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SHAPING THE FUTURE OF GLOBAL HEALTH: COLLABORATION, RESILIENCE, AND AI IN AN EVOLVING ECOSYSTEM

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INTRODUCTION

There are truly no borders in global health today. From pandemics to climate change and unchanged inequity, problems and challenges in one part directly affect all other parts of the world, changing priorities, policies and funding in real-time. Global geopolitical developments and initiatives to create “health sovereignty” are causing nations to rethink their strategies.

Pandemics, refugee movements, and climate-based outbreaks require global responsiveness - it may be international, but borders are a fact, not fiction. It is an honour to provide an introduction to *Shaping the Future of Global Health: Collaboration, Resilience and AI in an Evolving Ecosystem*.

At the Partnership for Quality Medical Donations (PQMD), a one-of-a-kind alliance where leading experts in the field of medical donations, disaster response and humanitarian assistance come together as practitioners, we understand that geographical borders do not limit effective global health. Through the Aligned Metrics Initiative, we have gathered product donors, NGOs, national governments, and private sector executives to create collective frameworks for measuring medical donations. What matters most is what happens as a result, not what has happened. That institutional alignment gives the foundation for sharing trust, accountability, and global interoperability, which equals equitable and efficient health impact.

The importance of assessing and building alliances to engage global health challenges offers a unique perspective on why the writings in this eBook provide value. Our world faces numerous challenges. These problems are too big for any one entity–government, NGO or aid organisation–to solve in isolation. PQMD appreciates the thought that has gone into curating this volume and the magnitude of challenges ahead.

Resilient outcomes come from collaboration. Policies and funding set by national governments, actions of NGOs at the community level, technology & logistics by the private sector, and communities themselves with their trust, insight & culture. Our PQMD Pillar Talks, including our “AI & Global Health” report in January 2025, reported on new tools and challenges allowing low-resource health systems to leapfrog traditional approaches to ethical management, privacy, and capacity for health care solutions. These events provided a forum for AI developers, ministries of health, and donors to appraise and scale adoption pathways inclusively and practically.

Ageing populations and longer work lives in the future force us all to think about adaptive health systems. Task-shifting or correctly delegating care from highly trained health workers to community health worker-level interventions and AI-supported diagnostics can no longer be optional—these must be used for scalable care to populations. If AI is equipped with appropriate training and support, it extends the reach of the front-line worker—the most precise, adaptable, sensible, and user-friendly care to and for those who need it most.

Finding financing for these systems will require out-of-the-box thinking! Payment- by-results, bundled payments, capitation and risk-sharing are explicit examples of structures that tie funding directly to an outcome, introducing incentives for alternative and accountable approaches. The capability of encouraging alignment for investment to impact: the investments of funders and payers based only on what works, enables them to incentivise providers to focus on value-added improvements, and for innovative financing to expand access to equity for patients.

This e-book explores how global health is being redefined:

- **Why global health matters**—how pandemics, climate crises, and inequities are reshaping strategy, funding, and sovereignty.
- **Who drives change**—the dynamic interplay between governments, NGOs, innovators, and communities.
- **What’s next**—building resilient, tech-enhanced systems with adaptive workforce models and financing tied to results.

The PQMD five pillars—standards, partnership, innovation, financing, and resilience—are a single framework for impact. As you read the chapters ahead, you will see how the writings illustrate how collaboration, technology, and funding can transform global health from reactionary to anticipatory and provide safer and higher-quality care to those in need anywhere and everywhere. When we work together, we can envision a picture of health protected and restored.

Warmly,

Elizabeth (EJ) Ashbourne
Executive Director, PQMD

AUTHOR BIOGRAPHIES

Elizabeth "EJ" Ashbourne

Elizabeth "EJ" Ashbourne is the Executive Director of the Partnership for Quality Medical Donations (PQMD), where she leads strategy and implementation across the organization's five core pillars, promoting excellence in global medical supply and service donations . Previously, she was Managing Partner at EJA Consulting and spent 17 years in senior roles at the World Bank focusing on global health information systems, infectious disease, eHealth/mHealth, and private sector partnerships—especially in Africa's HIV/AIDS response. Her earlier career includes leadership positions with USAID in Eastern Europe and academic roles at American University. She holds an MA in International Education (Organizational Management) from American University and a BSc in Communications and History from Ithaca College

Gil Bashe

Gil Bashe is Chair Global Health and Purpose at FINN Partners and a leading voice in health, environmental policy and purpose-driven communications. With 30+ years in leadership communication, marketing and public affairs positions, he has advanced patient-centered care and corporate sustainability through policy engagement and brand building. A former combat medic paratrooper, industry lobbyist and author, Gil has led top health agencies and been a voice for mission-centered organizations. Numerous groups have recognized his contributions to clients and community, including the PRovoke Media "Top 25 Innovator Award," PM360 "Lifetime Achievement Award," PRWeek "Top 30 Health Influencer Award," and the Fast Company "Top 50 Minds in the New World of Work." He serves on several not-for-profit and corporate advisory boards in health and technology.

Mark Chataway

Mark Chataway is Managing Partner at FINN Partners, specializing in global health, environmental policy, and strategic communications across EMEA. With a background in journalism and public health advocacy – he was the first Director of Communications for Gay Men's Health Crisis in the U.S. – he has advised governments, UN agencies, and major health organizations including WHO, Gavi, and the Gates Foundation. He co-founded Baird's CMC and lives in Ireland, working in multiple languages to promote equitable access to healthcare and sustainable innovation.

Aman Gupta

Aman Gupta is Managing Partner and Health Practice Asia Lead at FINN Partners' SPAG, with over two decades of experience in pharmaceutical sciences, PR, and healthcare communications. He founded India's first healthcare-specialist PR firm and has led cutting-edge campaigns across HIV/AIDS, immunization, and non-communicable diseases for global clients such as the Gates Foundation, WHO, Novartis, Roche, J&J, MSD, and Sanofi. Passionate about data-driven, integrated advocacy, he's recognized for shaping health communication strategies across Asia.

Richard Hatzfeld

Richard Hatzfeld is a Senior Partner and Global Health Impact lead at FINN Partners, bringing over 25 years of experience in public health and global development across Africa, Asia, Europe, and North America. With a background in brand management and a deep commitment to health advocacy, he has spearheaded award-winning campaigns – partnering with major pharmaceutical companies, foundations and global organizations – to prevent the spread of parasitic and infectious diseases, build awareness and drive action against brain disorders, among other pressing health issues. Passionate about the convergence of health, policy, and corporate responsibility, his work reflects a bold, purpose-driven approach to saving lives.

Anne Mireille Nzouankeu

Anne Mireille Nzouankeu is a Cameroonian journalist turned West Africa communications specialist at FINN Partners, where she leverages her background in gender advocacy, journalism, and storytelling to advance health rights for women and children in sub-Saharan Africa. She began her career as a gender expert with the African Development Bank before transitioning into reporting for outlets like the Associated Press and The Guardian, and later became a communications officer focused on amplifying public health initiatives through culturally informed narratives. Based in Yaoundé, she is committed to empowering communities by making health research and programs accessible and engaging for diverse audiences.

Christopher Nial

Christopher Nial is a public health advocate and senior communications strategist at FINN Partners, with extensive experience in policy, health equity, and global advocacy. He leads campaigns for major health organizations, crafting strategic narratives that drive policy and behavior change. Passionate about the intersection of environmental and public health, he champions a One Planet, One Health approach and contributes to global sustainability efforts. Based in Ireland, he is also an active member of the Rotary Club of Wexford, supporting initiatives to eradicate polio and malaria.

Sharon Quntai

Sharon Quntai is an East Africa communications specialist at FINN Partners with deep expertise in media relations, public health advocacy, and stakeholder engagement across the region. With a journalism background rooted in Kenya, she has driven strategic campaigns and storytelling efforts for clients including Gavi, Novartis, Gates Foundation, WWF, and Sanofi, helping fast-track program approvals and increase community uptake. Passionate about amplifying health and climate narratives, she crafts culturally sensitive communication strategies that resonate across diverse African audiences, and regularly contributes thought leadership on issues like digital mental health and SRHR media outreach.

Chapter 1

THE EVOLVING LANDSCAPE OF GLOBAL HEALTH IMPACT

GLOBAL PRIORITIES SHIFT AS HEALTH SECURITY MEETS POLITICAL, CLIMATE, AND PANDEMIC THREATS

By Christopher Nial

In 2025, global public health faces extraordinary pressure from interconnected crises reshaping international priorities, particularly political conflicts, climate-related health threats, and pandemic preparedness.

Funding Cuts Undermine Global Health Preparedness

In the early months of 2025, political leaders in the U.S. opted to reduce public health and pandemic research funding by over US$11 billion as part of broader government efficiency measures aimed at streamlining operations. This choice was perceived by the wider aid community as a backwards step in the preparation for a possible health emergency in the future and eroded the sense of commitment to public health globally. The U.S. was, however, not alone in cutting foreign aid assistance. By mid-2025, announced reductions in official development assistance (ODA) from major donors—including Belgium, France, the Netherlands, Sweden, Switzerland, and the UK.

Climate Crisis Becomes a Health Crisis

At the same time, the climate crisis has firmly established itself as a public health emergency. The recent extreme rise in global temperature and climate crisis in turn has contributed to an increase in extreme weather events (e.g., major heat waves and unprecedented flooding), which have a direct and immediate impact on population and well-being and the circulation of disease. Higher temperatures have already created staggering stillbirth rates. In contrast, climate change has also extended the range of vector-borne diseases like malaria, dengue fever, and Zika, especially affecting maternal and neonatal health. There were solutions under response to climate crises when governments meet to approve the 2025 Global Plan of Action on Climate Change and Health; to increase the resilience of public health systems in the face of accelerating environmental catastrophe.

Pandemic Threats Spur Global Preparedness

COVID-19 has made pandemic threats prevalent in global consciousness. Although the acute phase of COVID-19 has diminished, risks remain high for emerging pathogens and we must now consider novel influenza strains in future threats to public health. Building on the former lessons of failure, the global order has shifted towards preparedness and collective response. In May of 2025, for the first time in history, the World Health Assembly approved an agreement with the Pandemic Agreement, a legally binding global commitment to equitable and coordinated global responses in the face of a public health emergency. Resources are pouring into disease surveillance and vaccine innovation, with renewed commitment to preparedness to prevent future pandemics. ■

In 2025, global health priorities are explicitly proactive and integrated. Today, there is growing recognition among public policy leaders that, to avoid undesirable consequences from political instability, climate change, and emerging pathogens, they must be classified and dealt with at the root, not just in crises when things go wrong. More than in previous eras, effective collaboration, creativity, and vigilance will be vital for safeguarding health and well-being in an increasingly precarious world.

FACING THE FLOODS: KENYA'S CLIMATE CHANGE CRISIS

By Sharon Quntai

As the anticipated rainy season descends upon Kenya, a lingering question has weighed heavily on the minds of its people: are the darker clouds and heavy winds harbingers of a destructive rainy season? Traditionally, the April rains have ushered in bountiful harvests, ensuring food security nationwide. However, with shifting weather patterns due to climate change, farmers now fear devastating floods may wash away their investments. The impact extends beyond agriculture, affecting real estate, tourism, exports, open-air-markets, transport, power, education, and health.

The National Disaster Operations Centre (NDOC) reports significant impacts from heavy rains and flash floods. Over 200 lives have been lost, with thousands displaced and many more affected nationwide. Livestock losses, crop damage, and disruptions to businesses and schools are widespread.

The human stories emerging from the affected areas paint a vivid picture of despair and resilience. In Kiambu County, an elderly lady named Wanjiru resides on the banks of the Gathara river with her young grandchildren in a two-room house made of corrugated iron sheets. As dusk draws near, Wanjiru peeks at the dark heavy clouds furiously skirting their way across the sky each day. Nights bring terror as their modest home is repeatedly inundated by floodwaters, leaving their belongings adrift. She now fears for her safety and that of the little children. "We are praying for divine intervention for our survival," Wanjiru solemnly expresses.

Bilha, another resident, recounts futile attempts to alert authorities via social media, instead resorting to communal efforts such as digging trenches to divert flood waters away from their homes. **"The government has forgotten us; it is now up to us as residents to take action, or else we might find ourselves drowning in the nearby river"** she laments, underscoring the community's sense of abandonment. Further conversations reveal that this is the first time the river has breached its banks, jeopardising lives and livelihoods built along its shores. For decades, farming has sustained families like Margaret's, who relied on the river to irrigate their crops year-round. Yet, what was once a golden goose in times of drought has now become a threat, wreaking havoc in unprecedented ways.

Over the ridge, another flooding hazard looms. Residents say that a dam that flows into the Gathara River threatens to overflow. The incessant heavy rains poses a potential catastrophe for them, as they anticipate its breaking at any moment.

The recent spate of extreme weather events has jolted Kenyans into a sobering realisation: climate change is not a distant concern but a present danger. The same holds true for neighbouring East African countries grappling with similar challenges. The urgency to act has never been clearer as citizens rally for preventive measures and heightened awareness.

In light of these realities, it is imperative for governments and policymakers to prioritise climate resilience, disaster preparedness and invest in robust infrastructure to mitigate the impact of climate disasters. Communities must embrace sustainable practices and work hand in hand with nature to build resilience against the ravages of climate change. Kenya, facing greater challenges in climate disaster preparedness than its economically advantaged counterparts, intensifies the harsh effects of climate change. This emphasises the crucial need for global solidarity and support to address these disparities. Only through concerted action can we hope to navigate the treacherous waters ahead and secure a sustainable future for generations to come. Given the gravity of this climate crisis, the pressing question remains: will our leaders heed our call this time and take decisive action to address these urgent issues? ■

EUROPE REIMAGINES FOREIGN AID AS INVESTMENT

By Christopher Nial

As the U.S. slashes foreign aid, Europe rewires its model — less charity, more strategic investment.

