance funding**. Rather than writing and passing a specific budget for the 2025 fiscal year, which is already nearly halfway through, **Congress instead passed a continuing resolution that will fund the government at 2024 levels through the end of September. That means Congress is technically appropriating about $60 billion in previously agreed-upon foreign assistance. …. But big questions remain**: Will Congress — either at the behest of the administration or of its own volition — move in the weeks or months ahead to pass a rescission package to claw back some of the funding approved in this bill and codify the cuts made by the Trump administration? Or will Congress "assert its power of the purse" and make sure the administration is spending the money it approved?...."

- See also **KFF** – Congress passes Full-Year Continuing Resolution Bill, maintaining global health funding at prior year levels

## Devex - USAID staff ordered to remove pronouns from email signatures by Friday

https://www.devex.com/news/usaid-staff-ordered-to-remove-pronouns-from-email-signatures-by-friday-109645

"This is **to comply with Trump's executive order** that states the government recognizes only "an individual's immutable biological classification as either male or female.""

## Devex - Exclusive: Inside the closed-door meeting on USAID's future

https://www.devex.com/news/exclusive-inside-the-closed-door-meeting-on-usaid-s-future-109654

(16 March) "The **ideas for the agency's future were shared by Tim Meisburger, the head of USAID's Bureau for Humanitarian Assistance, in a closed-door meeting on Wednesday**."

"…**By Sept. 30, 2025, whatever's left of USAID will be dissolved — and in its place, a new humanitarian assistance bureau could be embedded into the State Department**. This idea for the agency's future was shared by **Tim Meisburger, the head of USAID's Bureau for Humanitarian Assistance,** in a closed-door meeting on Wednesday, according to several former and current USAID staffers, including one with direct knowledge of the information. **Meisburger — who returned to USAID this January — reportedly told some two dozen staff that the new bureau would have four offices: the first centered on acquisitions and assistance; the second centered on humanitarian and food assistance; the third targeting global disaster response; and the fourth focused on global health emergencies**. This is the first reporting of this planning meeting and what was discussed. It's **unclear how far along the idea for this potential merger is, whether Secretary of State Marco Rubio has seen it, whether there are competing visions for USAID's future, and whether Congress**

**has received an official notification of this proposed reorganization, which is required for the process**. But if implemented, the approach would mean the dissolution of everything else USAID has worked on for decades — slicing away the agency's work on democracy, governance, and human rights; economic growth and private sector engagement; and nearly all things related to development."

PS: "… An **office of global disaster response** would retain USAID's disaster assistance response teams, or DARTs — the groups of highly trained staff that for years have led the U.S. government's emergency response within 24 to 48 hours of a disaster. It would also include some of the outbreak response teams currently embedded within USAID's Bureau of Global Health, and surge staffing through institutional support contractors. **An office of global health emergencies** would include longer-term health programming, such as initiatives under the President's Emergency Plan for AIDS Relief (PEPFAR), malaria response, and health systems strengthening….."

- See also **Devex – Memo lays out plan to replace USAID with new humanitarian agency**

https://www.devex.com/news/memo-lays-out-plan-to-replace-usaid-with-new-humanitarian-agency-109685

(20 March) "The changes include **renaming USAID as the U.S. Agency for International Humanitarian Assistance**." The new U.S. Agency for International Humanitarian Assistance would have **a "narrow mandate" focused on humanitarian assistance, including a "modified" PEPFAR.**

"…. The U.S. Agency for International Humanitarian Assistance should combine the Bureaus for Global Health Security and Diplomacy; Conflict and Stabilization Operations; and Population, Refugees, and Migration from the Department of State with the Bureaus for Humanitarian Assistance; Global Health; Conflict Prevention and Stabilization; and Resilience, Environment, and Food Security from the former USAID, it stated….."

- And via **Politico - Trump aides circulate plan for complete revamp of foreign aid programs**

" Some Trump administration officials have crafted a proposal to restructure the U.S. international aid and development architecture, making **it leaner, more focused and better positioned to take on China."**

## Devex - Democratic lawmakers push Rubio, Trump administration for USAID answers

https://www.devex.com/news/democratic-lawmakers-push-rubio-trump-administration-for-usaid-answers-109659

(17 March) "A series of letters probes the administration for more information on the foreign assistance review, USAID cuts and more, **laying bare the lack of information Congress still has**."

### Science Insider – Fear spreads that NIH will terminate grants involving South Africa

https://www.science.org/content/article/fear-spreads-nih-will-terminate-grants-involving-south-africa

"Trump has promised to cut off funding, claiming nation discriminates against white citizens."

"**Health researchers who work in South Africa are on red alert after hearing today that the U.S. National Institutes of Health (NIH) could terminate all grants that fund work in that country within days.** The move would apparently be **in response to a 7 February executive order by President Donald Trump that threatened to terminate U.S. aid to South Africa because of alleged discrimination against Afrikaners**—white South Africans of Dutch descent….."

### KFF - Scientists Say NIH Officials Told Them To Scrub mRNA References on Grants

https://kffhealthnews.org/news/article/nih-grants-mrna-vaccines-trump-administration-hhs-rfk/

"**National Institutes of Health officials have urged scientists to remove all references to mRNA vaccine technology from their grant applications**, two researchers said, in a move that signaled the agency might abandon a promising field of medical research….."

### CNN - As bird flu continues to spread, Trump administration sidelines key pandemic preparedness office

https://edition.cnn.com/2025/03/17/health/pandemic-preparedness-office-trump-bird-flu/index.html

" **The Trump administration has not staffed an office established by Congress to prepare the nation for future pandemics**, according to three sources familiar with the situation. **The White House Office of Pandemic Preparedness and Response Policy** was established by Congress in 2022 in response to mistakes that led to a flat-footed response to the Covid-19 pandemic. …. **The office, called OPPR**, once had a staff of about 20 people and was orchestrating the country's response to bird flu and other threats until January 20, including hosting regular interagency meetings to share plans……"

### Guardian – Musk and Doge's USAid shutdown likely violated US constitution, judge rules

https://www.theguardian.com/us-news/2025/mar/18/elon-musk-doge-usaid-shutdown-ruling

(18 March) **"Judge halts efforts to fire USAid workers, a major setback in administration's attempts to bulldoze federal government."**

"A **federal judge on Tuesday ruled that Elon Musk and the so-called "department of government efficiency" (Doge) likely violated the US constitution by shutting down USAid**, ordering the Trump administration to reverse some of the actions it took to dismantle the agency. The **decision by US**

**district judge Theodore Chuang** was sweeping in its scope and **marked a major setback for the administration's signature takedown in its effort to bulldoze through the federal government**….."

- See also Devex - Judge finds DOGE's shutdown of USAID 'likely' unconstitutional

"**In a lawsuit brought by a group of anonymous USAID employees and contractors, a federal judge ordered employees access to USAID systems reinstated and barred Elon Musk and DOGE from taking further actions to shutter USAID….."**

PS: "….Defendants shall not take any other actions relating to USAID without the express authorization of a USAID official with legal authority to take or approve the action," Chuang wrote. That means the **ruling doesn't impact the decision to terminate USAID staff and some 83% of its programs** because that was approved or ratified by officials who had the authority to do so and not solely by DOGE….." " **The shuttering of USAID's office and removal of its website, however, appear to have been conducted by DOGE without the necessary official authority**, according to the court, prompting the judge to order specific remedial actions….."

### NYT – Trump Administration Considers Scaling Back H.I.V. Efforts at C.D.C.

https://www.nytimes.com/2025/03/19/health/cdc-hiv-prevention-treatment.html

"The move comes after a series of cuts to prevention and treatment efforts worldwide. **Some functions might be moved to another agency,** officials said."

"**The Department of Health and Human Services is now considering shutting down the H.I.V. prevention division** of the Centers for Disease Control and Prevention and shifting some of its activities to a different agency, according to federal officials….."

### Devex - Peter Marocco departs USAID, remains at State Department

https://www.devex.com/news/peter-marocco-departs-usaid-remains-at-state-department-109679

"**Secretary of State Marco Rubio has named 27-year-old DOGE staffer Jeremy Lewin to top USAID post."**

"... Now, much of that authority seems to have been handed over to Jeremy Lewin, a staffer at the Department of Government Efficiency, or DOGE, who is also reportedly **a 27-year-old lawyer**. Last month, journalists at The Handbasket found out that he had, until recently, **worked at the same firm that employed Usha Vance, the second lady of the United States….."**

## Trump 2.0: Analysis, impact, advocacy, strategies, …

In this section, we will focus on the key reads & stances of the past week. With first of all the **grim message from Tedros and colleagues during Monday's media briefing,** as well as **Africa CDC's equally grim message on Thursday.**

PS: you find many more (also good ones) in the **extra Global Health Governance & Financing sections.**

## Stat - WHO issues starkest warning yet on fallout from U.S. withdrawal of aid for global health

Stat;

"**Trump moves will vastly undercut efforts to combat HIV, measles, and other diseases, agency says."**

"**The World Health Organization on Monday issued its starkest warning yet on the consequences of the abrupt cessation of U.S. global health funding, saying it is threatening to reverse years of progress in the fight against diseases like HIV, tuberculosis, and measles.** Director-General Tedros Adhanom Ghebreyesus **called on the Trump administration to reconsider its withdrawal of funding for international aid programs**. Barring that possibility, **Tedros said the United States has a responsibility to manage the pullback in ways that do not endanger the lives of people who rely on the programs it funds….."**

- See also **HPW – Grim Global Impact of US Funds Withdrawal; WHO Mulls 'Terrible Choices' (must-read!!!)**

"A **grim picture is emerging of people running out of food, countries running out of medicine and hospitals closing** as a result of the shock slashing of global health budgets by the United States, according to multiple **World Health Organization (WHO) staff addressing a media briefing on Monday.** Meanwhile, **the WHO is mulling "terrible choices" as it tries to trim 25% of its budget in the wake of the US withdrawal from the body….."**

One of the key risks**: undoing 20 years of progress in malaria, HIV, ….**

- See also **Devex – With US funding loss, WHO forced to make 'terrible' programmatic choices**

"**There are some terrible choices to be made," Dr. Mike Ryan said, noting that other WHO directors are making similar hard choices at the moment** — "choices we would never have wanted to make."

"Dr. Mike Ryan, WHO deputy director-general and executive director of the WHO health emergencies program, said **they have already scaled back the ambition of the health emergencies two-year budget from $1.2 billion to $872 million….."**

"**At the WHO executive board meeting last month, member states proposed decreasing WHO's base budget for the 2026-2027 biennium to $4.9 billion from the initially proposed $5.3 billion** "to reflect the current financial and economic constraints." The U.N. agency is however hoping that member states will agree to another 20% increase in membership dues or assessed contributions for the coming two years**. Ryan said that while member states already want to curtail the agency's budget, WHO Director-General Tedros Adhanom Ghebreyesus has instructed them to "look at an**

**even lower scenario so that we can be ready to deal with whatever comes over the coming months."**

"…. **WHO said there are now "severe disruptions" to the supply of malaria diagnostic tests, medicines, and insecticide-treated bed nets,** either because of stockouts, delayed delivery, or lack of funding. **If this continues, there could be an additional 15 million cases of malaria, and 107,000 deaths in 2025, "reversing 15 years of progress**", Tedros said. In **addition, eight countries will run out of HIV medicines in the coming months, and nine countries have reported failing procurement and supply chains for TB drugs**. In Cox Bazaar, the world's largest refugee camp, diagnosis and treatment for **hepatitis C** have been disrupted. **WHO's global measles and rubella network of more than 700 laboratories, funded solely by the U.S. government, also faces "imminent shutdown."** Measles vaccination campaigns are also affected by the loss of support and the loss of personnel responsible for implementing them….."

## HPW - Measles Vaccination, Disease Surveillance and Labs Hit Hardest by US Budget Cuts

https://healthpolicy-watch.news/measles-vaccination-disease-surveillance-and-labs-hit-hardest-by-us-budget-cuts/

(18 March) "**Cuts to global immunisation budgets are hitting measles vaccine coverage, disease surveillance, laboratory networks and outbreak response the hardest**, according to the **Strategic Advisory Group of Experts on Immunization (SAGE)." "** SAGE, which advises the World Health Organization (WHO) on immunisation, **issued the warning at a media briefing on Tuesday** after its **four-day biannual meeting**." (*with also some more info on the rest of its agenda)*

"It **warned that the recent cuts by the Trump administration in the United States create a risk of further backsliding in immunisations** "just when countries are recovering from the impact of the COVID-19 pandemic". …. "

**"…** However, **WHO's global measles and rubella network of more than 700 laboratories, funded solely by the US, faces "imminent shutdown**", WHO Director-General Dr Tedros Ahhanom Ghebreyesus told a media briefing on Monday. **The collapse of the network, called Gremlin, would mean that outbreaks would not be detected – either at all or not rapidly**, said O'Brien….." "**….** Gremlin costs $8million a year, which O'Brien described as a "best buy" investment to save lives. It had been funded by the US Centers for Disease Prevention (CDC) not the US Agency for International Development (USAID)."

"The **major theme of the four-day meeting** was the "**very high concern" of SAGE members of the impact of the funds cut on the "eradication, elimination and control of diseases"**, added O'Brien."

## HPW – Africa CDC: Aid Cuts Will Result in Millions More African Deaths

https://healthpolicy-watch.news/africa-cdc-aid-cuts-will-result-in-millions-more-african-deaths/

"**Two to four million additional Africans are likely to die annually as a result of the shock aid cuts by the United States and other key donors, according to Dr Jean Kaseya**, who heads the Africa Centre for Disease Control and Prevention."

"**Kaseya heads to Washington next week where the US Congress is due to discuss the reauthorisation of the US President's Emergency Plan for AIDS Relief (PEPFAR) on 25 March**. But numerous PEPFAR projects have already been terminated in the past two months by Trump appointee Elon Musk's Department of Government Efficiency (DOGE) and it is unclear what the Republican-dominated Congress envisages for the plan. **Kaseya said he planned to meet members of the Trump administration, PEPFAR officials and Members of Congress next week in a bid to restore US aid."**

""**It is a disaster**," Kaseya told a media briefing on Thursday, disclosing that **some African countries relied on "external assistance" for 80% of their HIV and malaria responses.** "Overnight, everything is gone," he said, noting that **30% of Africa's health expenditure comes from official development assistance (ODA) – yet there had been a 70% cut in ODA this year from $81 billion to $25 billion**….. Kaseya reported that **he has been travelling the breadth of the continent and internationally to secure three key pillars of support for health on the continent: increased domestic funding, "innovative financing" for outbreaks and "blended financing"**….. The aid cut **will "reverse two decades of health achievements in maternal, child health and infectious diseases**", warned Kaseya, adding that **entire health systems "could collapse"."**

"… Kaseya has held **several briefings with health ministers and African Union leaders to address the crisis, particularly focusing on alternative sources of funding**….."

## Science – Outgoing head of heralded U.S. global HIV/AIDS program urges Trump to reverse cuts

https://www.science.org/content/article/outgoing-head-heralded-u-s-global-hiv-aids-program-urges-trump-reverse-cuts

"Outgoing head of heralded U.S. global HIV/AIDS program **urges Trump to reverse cuts**." With the view of ( diplomatic) **John Nkengason**g.

## Devex - Seth Berkley warns of an era of 'polyepidemics' as cooperation crumbles

Devex;

"**Devex sat down with the former head of Gavi to discuss the difficult times ahead as the foreign aid landscape drastically changes; what this could mean for the health of the world's population, and where priorities should lie."**

"… **Berkley said it will take time to understand the true fallout of what's transpired in the past two months; vaccines** must continue to be **prioritized** despite dwindling resources; **and each country in the world must stand prepared to enter into a new "era of polyepidemics."…."**

PS: "…. **WHO is the lead agency coordinating significant outbreaks, but U.S. President Donald Trump announced the country's withdrawal from the organization**, which includes halting its role in "negotiations on the WHO Pandemic Agreement and the amendments to the International Health Regulations." **In January, U.S. CDC staff were ordered to stop communicating with WHO."The fact that those two institutions aren't able to work together has a profound effect,"** Berkley said. "…. He added that **the pandemic treaty is now "all but dead**" and "WHO's role is obviously diminished in this time period."

" …. Berkley said **in some countries, outbreak preparedness has moved under the umbrella of arms of governments focused on national security, as opposed to health. …."**

## Stat - 'No one can fill that gap': Why a global health leader sees U.S. funding as irreplaceable

**https://www.statnews.com/2025/03/18/cuts-global-health-usaid-impact-wellcome-trust-says-philanthropy-cannot-fill-the-gap/**

**"In a Q&A, the head of the Wellcome Trust says the world will have to adjust to new realities."** "The abrupt withdrawal of U.S. global health funding that many disease control programs and developing countries have long relied on **presages a leaner future for the sector**, says the head of one of the world's largest charitable foundations." " **Charities and other governments will be unable to fill all the gaps left** by the Trump administration's decision to slash aid spending, **John-Arne Røttingen**, CEO of the Wellcome Trust, told STAT in an interview. "

**PS: "…** Røttingen, who has been at Wellcome's helm since the start of 2024, said **the World Health Organization too is going to have to figure out how to function with fewer resources**, given the planned U.S. withdrawal from the international health agency….."

"… Though many disease control efforts are reeling because of the unexpected U.S. retreat from aid funding, **Rottingen suggested it would be prudent to take stock and figure out how best to proceed with what will inevitably be fewer donor dollars before moving to try to fill the gaps left by the U.S. cuts. …"**

PS: Question: "**Has there been outreach among organizations like yours — with the Gates Foundation, with other of the major funders — to try to figure out how to function in this new world?** Oh, definitely. So there are a lot of informal meetings and conversations to try to collectively make sense of where we are, and learn from each other. We're seeing the impact on the ground in the institutions that we see as our major partners in Africa and Asia. …."

**"… my expectation is that the health aid envelope overall will definitely be reduced substantially in the coming years. That's why I say we need to double down on effectiveness and efficiency in the system and also doubling down on trying to maximize the use of domestic resources**, also for health, but of course, differentiating what countries can do. …. The poorest countries are not able to deliver basic health services, even if they use a substantial proportion of their GDPs. So **there needs to be support in the poorest countries. But maybe we need to concentrate the aid support to the poorest countries** as one way of making sure that we deliver where there's the most need. …"

**PS: "…** I **would expect that health security and biosecurity would be a priority of a Republican administration in the U.S. "**

And via also a tweet from J-A Rottingen himself: **"@wellcometrust will continue our strong collaboration with the life science and health research actors and agencies in the US."**

## Reuters – Exclusive: Gates warns White House he can't fill shortfalls in US global health funding

**https://www.reuters.com/business/healthcare-pharmaceuticals/gates-warns-white-house-he-cant-fill-shortfalls-us-global-health-funding-2025-03-18/**

"… **Bill Gates is personally lobbying Trump administration officials to keep funding health programs worldwide, from childhood vaccination to HIV treatment, and warning that his foundation cannot step in to fill gaps**, two sources familiar with the matter told Reuters.
Gates …. **met with the National Security Council** as well as Republican and Democratic lawmakers in recent weeks to press that case, the sources said."

"… Gates told the officials he met with that his foundation cannot replace the role of the U.S. government, the sources said. Gates Foundation directors have also said publicly that no foundation has that capability. At the same time, **many Gates Foundation top priorities like eradicating polio and fighting malaria will be hit by the U.S. pullback. In such cases, the Foundation would need to decide if and how it can keep those programs on track**, one source close to the organization said."

"**Gates' discussions focused on organizations such as Gavi, the Vaccine Alliance, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria**, among others. They are on the shortlist for review by Secretary of State Marco Rubio and Trump. The U.S. gives around $300 million annually to Gavi, and more than $1 billion to the Global Fund. … Several projects under the President's Emergency Plan for AIDS Relief (PEPFAR) are also on the review shortlist, the source said.
**At the National Security Council, Gates also pushed for the U.S. to continue to support the World Health Organization**, which Trump moved to exit on day one of his administration, **as well as efforts to eradicate polio……"**

## Devex Invested: Europe takes note but no action amid USAID collapse

**https://www.devex.com/news/devex-invested-europe-takes-note-but-no-action-amid-usaid-collapse-109183**

"**Europe takes note of regret amid USAID collapse, but says it cannot fill the funding gap**."

**Devex has seen the "lines to take" — Brussels-speak for what European Union officials should say when someone asks them a curly question** — following the U.S. decision to terminate 83% of its USAID foreign assistance programs. **The key message is blunt: "The EU cannot fill the gap left by others." "**… The European Commission is the world's third-largest aid donor behind the U.S. and Germany, but **the internal document suggests it is positioning itself as mostly an observer to the current carnage."**

"The EU "takes note with regret" of U.S. Secretary of State Marco Rubio's announcement last week about the 83% cut, the document states. "**As we await the details of which programs will be terminated, the EU continues to monitor the situation, with particular emphasis on key EU interests and life-saving humanitarian assistance."** Remember, when it comes to EU interests and foreign aid, the commission recently argued that it is perfectly possible to be charitable and self-interested at the same time."

"… "The EU cannot fill the gap left behind by the U.S., but **it will not step back from its own commitments**," according to the communications brief, which added that the EU — i.e. the

commission and 27 EU member states — provide 42% of global development aid and 28% of humanitarian aid…..”