Europe is undergoing a quiet revolution in how it supports developing nations. From London to Berlin, officials are replacing the language of charity with the language of commerce. Traditional foreign aid — long delivered as grants to alleviate poverty — gives way to investment-driven models touted as "win-win" partnerships. "International solidarity and cooperation remain essential, but the concept of 'aid' belongs to the past," says Rémy Rioux, CEO of the French Development Agency, arguing that the old donor-recipient paradigm must be rethought. Instead of one-sided generosity, European governments now emphasise strategic investments to yield mutual benefits at home and abroad.

Security, Migration, and Budget Pressures

A confluence of political and fiscal forces is accelerating this shift. Europe's strategic priorities have evolved, driven by concerns ranging from war and migration to domestic economic strains. Many governments feel pressure to divert funds toward defence and security amid Russia's war in Ukraine and other threats. In Britain, for example, leaders explicitly tied an aid rollback to military needs: Prime Minister Keir Starmer vowed to boost defence spending to 2.5% of GDP and fund it by cutting the aid budget from 0.5% to 0.3% of national income. "National security must always come first," Starmer said, framing the cut as a painful necessity in a "dangerous new era".

Curbing immigration is another powerful motivator. Italy's Prime Minister Giorgia Meloni, elected on a hard-right platform, has bluntly rejected the notion of altruistic aid in favour of deals that keep migrants from leaving Africa. **"What needs to be done in Africa is not charity," she declares. "What needs to be done in Africa is to build cooperation and serious strategic relationships as equals, not predators".** For Rome, that means investing in African infrastructure and economies (dubbed the "Mattei Plan") to create jobs in migrants' home countries — and securing Italian energy and business interests — rather than simply writing checks. Other governments in Europe's north echo this tougher line: the Netherlands' new ruling coalition plans to trim aid by 2029 while "prioritising the interests of the Netherlands," shifting funds toward domestic migration control and trade promotion.

At the same time, budget constraints and surging nationalist politics have made foreign aid a prime target for cuts. The populist refrain of "charity begins at home" has grown louder amid economic uncertainty, pandemic debts, and inflation. Even in France — historically a champion of development aid — the government quietly backtracked on a legally enshrined promise to reach the U.N.'s 0.7% aid spending target by 2025. Facing pressure to reduce deficits, President Emmanuel Macron's administration postponed the 0.7% goal to 2030 and slashed next year's aid budget by over one-third. A €742 million reduction in 2024 was followed by plans for a further 37% cut (more than €2 billion) in 2025. Such steep cuts, unprecedented in modern French policy, were justified as tough choices in a tight fiscal environment — though critics called it a betrayal of France's global commitments. Likewise, aid has been swept up in a broader fiscal odyssey in Germany. After a constitutional court ruling forced Berlin to reallocate spending, the development ministry's 2024 budget

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was pared down by about 8% (roughly €940 million) compared to the previous year. Germany's humanitarian relief budget also dropped about 10%. These reductions make it unlikely Germany will maintain its recent 0.7% GNI aid level.

European Aid Budgets in Retreat

The result of these pressures is a marked pullback in many European aid budgets — a trend that spans both EU member states and neighbours like the UK and Switzerland. Recent moves include:

United Kingdom — Once a leader in aid, the UK has reversed course. It first lowered its long-held 0.7% of GNI aid commitment to 0.5% in 2021 and now plans to sink to just 0.3% by 2027 to free up billions for defence. Aid groups warn this will drag UK assistance to its lowest share of national income in generations, a "short-sighted and appalling move" that will "undoubtedly risk lives," according to UNICEF.

France — After years of incremental increases, France is making an abrupt U-turn. The 2025 budget envisions a 35% cut in official development assistance, delaying ambitions to scale up programmes. Lawmakers in Paris concede domestic needs and security priorities are eclipsing foreign aid — a stark change for the world's fourth-largest donor, which in 2023 still spent €13.9 billion (0.48% of GNI) on development.

Germany — The eurozone's largest economy is trimming aid amid belt-tightening. Germany's 2024 federal budget reduced core development spending to €11.2 billion, about 7–8% lower than in 2023. Humanitarian and crisis aid saw even sharper declines. Further cuts are on the table for 2025 as Berlin prioritises energy price relief and defence.

Belgium — A new coalition government in Brussels has agreed to cut development cooperation funding by 25% over five years. Belgium's aid agency has sounded the alarm, with Enabel CEO Jean Van Wetter warning that "disinvestment in international cooperation is a poor decision in our interconnected world" and will undermine Belgium's global influence.

Switzerland — Historically, Switzerland has been a steady donor, but the Swiss government is also scaling back. It approved a CHF 110 million reduction in its aid budget and plans to shut down or hand off development programmes in at least three countries (Albania, Bangladesh, and Zambia) by 2028. Swiss officials argue that resources must be focused on fewer priorities as part of a wider cost-cutting drive.

Italy — Italy's aid budget has not seen dramatic cuts, but its focus has pivoted under Meloni's leadership. Rome is redirecting funds toward projects that dovetail with Italy's geopolitical agenda — chiefly stemming migration. Italian ministers talk of "investment, not charity" and have struck deals, for instance, to finance development projects in Tunisia in exchange for cooperation on keeping migrants from crossing the Mediterranean.

Notably, this contraction is Europe-wide. A recent review tallied seven European donor governments announcing major aid reductions or reallocations in the past year. The collective EU aid effort is sliding: EU institutions and member states gave 0.51% of GNI as aid in 2023, down from 0.56% the year before. In a mid-2024 budget review, the EU reallocated €2 billion of its external aid fund into migration and refugee support — effectively a 7.5% pro-rata cut to other development programmes. As one analyst bluntly summed up, "The door is just closing on aid everywhere we look."

From Grants to "Blended" Finance

Beyond budget cuts, Europe is fundamentally changing how it delivers whatever aid remains. Rather than simply funding government budgets or health clinics in poor countries, European donors are channelling money into financial instruments — loans, equity stakes, guarantees — that attract co-investors and, ideally, pay for themselves. The buzzword is "blended finance," which means using a small amount of public or aid money to unlock a larger pool of private capital for development projects. In theory, everyone wins: poor countries get more investment than aid alone could provide, while investors (including European development banks) get risk cushioned by public funds.

All across Europe, aid agencies have been refashioned as mini-development banks. The UK's famous aid department has been folded into the Foreign Office, and its once grant-focused bilateral programmes are diminished. Instead, Britain is leaning on British International Investment — a government-owned DFI (development finance institution) — to finance projects from renewable energy in India to tech start-ups in Africa, expecting modest returns. France's Agence Française de Développement (AFD) has likewise expanded its lending, often via its private-sector arm Proparco, under what President Macron calls a "policy of results" approach. "The ambition of this strategic plan is [for AFD] to become a platform for development policy," Rémy Rioux has said, describing AFD's evolution beyond traditional aid. AFD now provides billions in low-interest loans for infrastructure and climate programmes, blending French funds with multilateral and private money.

Germany's KfW Development Bank and its investment subsidiary DEG follow a similar model, financing everything from solar parks to microfinance institutions in developing markets. Even smaller donors have set up investment vehicles — Switzerland's SIFEM fund, for instance, takes equity stakes in emerging market SMEs. Increasingly, European aid is less about writing checks than structuring deals. As Rioux explains, "Development financing is undergoing a major transformation… Investment has another advantage: it's built for the long term. It creates lasting partnerships, allows us to track tangible impacts, and demonstrates returns… far more effective and convincing than traditional public aid". In his view, and that of many peers, mobilising "sustainable resources" through investment is the only way to meet 21st-century challenges as government grants stagnate.

Critically, Europe's new approach isn't just about altruism — it's about mutual gain. Donor governments are so unabashed that they expect strategic payoffs. "International cooperation is not just an act of global solidarity," says Enabel chief Jean Van Wetter, whose Belgian agency increasingly ties aid to domestic interests. "It is a strategic investment that will bring numerous benefits to Belgium, its businesses and its citizens… By encouraging stability, growth and sustainability in partner countries, Belgium strengthens its own security, economy and international reputation". This "good for them, good for us" philosophy now permeates European development strategy. Nowhere is it clearer than the European Union's flagship Global Gateway initiative — a €300 billion plan unveiled in 2021 to fund infrastructure in Africa, Asia, and Latin America. Billed as Europe's answer to China's Belt and Road, Global Gateway explicitly seeks "mutually beneficial partnerships" that serve development needs and boost the EU's strategic autonomy. Projects range from African internet connectivity (benefiting EU telecom firms) to renewable energy grids that could one day supply Europe. "We are moving away from traditional development to mutually

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beneficial partnerships," the EU's development commissioner's office said, underscoring that the old donor-recipient dynamic is being replaced with joint ventures.

Ripple Effects on Poor Countries

Europe's pivot has profound implications for countries on the receiving end. In the short term, budget cuts are already being felt in vulnerable communities. Programmes that tackle poverty and disease — but yield no financial return — face an uncertain future. Global health initiatives, in particular, are reeling. Several of Europe's biggest aid donors have been mainstays of funding for vaccines, HIV treatment, and health systems in Africa. Now, those budgets are shrinking just as need remains high. "Some of Europe's biggest global health funders are slashing their aid budgets, which health groups fear could spell catastrophe for countries reliant on foreign cash to combat malaria, HIV, tuberculosis," reports Euronews. Because Europeans are turning inward, health programmes that saved millions of lives may lose support. In 2023, about 10% of European ODA went to global health. Still, going forward, that share must compete with climate projects and private-sector loans for a **"shrinking pot of money". "Many lives are at stake,"** warns Dr Michael Charles, head of a major anti-malaria partnership, describing the situation as "quite dire" in countries where donor-backed health services are now at risk.

Lower-income countries could also struggle to attract the kind of private investment Europe is now favouring. The pivot to loans and equity tends to favour middle-income states or commercially viable ventures — where investors see a reasonable chance of returns. Poorer nations, or social sectors like basic education, may be left behind because they offer little profit. Aid advocates note that European funds are flowing increasingly to regions of strategic interest (for example, North Africa for migration control or Ukraine, which alone absorbed nearly €19 billion of EU institutions' aid in 2023 (Donor Profile: EU)). Meanwhile, the share going to the least-developed countries has been "trending downward since 2017". If this continues, the world's poorest countries may face a double blow: less grant money and limited access to investment capital. Those who do take on more loans could risk new debt burdens down the line. **"We have to ensure no one is left behind as we shift to finance and investment,"** cautions one development official, noting that purely market-driven aid could bypass fragile states that need help most.

On the other hand, some developing nation leaders welcome the rhetoric of partnership over patronage. African governments have long bristled at the demeaning connotations of "aid" and have called for "trade, not aid" for decades. They see opportunity in Europe's investment pivot — if it delivers real infrastructure and business growth. In their view, being treated as an investment destination, not a charity case, is a step toward equality. However, they also emphasise that partnerships must be genuine. At a recent EU-Africa forum, several African presidents pointedly rejected mere "EU charity", saying Europe should address structural imbalances in trade and invest in African value chains rather than offer handouts as a way to buy political favours. In practice, the jury is still out on whether Europe's new model will benefit developing nations or mainly serve Europe's interests.

A New Hybrid Model — End of Aid as We Know It?

Is this the end of traditional aid? In many respects, yes. Europe's development assistance is becoming inseparable from its economic and geopolitical strategy. Whereas 20th-century aid often aimed to foster development for its own sake — rooted in post-colonial moral duty or Cold War diplomacy — 21st-century aid from Europe is increasingly transactional. Grants with no strings attached give way to loans, equity investments, and deals tied to policy conditions (migration management, economic reforms, climate goals). The old model of wealthy nations simply donating money is fading. "The old model of public development aid is disappearing and must be replaced by sustainable and inclusive investment," says AFD's Rémy Rioux, who argues that virtually all stakeholders now "agree that we need to rethink the model". European officials often bristle at the word "aid" altogether. They prefer terms like "cooperation," "partnership," and "investment."

Yet this is not so much an end as an evolution into a hybrid model. **Europe isn't abandoning poorer countries; it is just engaging on different terms. In place of one-way charity, it envisions joint ventures — what one Belgian policy paper calls "reciprocity-based development".** Even as budgets tighten, Europe is leveraging other tools to stay involved abroad: development banks, venture funds, risk guarantees, and diplomatic agreements linking aid to trade. In effect, official development assistance is blended with foreign and commercial policies. It's no coincidence that the UK merged its aid agency into its diplomatic service or that the EU's development projects now fall under a strategy explicitly tied to European industrial and security interests. As the European Council concluded its next budget, the goal is to "ensure the [aid] budget advances the EU's strategic priorities, which are increasingly shaped by domestic interests such as competitiveness, access to raw materials, migration, and security." This signals a permanent change in mindset.

Whether this new approach can deliver positive results for developing nations remains an open question. Optimists argue that by making development cooperation more about business and mutual gain, Europe will sustain political support and unlock larger pools of money than stagnant aid budgets could. They point to initiatives like Global Gateway and say that if Europe invests smartly in emerging economies, it can help build sustainable industries (from African solar farms to Southeast Asian supply chains) that benefit everyone. Sceptics, however, worry that something fundamental is lost when self-interest justifies aid. There are fears that vital but unprofitable work — fighting extreme poverty, tackling malnutrition, bolstering primary healthcare — will fall by the wayside. They note that global pandemics or climate change require outright grants and global solidarity, not investments that expect a financial return.

European officials insist they are not retreating from global development, just modernising their approach. "France is not stepping back from its international role," Rioux insists, citing Europe's $150 billion collective development contribution — roughly three times the U.S. level. But he and others acknowledge the need to "build a more resilient and efficient model" that can withstand domestic political winds. That model increasingly blurs the line between aid and business. It treats poorer countries less as beneficiaries and more as partners — or, in some cases, markets. The Wall Street Journal once dubbed this trend "aid as investment", and today it's an apt description of Europe's new paradigm. Traditional aid may not be entirely dead, but it has undeniably been subsumed into a broader strategy of strategic partnerships.

As Europe resets its development playbook, the world is watching to see if this grand experiment produces genuine development — or if "mutual benefit" mostly benefits the donor. For millions in Africa, Asia, and beyond who have depended on European aid, the hope is that this new era will bring a different rhetoric and tangible progress. If Europe's investments can drive growth and stability in poorer nations while satisfying European taxpayers, it could herald a new global development model for the 21st century. If not, retreating from traditional aid could leave a void that other powers — or crises — will fill. The only certainty is that Europe's role in international development is changing profoundly, in real-time, trading in the old charity mindset for something more hard-nosed and, it believes, sustainable for the long haul. ■

By Christopher Nial

THE CHANGING FACE OF FOREIGN AID: STRATEGIES FOR ENSURING VISIBILITY AMIDST SHIFTING DONOR DYNAMICS

The landscape of foreign aid is undergoing significant transformations. Traditional donor nations are reassessing their commitments, shifting priorities, and, in some cases, substantially reducing their aid budgets. Simultaneously, new donor countries and private entities are emerging, altering the traditional power dynamics of international aid. These developments present challenges and opportunities for global development organisations such as UNICEF, the World Food Programme (WFP), and the World Health Organization (WHO), necessitating a rethinking of how they maintain visibility and secure essential funding.

Understanding the Shift

Substantial changes have been seen in the policies of major traditional donors in recent months. The United States, historically the largest bilateral donor, has dramatically shifted its foreign aid approach. Executive Order 14169 or instance, controversially suspended development assistance programs, disrupting numerous global health and infrastructure initiatives. This policy shift reflects broader trends towards re-examining the efficacy and alignment of foreign aid with national interests.

Similarly, long regarded as a global leader in international development, the United Kingdom recently reduced its overseas development assistance budget from 0.5% to 0.3% of gross national income, redirecting funds towards domestic priorities such as defence. This move drew sharp criticism from the international community, raising concerns about the potential implications for millions who rely on aid-funded services.

At the same time, emerging donors such as China and India are stepping into the global aid arena with distinctive approaches focused on infrastructure projects, economic partnerships, and geopolitical influence. Their aid models prioritise mutual financial benefits and often utilise development financing rather than traditional grant models, fundamentally altering recipient expectations and strategies.

The Need for Strategic Visibility

In response to this evolving landscape, global development organisations must strategically adapt their communications, advocacy, and engagement efforts to secure ongoing support from traditional donors while helping new donors navigate unfamiliar territories. Crucially, they must clearly articulate their purpose, demonstrate the value of strategic communication and advocacy, and leverage thought leadership to maintain visibility and attract support.

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Clarifying the Purpose: Starting with 'Why'

Organisations must first revisit their core mission—the fundamental purpose underpinning their efforts. Articulating why their initiatives matter can shift donor perceptions, reframing aid as an essential global investment rather than a charitable expenditure. For example, public health initiatives addressing infectious diseases should explicitly link their efforts to global health security, economic stability, and humanitarian obligations. Positioning aid initiatives within broader global challenges encourages donors to view these investments as strategic imperatives rather than optional acts of generosity.

Communication and Advocacy as Essential Enablers

Communication, advocacy, and public affairs must be recognised as indispensable tools for maximising aid effectiveness. Aid recipients and implementation partners should demonstrate how strategic communication can drive awareness, behavioural change, and stakeholder alignment, fundamentally influencing the success of aid projects.

Successful global health campaigns by organisations like Gavi, the Vaccine Alliance, and WHO highlight how effective communication significantly increases vaccination uptake, directly contributing to public health goals, for instance.. Similarly, evidence-driven advocacy campaigns, such as those promoting climate-related health risks, illustrate how strategic policy interventions secure vital resources and legislative support.

Such examples underline the importance of communication and advocacy as not merely complementary but central to achieving impactful outcomes. By positioning these as core components of their operations, aid implementers ensure that both traditional and emerging donors appreciate their holistic approach to maximising impact.

Thought Leadership through Authentic Insight

Global development organisations can enhance visibility by showcasing thought leadership grounded in real-world insights and experience. By highlighting effective strategies through credible examples—without direct self-promotion—implementers position themselves as experts uniquely capable of addressing global issues. This includes citing independent studies, reports, or successful campaigns by respected global entities.

Organisations can reference WHO's successful communication strategies around COVID-19 vaccination campaigns or climate health initiatives that leverage behavioural science and culturally sensitive messaging. Such case studies provide impartial evidence of effective communication and advocacy practices, reinforcing the recipient's sophisticated understanding of global engagement.

Emphasising Principles and Best Practices

Organisations should focus on universally recognised principles underpinning effective aid delivery and communications to build credibility further. Transparency, evidence-based practices, cultural sensitivity, and measurable outcomes are foundational pillars that resonate strongly with donors seeking accountability and impact.

Transparency fosters trust, allowing donors to see their investments' direct benefits and measurable outcomes. Meanwhile, demonstrating cultural sensitivity and inclusivity in communications and advocacy enhances local buy-in, improves community relations, and increases project effectiveness—outcomes highly valued by donors.

Organisations can articulate these principles through detailed discussions of best practices, such as crafting clear messaging, emotional storytelling, and engaging trusted community voices to strengthen project success. Offering insights into common pitfalls—such as culturally insensitive campaigns or poorly targeted messaging—alongside strategies to avoid these issues further establishes donor credibility and trust.

Authenticity and Openness

Transparency in discussing challenges, setbacks, and successes demonstrates maturity and authenticity. Open dialogues with donors about what works and what does not can lead to stronger, more collaborative relationships. Aid recipients should not shy away from sharing the difficulties inherent in delivering complex international aid projects. These conversations build stronger partnerships rooted in realistic expectations and mutual respect.

Engaging New Donors through Strategic Alignment

Emerging donors require a different engagement strategy than traditional donors. Countries like China and India prioritise mutual economic and strategic benefits. Aid implementers can align their messaging with these priorities by emphasising shared economic opportunities, infrastructure benefits, and sustainable development. Demonstrating mutual benefits encourages emerging donors to view recipients as valuable partners rather than passive beneficiaries.

Organizations can highlight how infrastructure projects financed through emerging donor initiatives directly benefit local economies, enhance regional stability, and open new markets beneficial to donor countries themselves. Emphasising mutual benefits aligns with new donors' strategic objectives, securing their attention and fostering long-term partnerships.

Maintaining a Share of Voice

As foreign aid undergoes dramatic changes, organisations must adapt by strengthening their strategic communications, reinforcing advocacy efforts, and refining engagement tactics. An articulated purpose, evidence-backed advocacy, and thoughtful engagement with donor priorities position aid recipients not merely as passive entities awaiting funding but as proactive, essential contributors to global well-being.

Ultimately, global development organisations that skillfully balance strategic communications, transparency, thought leadership and authentic dialogue will successfully maintain visibility and attract support from traditional and emerging donors. Amidst shifting dynamics, these proactive strategies ensure continued relevance, influence, and effective partnership, positioning aid implementers at the forefront of global change.

In this evolving landscape, the voice that speaks authentically and strategically will be heard loudest. ■

Q&A with Dr Seth Berkley, Dr Ken Rabin and Jeffrey L. Sturchio:

WHY THE LANDSCAPE FOR HEALTH IMPACT IS GLOBAL

Why the Landscape for Health Impact is Global

Q&A with Dr Seth Berkley:

A serial entrepreneur and pioneer in global public health for more than 35 years, Dr Seth Berkley has been a champion of equitable access to vaccines and of innovation, and a driving force to improve the way the world prevents and responds to infectious disease. A medical doctor and infectious disease epidemiologist, Dr Berkley joined Gavi, the Vaccine Alliance, as its CEO in August 2011. Under his leadership, Gavi accelerated global immunisation access in its mission to save lives, reduce poverty and protect the world against the threat of epidemics and pandemics. At the beginning of the COVID-19 pandemic, Dr Berkley co-created COVAX, the only global multilateral solution aimed at providing equitable access to COVID-19 vaccines for people in all countries, regardless of their ability to pay.

Q: Major health threats like pandemics, climate-driven risks, and stark health inequities don't respect national borders. Why is it crucial to approach these challenges as global problems requiring collective solutions rather than isolated national issues?

Dr Seth Berkley: Health is fundamentally global. Preventing diseases requires global knowledge, surveillance, and local engagement. Climate-driven changes such as the movement of disease vectors, zoonotic infections, and massive population displacement necessitate a global and collaborative approach. Pandemics clearly demonstrate how borders cannot halt diseases, underscoring the importance of comprehensive global surveillance and robust local health systems.

Q: As co-creator of COVAX, you once warned that an uncoordinated scramble for vaccines could become a "Lord of the Flies" scenario. In hindsight, have global leaders learned the importance of cooperation over competition? How can we avoid a fragmented, each-country-for-itself response when the next pandemic strikes?

Dr Seth Berkley: Unfortunately, global leaders have not fully learned the necessity of cooperation. COVAX highlighted the rational need for centralised vaccine management, yet nationalism prevailed, causing fragmentation and inequity. Future responses must balance national priorities with global equity, prioritising high-risk populations worldwide rather than complete national coverage before sharing resources.

Q: Climate change is now recognised as a significant health threat—from heatwaves and wildfires to shifting infectious disease patterns. How are climate-related health risks reshaping international health priorities, and do you feel the global health community is adapting fast enough?

Dr Seth Berkley: The global health community isn't adapting quickly enough. Despite awareness, meaningful resource allocation and preventive actions remain inadequate. Climate change demands anticipatory planning, significant investments, and targeted interventions, but current efforts remain insufficient to address the escalating risks effectively.

Q: Are you seeing a shift in international priorities and funding for health? Pandemics, AMR, and climate-related challenges demand fresh approaches. Are global leaders adjusting to these new realities, or is there a risk the momentum will fade?

Dr Seth Berkley: The current trajectory is concerning, with major funders like the US, UK, Germany, and France significantly reducing their global health commitments. This shift is undermining innovative approaches and essential services, risking serious setbacks instead of advancement in tackling global health threats.

Q: Geopolitical tensions are increasingly spilling over into global health. From vaccine diplomacy to disputes within international institutions, cooperation seems to be under pressure. How do you think the global health community can navigate this growing influence of geopolitics?

Dr Seth Berkley: Geopolitical tensions complicate cooperation, often leading institutions to become territorial rather than collaborative. Effective global health responses require flexible, networked collaborations, acknowledging that no single organisation can manage all aspects of complex health crises independently.

Q: There's growing emphasis on "health sovereignty," with countries and regions wanting to produce their own vaccines and medical tools. How is this shift changing the dynamic of global health cooperation? Can national autonomy and global solidarity coexist?

Dr Seth Berkley: There's a delicate balance between efficient global production and national self-reliance. While local production can improve access, especially in emergencies, complete national autonomy is impractical and inefficient. The ideal scenario integrates regional capacities with global systems to ensure equitable and sustainable access.

Q: Many multilateral health initiatives face serious funding challenges, with some donors pulling back. How serious is this trend, and what can be done to sustain and diversify funding so these institutions remain effective?

Dr Seth Berkley: The funding challenges are severe. Diversifying sources through increased domestic investments and targeted health taxes (e.g., tobacco, alcohol, sugary drinks) can help. Efficient use of external funds for innovation and essential global public goods, alongside reducing overlaps between similar institutions, is crucial for sustainability.

Q: As regions take more ownership of health issues, do global institutions like the WHO or Gavi need to adapt to remain relevant and adequate? What kinds of reforms or innovations would you recommend for multilateral organisations?

Dr Seth Berkley: Global institutions must adapt by clearly defining roles and collaborating effectively with regional agencies. They should support regional competencies without causing duplication. Global entities should focus on universal policy guidance and public goods, while regional organisations handle locally specific health concerns.

Q: Looking ahead, what gives you the most optimism about the future of global health—and what worries you the most? What must happen now to protect health across borders in the future?

Dr Seth Berkley: I'm optimistic about remarkable advances in science and technology capable of transforming health. However, widespread disinformation and declining trust in science and health institutions pose significant threats. We must address misinformation vigorously and advocate for equity, as inequitable health systems severely compromise health outcomes.

Q: Is there anything else you want to add?

Dr Seth Berkley: My recent book, "Fair Doses: An Insider's Story of the Pandemic and the Global Fight for Vaccine Equity," will be available on October 28, 2025. It details COVAX's journey, highlights vaccine equity challenges, and shares personal insights for future global health leaders. Documenting these experiences is crucial to preventing history from repeating itself and ensuring improved future responses. ■

Why the Landscape for Health Impact is Global

Q&A with Dr Ken Rabin

Kenneth H. Rabin, PhD, MA, is a Senior Scholar at CUNY SPH and special projects editor of the Journal of Health Communication. He is a co-author of the Nature COVID-19 consensus and several vaccine hesitancy studies and editorials in academic journals and the lay press. He has spent more than 40 years consulting on international healthcare communications in the private sector. His co-authored textbook on government public communications, Informing the People, was for many years the standard in its field.