## D Reidpath - Aid cruelty is not an opportunity

https://www.papyruswalk.com/2025/03/aid-cruelty-is-not-an-opportunity/

Excerpts: “I have **followed with genuine interest the responses of some sub-Saharan African (SSA) writers to the collapse of foreign aid in 2025**. Whether they reside in SSA or enjoy a diasporic life in the Global North, they have argued that **the loss may be an opportunity gifted to the Global South….”**

“…Aid programs are not light switches that donor countries can (or should) turn off on a whim. Cutting funding overnight destroys systems that took decades to build, leaving chaos in their place. The systems may not have been perfect; they may have needed greater local ownership in the design; they may have supported corruption. However, **if the goal is genuine self-reliance, the responsible course is a phased, predictable transition that allows for capacity-building, infrastructure development, and systems design and refinement.** Millions have been condemned to death, others to lives of increased hardship and misery. If donor nations refuse to acknowledge their historical responsibility, then at the very least, they must be held accountable for the consequences of their actions today. **The world’s wealthiest countries’ substantial and immediate reduction in foreign aid turns their backs on the international human rights, their international obligations to support the SDG, and the obligation to leave no one behind.”**

“… **Slashing aid is not an opportunity. It is abandonment. Do not let them disguise it as anything else**. Do not allow the wealthy nations to pat themselves on the back for their cruelty. It is an outrage, and it must be named as such. The outrage does not erase the agency of recipient countries that agreed to destructive conditionalities attached to receiving aid. It does not forgive the naked corruption that sometimes occurs. It does not excuse the capacity of poor countries to exploit their even poorer neighbours, nor the exploitation of social stratification within their societies. **But none of these realities justify the wholesale destruction of life-saving programs without a plan, without accountability, and without justice. Nations that built their wealth through exploitation cannot now walk away and abandon vulnerable countries, whether they were directly plundered by them or by others. If they do not uphold their obligations, civil society, recipient governments, and international institutions should demand an ethical transition rather than an overnight abandonment that costs millions of lives. Anything less is complicity in death**.”

## Guardian - Aid workers warn ‘people are dying and they’re going to continue dying’ as funding cuts hit

https://www.theguardian.com/global-development/2025/mar/14/aid-cuts-humanitarian-united-nations-usaid-trump-uk-malnutrition-starvation-deaths-wfp-fao-defence-spending

“Moves by US, UK and other donors to cut aid mean **‘high malnutrition rates, starvation and death’,** say experts.”

## CGD (blog) - The USAID Cuts: Little Sign of Mercy for "Life-Saving" Health Programs

C Kenny & J Sandefur; https://www.cgdev.org/blog/usaid-cuts-little-sign-mercy-life-saving-health-programs

(14 March) "…. **Based on a leaked list of cancelled contracts and data from foreign assistance.gov we try to calculate how deep the cuts by country and sector…."**

"…. **On March 10th, Secretary of State Marco Rubio tweeted that "After a 6 week review we are officially cancelling 83% of the programs at USAID**." He suggested 5,200 awards (grants and contracts) had been cancelled. Punchbowl News was given a copy of a list of 5,724 terminated awards that had been leaked to the Senate Foreign Relations Committee at the end of last week. **Here's what we think that list suggests, and what is still hard to figure out.** The **bottom line: we estimate the cancelled awards represent somewhere over 34 percent of USAID programming.** And notably, "**life-saving" program areas like maternal and child health, HIV/AIDS, malaria, and tuberculosis are not spared from major cuts**. But there's a lot of guesswork in those estimates….."

- Updates from later this week (20 March) New Estimates of the USAID Cuts (by Kenny & Sandefur)

## HPW - From Albania to Zambia: List of Cancelled USAID Projects Provides Insight into US Influence

https://healthpolicy-watch.news/from-albania-to-zambia-list-of-cancelled-usaid-projects-provides-insight-into-us-influence/

"The **list of United States Agency for International Development (USAID) projects that the Trump administration has cancelled** runs to 368 pages and provides a rare glimpse of the extent of the US international influence. …. **READ HERE: USAID Terminated Awards (6 March 2025) …."**

## CGD - How Many Lives Does US Foreign Aid Save?

**C Kenny & J Sandefur**; https://www.cgdev.org/blog/how-many-lives-does-us-foreign-aid-save

Cfr before "Trump 2.0": "The efficacy and impact of US assistance is of considerable interest at the moment. **Below, we present some estimates for lives saved by US assistance worldwide, with illustrative estimates by recipient country.** Our core estimates are for deaths prevented from HIV/AIDS, vaccine-preventable illnesses covered by Gavi, TB, malaria, and emergency/humanitarian relief. **We suggest the number of lives saved per year may range between 2.3 to 5.6 million with our preferred number resting on gross estimates of 3.3 million.** We briefly discuss some other lifesaving interventions financed by US assistance in a later section….."

## UNAIDS - Impact of US funding cuts on the global AIDS response – 17 March 2025 update

https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250317_sitrep

**"As of 13 March, at least one status report had been received from UNAIDS' County Offices in 67 countries, including 84% of all PEPFAR-funded countries and an additional 20 countries that receive US support for their AIDS responses."**

"**Low- and middle-income countries across several regions are building on short-term emergency measures** to address cuts in US foreign assistance taking action to sustain their national AIDS responses in the medium and long term. **UNAIDS' Country Offices are supporting these efforts by working with heads of government, Ministries of Health and national AIDS authorities** to assess the full impact of the cuts so countries can ensure continuation of critical HIV services in the medium and long term. …. … **Brazil, Kazakhstan, Kenya, Liberia, Mali and Rwanda are among the list of countries that have reported that domestic resources are being mobilized to maintain priority HIV programmes previously funded by the US….."**

## Bhekisisa - What will happen if Trump cuts the US's Global Fund contributions? We work it out

Bhekisisa;

"What happens if the Trump administration decides to cut its contributions to the Fund? We work it out….." (*with some rather dire (but likely) scenarios*).

## IJHPM (Editorial) - The United States Withdrawal From the World Health Organization: Implications and Challenges

Vahid Yazdi-Feyzabadi, M McKee, J Shiffman, I Kickbusch, R Labonté et al ;
https://www.ijhpm.com/article_4719.html

« President Trump's 2025 decision to remove the United States (US) from the World Health Organization (WHO), echoing his initial 2020 move, raises existential questions about the future of global health governance**. This editorial explores the immediate and long-term potential impacts of the withdrawal, noting that it poses a significant threat to the WHO financing. This, in turn, will have adverse consequences for future pandemic preparedness, health inequities, and cross-border collaboration. We also explore the potential role of private philanthropies in bridging the funding gap, against the risk of shifting health priorities away from local needs.** For the US, withdrawal means diminished influence on global health policies and weaker alignment with new international regulations. **Moving forward, structural reforms within the WHO, equitable contributions from global powers, and renewed US involvement are essential to maintain strong health systems worldwide. Ultimately, a collaborative approach is necessary to uphold collective preparedness against emerging health crises. «**

## Devex - US funding cuts risk spread of hepatitis

https://www.devex.com/news/us-funding-cuts-risk-spread-of-hepatitis-109604

**« The U.S. government does not have an explicit budget line for hepatitis elimination. However, it benefits from U.S. government-supported programs and initiatives, including PEPFAR. »**

**"The U.S. government's funding cuts have shuttered many HIV programs, and activities targeted toward hepatitis prevention and elimination have also taken a hit as a result……"**

"…. the recent changes in U.S. government policies put the support of HIV care programs "in doubt" — and by extension, **support for the over 300 million people with hepatitis B and C**, according to the **Coalition for Global Hepatitis Elimination…"**

## Devex - Could US foreign aid cuts fuel a superbug crisis?

Could US foreign aid cuts fuel a superbug crisis? | Devex

"The U.S. has scaled back foreign aid, and the consequences could be dire. **Without funding for antimicrobial resistance programs, the world faces a growing crisis —** one where infections once easily treated become untreatable, experts warn."

**Excerpt: "….** the best way to prevent the overuse of antimicrobials is to prevent the need for them at all, experts agreed, by reducing the overall burden of infection**. … "The most important interventions for AMR are, first and foremost, the prevention ones, of infection prevention control, water and sanitation, and immunization**," Laxminarayan said. **In the wake of U.S. foreign aid cuts, "all three are at risk**," he said. When it comes to increasing drug resistance, the pathogens of most concern are gram-negative bacteria such as Klebsiella and Streptococcus pneumoniae, he said, which commonly affect newborns. The best way to prevent these infections is through health system interventions such as safe childbirth, WASH initiatives, and infection prevention in hospitals, Laxminarayan said. "**AMR is not a vertical disease — it's a sign of a poor health system**," he said. But without U.S. support to strengthen these health systems, drug-resistant gram-negative infections will increase in many countries, Laxminarayan warned……"

## Guardian - US evangelical groups urge Trump to spare HIV/Aids program from aid cuts

**https://www.theguardian.com/us-news/2025/mar/17/hiv-aids-pepfar-christians-trump**

"**Christian evangelical organizations instrumental in creating the US program that has saved millions of lives from HIV/Aids are pressing the Trump administration to rescue the scheme from crushing cuts to foreign assistance."**

"**Evangelical groups,** many of which backed Trump's election because of abortion policy, **say delivery of anti-retroviral medicines (ARVs) funded by the US has all but ground to a halt in some countries, particularly in Africa. They warn that could lead to a resurgence of Aids** in parts of the world where it has been brought under control, costing millions of lives. **But other evangelical organizations and churches have been accused of staying silent in defense of what has been described as one of the most successful foreign aid programs in US history for political reasons** because so many of their members support Trump….."

## AP - South Africa plans to spend more on health and defense after the US cuts aid

https://apnews.com/article/south-africa-trump-aid-freeze-budget-godongwana-199795bdb1aa44aefbc5469e798d7acc

"**Lawmakers in South Africa laid out plans to shore up the budgets for health and defense but also put up value added tax by 0.5%**, a move that will raise the cost of living as consumers pay more for goods, including food, and services. …. **An additional 28.9 billion rand ($1.5 billion) was earmarked for health spending in the 2025 budget**, Finance Minister Enoch Godongwana said, as the country scrambles to make up for cuts to aid from the U.S. under the Trump administration. The extra money will pay the salaries of roughly 9,300 medical personnel in clinics and hospitals and about 800 newly qualified doctors. **Health spending overall is expected to grow from 277 billion rand in 2024/25 to 329 billion rand in 2027/28……"**

### Stat - 'We've vanished': U.S. aid cuts leave health workers around the world reeling

The other Trump layoffs: health care workers all across the globe

"Many say they're struggling personally with the impact, while also worrying about former patients."

## Global Health Governance & Financing

### Devex - WHO releases candidates for its top job in Africa; none are women, again

https://www.devex.com/news/who-releases-candidates-for-its-top-job-in-africa-none-are-women-again-109655

"**There was criticism with the last set of candidates that it was an all-male lineup, but the same thing happened again: Five men are in the running."**

"… A **virtual candidates forum will be held on April 2** where the candidates can lay out priorities and their strategies for achieving them. This **will be followed by a meeting of African ministers of health and their representatives on May 18 in Geneva** to decide who will become the next regional director……"

- See also WHO Afro – Candidates for the post of WHO Regional Director for Africa

### AP - US aid cuts are hurting Africa's ability to respond to disease outbreaks, health chief says

https://apnews.com/article/africa-us-aid-cdc-funding-appeal-4461c57c2d64da682f9dd4994b9c173d

From end of last week. "**Aid cuts by the United States are hurting Africa's capacity to respond to disease outbreaks, the head of the continent's public health agency said Thursday, ahead of a meeting with regional health ministers to discuss other financing options…..**" "**Kaseya spoke of a "new era" in health financing** after U.S. aid cuts that have left health systems in Africa in disarray……"

PS: "**Kaseya said the Africa CDC and the World Bank are discussing possible "transitional" funding** in the aftermath of U.S. aid cuts….."

## Cidrap News - Africa CDC bolsters ECDC connections

https://www.cidrap.umn.edu/hivaids/who-director-details-health-disruptions-us-funding-cuts-urges-more-humane-approach

"**The Africa Centre for Disease Control and Prevention (Africa CDC)** has said that the US funding cuts come against a backdrop of an overall decline in support from Western countries over the past 4 years, and African health ministers are in the process of taking stock of the situation and looking at other sustainable financing options. …. … …. **Africa CDC Director-General Jean Kaseya, MD, MPH, met today with European Centres for Disease Prevention and Control (ECDC) Director Pamela Rendi-Wagner, MD, at ECDC headquarters in Stockholm** to discuss deeper collaboration between the two groups."

"… In a **statement**, Rendi-Wagner said **the work has already begun through ECDC contributions to Africa CDC–led outbreak responses**. The agencies **will also collaborate on "One Health" workforce development**, which the ECDC said is essential for addressing the antimicrobial resistance threat…."

- See also **Africa CDC** - ECDC and Africa CDC discuss deeper collaboration for global health security

"…. In recognition of the evolving health threat landscape, **Africa CDC and ECDC will collaborate on One Health workforce development through a Team Europe Initiative**….."

## Devex - Exclusive: UNAIDS staff anxious as restructuring looms amid aid cuts

https://www.devex.com/news/exclusive-unaids-staff-anxious-as-restructuring-looms-amid-aid-cuts-109638

"During a town hall meeting on Wednesday, **senior management provided a timeline for the restructuring.** They expect to complete the plan in the next two months and start implementing decisions in June."

## Global Health Research & Policy - The EU global health strategy: from policy to implementation

J Skordis et al; https://link.springer.com/article/10.1186/s41256-025-00410-4

« In November 2022, a draft of the next EU Global Health Strategy was published. **The European Global Health Research Institutes Network (EGHRIN) of 22 leading European Universities has analysed the Strategy.** In this **commentary**, EGHRIN notes the Strategy's positive commitments to life-course wellbeing, strengthening health systems and combating health threats in an equitable and collaborative manner. We find the strategy is compatible with the sustainable development goals and addresses social, political and environmental determinants of health. However**, our analyses also highlight a lack of critical assessment of the private sector's role within health systems, insufficient attention to syndemics, and little emphasis on transdisciplinary education and the ethical training of a global health workforce**. We conclude that, while its commitments are commendable, **the greatest challenge for the next EU Strategy will be in its implementation**. The strategy **currently lacks a fully-resourced and clearly hypothecated funding mechanism and there is little evidence to date of the stated commitment that Global Health will be considered in all EU**

**policy areas.** In the present geopolitical climate, a speedy acceptance of both the policy and an implementation plan is needed more than ever. »

## Thread by @ThirufromGeneva (on a Politico Pro article)

(from Tuesday) "**The heads of Gavi, the Vaccine Alliance and The Global Fund to Fight AIDS, Tuberculosis and Malaria are in Brussels today to celebrate the EU's investments in global health**." pro.politico.eu/news/gavi-an..."

"**It just so happens the event coincides with both organizations' replenishment rounds**, as the U.S. signals a general withdrawal from global health funding."

"Also speaking are community health activists from Ukraine, Kenya and Uganda, who will share the impact EU investment has had in their countries. **The event promises to be an "inspirational" showcase of how Europe is "driving transformative global change**."

"But **few involved in global health are in a celebratory mood these days.** The return of Donald Trump as U.S. President precipitated a slash in funding for foreign aid and health research, not to mention the withdrawal from the World Health Organization."

"**The EU is already much more of a player in global health than it was several years ago, Luis Pizarro, executive director of the Drugs for Neglected Diseases initiative (DNDi),** told Rory. The EU adopted its **Global Health Strategy in 2023**." "It has limitations, Pizarro said — it overlooks environmental issues and their importance for human health — but "honestly, five years ago we had nothing at all."

"**For all the money the EU spends on global health, NGOs and health advocates have identified Europe as one of the hardliners standing up primarily for the interests of its pharma industry in negotiations over a new pandemic agreement** at the World Health Organization."

"The EU needs to be ready to compromise, Pizarro said. "It cannot be like the Europeans coming and saying well we are the rich ones, we have the money, so you need to accept this and that. This time has ended," he said."

- Related: Global Health Advocates: EU Leadership in Action: Global Health Impact Showcased at **European Parliament Exhibition** (press release)

"….The exhibition highlights how the **EU's investments in Gavi, the Vaccine Alliance and the Global Fund to Fight Aids, Tuberculosis and Malaria (the Global Fund**) have saved the lives of millions….."

## Plos GPH - Profit shifting from Nigeria to Europe: The impact on human rights

Rachel Etter-Phoya et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004218

"…. globally, 10% of corporate tax revenue is lost because multinational corporations shift their profits from where they operate. **This study examines the impact of profit shifting on tax revenue in Nigeria, focussing on access to economic and social rights and governance.** It estimates the

impact of revenue gains made on profits shifted from Nigeria to European tax havens, using data on profits shifted published by Wier and Zucman in 2022 and the Government Revenue and Development Estimations (GRADE) model for the estimations. **The findings reveal that if the Nigerian government had additional revenue equivalent to tax losses, an additional 500,000 Nigerians would have their right to drink clean water and nearly 800,000 their right to use basic sanitation each day, 150,000 children would have their right to education, and 11 children would have their right to survive each day (amounting to 4,063 children each year). Increased revenue would also improve governance….”**

“… The **tax reforms championed by the Organisation for Economic Co-operation and Development (OECD), i**ncluding 27 European member nations, to tackle aggressive corporate tax avoidance and tax evasion—in short, tax abuse—**fall short** of ensuring a suitable international order for rights to be achieved. To remedy this, all **European countries must support negotiations on international tax cooperation at the United Nations. This should include reforms on regulating multinational corporations, particularly through unitary taxation with formulary apportionment. In the short- and medium-term, interim measures to mitigate the harmful impacts of profit shifting are necessary. Countries must take steps to raise the global minimum corporate tax rate, introduce unilateral measures to tax multinational corporations, improve tax transparency and information sharing with lower-income countries, and strengthen anti-avoidance rules.”**

## Lancet Editorial - The demise of USAID: time to rethink foreign aid?

**https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00556-2/fulltext**

This week’s editorial wonders: “…**Is there, therefore, an opportunity to rethink the global aid architecture, rather than replace it?**.…”

Among others referring to The Global Health 2050 Lancet Commission’s (twofold) recommendations in this respect, & the Lusaka Agenda.

## Oxfam (paper) – Beyond the targets: An ambitious agenda to put aid back on track

**https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621687/bp-beyond-the-targets-120325-en.pdf?sequence=1&isAllowed=y**

“Aid can make a huge contribution to significantly reducing inequality. Given the widespread agreement that bringing down inequality is necessary to underpin efforts to end poverty, achieve gender justice and successfully fight climate change, there is an urgent need for donors to make this a priority in their aid policies. For this virtuous cycle to be effective, there is also an imperative to rebalance decision-making on aid, ensuring it is done in an inclusive way that centres Global South governments and civil society. **Building on the findings of the 2019 Oxfam report Hitting the Target: an agenda for aid in times of extreme inequality, this paper presents a new and updated agenda to put aid back on track given recent changes in the development landscape and the multiple crises facing our world**. It makes **10 concrete recommendations** on how to ensure development finance effectively contributes to building a more equal and sustainable world.”

### OECD Working paper - Smart spending to combat global health threats: Tracking expenditure on prevention, preparedness, and response, and other global public goods for health

**https://www.oecd.org/en/publications/smart-spending-to-combat-global-health-threats_166d7c57-en.html**

"**…. This report, for the first time, brings together multiple data sources to examine current spending on health-related GPGs, and analyses the implications for future global health threats**. Findings show that total spending on health-related GPGs doubled between 2016 and 2022. PPR accounted for the largest share of spending on health-related GPGs, but as inequalities and income disparities across countries increase, high-income countries are spending thirty times more per capita than low-income countries. **While Official Development Assistance (ODA) plays an increasingly important role in supporting PPR activities for the poorest countries, it remains well below the resources needed to bridge current financing gaps**. "

**Key messages on p. 12.**

### Devex (report) – the top 10 foundations funding development

The top 10 foundations funding development | Devex

"A **total of 35 foundations provided complete information on their development spending in 2022** — the latest final data from OECD. ….." **Overall, these 36 private providers spent $11 billion on development — down 8.2% from 2021."**

"Based on OECD, **the following foundations spent the most on development in 2022**: Gates Foundation. Mastercard Foundation. Children's Investment Fund Foundation. Wellcome. Bloomberg Philanthropies. Ford Foundation. IKEA Foundation. LEGO Foundation. Oak Foundation. The Howard G. Buffett Foundation. These foundations had a cumulative aid spending of $8.6 billion in 2022…"

"**Among the regions, sub-Saharan Africa got the largest portion of aid in 2022, worth $3.2 billion**. This is 13.9% less than what these donors spent in that region in 2021. …. **By sector, health was the priority of these philanthropies in 2022, spending a total of $4.2 billion**. This is 15.2% down from 2021."

## Debt crisis

### G20 – South Africa's G20 Presidency: New high level panel to tackle Africa debt crisis

https://g20.org/news/south-africas-g20-presidency-new-high-level-panel-to-tackle-africa-debt-crisis/

"An **Africa Expert Panel, chaired by former Finance Minister Trevor Manuel, has been established by South Africa's Presidency of the G20 from the beginning of December** in an effort to raise initiatives to tackle the unprecedented debt crisis among many African countries."

With **some more info on this panel, the panelists and its aims.**

"The government said Wednesday in a statement that **this year African countries will pay close to US$89 billion in external debt service alone, with 20 low-income countries at risk of debt distress**. **More than half of Africa's 1.3 billion people live in countries that spend more on interest payments than on social issues** such as health, education, and infrastructure."

"The **overall strategy of the panel** will be to offer strategic advice by exploring and defining strategies that advance Africa's collective interests through increased voice, effective representation, and the achievement of a reformed and all-inclusive global economic policy through the G20. **The Panel will produce a "High-Level Report" with its key recommendations…."**

- Related**: UNAIDS - Debt crisis threatens progress in the response to AIDS (20 March)**

**"…In West and Central Africa, debt to GDP ratios increased by 9 percent between 2018 and 2023.** Countries such as Burkina Faso, Burundi, the Republic of the Congo, Côte d'Ivoire, Ghana, Liberia, Senegal and Sierra Leone have seen significant rises in their debt burden, now reaching at least 15% of GDP. **In East and Southern Africa, the situation is even more dire:** in Angola, Kenya, Malawi, Rwanda, Uganda and Zambia, governments spend over 50 percent of their tax revenues on debt servicing. Many of these debts are from external private creditors seeking unreasonable profits…."