Q: With your background in global health communications, why do you believe health issues like pandemics and vaccine hesitancy require coordinated international responses?

Dr Ken Rabin: It's straightforward: viruses don't recognise borders. To effectively tackle pandemic diseases, global coordination is essential. There really isn't another option.

Q: Misinformation significantly impacted vaccine uptake during COVID-19. What made misinformation spread so rapidly globally, and how can communicators effectively counter it?

Dr Ken Rabin: Part of the problem lies in how the term "misinformation" divides people into opposing camps. Communicators should instead emphasise guaranteeing accurate information, enabling individuals to make informed, rational health decisions. Ensuring information quality is crucial to combating misinformation.

Q: Trust is often cited as crucial for effective health communication. Based on your experience, what key factors build or erode trust across borders, particularly in vaccine communication?

Dr Ken Rabin: Trust depends significantly on respect for professional expertise. When individuals believe they can independently "research" health issues online, respect for medical expertise diminishes. Health professionals must clearly communicate their knowledge and continuously earn respect through clarity and credibility, as losing respect erodes the social fabric necessary for effective health interventions.

Q: The fragmented modern media landscape—social media, messaging apps, and diverse traditional outlets—creates conflicting health messages. How can global health communicators manage and navigate this fragmentation successfully?

Dr Ken Rabin: Navigating media fragmentation requires mastering each communication channel and understanding their distinct impacts. Health literacy is foundational here, ensuring people have the tools to make informed choices. Communicators must also adapt to ongoing shifts in media technology and messaging techniques, staying proactive and agile.

Q: What lessons did the COVID-19 pandemic teach us about the importance and challenges of cross-border coordination in health communication?

Dr Ken Rabin: Effective communication during pandemics demands global collaboration, clear messaging, and understanding local contexts. Health communicators learned the critical need to synchronise messages across borders while

tailoring approaches to diverse audiences, recognising cultural and contextual differences.

Q: Given your experience leading international PR campaigns for major healthcare companies and organisations, what are the essential elements for a successful global health campaign?

Dr Ken Rabin: The fundamental principles remain consistent: define clear, simple, and limited key messages; communicate consistently across appropriate media; involve opinion leaders early; and understand your audience deeply. Clarity, simplicity, and repetition are vital for any successful campaign, regardless of its scale or scope.

Q: Vaccine equity emerged as a critical issue during the pandemic. How can communication strategies effectively highlight and promote vaccine equity, especially to audiences in high-income countries?

Dr Ken Rabin: Communicators must underscore the universal benefit of equitable vaccine distribution, highlighting ethical responsibilities alongside practical global health benefits. Even in high-income countries, clear messaging on equity can promote better understanding of interconnected global health security.

Q: Finally, what advice would you offer emerging health communicators on effectively communicating complex health information in today's globalised but fragmented information environment?

Dr Ken Rabin: Emerging communicators must continually educate themselves broadly and deeply—both in classical thinking and modern communication technologies. Writing skills and a solid understanding of research are non-negotiable. The ability to distinguish logical argument from propaganda is also crucial, ensuring communicators can critically evaluate and convey accurate health information effectively.

Q: Is there anything else you want to add?

Dr Ken Rabin: I am currently involved with the Nature Commission, which is focused on assuring equitable access to quality health information globally. Our goal is to develop clear indicators for quality health information, aiming for a balanced, credible, and inclusive approach. I strongly encourage health communicators and stakeholders to actively engage and support this initiative.
■

Why the Landscape for Health Impact is Global

Q&A with Jeffrey L. Sturchio: Why the Landscape for Health Impact is Global
Jeffrey L. Sturchio, MA, PhD, is chairman of Friends of the Global Fight Against AIDS, TB and Malaria, and chairman of the International Society for Urban Health. He is also a past Chairman and CEO at Rabin Martin, and former President and CEO of the Global Health Council.

Q: With your extensive background in global health communications, why do you believe health issues like pandemics and vaccine hesitancy require coordinated international responses?

Jeffrey Sturchio: Bugs don't know borders. Infectious diseases are trans-border threats requiring trans-border responses for effectiveness and sustainability. The COVID-19 pandemic tragically highlighted this, with millions dying unnecessarily because global coordination was delayed. Future pandemics will demand immediate, collaborative international responses, though unfortunately, we remain inadequately prepared.

Q: Misinformation significantly impacted vaccine uptake during COVID-19. What made misinformation spread so rapidly globally, and how can communicators effectively counter it?

Jeffrey Sturchio: Misinformation thrives due to underlying trust issues within affected communities, exacerbated by poor relationships with healthcare professionals and public health officials. Effective communication must prioritise building and maintaining trust through regular community engagement, not only during crises. Preemptive communication—or "pre-bunking"—is essential, using trusted messengers and channels people genuinely use, like social media, to consistently provide accurate health information.

Q: Trust is often cited as crucial for effective health communication. Based on your experience, what key factors build or erode trust across borders, particularly in vaccine communication?

Jeffrey Sturchio: Trust hinges on continuous, authentic relationship-building. Public health officials must engage consistently with communities, understand their specific concerns, and communicate transparently and empathetically. Conversely, inconsistent messaging, perceived indifference, or distant, centralised communications erode trust.

Q: The fragmented modern media landscape creates conflicting health messages. How can global health communicators manage and navigate this fragmentation successfully?

Jeffrey Sturchio: Successful navigation requires communicators to aggressively match the intensity and persistence of misinformation sources. Utilising preferred channels of affected communities and delivering clear, consistent, evidence-based messaging is critical. It's essential to meet audiences where they naturally gather information—whether through TikTok, social media, or other modern platforms.

Q: What lessons did the COVID-19 pandemic teach us about the importance and challenges of cross-border coordination in health communication?

Jeffrey Sturchio: Effective global communication involves sharing broad strategies, medical countermeasures, and timely updates (as WHO did during COVID-19). Yet, actual implementation and tailored community-level communications must remain localised. Centralised efforts like COVAX struggled partly because countries prioritised their immediate national needs over global coordination. This demonstrates the necessity for global strategies supported by strong local action.

Q: Given your experience leading international PR campaigns for major healthcare companies and organisations, what are the essential elements for a successful global health campaign?

Jeffrey Sturchio: Success lies in thoroughly understanding affected communities—addressing their specific health needs, priorities, and communication preferences in accessible language. Campaigns must aim explicitly at behaviour change, guided by ongoing dialogue with communities. This fosters informed choices leading to tangible improvements in population health.

Q: Vaccine equity emerged as a critical issue during the pandemic. How can communication strategies effectively highlight and promote vaccine equity, especially to audiences in high-income countries?

Jeffrey Sturchio: Highlighting vaccine equity involves demonstrating the interconnectedness of global health, emphasising ethical imperatives and practical benefits of equitable vaccine distribution. Strategic communications should leverage empathy, stressing collective safety and mutual benefits to high-income country audiences.

Q: Finally, what advice would you offer emerging health communicators on effectively communicating complex health information in today's globalised but fragmented information environment?

Jeffrey Sturchio: Emerging communicators should focus on building enduring relationships of trust with communities outside crises, communicate regularly with clarity and consistency, and master the use of diverse, modern communication channels. Understanding audience-specific needs, preferences, and contexts is paramount.

Q: Is there anything else you want to add based on your current work?

Jeffrey Sturchio: Presently, as chairman of Friends of the Global Fight Against AIDS, TB, and Malaria, we advocate for sustained U.S. support of the Global Fund. Recent U.S. funding cuts could lead to catastrophic health outcomes globally, demanding immediate action. Countries must increase domestic health investments, integrate external aid into national health systems, and create inclusive programs prioritising vulnerable populations. Additionally, responsible transitions away from foreign assistance require clear, enforceable, and evidence-driven compacts between donor and partner countries. ■

FINN PARTNERS

COLLABORATIVE STAKEHOLDER ROLES IN THE HEALTHCARE ECOSYSTEM

By Richard Hatzfeld

In the midst of one of the most consequential shifts in the global health landscape in generations, it's tempting to assume that the new world order favors go-it-alone nationalism and the dismantling of the interlinked institutions that brought humanity to its healthiest point in history. But that assumption would be a mistake.

Collaboration has always been the engine of human progress—and it remains the keystone for the next evolution of global health systems. While foreign assistance faces unprecedented turbulence, agile organizations are leveraging their international networks to forge partnerships with both expected and unlikely allies.

The results won't be fully visible in 2025 given the scale of disruption, but early signs are encouraging. Collaboration is proving to be the accelerant for more efficient and impactful health programs, particularly for underserved communities and unsolved disease areas. Faith-based organizations are aligning with governments, entrepreneurs, and private-sector partners to keep interventions moving forward.

Pharmaceutical companies are testing new ways to blend social responsibility with commercial goals to strengthen their future market positions. Technology ventures, civil service groups, and governments are collaborating to reimagine logistics, diagnostics, and point-of-care services from the U.S. to Uganda.

At FINN, we are closely watching—and helping shape—this metamorphosis. How organizations build partnerships, leapfrog outdated practices, and communicate effectively will define the next chapter of global health. ■

GLOBAL ELITE ARE BORED WITH HEALTH, JUST WHEN IT'S GETTING REALLY EXCITING

By Mark Chataway

For the first time since 2019, the glitterati of geopolitics gathered recently at the Raisina Dialogue in New Delhi. Why, I asked a senior Indian diplomat, did most of them fail to even mention health. Had they learned nothing from the pandemic? The pandemic, he thought, was the problem. **"They've had over two years of being forced to talk about health. Now, they want to get back to things they're really interested in."**

Our global leaders may regret not paying more attention to what is happening in health: in the geeky panels where I lurked, there was a conviction that health technology and artificial intelligence may help middle income countries to leap past their more fossilised advanced counterparts within a decade.

The oppressive silence

President Ursula von der Leyen of the European Commission set the tone in her opening remarks: democracy versus autocracy; the climate emergency and; helping global trade to recover and reorganise. She did mention health once, but only in the context of a pandemic that had waned. And, President von der Leyen is a doctor by training, with a master's degree in public health! The assorted foreign ministers and heads of development finance institutions did not, as far as I could tell, have a medical degree between them, so it's maybe unsurprising that they glossed over the topic, too.

In fairness, Tadashi Maeda, the Governor of the Japan Bank for International Cooperation did talk about investment in Indian vaccine and small molecule production. I may have missed other contributions: each day began at 9am and ended at 10.30pm; there were multiple breakout sessions twice a day; and all of the lunches and dinners were by invitation only. To nobody's surprise, I was invited to the mealtime discussion on health issues around cooking oil rather than the exclusive meal hosted by the Indian foreign minister.

Why it was better to be with the geeks

The Raisina organisers had made sure that, wherever the attention of the geopoliticians wandered, health would have protected sessions. The briefing book had a number of thought-provoking articles and I was lucky enough to be on the panel of a discussion about "Healthcare, Technology and a Coalition of the Willing" (warning: it's an 85-minute video).

The G20 has begun a cycle of being chaired by emerging economies, with Indonesia taking the first turn.. Dino Patti Djalal, the Chairman of Foreign Policy Community of Indonesia, and a former ambassador to the US, said that data and the rules governing access to it would be a focus of its presidency. In a world that has become used to COVID apps as a prerequisite to normal life, he saw vast opportunities for technology to transform healthcare delivery, but no guarantee that it would. Indonesia also pushed for an "IMF of health" that would act as a shared funding pool for countries facing health crises and the G20 is establishing a continuing task force that brings together health and finance ministers. As workforces age, health becomes an ever more vital prerequisite to economic growth.

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India, the G20 host in 2023, committed massively to digitisation transforming health in a country that will very soon be the world's most populous. At a Federation of Indian Chambers of Commerce meeting on a road map for universal health care, experts defended plans to have many fewer beds per thousand of population than the global norm by saying that screening and remote management would mean that every bed would be used efficiently. It's not a pipe dream: multiple emergency rooms in Gujarat are already managed by one specialist supervising local teams of doctors and nurses who act as arms and legs; across Bihar, one of India's most deprived states, kiosks staffed by paramedics with very basic training link to a call centre staffed by GPs and specialists in Delhi who can send prescriptions, order diagnostic tests or refer the patient immediately.

Preeti Sudan, the Health Secretary who oversaw India's initial forceful response to COVID, said that the country could not have managed the pandemic without AI predicting emerging hotspots. Nor could it have delivered 1.85 billion vaccine doses of COVID vaccines.

India takes the potential of artificial intelligence in health so seriously that it has seconded a full ambassador to run I-DAIR, a Geneva-based international collaborative. In the future, massive databases are likely to be more prized assets than a collection of patents or closed collaborations with academic centres. Ambassador Amandeep Gill foresees an alliance of small states and large low and lower-middle income countries. The Switzerlands and Singapores will bring money and expertise; the populous countries will bring data and the chance to find patterns that will transform diagnosis treatment (and fast-emerging health tech hubs in countries such as India and Kenya).