"… **Based on extensive consultation with economists and policy experts, UNAIDS has called for lenders and international institutions to re-negotiate debt payments to comprise at least less than 15 percent of respective countries' annual budgets**. Such a policy for the heavily indebted countries of Angola, Burundi, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe would free up $41 billion a year for health, education and social welfare. **The strategy has a precedent: the Heavily Indebted Poor Countries (HIPC) Initiative, launched in 1996 by the IMF and World Bank**, aimed to ensure that states did not struggle under an unmanageable debt burden. It took a similar approach and relieved 37 countries of more than $100 billion in debt."

"**UNAIDS also recommends that governments increase tax revenue through measures like raising the income tax of the ultra-wealthy, wealth taxes, reducing tax exemptions and clamping down on tax-dodging.** …. Another option not included in the reports but recommended by UNAIDS's partner WHO is a '**health tax' on products that lead to or exacerbate health issues, including sugary beverages, tobacco and alcohol…"**

# Health Emergencies

## HPW – Mpox plateaus – but fall in testing is to blame

https://healthpolicy-watch.news/africa-cdc-aid-cuts-will-result-in-millions-more-african-deaths/

**Update from Thursday (Africa CDC's media briefing**). "While mpox cases appear to have plateaued, this is due to challenges related to testing – particularly in the Democratic Republic of Congo (DRC) – rather than the disease being controlled, said Jean Kaseya….."

### BMJ News - Mpox in Uganda is now responsible for 40% of Africa's new cases

https://www.bmj.com/content/388/bmj.r548

From end of last week. "**Cases of mpox disease have increased in Uganda over the past six weeks, surpassing those of the Democratic Republic of the Congo (DRC),** says the World Health Organization (WHO)."

"In the weeks spanning 20 January to 2 March Uganda recorded 1157 new mpox infections, said **WHO's 10 March report**. The DRC—the hardest hit country in the global mpox epidemic—had 1080 fresh cases, and Burundi recorded 350. The African continent saw a total increase of 2774 cases during the period. "In **the last six weeks, Uganda has reported the highest number of confirmed cases, which constitute over 40% of all confirmed cases reported on the continent during that period,"** said WHO….."

- Link: WHO - WHO localization strategy - Strengthening local engagements and collaborations for more effective health emergency management

## World TB Day (24 March) & other TB updates

### WHO calls for urgent action to address worldwide disruptions in tuberculosis services putting millions of lives at risk

https://hq_who_departmentofcommunications.cmail20.com/t/d-e-siisll-ikudkhluul-x/

"**On the occasion on World Tuberculosis (TB) Day, marked on 24 March, the World Health Organization (WHO) is calling for an urgent investment of resources to protect and maintain tuberculosis (TB) care and support services for people in need across regions and countries**. TB remains the world's deadliest infectious disease, responsible for over 1 million people annually bringing devastating impacts on families and communities. **Global efforts to combat TB have saved an estimated 79 million lives since 2000. However, the drastic and abrupt cuts in global health funding happening now are threatening to reverse these gains. …"**

With an overview of the dire consequences so far.

"**Early reports to WHO reveal that severe disruptions in the TB response are seen across several of the highest-burden countries following the funding cuts.** Countries in the WHO African Region are experiencing the greatest impact, followed by countries in the WHO South-East Asian and Western Pacific Regions. **Twenty-seven countries are facing crippling breakdowns in their TB response, with devastating consequences….**

"**The 2025 funding cuts further exacerbate an already existing underfunding for global TB response.** In 2023, only 26% of the US$22 billion annually needed for TB prevention and care was available, leaving a massive shortfall. TB research is in crisis, receiving just one-fifth of the US$5 billion annual target in 2022—severely delaying advancements in diagnostics, treatments, and vaccines. **WHO is leading efforts to accelerate TB vaccine development through the TB Vaccine Accelerator Council, but progress remains at risk without urgent financial commitments…..**"

### Lancet GH (Viewpoint) –A roadmap for integrating nutritional assessment, counselling, and support into the care of people with tuberculosis

P Sinha et al ; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00021-X/fulltext

"Undernutrition—the leading risk factor for tuberculosis worldwide—is associated with impaired immunity, more extensive disease, delayed sputum conversion, and worse treatment outcomes, including mortality. **In this Health Policy, we propose a comprehensive roadmap for integrating nutritional assessment, counselling, and support into tuberculosis treatment as part of person-centred care…** At treatment initiation, we recommend standard nutritional assessment with anthropometric measurements and haemoglobin estimation, in addition to macronutrient and micronutrient support alongside nutritional counselling. Weight should be monitored during treatment and lack of weight gain at the end of the intensive phase should prompt an investigation of causes, such as food insecurity, poor treatment adherence, malabsorption, uncontrolled diabetes, or drug resistance. At the end of treatment, we recommend reassessing anthropometric measures to assess nutritional recovery. People with tuberculosis who remain underweight should receive close follow-up to detect early relapse. **We call for annual reporting of nutritional metrics by WHO, explicit inclusion of nutritional assessment and care in national strategic plans, domestic or international support of nutritional programmes for people with tuberculosis, increased support for operational research initiatives, and integration of nutritional care into the WHO Multisectoral Accountability Framework at national and regional levels**."

## NCDs

### Plos GPH –Fourth UNHLM on noncommunicable diseases 2025: An opportunity to bridge the transcending priorities for impact in global south

C Varghese, B Mikkelsen et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004287

"The **upcoming 4th UNHLM on NCDs** provides a critical opportunity to realign priorities and commitments along with learnings from the COVID-19 pandemic……" … **we offer the following recommendations** to truly make progress in combatting NCDs around the world …." Including one on Global funding for NCDs….

### WHO - Three cities honoured for public health achievements at 2025 Partnership for Healthy Cities Summit

https://www.who.int/news/item/20-03-2025-three-cities-honoured-for-public-health-achievements-at-2025-partnership-for-healthy-cities-summit

"Today, **during the annual Partnership for Healthy Cities Summit in Paris, three cities were recognized for their achievements in preventing noncommunicable diseases and injuries: Córdoba, Argentina; Fortaleza, Brazil; and Greater Manchester, United Kingdom of Great Britain and Northern Ireland**. The Summit, co-hosted by Bloomberg Philanthropies, the World Health Organization (WHO), Vital Strategies, and the City of Paris, convened mayors and officials from 61 cities in the Partnership for Healthy Cities network to address pressing public health issues and share effective strategies for saving lives and building healthier communities at the local level….."

## Planetary Health

### WHO - Nearly 50 million people sign up call for clean air action for better health

https://www.who.int/news/item/17-03-2025-nearly-50-million-people-sign-up-call-for-clean-air-action-for-better-health

"In an unprecedented show of unity, **more than 47 million health professionals, patients, advocates, representatives from civil society organizations, and individuals worldwide have signed a resounding call for urgent action to reduce air pollution** and to protect people's health from its devastating impacts. "

"…. This **global call to action**, spearheaded by the World Health Organization (WHO) and international health organizations **will be presented at the Second Global Conference on Air Pollution and Health, set to take place in Cartagena, Colombia, on 25–27 March 2025…."**

- Related: **Global Climate & Health Alliance - Second WHO Global Conference on Air Pollution and Health: Why it is a pivotal moment**

Comes at a critical moment for **tackling the growing crisis of air pollution.**

- Related: **Global Climate & Health alliance - Policy Brief: Clean Air, Healthy Lives: A Policy Roadmap for Health Systems to Tackle Air Pollution**

"Ahead of next week's WHO conference on the health impacts of air pollution, health professionals are calling for governments to urgently protect their populations from the deadly health impacts of polluted air and to ramp up investment in national health systems – and have provided a roadmap on how health ministries can achieve this. …. …. **The policy roadmap highlights the essential components of a comprehensive strategy for governments: empowering health leadership, investing in resilient health infrastructure, fostering cross-sectoral collaboration, and engaging communities**. Case studies from **India, Singapore, the Philippines, the ASEAN region, the UK, and South Africa** demonstrate the transformative potential of integrating health considerations

into air quality management, leveraging data to inform patient care, driving policy advocacy, and enabling community-led interventions…..”

## UN News - Climate change: Paris Agreement goals still within reach, says UN chief

**https://news.un.org/en/story/2025/03/1161251**

“**The effects of human-driven climate change surged to alarming levels in 2024, with some consequences likely to be irreversible for centuries - if not millennia – according to a new report from the World Meteorological Organization (WMO).** The **latest State of the Global Climate report** confirms 2024 as the hottest year since records began 175 years ago, with a **global mean temperature of 1.55°C above pre-industrial levels** – surpassing the critical warming threshold of 1.5°C for the first time. “

**“…** Despite these alarming trends, **UN Secretary-General António Guterres said that the Paris Agreement goals are still achievable** and called on world leaders to step up their efforts in response to the mounting crisis…..”

- See also HPW - The Year 2024 Was Warmest-Ever on Record – Temperature Rise Likely Exceeded 1.5°C
- And via **the Guardian - More than 150 ‘unprecedented’ climate disasters struck world in 2024, says UN**

## Guardian - UK hoping to work with China to counteract Trump’s climate-hostile policies

https://www.theguardian.com/environment/2025/mar/14/uk-hoping-to-work-with-china-to-counteract-trumps-climate-hostile-policies

From late last week. “Ed Miliband visits Beijing as part of **plan to create global axis working in favour of climate action….”**

“ The **UK is hoping to shape a new global axis in favour of climate action along with China and a host of developing countries, to offset the impact of Donald Trump’s abandonment of green policies and his sharp veer towards climate-hostile countries such as Russia and Saudi Arabia**. … Many experts believe the **only prospect of staving off climate breakdown is for China, the EU, the UK and other major economies to form a pro-climate bloc alongside vulnerable developing countries**, to counter the weight of US, Russia, Saudi Arabia and petrostates pushing for the continued expansion of fossil fuels…..”

## Climate Change News - “Forgotten” fragile states unite to end climate-finance blind spot

https://www.climatechangenews.com/2025/03/18/forgotten-fragile-states-unite-to-end-climate-finance-blind-spot/

**“Conflict-affected countries are urging Brazil to put funding to help them build resilience to climate change front and centre at COP30, as needs grow.”**

"**A dozen countries ravaged by conflict and humanitarian crises have joined forces** to urge the international community to deliver the funding they need to absorb and respond to worsening climate shocks, calling for a growing gap to be tackled at critical talks this year. **In a statement agreed on Monday** and seen by Climate Home News, **the newly created network – which includes countries such as Chad, Iraq, Somalia and Yemen – said fragile states, which are "so often forgotten by climate action", bear the brunt of climate change** despite being among the least responsible for its causes. **As "hundreds of millions of the world's most climate vulnerable remain left behind by climate finance", the group said it is "determined to bring this issue to the forefront and centre in climate discussions"….."**

"**The call to action follows the network's first meeting in Abu Dhabi last month**, when fragile states discussed how to make the **intersection of climate, conflict and humanitarian needs** a priority in climate negotiations….."