Change, though, is frightening. In many situations, AI can already predict more accurately than humans which pathogen is likely to be responsible for a patient's infection and can predict which antibiotics are likely to work against it. Why do you need a doctor? This kind of change will be even more profound in areas such as cancer and management of cardiovascular disease. Ss Ambassador Djalal said, **"doctors are enormously egotistical, especially when it comes to their revenues".** We need, he said, to prepare for political and social resistance from those who've benefited from the current system. The last time I saw the figures, Indonesia had fewer than 200 medical oncologists for about 270 million people. If they are worried, imagine how the average American oncologist will feel: there are about 13,000 of them for a population that is only 20% bigger than Indonesia's. They earn an average of $300,000 a year, according to Glassdoor. As South African minister Kwati Candith Mashego-Dlamini told the panel, health technology will allow South Africa to spread its few oncologists more thinly; that should be what worries the office-based oncologist in Topeka. No one is suggesting that there will be no role for oncologists or cardiologists in the future; just that their role will be different, and probably less well paying.

The Americans and the Europeans are likely to resist for longer: there are more of them and they account for a much larger percentage of GDP than do their counterparts in middle income countries. Today, Indians can get some cardiovascular surgery with a better chance of survival and at prices as low as two percent of the cost of the procedure in the USA. This achievement was reported by INSEAD, one of Europe's leading business school's, but the Indian model has yet to be replicated in Europe or North America. It is likely, then, that AI-driven healthcare will reach its full potential in India and Indonesia before it does in the United Kingdom or the United States.

Power will shift in medical research too. A New Scientist article explained it beautifully in 2019. **"Because all humans originated in Africa, groups that later migrated elsewhere took only a fraction of genetic diversity with them. Two individuals within an African population will be much more different than two individuals within a European population...The higher level of genetic diversity within Africa gives researchers the opportunity to investigate whether particular gene variants are associated with particular diseases. "For example, if you had a gene that was not variable at all in Europeans, you could not find an association with disease,"** says [a researcher]. If there was variability in the same gene in people of African descent, that could lead to the development of a drug that could be used globally."

In the new era, Europeans and North Americans will discover that their majority populations are genetically impoverished, while minorities at home and — even more so — people still living in Africa and South Asia hold the key to new medical interventions. Imagine an American HHS Secretary begging a Mozambican health minister for access to the country's genetic databases. Those geopoliticians will regret missing our session! ■

A NEW PRESCRIPTION FOR HEALTH: THE POWER OF PURPOSE-DRIVEN ORGANIZATIONS

By Christopher Nial

As we navigate the complexities of the 21st-century business landscape, one term is on everyone's lips: "purpose-driven." Beyond buzzwords, this concept represents a profound shift in the role of organizations and the way we work together in society. I was inspired by pride in a report on purpose-driven organizations from FINN Partners, where I work.

Far from being confined to corporate social responsibility (CSR) departments or marketing campaigns, purpose is now driving core business strategies. This shift has significant implications across sectors, but nowhere is it more urgently needed than in the world of health.

Despite advances in medical technology and health policies, half the world's population (3.5 billion) needs better coverage of essential health services, according to the World Bank and the World Health Organization (WHO). The question of access to treatment is as pressing as ever, particularly in underserved communities. Purpose-driven organizations focusing on creating social value are uniquely positioned to tackle this issue.

The need is becoming more urgent because of the climate crisis. As my colleague, **Gil Bashe says in that FINN report, "Preventing disease, despair and death is now a national — nay, a global — imperative, and environmental health, economic health and public health are everyone's priorities".** For instance, companies such as pharmaceutical giants MSD and Sanofi have made it their mission to improve access to medicines. Recognizing that traditional business models often leave low and middle-income countries behind, these organizations have introduced access programs that adjust pricing strategies according to a country's wealth. By making life-saving drugs more affordable in these regions, they're not just driving profits — they're saving lives.

Meanwhile, technology firms are using their innovation prowess to tackle healthcare disparities. Companies such as Medtronic, through Medtronic Labs, are pioneering medical devices designed to enhance access to quality care, particularly in remote or underserved areas. Through these efforts, they're challenging the notion that advanced healthcare should be a privilege of the few, not the right of the many.

Purpose-driven organizations have a few key strategies at their disposal. One is leveraging digital technology. Telemedicine has seen a surge in recent years, especially during the COVID-19 pandemic, promising to revolutionize healthcare by breaking geographical barriers. Then there are public-private partnerships, where organizations work with government bodies and non-profits to strengthen health infrastructure. Finally, these companies can — and should — use their influence to advocate for policy changes addressing systemic healthcare access barriers.

This purpose-driven approach comes with challenges. Aligning the interests of various stakeholders, ensuring the sustainability of health initiatives, and dealing with the logistical hurdles of delivering healthcare in diverse regions are just a few that come to mind.

These challenges also present opportunities. Purpose-driven organizations can pioneer new healthcare delivery models by finding innovative ways to overcome these obstacles. Doing so proves that it's possible to marry profits with purpose and business success with societal progress.

The purpose-driven approach offers more than just a novel way of doing business. It provides a blueprint for building a more inclusive, equitable healthcare system — one that doesn't just treat patients but sees them as partners in a shared mission. By putting purpose at the core of their strategies, organizations can play a crucial role in making universal health coverage a reality.

The age of the purpose-driven organization is upon us, and it promises to transform healthcare as we know it. As the landscape shifts, it's clear that the question is no longer whether businesses should embrace this trend but how fast they can. After all, when it comes to health, every moment counts. ■

FINN PARTNERS

THE INTERSECTION OF PUBLIC HEALTH AND SUSTAINABILITY: WHY IT MATTERS NOW MORE THAN EVER

By Aman Gupta

Climate Change is the Worst Crisis Humanity is Currently Facing. The Evidence is Clear With the Stark Differences in Climate-Related Incidents Across the Globe.

Today's health businesses face several complex challenges, ranging from stakeholder expectations to regulatory compliance. Amid these, sustainable development often takes a backseat. Sustainability may seem like a buzzword, used liberally with very little credibility. However, the concept is far more nuanced and important where public health is concerned. It is the cornerstone of success to build resilience and protect the planet.

Climate change is the worst crisis humanity is currently facing. The evidence is clear with the stark differences in climate-related incidents across the globe. While Dubai received torrential rainfall, causing flash floods, people across various parts of Asia are grappling with heatwaves, leading to severe water shortages, with poorer communities being the worst affected. The Earth is boiling, quite literally, and resources have been stretched to the limit as the population grows, foreshadowing devastating consequences for future generations. Public health, in particular, is reeling from this crisis as the prevalence of communicable and non-communicable diseases grows at a startling rate. Between 2000 and 2019, almost 489,000 people died each year due to heat-related illnesses, with 45% in Asia and 36% in Europe.[1] Rising temperatures are responsible for not just public health emergencies, they can affect health services. Public health is the first line of defense during a crisis of this magnitude, and as systems across the globe struggle to cope, the outlook seems bleak.

Disease prevention, treatment, accessibility, equity, and protection of the environment are all essential facets of health that aim to enhance the well-being of the public. The main goal of sustainability is to meet the needs of the current generation without compromising the needs of future generations. The crux of both these concepts is the adoption of holistic practices that provide long-term welfare over short-term respite. Hence, it is crucial to understand how health and sustainability go hand-in-hand to help humanity weather the current crisis.

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Making Health Sustainable

The health sector is responsible for between 4.4% and 5.2% of the world's greenhouse gas emissions.[2] This creates a paradoxical situation wherein the systems created to help can harm the well-being of the public. Health services comprise energy-intensive activities, from maintaining hospitals to creating life-saving medicines. Reducing the carbon footprint would be the first step towards making health sustainable. The solutions to this problem boil down to three categories — switching to non-fossil energy, storing energy, and conserving energy. Rather than solely depending on non-renewable sources of energy, the sector must start adopting renewable sources such as wind or solar energy. This helps build resilience to adverse climate-related events and can provide a positive socioeconomic impact.

A critical aspect of health that is often overlooked is the significance of preventive care. Countries that are a part of the Organisation for Economic Co-operation and Development (OECD) spend less than 3% on preventive care.[3] Prevention is important in reducing the overuse of resources in health, which can result in reducing the carbon footprint. Several short and long-term sustainability goals can be achieved through primary, secondary, and tertiary prevention. A robust global vaccination programme must be implemented to decrease resource consumption. Furthermore, encouraging the public to adopt a healthy lifestyle empowers them to take an active role in enhancing their well-being.

Public health is often highly fragmented as patients may have to go to several points along the treatment pathway. Improving access to early diagnosis and providing one-stop solutions can make this process easier and more sustainable. Policymakers and other stakeholders can drive systemic change by encouraging people to adopt preventive measures to reduce the disease burden and health consumption.

There are several indirect ways in which health can become more sustainable. For instance, encouraging the adoption of telemedicine in cases where the patient does not need to be physically present. Governments must create policies that encourage the sustainable procurement of ingredients for medicines, using greener methods of transportation, embracing a circular economy, and employing safe waste disposal methods.

Public health and sustainability have a symbiotic relationship that requires our utmost attention. COVID-19 may not be the last health crisis we witness in our lifetimes. This is especially true due to climate change, which can exacerbate more than half of the known human pathogenic diseases.[4] As health communicators our task is twofold — drawing attention to the brewing health crisis while shedding light on climate change and its implications. The future hinges on sustainability and integrating it into the health system while not compromising on quality. The transition needs to start now. ■

DEFINING A NEW ROLE FOR HEALTHCOMMUNICATORS IN THE MISINFORMATION ERA

By Richard Hatzfeld

If events over the past several years have taught us anything, it's that misinformation is an entrenched feature of life in the digital age. Rather than fading into the dark corners of the Internet, misinformation has become a pervasive, destabilizing force in our society, impeding efforts to mitigate pandemic threats, arrest climate change, protect democracy and solve many other issues.

For anybody involved in public health communications, the task before us is particularly urgent: failure to address the threat of misinformation – and increasingly, disinformation – undercuts how we build trust in institutions, data and processes – the core elements of modern public health interventions. Our approach to this intractable challenge carries significant risks and opportunities for the way we can harness the power of effective, ethically grounded, communications to blunt future health threats and elevate the role that communicators can play.

First, some level-setting is in order. While we've seen a wealth of false guidance, rumors, fake remedies and overtly prejudiced rhetoric related to global efforts to fight Covid-19 and other diseases, misinformation is nothing new. It has been a steady, unwanted companion to centuries of public health programs, from early efforts to vaccinate against smallpox or fight cholera to recent work containing Ebola outbreaks and avian influenza.

Given the high likelihood for misinformation to spread faster and negatively influence public health interventions, we should have been better prepared for the potential of social media, misinformed policymakers and hyper-partisan media to wreak havoc on the command-and-control functions of our national – and global – pandemic response. But in pandemic simulations that public health leaders conducted in the decade before Covid, substantive coverage for how social networks and misinformation could derail efforts to contain an infectious disease outbreak was limited or absent. Just two months before SARS-CoV-2 was first detected, another simulation delivered a prescient assessment of the impact of misinformation and disinformation to derail pandemic response actions, but nature didn't give us the chance to apply those important lessons.

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as a massive global test case for how we can harness the full potential of human innovation, while simultaneously being sabotaged by basic, entrenched human folly. At a time when science rose to meet the challenge, communications fell down.

We need to do better. Learning from the wealth of pandemic data available to us is an imperative for the communications industry. Now is the time to reassert our expertise and define a higher level of ethical leadership for how we navigate the challenges of misinformation and muddled guidance frequently coming from U.S. government health sources. Here's where we can start.

Acknowledge first that there is no such thing as a pollutant-free communications environment, particularly in democracies. Misinformation is the heavy price we pay for free speech and an open Internet. It functions like a many-headed hydra, with data showing that efforts to directly refute false statements, particularly on social media, can fuel an increase in misleading posts or amplify erroneous information that has been previously refuted.

Our job as communicators is to leverage all the tools at our disposal to educate people on how to be better, more discerning consumers of information. Recent research studies, some conducted by social media companies no less, indicate that flagging potentially erroneous information and prompting people to pause and dig deeper before sharing may stem the flow of misleading content.

Taking it further, we can use our deep understanding of audience segmentation, demographic targeting and influencer cultivation as a force for good, particularly in public health communications. From the events of the past several years, we have a strong understanding of who is susceptible to specific types of misinformation and how to use convert communicators and messaging that is grounded in behavioral science to help educate consumers.

To do this requires all communicators to acknowledge an inconvenient truth: Misinformation sells. And in a hyper competitive environment where the incentive is to stand out, we have an opportunity to define a new model for ethical leadership in health communications. Recognizing our own historic failures can provide us with the kind of powerful introspection required to deliver effective guidance on curtailing misinformation and support our industry's buyer power to force greater accountability among platforms whose algorithms are designed to amplify misinformation.

Defining a higher ethical standard for health communicators is an important credential for encouraging new players to help mitigate miscommunications. In light of the marginalization of the World Health Organization by the U.S. government and the questionable guidance coming from the Department of Health and Human Services, we need to build a bigger tent of supporters to address future pandemics.

Why is this important? As Covid-19 showed, public health is everyone's business. It is intertwined with our economy, our politics, and our communities, which is why we have a unique opportunity to engage non-health companies to support health-related communications, in large part by working with credible actors to increase the volume of factual information and help educate consumers on sources of factual information. We need more organizations and individuals, from airline companies to celebrities, who are outside of the traditional health community to expand the circle of influence on health-related communications. This is essential for reaching reluctant audiences and building a volume of science-driven content that stands in contrast to misleading guidance. Health communicators continue to be absent or underrepresented in important public health conversations held by the U.S. government and other leading countries. This is a major void that should be corrected if we expect to manage misinformation in future disease outbreaks and reinforce key government agencies as credible sources for guidance.

It's time we apply the hard lessons from fighting Covid-19 misinformation to develop cross-industry partnerships, engage and educate a wide variety of communities and raise the bar for accountability and ethical leadership.