## Guardian - Countries must bolster climate efforts or risk war, Cop30 chief executive warns

https://www.theguardian.com/environment/2025/mar/18/countries-must-bolster-climate-efforts-or-risk-war-cop30-chief-executive-warns

"**Countries looking to boost their national security through rearmament or increased defence spending must also bolster their climate efforts or face more wars in the future**, one of the leaders of the next UN climate summit has warned. …. **Some countries could decide to include climate spending in their defence budgets**, suggested **Ana Toni, Brazil's chief executive of the Cop30 summit. …..**"

## Guardian - Glacier meltdown risks food and water supply of 2 billion people, says UN

**https://www.theguardian.com/environment/2025/mar/20/glacier-meltdown-risks-food-and-water-supply-of-2bn-people-says-un**

"**Unesco report highlights 'unprecedented' glacier loss driven by climate crisis, threatening ecosystems, agriculture and water sources."**

"**Retreating glaciers threaten the food and water supply of 2 billion people around the world**, the UN has warned, as current "unprecedented" rates of melting will have unpredictable consequences. Two-thirds of all irrigated agriculture in the world is likely to be affected in some way by receding glaciers and dwindling snowfall in mountain regions, driven by the climate crisis, according to **a Unesco report.** More than 1 billion people live in mountainous regions and, of those in developing countries, up to half are already experiencing food insecurity. That is likely to worsen, as food production in such regions is dependent on mountain waters, melting snow and glaciers, according to **the World Water Development Report 2025….."**

- See also **HPW - Many of the World's Glaciers Will Not Survive This Century With Dire Consequences for Hundreds of Millions**

The source of 70% of the world's freshwater is under threat.

### Tim Schwab - Divesting vs greenwashing: are BlackRock and Gates actually exiting fossil fuels?

**https://timschwab.substack.com/p/divesting-vs-greenwashing-are-blackrock**

"Under Trump's presidency, accountability has never been more important."

## Access to medicines, vaccines & other health technologies

### Devex - Uganda receives first pediatric drug for schistosomiasis. What's next?

https://www.devex.com/news/uganda-receives-first-pediatric-drug-for-schistosomiasis-what-s-next-109603

"**At least 50 million preschool-aged children globally are at risk of getting schistosomiasis**. In the future, the **new drug will be manufactured by a company in Kenya** for **large-scale distribution in Africa….."**

"… **The Pediatric Praziquantel Consortium**, which is composed of pharmaceutical companies, nonprofits, research institutes, and several schistosomiasis-endemic countries**, collaborated on the drug's development and access plans**. **In 2021, when clinical trials for the drug concluded, they launched a dedicated access program called ADOPT, an implementation research study** to identify how delivery of the drug can be integrated into countries' existing structures; determine the optimal means to deliver the drug in each country; and prepare for its large-scale implementation. **It's through this program that Uganda gained first access to the drug, and more pilots are planned in the country as well as in others such as Côte d'Ivoire and Kenya in the coming months**. The consortium is also discussing piloting the drug in Senegal and Tanzania."

"The **drugs under the ADOPT study are being provided for free. But outside of it and for large-scale administration of the drug, it will be provided on an at cost basis**, according to **Johannes Waltz, board chair of the Pediatric Praziquantel Consortium and who leads Merck's schistosomiasis elimination program**. "The consortium made it very clear from the beginning … **that the tablets would not be donated in order to ensure the long-term sustainability of the product," he said. Instead, it will be open for procurement to ministries of health, implementing organizations, and multilateral agencies** such as UNICEF."

"…. While some countries may require donations for some time, he said other countries, particularly in Sub-Saharan Africa are on the verge of transitioning to middle-income status, allowing them to increase their funding for public health interventions. He said there's an argument in the NTD community and wider global health to "not make countries dependent on donations." He said the cost is still to be discussed with potential buyers and consortium partners. But he **emphasized that Merck won't profit from the drug. …** But **the drug will be manufactured closest to where the needs are."**

"**Currently, it is being manufactured by Farmanguinhos, the pharmaceutical laboratory of Fiocruz Foundation in Brazil, where schistosomiasis remains a public health problem** affecting some 1.5 million people. An additional 25 million people are also living in at-risk areas of the country. **But in the future, Universal Corporation Ltd. in Kenya will be the sole producer of the drug in Africa,**

**Waltz said.** "**Merck is currently … going through all the processes of the technology transfer**," he said. They hope to conclude the transfer in 12-18 months."

### Gavi welcomes first-ever prequalification of a maternal RSV vaccine

https://www.gavi.org/news/media-room/gavi-welcomes-first-ever-prequalification-maternal-rsv-vaccine

"**Gavi, the Vaccine Alliance welcomes the first-ever prequalification of a maternal respiratory syncytial virus (RSV) vaccine to protect infants by the World Health Organization (WHO).** This is an important step towards curbing one of the leading causes of acute lower respiratory infections in children globally."

### WHO - Ensuring equitable access to essential medicines and health technologies for noncommunicable diseases

M D Mubangizi et al ; https://www.who.int/news-room/commentaries/detail/ensuring-equitable-access-to-essential-medicines-and-health-technologies-for-noncommunicable-diseases

"This commentary is part of a series highlighting priority areas to accelerate progress in the global NCD and mental health response and address related global health equity challenges ahead of the Fourth High-Level Meeting of the United Nations General Assembly (UNHLM4) in 2025."

With **three key messages**.

### TGH - Expanding Medical Oxygen Access Without U.S. Foreign Aid

L Greenslade; https://www.thinkglobalhealth.org/article/expanding-medical-oxygen-access-without-us-foreign-aid

"Oxygen can be a **pathfinder for a new global health era when national governments sit in the driver's seat."**

## Conflict & Health

### WHO Emro - Eighty percent of WHO-supported facilities in Afghanistan risk shutdown by June

https://www.emro.who.int/afg/afghanistan-news/eighty-percent-of-who-supported-facilities-in-afghanistan-risk-shutdown-by-june.html

" **The World Health Organization (WHO) in Afghanistan is deeply concerned that funding shortages could force the closure of 80% of WHO-supported essential health care services.** Millions, including vulnerable populations such as women, children, the elderly, the displaced and returnees, will be left without access to critical medical care….."

### Lancet GH - The impact of aid sanctions on maternal and child mortality, 1990–2019: a panel analysis

Ruth M Gibson et al ; **https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00058-0/fulltext**

« Over the period 1990–2019, infant, under-5, and maternal mortality rates among LMICs declined at average annualised rates of 2·6%, 3·2%, and 2·0%, respectively. **Aid sanction episodes lasting 5 years—the median duration observed in our sample—would thus negate nearly 30% of the overall improvements in infant and under-5 mortality seen in the average LMIC over this period and approximately 60% of the improvements in maternal mortality**. Our findings suggest that aid sanctions are leading to increases in child and maternal mortality via reductions to ODA and DAH and they can inadvertently compound human suffering……"

# Global health events

### WHO (Alliance) - What is next for health policy and systems research?

https://ahpsr.who.int/newsroom/news/item/19-03-2025-what-is-next-for-health-policy-and-systems-research

"… To discuss these questions and to celebrate the recognition bestowed on the field by the awarding of the 2024 Virchow Prize to Professor Lucy Gilson, **the Alliance convened a small group of emerging and established experts from 10–11 March 2025, in Geneva, Switzerland."**

### Journal of Global Health - Poly-crisis and global health: how can we improve human health and equity while protecting the planet? The 30th Canadian Conference on Global Health in 2024

Michelle Amri et al; https://jogh.org/2025/jogh-15-02001

Short viewpoint on the **Canadian Conference on Global Health** (CCGH) from last October in Vancouver. With two subthemes.

# Global health governance & Governance of Health

### Development Policy blog – Burden-shedding: the unravelling of the OECD aid consensus

Robin Davies; https://devpolicy.org/burden-shedding-the-unravelling-of-the-oecd-aid-consensus-20250307/

"…. This time, **we could well be seeing the beginning of the often-predicted end of organised OECD aid. …."**

## Devex - Could the future of the World Bank be outside of Washington?

https://www.devex.com/news/could-the-future-of-the-world-bank-be-outside-of-washington-109648

(gated) "**With the U.S. deprioritizing development, experts say power at the World Bank could be shifting — and with it, potentially even its headquarters**."

"…. As the Trump administration dismantles foreign assistance, many in the development space are wondering when the government's attention will turn to the World Bank. **Experts say that withdrawing from the bank is very unlikely and wholly unadvised, but possible. If the U.S. did, however, there's a chance that the headquarters, which were established in Washington, D.C. on June 25, 1946, could move.** The **World Bank's headquarters must be located in the country that is the largest shareholder, according to World Bank rules**. Right now, Japan is the next largest donor to the bank, but by a wide margin — the U.S. has 17.5%, while Japan has 7%. Germany, France, and the United Kingdom round out the top 5 donors….."

## CGD (blog) - World Bank Procurement Rules and Chinese Contractors

C Kenny; https://www.cgdev.org/blog/world-bank-procurement-rules-and-chinese-contractors

Blog with some key messages from a **new CGD working paper – Chinese Contractors and Development Project Quality.**

" It **is true Chinese firms are winning an ever-larger share of World Bank contracts awarded internationally—more than any other country.** And there are instances of both bid-rigging involving Chinese firms and World Bank-financed contracts as well as Chinese-backed development projects delivering low returns. But **the idea that Chinese contracting is particularly problematic in this regard is open to debate.** Existing analysis of World Bank-financed transportation contracts in Africa, for example, suggests Chinese and OECD contractors produced similar results."

"**With Zack and Songtao, I looked at more than 2,000 recent World Bank projects across all sectors in the last two decades to examine if the share of project contract values won by firms from different supplier countries was associated with better or worse project outcomes** as measured by the Bank's Independent Evaluation Group….."

"… Of the World Bank's top 10 Chinese contractors in 2020, accounting for nearly 60 percent of the contracts won, eight were owned or controlled by the Chinese state. But that apparently translates into better value for money for World Bank-client countries, not worse outcomes. **It looks like the World Bank's procurement system is still working to deliver results based on international competition, whatever the source of competitive advantage."**

## Global Policy Forum - UN treaty on business & human rights - surprising advances

https://www.globalpolicy.org/en/publication/un-treaty-business-human-rights-surprising-advances

**"Report on the tenth session of the intergovernmental working group on transnational corporations and other business enterprises with respect to human rights ("UN Treaty")" "….** the fear that the postponement would result in fewer states and civil society organizations participating

in the negotiations has not been confirmed. **Compared to the ninth round, very good progress was made in 2024.** A total of eight articles were discussed

## Geneva Solutions - International Geneva in crisis: the fallout from US aid cuts in numbers

M Langrand; https://genevasolutions.news/global-news/international-geneva-in-crisis-the-fallout-from-us-aid-cuts-in-numbers

"In a dramatic shift of decades of US foreign policy, the Trump administration has axed 83 per cent of its relief portfolio. **Geneva Solutions examined the scale of the cuts, the impact on the dozens of organisations from international Geneva reliant on US donations and the scramble for alternatives**."

## CGD (blog) - Lessons of Experience for a USAID-State Merger

C Kenny; https://www.cgdev.org/blog/lessons-experience-usaid-state-merger

**"Ian Mitchell looked at the record of mergers from Australia, Denmark, and Canada at the time a merger was being proposed between the UK's Department for International Development (DFID) and the Foreign and Commonwealth Office. …."**

"In short, **the lesson of past mergers between aid and foreign offices is: "don't do it." The second lesson: "if you do it anyway, don't do it as a rushed political decision.**" That's not so reassuring for the future quality of US foreign assistance if it is absorbed into the State Department."

- And via **Devex – on Germany**

**"Second guessing:** The world's second-biggest aid donor, Germany, could take the lead after some hefty cuts in the United States. But **post-election vibes suggest that Germany might tighten its purse strings too, with whispers of cuts and a shift toward "national interest."** Last year, Germany was quite the generous giver, with nearly $38 billion in aid. But the winds are changing, **and over €3 billion might get slashed from future budgets."**

"The recent shift to the right in elections might bring a mix of the Christian Democratic Union and the Social Democrats to the table, but with CDU calling the shots. **They're eyeing areas such as migration management and international trade for their aid focus**, Devex contributor Jessica Abrahams writes. **Friedrich Merz**, likely the chancellor, isn't playing around. He's **hinting at cutting off aid to countries that don't cooperate on migration and wants to ensure every aid penny serves German interests."**

"Furthermore, **the far-right Alternative for Germany party, now a big player in Parliament, is shaking things up, pushing to slash funds on what they label as "woke" initiatives**. Despite not being in the government, **its ideas are making waves, influencing policies such as migration**…."

### The Diplomat - A Roadmap for South-South Cooperation

Fifa Rahman et al; https://thediplomat.com/2025/03/a-roadmap-for-south-south-cooperation/

**"Greater Global South solidarity is the only viable solution in the face of the seismic political shifts in the West."**

"…. while we see these vignettes of solidarity among Global South nations, **we see no cohesive roadmap for the next 20 or 30 years that focuses on the south-south economic, security, cultural, climate, and public health agenda.** Such a roadmap should enshrine within it a number of key principles and efforts. …" Read what it would entail.

### Annual letter from the Clinton family about the future of the Foundation.

https://www.clintonfoundation.org/2024-impact-report/letter/

Nothing much in there about the current US constitutional & global health aid mess, though.

## Global health financing

### Mail & Guardian - How Africa can recover from the disease of aid dependency

By Father Stan Muyebe; https://mg.co.za/thought-leader/2025-03-11-how-africa-can-recover-from-the-disease-of-aid-dependency/

With 6 suggestions.

### Devex - Opinion: Don't panic, history shows development orgs can survive budget cuts

By Bernhard Reinsberg, Francesco Gatti; https://www.devex.com/news/opinion-don-t-panic-history-shows-development-orgs-can-survive-budget-cuts-109629

"**Original data analysis shows what history can teach us about how global development organizations have survived donor cuts, and in some cases emerged even stronger."**

"We have conducted an **analysis exclusively for this article on the incidence of major funding cuts in development-focused international organizations, or IOs.**

Applied on the **history of WHO**, among others. And with some suggestions on how to boost their 'resilience'.

Excerpt: "…. despite pessimists predicting a WHO demise due to its current budget crisis, history suggests otherwise. **Past funding cuts have not crippled WHO or similar international organizations, demonstrating their strong resilience to external pressures.** …." Read how.

PS: "… **Our analysis is a plea for better historicizing current trends in multilateral development finance. Although the attacks on development IOs from its major donors are far-reaching, they are not without precedent. More importantly, they should give us hope that development IOs will also endure the current crisis**. To emerge stronger from this crisis, however, **they need to take swift action and organize collective support around their core missions.** A key lesson emerging from our analysis is development IOs **need to diversify their funding base ….**"

### Global Policy - Consequences and Implications for the International Development Assistance Sector from the Closure of USAID

**https://www.globalpolicyjournal.com/blog/20/03/2025/consequences-and-implications-international-development-assistance-sector-closure**

**By Simon Fraser.**

### ODI (Expert Comment) - Developing Country Platforms

J Tanaka et al ; https://odi.org/en/insights/developing-country-platforms/

"**Country Platforms are innovative financing mechanisms aimed at mobilizing the flow of finance from developed countries to help developing countries advance both their national development priorities and international climate goals.**"

"This **note describes a possible sequencing of actions for the development of a country platform,** including: The critical institutional structures necessary to govern each stage; The technical work required; The stakeholders to engage; The appropriate financing partners."

## UHC & PHC

### Plos GPH - Universal health coverage—Exploring the what, how, and why using realist review

Aklilu Endalamaw, Yibeltal Assefa et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003330

"This **realist review** was conducted to fill the knowledge gap by **synthesising evidence on the meaning, components, significance, and strategies of UHC.** …" Check out the findings.

### WHO - Programme-based budgeting for primary care financing: Insights for practitioners

https://www.who.int/publications/i/item/B09324

"The traditional use of line-item budgeting, which categorizes public expenditures by detailed economic items, has negatively impacted the financing of primary care services in low- and middle-income countries (LMICs). This approach reduces budget visibility, fragments expenditures, and

limits accountability. **Programme-based budgeting, which groups inputs into budgetary programmes aligned with policy goals or outputs, offers a promising alternative**. It can enhance budget prioritization, increase spending flexibility, and improve accountability for results. However, **its potential has not been fully realized in the health sector due to flaws in reform design and implementation, and limited connection with the requirements for primary care financing**. This policy note provides **key recommendations for practitioners on designing and implementing programme-based budgets to effectively finance primary care services**. The policy note is structured around **five key dimensions** that address critical technical aspects of programme-based budget allocation, execution, and oversight from the perspective of financing primary care: 1) Formulation in national budget structure; 2) Formulation in subnational budget structure; 3) Coverage of costs; 4) Disbursement policies and provider payment; and 5) Performance-monitoring frameworks."

### HP& P - Response to Impact of the free healthcare policies in Burkina Faso: Underscoring important nuances

https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czaf018/8083012?searchresult=1

By Thit Thit Aye, M de Allegri et al.

### P4H - The Unfulfilled Promises of Narendra Modi's Ayushman Bharat, the World's Largest Health Scheme

V Panwar; https://p4h.world/en/news/the-unfulfilled-promises-of-narendra-modis-ayushman-bharat-the-worlds-largest-health-scheme/

"Ayushman Bharat has faced criticism for its inadequate funding, low hospital bed availability, and insufficient support for the most marginalized communities. Despite government claims of success, many beneficiaries experience high out-of-pocket expenses and financial exploitation, revealing significant gaps in the program's efficacy."

## Pandemic preparedness & response/ Global Health Security

### Cidrap News – FAO urges nations to ramp up actions to blunt impact of H5N1 avian flu

https://www.cidrap.umn.edu/avian-influenza-bird-flu/fao-urges-nations-ramp-actions-blunt-impact-h5n1-avian-flu

"**In a briefing to member states today, the head of the United Nations Food and Agriculture Organization (FAO) today urged countries to step up their actions to battle avian flu in the face of an ongoing surge of poultry losses, more frequent spillovers to mammals, and detrimental effects on the food supply and prices.** …. FAO Deputy Director-General Godfrey Magwenzi, MS, said the **spread of H5N1 is unprecedented,** "leading to serious impacts on food security and food supply in

countries, including loss of valuable nutrition, rural jobs and income, shocks to local economies, and of course increasing costs to consumers." … **The FAO said the past 4 years has seen a major shift in global spread of H5N1 and its impacts. ….”**

### NYT - Kennedy’s Alarming Prescription for Bird Flu on Poultry Farms

**https://www.nytimes.com/2025/03/18/health/kennedy-bird-flu.html?unlocked_article_code=1.5E4.xbhb.l07etvP0QRBS&smid=url-share**

“The health secretary has suggested allowing the virus to spread, so as to identify birds that may be immune. Such an experiment would be disastrous, scientists say.”

Or in the words of a commentator on Bluesky**: “the Birdington Declaration.”**

- Related: **the Telegraph – All creatures great and culled: inside the global bird flu poultry slaughter**

**The Telegraph;**

“**Culling has become the main method of controlling H5N1 and preventing spread to humans, but it costs farms – and taxpayers – dearly …. To date, at least 500 million birds have been killed** on thousands of farms around the world as authorities rush to slow the spread of avian flu…..”

# Planetary health

### Lancet Planetary Health – March issue

https://www.thelancet.com/issue/S2542-5196(25)X0004-8

We flag among others:

- The **Editorial: The freedom to misinform**

Concluding: “ **If evidence is not valued above opinion, then the potential for science to do good in society is severely curtailed**. Media channels (new and old) offer vital fora for knowledge dissemination but without **effective regulation** to maintain public trust in the quality of information the dice are loaded against evidence and in favour of persuasive lies.”

- The greenhouse gas emissions of pharmaceutical consumption and production: an input–output analysis over time and across global supply chains (by Rosalie H Hagenaars et al )
- Public engagement with health and climate change around the world: a Google Trends analysis (Personal View, by N Dasandi et al)

“ Despite growing recognition of the importance of people engaging with the health dimensions of climate change, we know surprisingly little about the **levels of public engagement around the world**. We address this knowledge gap by examining Google Trends data, using people's online information-

seeking behaviour to shed light on global engagement with health and climate change between 2014 and 2023. **We observe that over the past decade—and particularly since 2020—there has been growing public engagement via Google searches with health and climate change around the world**. The **increasing engagement with the intersection of health and climate change** is largely distinct from engagement with either climate change or health separately. **We observe that such engagement is highest in low-income and middle-income countries. There is also greater engagement with health and climate change than with other issues that intersect climate change**—eg, the economy and security—**highlighting the public salience of health framings of climate change.**

### The Heidelberg Declaration on Transforming Global Meat Governance

https://verfassungsblog.de/the-heidelberg-declaration-on-transforming-global-meat-governance/

"To help bring about an urgently needed transformative meat governance, **on 15-17 January 2025, the Max Planck Institute for Comparative Public Law and International Law hosted in Heidelberg a conference**, entitled "**Defund Meat"…."**

# Covid

### NYT - Science Amid Chaos: What Worked During the Pandemic? What Failed?

https://www.nytimes.com/2025/03/14/health/covid-pandemic-public-health.html

"As the coronavirus spread, researchers worldwide scrambled to find ways to keep people safe. Some efforts were misguided. Others saved millions of lives."