If we take these steps, we might retain credibility as a trusted source of health information and retain a seat at the table with international policymakers who are mapping out plans to prepare for the next global health emergency. That's essential because we may not have the luxury of time to get our act together when another pandemic emerges. ■

THE URGENT CALL TO DECOLONISE GLOBAL HEALTH

The legacy of colonialism is deeply embedded in the structures and practices of global health.

By Christopher Nial

A growing movement to decolonise global health has gained momentum as the world grapples with ongoing health crises, from COVID-19 to climate change-induced disasters. This call for transformation challenges us to critically examine the power structures, assumptions and practices that have long defined the field.

Decolonising global health aims to dismantle the colonial legacies that continue to shape health research, policy and practice worldwide. As Xiaoxiao Kwete and other researchers argue, **"the current status quo of global health is still replete with various forms of colonial vestiges–ideologies and practices."** These vestiges manifest at multiple levels, from individual interactions to institutional structures to overarching paradigms.

One of the most visible symptoms is the persistent marginalisation of voices from the Global South in leadership, decision-making and knowledge production. Despite rhetoric about equity and partnership, global health remains dominated by institutions and individuals from high-income countries. **As one analysis found, over 80% of global health research on Africa has no African authors.**

This imbalance reflects deeper issues of power and positionality. As Badham notes, "Voices from the 'Global South' are often marginalised because their abilities" are undervalued or overlooked. Addressing this requires more than simply increasing diversity — it demands a fundamental shift in how we conceptualise expertise and authority in global health.

The legacy of colonialism is deeply embedded in the structures and practices of global health. As Peace Direct's recent report on decolonising aid argues, **"Many current practices and attitudes in the aid system mirror and are derived from the colonial-era, which most organisations and donors in the Global North are still reluctant to acknowledge."**

This reluctance to engage with the colonial roots of global health work undermines efforts to address ongoing inequities. Certain modern-day practices reinforce colonial dynamics, from the 'White saviour' ideology visible in fundraising imagery to the organisational structures of INGOs in the Global South.

Language and framing also play a crucial role in perpetuating colonial mindsets. Terms like "Global South" and "developing countries" reinforce notions of Western superiority and a linear path of "progress" defined by the West. Even well-intentioned efforts at "capacity building" can imply deficiency. As global health practitioners and researchers, we must critically examine our words and their implicit assumptions.

At an institutional level, the flow of funding, priorities and accountability in global health often mirror colonial relationships. Major funders and international organisations remain concentrated in high-income countries, with limited representation from the communities they purport to serve. This setup can lead to misaligned priorities and interventions that fail to address local needs and realities.

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Peace Direct's consultation found that only 12% of international grant dollars from US foundations go directly to organisations based in the country where programmes are implemented. This means that everything from who controls the disbursement of funds to who defines a project's success is rooted in the values and beliefs of the Global North.

Transforming these entrenched systems requires more than superficial changes. Kwete argues, "to fully decolonise global health, systemic reforms must be taken that target the fundamental assumptions of global health." This includes questioning core premises about the relationship between health and development.

A crucial first step is to acknowledge that structural racism exists within global health institutions and practices. Many organisations still need to engage with this uncomfortable reality. Yet, as Peace Direct's report argues, "**If policymakers, donors, practitioners, academics and activists do not begin to address structural racism and what it means to decolonise aid, the system may never be able to transform itself in ways that truly shift power and resources to local actors."**

This shift requires ceding control and embracing uncertainty. For donors and international NGOs, funding "courageously" means creating more accessible and flexible funding pathways and prioritising local leadership. It means relinquishing the insistence on rigid metrics and acknowledging that transformative change is inherently messy.

For global health education, decolonisation demands expanding curricula beyond Western perspectives to centre diverse scholars, epistemologies and historical analyses. It requires opportunities for students and practitioners from the global North to critically examine their power and positionality.

Decolonising global health does not mean rejecting all Western contributions to the field. Instead, it calls for a more inclusive, equitable approach that values diverse forms of knowledge and experience. Dean Garba and colleagues argue, the goal is to "create a more just and equitable global health landscape". Yet we must also grapple with more radical critiques that question whether global health — given its colonial origins — can ever be decolonised. Some scholars argue for new paradigms centring on solidarity and cognitive justice principles.

Decolonising global health is not a finite destination but an ongoing critical reflection and action process. It demands that we continually examine our assumptions, practices and impacts. As global health practitioners, researchers and advocates, we must ask ourselves: Whose voices are we centering? Whose knowledge are we valuing? And whose interests are indeed being served by our work?

By honestly confronting these questions, we can build a more equitable and genuinely global approach to health. This transformation will take work. Entrenched power structures and vested interests will inevitably resist change.

Yet the stakes could not be higher. As converging crises of pandemic disease, climate change, and widespread inequity threaten health worldwide, we desperately need new approaches that centre the knowledge and leadership of communities on the frontlines.

Decolonising global health ultimately means "moving the centre", as Ngũgĩ wa Thiong'o reminds us. It requires shifting power, resources and decision-making to those most impacted by health inequities. Only then can we hope to realise the field's lofty health aspirations. ■

Chapter 3

RESILIENCE, AI ADAPTATION, AND MANAGING GROWING BURDENS

AGEING, CLIMATE CHANGE, INSTITUTIONAL THREATS AND SOLUTIONS

By Mark Chataway

This section of our ebook focuses on trends which threaten health and healthcare systems. They also threaten the prosperity and sustainability of our societies. The world will age dramatically over the remainder of this century. It seems likely that the populations of China and South Korea will halve by 2100. This appears to come from a combination of better opportunities for women and not enough support for those who choose to become mothers.

In parallel, one in every two children born by 2090 will be African. Africa's great gift to the world will be youth. We cannot deny the value of the gift but it must not come at the expense of the autonomy of African women and giving them the tools to make their own decisions about education, families and sexual health.

The section then goes on to look at some of the issues related to climate change. As the world misses target after target in controlling greenhouse gas emissions, it seems clear that the planet will undergo fundamental changes. Many will bring health threats for which we must all prepare.

A shortage of healthcare workers and specific threats such as antimicrobial resistance will require the kind of coordinated, collaborative and far-sighted actions which governments do so badly.

Pessimism is not, though, the take-away message. Artificial intelligence for health will likely be adopted first in middle-income countries, which have fewer powerful vested interests that can apply the brakes. We present examples of this happening and the positive change that it can deliver. We also look at the power of community initiatives and the ingenuity of people used to frugal innovation. Finally, we look at how good communications are critical to the successful deployment of innovation.

We look forward to your thoughts and reactions! ■

THE TRICKY POLITICS OF HEALTHY AGEING

To get the best value for money, our politicians should focus on non-medical interventions.

By Mark Chataway

Many older people want to work and contribute to society but cannot because of bad health. Half of that disease could be prevented, dealt with, or significantly delayed by using the technology we have today. More of it will be preventable through the revolution that has already started in diagnostics, big data, and artificial intelligence. There may be insurmountable obstacles to getting politicians to invest in healthy aging.

The longevity economy

Today, if all older people worked the way older Icelanders do, it would add $3.7 trillion to the global economy every year, without counting the value of unpaid work. It would give older people dignity and fulfillment and empower them even more to volunteer, run community institutions, care for children (freeing up younger adults to work), and do all the other things that build "social capital," as economists call it.

A failure to invest in prevention for older people will have appalling economic consequences. Pre-COVID numbers suggested that by 2035, forty percent of the G20 workforce will be aged 50 or above (up from 30 percent in 2015). And they will be more needed than ever: the UK, for example, will be short 2.6 million workers by 2030. There are compelling suggestions that much of today's labour shortage is caused by the withdrawal of older people from work during the pandemic: between 1993 and 2019, labour force participation doubled for the over 65s; it has declined since 2019.

Often these discussions provoke a union leader or populist politician to draw a picture of a ninety-year-old teetering at the top of a fire ladder struggling with a bucking horse. The average person working just two or three years longer would dramatically benefit the individual and collective prosperity. Most retire before their state pensions start, so they would also have more savings throughout retirement.

While older workers will generate 40 percent of all earnings, in proportion to the share of the workforce they constitute, they spend much more than younger households do. Across the G20, which contains many emerging economies with young populations, 56% of total spending in 2015 came from families over 50. The mortgage is paid off; the children are finishing university, and investments may provide returns; why not buy stuff for the grandchildren and live a little? Data suggest that a 0.1% increase in spending on disease prevention could increase spending by older people by 9% per year. That spending, of course, creates jobs and growth across the economy — the global longevity dividend.

"Household savings is the main domestic source of funds to finance capital investment, which is a major driver of long-term economic growth," according to the Organisation for Economic Cooperation and Development (OECD). Those savings are depleted when a household member becomes unwell, especially in countries with no national health system. If granny gets severely ill with pneumonia, you will spend whatever you have got to secure her treatment. Keeping older people healthy leaves household savings at work, creating economic growth.

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The politics of medicine

If healthier, more productive citizens will make society much richer, why aren't our politicians just getting on with doing a better job of preventing the diseases of later years?

We wrestled with this problem throughout a fascinating, three-day meeting on prevention and healthy-ageing organised recently by the International Longevity Centre UK (despite its name, ILC UK works internationally and we were lucky enough to spend three days at the Annecy global health centre run by the Mérieux Foundation). We came up with the same objections to democracy that troubled many ancient Greeks. I spent enough time taking notes to have raided the presentations of almost every expert there but, sadly, not enough to credit those whose data I am using. You can see videos of each day here.

Elected politicians today need to expend a little money and a lot of political capital to realise benefits across the decades ahead. Those politicians are extremely unlikely to be the ones who get to claim the glory for any of the work they put in. One delegate said it was like building a new high-speed railway, but it was even more difficult. The minister commissioning the railway spends but never travels; her successor who sees it through planning objections hears the objections of people who live near the track, but never the thanks of commuters; his successor .... You get the picture ... At least each of them gets a photo opportunity, a news segment from atop an impressive piece of earth-moving equipment, a commissioning ceremony at the factory building the carriages, or a meeting with grateful businesses and trades unions.

An ambitious health minister could generate a massive medium-term health bonus by improving the coverage of adult vaccines that we know work; she, though, spends and battles but never gets a political reward. Good flu vaccines are 80 or 90 percent effective at keeping you out of the hospital. They also prevent atherosclerosis and heart disease. The good ones cost a bit more than the cheap ones.

Our health minister must increase vaccine spending, face a few sceptical health professionals, and deal with a Twitter storm of abuse from anti-vaxxers. It is easy to see why 50 new A&E beds look like a more appealing opportunity to the minister's political adviser. The patients occupying those beds should be furious that the minister's failure to invest in vaccines put them there; instead, they're ready to go on camera, being pathetically grateful for the wonderful care they received while on a ventilator.

Once we get beyond flu, things are even more politically challenging. Only 29 percent of Europeans know they can be protected against pneumonia, so fewer than five percent of patients with heart failure, diabetes, or COPD get the pneumococcal vaccine for which they are eligible. Hardly anyone knows about emerging research that shows that rotavirus vaccination in children prevents type 1 diabetes or retrospective research that suggests that a full course of childhood immunisation helps prevent dementia in later life. What is an ambitious politician to do?

Fossilised medical systems force patients onto those ventilators even if funding is forthcoming. In many countries in Europe, a patient who wants a flu or pneumococcal vaccine must go to the doctor to get a prescription; take the prescription to the pharmacy and ≠long, go back to the doctor to be injected. No wonder one in four Europeans lives with at least two chronic conditions, but only 45 percent of those with chronic conditions get a flu vaccine.

Every effort to streamline this system triggers pushback from everyone who will lose prescribing, dispensing, or administration fees. Picking a fight with doctors is rarely good for political careers.

Once the disease is established, often diagnosis and prescribing are not enough. Fewer than half of European patients who have been diagnosed and are receiving prescriptions have control of their blood pressure or high cholesterol after three years. Just when taking the pills should be becoming a mindless habit — after three or four years of daily pill taking —

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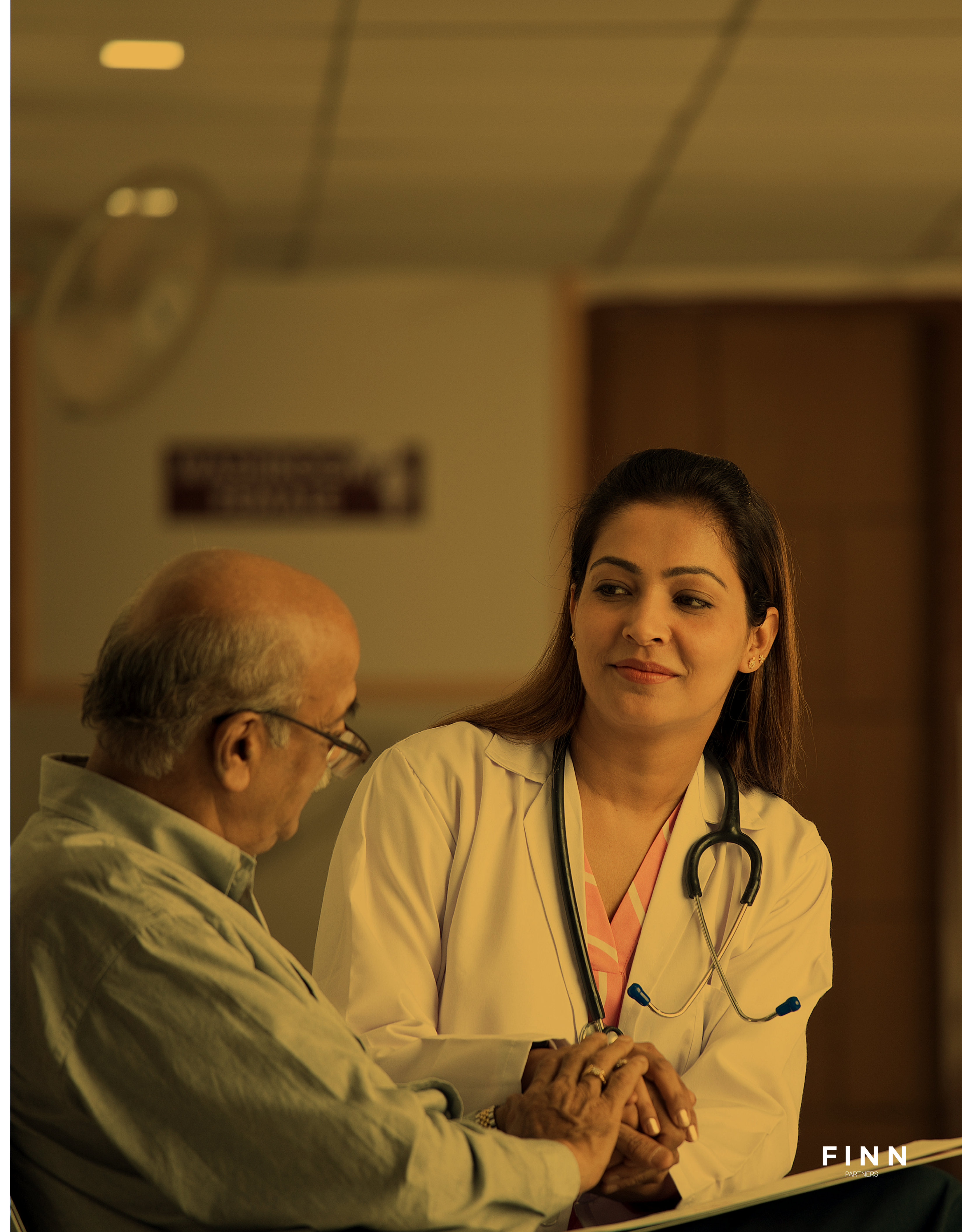

it falls quite fast. And we have no idea why. It might be the mechanics of getting prescriptions renewed, refilled and reimbursed. (Yet another part of that fossilised medical system — is there any reason discount supermarkets should not sell 100 packs of cholesterol-lowering medicines for €5? It is certainly less dangerous than the hot dogs and cream pastries they sell in vast quantities). It may be that the pills are reminders of disease and mortality that the pill taker would rather forget. Either way, there are few opportunities for ribbon cuttings or front-page photos and few incentives for politicians to change things.

The politics of health

To get the best value for money, our poor politicians should focus on non-medical interventions too. Those, though, are even less good for her career.

Let's start at the extreme. Some data suggest that children who grow up bilingual progress to Alzheimer's about five years later than a monolingual child. It would be one of the greatest bargain health interventions ever, if true. Sketchier data suggest that benefits also accrue to adults who learn a second language later in life. That might be politically feasible in Scandinavia, but do you want to be the French politician who requires universal bilingual pre-schooling or the American one who tells 40 year olds to go out and learn Mandarin?

Let's be a little less ambitious. Governments must mandate reductions in sugar, salt and fat content because less salt and sugar prevents many chronic diseases, but our tastes change as a herd. If you don't believe me, ask Coca-Cola: Fanta has 43g of sugar per 330 ml in India but only 23g in the UK. Coke says the difference is to account for local tastes. Still, it may have something to do with pressure by the UK government to reduce sugar content or face further taxes. High sugar is good for sales: refined sugar is highly habit-forming, but Coca-Cola used an average of 17% less sugar in its drinks in the UK in 2018 than in 2015. Voluntary agreements between industry and the four governments of the UK have also led to substantial falls in the average salt content in seventy-six food categories. And consumers did not notice unless they bought a Fanta in Mumbai, got on a plane and bought one in London eight hours later.

Coca-Cola was founded by a Confederate Civil War veteran and its original recipe was even more addictive as it contained cocaine. That Fanta with 23 or 43 grammes of sugar is the brand created by Coca-Cola in Germany to quench Nazi thirsts after December 1941 when Coke syrup from the United States became er... unavailable. So fond were senior Nazis of Fanta, that Coca-Cola Germany got an exemption from sugar rationing. Much of the production up to mid-1945 was produced by slave labourers kidnapped from across Europe by Coke's Nazi fans. You will have gathered by now that promoting human welfare has always been quite low on the agenda of the soft drinks industry but keeping in with those in power has always had a high priority.

Taxes on addictive convenience foods could fund subsidised access to fresh fruit and vegetables. However, the producers of undifferentiated oranges have limited lobbying budgets. In contrast, the producers of sugary drinks spent $7 million in 2018 in California alone in a successful effort to restrict local taxes on their products.

Treats for politicians

I charge clients a lot for my public affairs consulting, so I should not admit this, but if you have ever trained a dog, you know most of what you need to know about working with politicians and the officials who report to them.

Positive reinforcement is the best way to get a dog to do what you want. Every time the puppy performs outside instead of on the carpet, he gets a treat, a pat on the back, or both. Every time the dogeyeing up the sheep hears a dog whistle and returns; she gets a special toy. If a dog is about to run into traffic or go after that sheep, you may need a short smack and a loud "no". Be careful, though: negative reinforcement sometimes has unpredictable consequences. Smacking a dog all the time or using a shock collar may turn a friendly and cooperative animal into one who is so scared that he tries to avoid you.

Politicians respond precisely the same way as dogs. It is important to remember that most are a bit more intelligent and sophisticated than the average labrador and got elected because they want to improve the world, however many compromises they had to make to win power. So, while Rover will be primarily focussed on a ball or a sausage, you need to spend a bit more time understanding the motivation and ideas of politicians and fit into their Weltanschauung whenever you can. Talk to a libertarian about preserving individual autonomy; talk to a Conservative about keeping families together; talk to a socialist about community responsibility. With any luck, all paths will lead to healthy ageing policies.

Depending on the country's civil service system, officials who work for politicians will often have real skills and a deep understanding of health, aging and economics. However, the effective ones know that their learning will be wasted unless they can think like a politician and package things in a way their political masters will accept.

What does all this mean for getting healthy ageing pushed up the political agenda? We have a lot to offer in the way of positive reinforcement. The average eighty-year-old is four times as likely to vote as the average eighteen-year-old. As discussed above, the eighty-year-old is likely to have discretionary income to contribute to political parties and campaigns. In some countries, such as the USA, many already belong to powerful political action groups. The challenge is to get the constituency mobilised around vaccinations, not ventilators.

When we need it, we can deliver the slaps too. Opinion research shows that young people do not see a generational tussle for resources with their grandparents. They want to do the right thing; they worry that it's unaffordable. And without action on prevention now, it will be.

Getting the old or young to vote based on the minutiae of vaccine delivery systems or the speed of change in the content of processed foods is a non-starter. We need to learn from people whose goals we may not share. The National Rifle Association in the United States has managed to stop any meaningful new restrictions on firearms by skilfully mobilising its base — so skilfully that they negate the 80 percent or so of Americans who favour the restrictions. The ins and outs of gun control policy are as arcane as the details of keeping older people healthy. The NRA, though, gives every legislator a rating. A few of its supporters check the details; most look for a good NRA rating. We need a healthy ageing rating.

The nature of effective political action is compromise and refusing to allow the perfect to be the enemy of the good. To work, this score will need to be endorsed by a range of professional groups, groups of older people and consumer organisations. Some commercial entities may even want to join in: health insurers, for example. None will get everything they want; most could get what they want.

The proposal is short on details, but we must find a way of incentivising today's politicians to do things that will deliver benefits over the decades ahead. ■

FLIPPING THE SCRIPT ON CANCER PREVENTION

By Richard Hatzfeld

More than five thousand Americans are diagnosed with cancer on any given day. Let that sink in for a moment. There's a high likelihood that someone you know or love – possibly even you, personally – hears three of the most dreaded words possible: You have cancer.

Even in the age of advanced diagnostics, proton beam and nanotechnology treatments, and more walkathons than we can count, cancer still kills roughly one-third of those in the U.S. diagnosed with it. The numbers for low-income countries are far more shocking.

The causes of many cancers aren't some hidden mystery. In the U.S., we can prevent two of the most dangerous forms of skin cancer by 40-50 percent by wearing sunscreen, but it's an expensive option, and only 13 percent say they protect themselves most of the time with SPF-rated lotions. People are 15-30 times more likely to get lung cancer if they smoke; nevertheless, 1 in 10 Americans still smoke cigarettes.

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We continue to lose many of the battles we should win against cancer. Billions of dollars have been spent over the years to educate the public on how they can prevent cancer; billions more have gone into treating patients. And then there's the emotional toll that comes from hearing those three words.

YOU HAVE CANCER – OR NOT

There is a massive bright spot in this story, however. While the chances of preventing many forms of cancer with known interventions are frequently below 50 percent, we have a way of preventing six forms of cancer with a 90 percent effectiveness rate. It doesn't come from adhering to daily rituals or resisting tempting vices. These cancers can be prevented by going to a doctor's office or a pharmacy* and getting vaccinated against Human Papilloma Virus (HPV).

The catch is that the greatest chance of preventing HPV-related cancers later in life comes from vaccinating kids between 9-14. That requires parents seeing the importance of preventing HPV and many don't, especially in southern states, where the number of pre-teens and adolescents who are fully vaccinated against HPV frequently falls below 50 percent.

Anxiety Versus Information

Many parents cite the vaccine's safety as a leading concern, which is not based on fact. In the 17 years since the HPV vaccine has been available, more than 160 studies in multiple countries have shown no major adverse events associated with the vaccine. Instead, safety concerns have been fueled by misinformation on the Internet and skepticism among key audiences, including some healthcare professionals (HCPs).

More strikingly, however, the roots of hesitancy to vaccinate against HPV may go back to how it has been presented to patients: as a vaccine for sexually transmitted infections (STIs), not cancer. This is a major reason many parents discount the importance of getting their 10-year-old child vaccinated. In the face of such resistance, many HCPs in chronically under-vaccinated communities do not proactively recommend HPV vaccination during annual well visits.

Need to Reinform the Link Between HPV and Cancer

Reorienting this trend requires a concerted effort to flip the script on HPV vaccination discussions from STI prevention to cancer prevention. In the past year, only 22 percent of online conversations linked HPV with cancer. And in research conducted last month, FINN Partners found that only 46 percent of HCPs surveyed discuss HPV as cancer prevention.

This presents an important opportunity to close one of our generation's most important health gaps. Healthcare professionals rank among the most trusted people in the U.S. When doctors make a vaccine recommendation with authority; most parents follow that counsel.

Flipping the script on HPV conversations tackles several significant barriers for patients: many may have omission bias, which means they believe vaccinating puts their kids in greater danger than the disease it's supposed to prevent. And since they can't picture their children getting an STI, they discount HPV vaccination further as a priority. But presenting that same vaccine as cancer prevention could change the nature of the conversation. Most parents understand cancer and see it as a threat. And cancer doesn't carry the same stigma among many patient communities as sexually transmitted diseases.

The Cancer Prevention Message is Long Neglected

It's time to make cancer prevention the dominant message in HPV vaccination decisions. More than 135 million doses of the HPV vaccine have been administered in the U.S., and we have seen a dramatic correlation in the drop in HPV cases: the prevalence of four HPV strains has declined by 88 percent among women aged 14-19. If HCPs are provided with better resources and more people are educated on HPV vaccination as cancer prevention, we have a shot at addressing misinformation about vaccine safety and continuing the upward trend of HPV vaccination.

The stakes are high for us to get this right. Because the only thing possibly worse than being told "You have cancer" is hearing that your son or daughter has HPV-related cancer later in life when it could have been prevented by a simple, safe decision to vaccinate them against HPV as an adolescent. ■

**HPV vaccines can be administered to adolescents at pharmacies in 22 states. Most states allow pharmacists to administer HPV to older patients.*

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AI AND MENTAL HEALTH IN AFRICA: A QUIET DIGITAL SHIFT IS MAKING THERAPY MORE ACCESSIBLE

By Sharon Quntai

Mental health issues affect nearly a billion people worldwide, about one in eight, according to the World Health Organization. But in Africa, the burden is compounded by something more difficult to diagnose: silence. From social stigma to the shortage of mental health professionals, millions across the continent are struggling without access to the help they need.

In Kenya, for instance, there are roughly 100 psychiatrists for a population of over 50 million, and most of them work in private practice. Public hospitals are overstretched, private therapy is expensive, and many communities still view mental illness with shame. It's no surprise, then, that an alternative is quietly taking hold, one that doesn't involve a waiting room, a referral, or even speaking to another human being.

Artificial Intelligence Enters the Mental Health Arena

Artificial intelligence, once thought of as a futuristic tool for tech labs, is stepping into a very human crisis. And it's beginning to change how people across Africa seek mental health support.