# Mpox

### Lancet Infectious Diseases ( Comment )- Mpox vaccination: a dose of protection, but is it enough?

Angelo Roberto Raccagni et al ; https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00082-9/fulltext

Comment linked to a new study.

"**In *The Lancet Infectious Diseases*, David Hillus and colleagues provide important real-world evidence on the safety and effectiveness of the modified vaccinia Ankara–Bavarian Nordic (MVA-BN) vaccine against mpox using a combined prospective and retrospective approach**. Their study provides a better understanding of MVA-BN in mpox, especially considering the scarcity of published randomised controlled trials. However, **their findings also highlight existing uncertainties: how well does a single dose work compared with the recommended two-dose schedule? Is vaccine protection sustained over time? And critically, how well does the vaccine work and how it could be implemented in resource-limited settings where the clade Ib mpox outbreak is ongoing?**

Raccagni et al conclude: "**Hillus and colleagues provide a timely and well conducted study that advances our understanding of mpox vaccination. The study highlights that crucial gaps in our understanding remain and shows that, despite inherent limitations, a rigorous statistical design can provide valuable data in a challenging time. We need longer follow-ups, better understanding of the need for boosters, and targeted research in resource-limited settings.** As new mpox outbreaks emerge, **refining vaccination strategies** with robust and globally relevant evidence is not just an academic exercise, it is a **public health imperative**."

- Related **study in the Lancet Infectious Diseases** - Safety and effectiveness of MVA-BN vaccination against mpox in at-risk individuals in Germany (SEMVAc and TEMVAc): a combined prospective and retrospective cohort study

- And **coverage via Cidrap News** – Estimates: Jynneos mpox vaccine 84% and 35% effective in people without, with HIV

"One dose of the Jynneos vaccine was 58% effective against mpox infection overall and 84% in people without HIV, but only 35% in those with HIV, according to an observational combined **study** published yesterday in *The Lancet Infectious Diseases*……"

# Infectious diseases & NTDs

### Science Insider - New antibody studies boost hope for HIV cure

https://www.science.org/content/article/new-antibody-studies-boost-hope-hiv-cure

"Pioneering trials discover potential strategy to keep virus in check after stopping treatment."

### Lancet Infectious Diseases (Comment) - High-dose primaquine reduces vivax relapses: time for change

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00087-8/fulltext

Comment linked to a **new study in the Lancet Infectious Diseases**: 14 days of high-dose versus low-dose primaquine treatment in patients with Plasmodium vivax infection in Cambodia: a randomised, single-centre, open-label efficacy study

"After a substantial decline in the number of Plasmodium vivax malaria cases globally over the last two decades, case numbers have rebounded in the last two years, highlighting the need for sustained commitment to malaria control and elimination. Optimising case detection and treatment is necessary to achieve elimination. **In The Lancet Infectious Diseases, Virak Eng and colleagues provide direct evidence of the benefit of high total-dose primaquine (7 mg/kg) compared with low total-dose primaquine (3·5 mg/kg) to prevent relapsing P vivax malaria in Cambodia.** These findings **provide strong evidence for the optimal primaquine dose for anti-relapse therapy and support the 2024 WHO malaria treatment guidelines update recommending high-dose primaquine in most endemic countries…..**"

### Nature Medicine - Extreme geographic misalignment of healthcare resources and HIV treatment deserts in Malawi

https://www.nature.com/articles/s41591-025-03561-6

By Joan Ponce et al.

## NCDs

### Lancet - Global, regional, and national burden of household air pollution, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021

GBD 2021 HAP Collaborators; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02840-X/fulltext

Interpretation of the findings: "**Although the burden attributable to HAP has decreased considerably, HAP remains a substantial risk factor, especially in sub-Saharan Africa and south Asia**. Our comprehensive estimates of HAP exposure and attributable burden offer a robust and reliable resource for health policy makers and practitioners to precisely target and tailor health interventions. Given the persistent and substantial impact of HAP in many regions and countries, it is imperative to accelerate efforts to transition under-resourced communities to cleaner household energy sources."

- **Related** **Lancet Comment: Substantial health threats from polluting household fuels**

As a reminder: "…**Prolonged indoor exposure to household air pollution (HAP) substantially elevates the risk of developing severe respiratory and cardiovascular diseases, such as lung cancer, chronic obstructive pulmonary disease, and ischaemic heart disease**. Use of traditional solid fuels and the consequent HAP-related health outcomes have been assessed in some studies, highlighting **HAP as a major environmental risk factor for premature deaths globally and in many LMICs…"**

- And some **coverage of the key messages** via TGH **- Where Household Air Pollution Causes the Most Harm (by F Bennit et al)** Includes some neat maps, tables & grapsh.

### SS&M - Conceptualisation and Measurement of Healthy Ageing: Insights from a Systematic Literature Review

https://www.sciencedirect.com/science/article/pii/S027795362500262X

By Alexandra Piriu et al.

# Social & commercial determinants of health

### FT – Novo Nordisk foundation's obesity head works as paid adviser to chocolate maker Ferrero

https://www.ft.com/content/f36e2b3-c2f1-4b3f-a9e5-f5033fd39aa7

"Professor Arne Astrup is **also involved in project to change widely-accepted definition of ultra-processed food. »**

### Plos Med - Product reformulation in non-alcoholic beverages and foods after the implementation of front-of-pack warning labels in Mexico

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004533

By Juan Carlos Salgado et al .

### Food ethics Common Leverage Points to Address the Health, Environmental Sustainability, and Justice Challenges of Financialised Food Systems

Food Ethics

Discussion paper by K Sievert et al.

# Mental health & psycho-social wellbeing

### The Independent - These are the world's happiest countries in 2025

https://www.independent.co.uk/travel/news-and-advice/world-happiest-country-2025-list-finland-us-b2718418.html

"Finland is named the happiest country in the world for the eighth year in a row, according to the World Happiness Report 2025 published Thursday. Other Nordic countries are also once again at the top of the happiness rankings in the **annual report published by the Wellbeing Research Centre at the University of Oxford**. Besides Finland, Denmark, Iceland and Sweden remain the top four and in the same order. …… Country rankings were based on answers people give when asked to rate their own lives. The **study was done in partnership with the analytics firm Gallup and the UN Sustainable Development Solutions Network….."**

- Related: **The Guardian – Covid 'benevolence bump' endures as acts of kindness 10% higher than before 2020**

"**The world experienced a "benevolence bump" of kindness during the Covid-19 pandemic that has remained,** with generous acts more than 10% above pre-pandemic levels."

"The annual World Happiness Report found that **in 2024, acts such as donating and volunteering were more frequent than in 2017–19 in all generations and almost all global regions, although they had fallen from 2023. "**

"…. **In general, the western industrial countries are now less happy than they were between 2005 and 2010**." It added that a decline in happiness and social trust in Europe and the US had partly led to a rise in political polarisation and anti-system votes. ….. **Jan-Emmanuel De Neve, the director of Oxford's Wellbeing Research Centre and an editor of the World Happiness Report, said: "This year's report pushes us to look beyond traditional determinants like health and wealth.** "It turns out that **sharing meals and trusting others** are even stronger predictors of wellbeing than expected. **In this era of social isolation and political polarisation we need to find ways to bring people around the table again – doing so is critical for our individual and collective wellbeing**."…."

# Neonatal and child health

### Plos GPH - Child public health indicators for fragile, conflict-affected, and vulnerable settings: A scoping review

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003843

By Ayesha Kadir et al.

### BMJ GH - Regional, subregional and country-level full vaccination coverage in children aged 12–23 months for 34 countries in sub-Saharan Africa: a global analysis using Demographic and Health Survey data

https://gh.bmj.com/content/10/3/e018333

By D J Simon et al.

# Adolescent health

### Latest results from 20+ year Oxford study reveals ongoing impacts of global crises on young people

https://www.ox.ac.uk/news/2025-03-12-latest-results-20-year-oxford-study-reveals-ongoing-impacts-global-crises-young

"The **latest findings** **of** **Young Lives**, **a unique longitudinal study led by the University of Oxford,** highlights how persistent inequalities and global crises are impacting the lives of young people in some of the poorest communities in the world least able to withstand them. "

# Access to medicines & health technology

### Stat - FDA warns Aspen Pharmacare, Africa's biggest drugmaker, over sterility issues at a key plant

https://www.statnews.com/pharmalot/2025/03/19/fda-aspen-contamination-eye-drops-africa-sterile/

"The agency cited the company for **failing to take steps to prevent microbial contamination."**

" **The U.S. Food and Drug Administration has warned Aspen Pharmacare, the largest pharmaceutical company in Africa, that it had failed to take sufficient steps to prevent microbial contamination at a key facility that makes eye drops and many other medicines that require sterile production.** In a Feb. 24 **warning letter**, released publicly Tuesday, the agency noted that Aspen — which sells its own drugs and develops and manufactures medicines for other companies — **also failed to establish scientifically sound laboratory controls to ensure products conform to appropriate standards for strength and quality……"**

### Speaking of Medicine (blog) - Comment: Analogue vs Human Insulin in Low-Income Country Settings: the Debate is Over

https://speakingofmedicine.plos.org/2025/03/14/comment-analogue-vs-human-insulin-in-low-income-country-settings-the-debate-is-over/

by JA Elliott et al.

### Telegraph - Bitten by a snake? There may soon be a pill for that

https://www.telegraph.co.uk/global-health/science-and-disease/snake-bite-pill-antivenom-unithiol-scientific-research/

"**Medicine used to combat mercury and arsenic poisoning could be repurposed** to tackle snakebites, trials show."

- Link: Plos GPH – Beyond high cost: Pharmaceutic low-resource setting barriers to antibacterial access

# Human resources for health

### AP - As AI nurses reshape hospital care, human nurses are pushing back

https://apnews.com/article/artificial-intelligence-ai-nurses-hospitals-health-care-3e41c0a2768a3b4c5e002270cc2abe23

With focus on the US.

# Decolonize Global Health

### Santé Publique - Décolonisation de la santé publique

https://stm.cairn.info/revue-sante-publique-2025-1-page-9?lang=fr

Special issue. On Decolonizing Global Health in Francophone Africa. (*en français*…)

# Miscellaneous

### Science - Deadly fungi are becoming drug-resistant. A new compound could beat them

https://www.science.org/content/article/deadly-fungi-are-becoming-drug-resistant-new-compound-could-beat-them

"A drug candidate with a new mechanism of action shows promise against several drug-resistant infections in mice."

# Papers & reports

### Plos GPH – On the ethical and moral dimensions of using artificial intelligence for evidence synthesis

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004348

Essay by  Soumyadeep Bhaumik.

# Blogs & op-eds

**The Collective Blog  - Intersectional struggles and systems of oppression: Reflections on International Women's Day 2025**

by **Zahra Zeinali**;  The Collective Blog;

"On **International Women's Day 2025,** we pause to examine the converging crises defining our global moment—a period marked by pervasive neoliberal policies, entrenched systems of oppression, and the deliberate marginalization of vulnerable populations."