Across the continent, demand for digital mental health solutions has been rising steadily, particularly those powered by artificial intelligence. "Kenya's mental health system is heavily underserved," says Morpheus, a design and technology company that builds human-centered AI solutions for real-world challenges such as mental health. **"Tech-driven tools are no longer a luxury; they're essential."**

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AI Filling the Care Gap with Privacy and Accessibility

From simple chatbots to more sophisticated digital wellness platforms, AI tools are filling a massive care gap. They offer privacy, affordability, and accessibility, three things traditional systems in many African countries struggle to provide. Many young people are turning to AI-driven platforms for support, especially when tools are anonymous and low-cost. This is happening in a context where mobile and internet access continue to grow. By early 2025, Kenya had 68.8 million active mobile connections, and 27.4 million people were using the internet, according to DataReportal. That widespread connectivity is helping to make digital mental health tools more reachable, particularly for younger users who are often the first to adopt new technologies.

Globally, mental health apps like Wysa and Woebot have gained popularity for their AI-powered features, such as mood tracking and automated cognitive behavioral therapy prompts. But homegrown African innovations are making waves too.

Emergence of Local AI Platforms in Africa

Kenya's ChatCare, a free mental health chatbot launched by the Kenya Red Cross and Pathways Technologies, is available 24/7 on platforms like WhatsApp and Telegram. It offers a safe space to talk through anxiety, grief, or stress with no appointments required. Another local platform, Wazi, delivers SMS-based therapy powered by AI, reaching users even in areas with weak internet access.

These tools have emerged not just out of innovation but out of necessity. In South Africa, a pilot using AI-powered chat in local dialects saw encouraging user engagement, reflecting both the demand and potential for culturally responsive mental health support.

Ethical Concerns and Limitations of AI Tools

But even as AI helps more people open up about their mental health, the tools come with real ethical questions. Many operate in English only, excluding users who speak indigenous languages. Others require data, raising privacy concerns over how personal conversations are stored and used. And while AI can offer support, it can't replace the deep cultural understanding a local therapist brings.

Therapists themselves are cautiously optimistic. Nairobi-based psychologist Grace Kinuthia of Jitunze Wellness says AI can be a helpful resource, especially as it increases awareness around mental health. But she warns it also has downsides. "It can make our work harder," she explains, "because once someone sees a diagnosis from an AI tool, it's difficult to convince them it might not be accurate."

Overcoming Stigma Through Anonymity and Initial Steps to Healing

Still, stigma remains one of the strongest barriers. For many, it's easier to open up to a chatbot than to a real person, and in that lies AI's unexpected power. When therapy is expensive, hard to find, or too taboo, an anonymous message on a screen can be the first step toward healing.

As the world marks Mental Health Awareness Week, the theme of 'Community' resonates strongly in Africa, highlighting the need for more inclusive, supportive, and accessible mental health care models.

Global Trend Towards Digital Mental Health Solutions
This is not just a regional shift. As my colleague Darren Jones, Partner at FINN Partners, noted in a World Mental Health Day article, antidepressant use in Europe has doubled in the last 20 years. Whether in London or Nairobi, the search for mental health solutions is intensifying, and digital tools are becoming a bigger part of the answer.

"The future of mental wellness in Africa will be hybrid," Morpheus adds, "combining community-based care with intelligent tools that are accessible, always available, and stigma-free."

This digital shift is already underway. And for many, it may be the beginning of being heard. ■

AS PART OF THE FIGHT AGAINST MALARIA IN WEST AFRICA, NATIONAL BUDGETS ARE REPLACING THE SUSPENDED INTERNATIONAL AID

By Anne Mireille Nzouankeu

Malaria caused nearly 597,000 deaths in 2023, with 95% of these occurring on the African continent, according to the World Health Organization (WHO[1]). The disease affected approximately 263 million people worldwide that year—11 million more cases than in 2022. Africa remains the hardest-hit region, accounting for 94% of all global cases.

In West Africa, the situation is especially concerning. Nigeria alone accounts for over 26% of global malaria cases and more than 30% of malaria-related deaths. It is followed by the Democratic Republic of Congo, Uganda, and Mozambique[2]. Although the number of deaths is decreasing, the persistent rise in cases underscores the urgent need to intensify prevention and treatment efforts.

For nearly two decades, the fight against malaria in the region received substantial support from international partners, notably the United States through the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President's Malaria Initiative (PMI). But, in January 2025, President "Trump ordered a 90-day pause in foreign development assistance pending a review of efficiencies and consistency with his foreign policy"[3]. The decision has sparked significant concern from organizations such as Malaria No More a global nonprofit organization dedicated to ending malaria deaths. In a statement issued on February 27, 2025, CEO Martin Edlund emphasized that halting these programs would lead to outbreaks and an exponential increase in deaths. "New modeling indicates that a year of disruptions could result in nearly 15 million additional malaria cases and 107,000 additional deaths", says the statement. Edlund urged the administration to restart these life-saving programs before outbreaks worsen[4].

Opinions in West Africa are divided over the U.S. aid suspension.

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"Malaria is one of the main causes of death in healthcare facilities across Africa. Suspending aid weakens local health infrastructure, which often relies on this funding to operate effectively. As a result, efforts to reduce malaria-related mortality are compromised, which could lead to an increase in deaths—particularly among children and pregnant women," explained Fogue Foguito, Executive Director of Positive-Generation, a Cameroonian organization promoting health and human rights, to FINN Partners.

"Africa was never meant to rely on America or any external source to fight malaria. The malaria scourge is an endemic problem in Africa, and the continent accounts for more than 90% of global malaria cases and deaths. American society does not have as many malaria cases as Africa, nor as many mosquitoes. This is, therefore, an African problem," said Francis Nwapa, Coordinator of the #EndMalariainNigeria campaign, an advocacy platform promoting a unified approach to ending malaria in Nigeria, to FINN Partners.

A Rise in National Budget Commitments

In response to the international funding cut, several West African governments reacted quickly. Nigeria allocated an additional $200 million to its health budget, with a focus on supplying vaccines and treatments for epidemic diseases. This budget increase, approved on February 14, 2025, aims to offset the impact of frozen U.S. funds, especially in areas already weakened by conflict.

In Cameroon, Health Minister Dr. Manaouda Malachie assured that services for treating malaria, HIV, and tuberculosis would continue uninterrupted. A series of assessments was launched to anticipate the impact of the suspension and to adjust national resources accordingly.

In Ghana, the Finance Minister was tasked with mobilizing new resources to fill the gap left by the suspended aid, prioritizing maternal health, malaria prevention, and HIV/AIDS control programs.

Similarly, in an open letter [5], Presidents Umaro Sissoco Embaló (Guinea-Bissau) and Duma Gideon Boko (Botswana), outgoing and incoming chairs of the African Leaders Malaria Alliance (ALMA), emphasized the need for strong political commitment and increased national funding to support malaria control programs.

Beyond financial and political responses, some professionals believe that fighting diseases like malaria also requires a structural and environmental approach.

"Malaria is as much an environmental issue as it is a health issue. The vector that transmits malaria is the mosquito. We can fight mosquitoes by interrupting their transformation from larvae to adult. This stage can be disrupted by ensuring water is properly managed," says Nwapa of #EndMalariainNigeria. He adds: "In Nigeria and other African countries with the highest number of malaria cases, drainage systems are poor. If we ensure our drainage infrastructure is built to prevent water blockage, we will have eliminated a large proportion of mosquitoes by removing their breeding grounds."

A Glimmer of Hope

Despite budget constraints and reduced international support, there is a glimmer of hope for malaria eradication in Africa. In February 2025, during the African Union General Assembly, the African Leaders Malaria Alliance (ALMA) published a report[6] stating that Cabo Verde and Egypt were certified malaria-free by the World Health Organization (WHO) in 2024.

Egypt was declared malaria-free on October 20, 2024, after demonstrating that local transmission by Anopheles mosquitoes had been interrupted for at least three consecutive years. Previously, Algeria had been certified malaria-free by the WHO on May 22, 2019, after proving that local transmission had also been interrupted for three consecutive years.

On the occasion of World Malaria Day 2025, themed "Malaria Ends with Us: Reinvest, Reimagine, Reignite", these achievements take on deeper meaning. They serve as a reminder that while international solidarity remains essential, a sustainable response to malaria also requires strong local political commitment, better mobilized national resources, and enhanced regional cooperation. ■

[1] world-malaria-report-2024 [2] https://cdn.who.world-malaria-reports [3] https://www.theguardian.com [4] https://www.malarianomore.org [5] https://www.cabi.org [6] https://alma2030.org

GRASSROOTS SUCCESS: COMMUNITY INITIATIVES TRANSFORMING PUBLIC HEALTH

By Aman Gupta

Community initiatives are more than just programmes; they are lifelines transforming public health, especially in regions with diverse socio-economic and cultural landscapes. Imagine a village where local traditions are intertwined with modern health practices, where community members who understand their own needs better than anyone lead the charge. These grassroots efforts are not just about implementing changes; they are about weaving those changes into the fabric of daily life.

By leveraging local knowledge and fostering active community participation, these initiatives ensure that interventions are effective, culturally relevant, and sustainable. It's about empowering the community to take control of their health destinies, making sure every step taken is a step that resonates with their unique way of life. When communities are at the helm, the improvements in health outcomes are not just significant; they are monumental, lasting, and deeply personal. This is the true power of community-driven public health: a collaborative effort that transforms lives, one initiative at a time.

Community-driven initiatives are crucial for several reasons. First, they promote higher levels of engagement and ownership among community members, leading to more sustainable health outcomes. Second, when communities are directly involved in identifying problems and implementing solutions, the interventions are more likely to be culturally relevant and accepted.

Moreover, these initiatives often leverage local knowledge and resources, making them cost-effective and adaptable to specific local contexts. Community participation also helps in building trust and accountability, which are essential for the success of any public health intervention. Finally, community-driven initiatives can bridge gaps in formal health systems by providing tailored solutions to underserved populations.

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Successful Community Initiatives

Engaging community members in every step of the process ensures ownership and sustainability. Moreover, strong local leaders can drive change and motivate others to participate. Focusing on long-term solutions, such as sustainable agriculture or sanitation facilities, ensures lasting benefits. Collaboration with government agencies can also provide additional resources and legitimacy to the initiatives.

In India, the Swachh Bharat Abhiyan, or Clean India Mission, is a nationwide campaign launched by the government to improve sanitation and hygiene. Communities across urban and rural areas have been mobilized to build toilets, promote handwashing, and eliminate open defecation.i Similarly, the Self-Employed Women's Association (SEWA) has also implemented various health initiatives to empower women and improve family health. Its approach integrates health education with economic empowerment.

The Aaraku Coffee Project in Andhra Pradesh is another unique initiative combining sustainable agriculture and health improvement. Alongside agricultural training, the project includes health education and the provision of basic healthcare services to tribal communities. The holistic approach of integrating economic development with health interventions has proven to be highly effective in enhancing the well-being of the community.

The Mae Fah Luang Foundation in Thailand is a prime example of how sustainable agricultural practices, such as organic farming, can drive public health improvements. Established to improve the livelihoods of hill tribe communities, the foundation has integrated health initiatives with economic development.iv By promoting sustainable agriculture, the foundation has enhanced food security and reduced malnutrition and health issues related to poverty.

Similarly, in the Philippines, community-led health and nutrition programs such as the Integrated Community Food Production initiative have empowered local communities to produce their own food through sustainable methods, thereby reducing the rates of malnutrition, especially in children.

Another example is how Indonesia has implemented numerous community-driven projects aimed at improving water quality and sanitation, which are critical for preventing waterborne diseases. One notable initiative is the Community-Based Total Sanitation (CBTS) programme, which encourages communities to build and maintain their own sanitation facilities, thereby reducing open defecation and improving overall hygiene.

However, it's important to acknowledge that these community-level initiatives often face formidable challenges such as limited resources and resistance to change. Overcoming these hurdles demands not just flexibility and persistent community engagement but also an unwavering commitment to adapt interventions based on real-time feedback.

What have we learned from these efforts? First and foremost, building trust within the community is paramount as it is the foundation upon which all successful interventions are built. Continuous education and training are equally essential, ensuring that community members are well-equipped to sustain these initiatives. Moreover, integrating economic development with health interventions has proven to be a game-changer, demonstrating that health and prosperity go hand in hand.

Community initiatives are not just a piece of the puzzle but the driving force behind sustainable public health changes. By actively engaging local populations, tapping into cultural wisdom, and emphasizing sustainable practices, these initiatives have significantly improved health outcomes across the Asia-Pacific region. These stories are powerful testaments to the potential of community-driven efforts to create lasting public health improvements. They serve as valuable blueprints for future initiatives, illustrating that we can overcome any challenge and build healthier, more resilient communities with trust, education, and economic integration. ■

CONCLUSION

HEALTH AS WEALTH: WHY CORPORATE LEADERS MUST CHAMPION GLOBAL HEALTH COMMUNICATIONS

By Gil Bashe

Health is not just a humanitarian issue but a strategic economic investment. Across emerging regions, every vaccination delivered, every chronic disease prevented, and every climate-related health risk mitigated directly impacts workforce productivity, household savings, and social stability.

This reality is more than a moral imperative for corporate leadership; it is a business and market-growth imperative. Stable economies with healthier populations create the workforce, consumers, and innovation ecosystems in which companies thrive. Yet this connection between health and economic resilience is too often overlooked or left to governments and NGOs to solve alone.

The authors in this volume—dedicated global health communicators—remind us that health progress depends as much on shaping understanding and behavior as it does on science or policy. When strategically deployed, communication is both a navigational tool and an action discipline, helping companies, governments, and communities align around shared health goals. For corporate leaders seeking to expand responsibly into emerging markets, these communicators are not optional partners but essential guides.

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Prevention: The Smartest Economic Play Companies Can Support

Richard Hatzfeld makes a compelling case for reframing prevention as an economic imperative. Six forms of cancer can be prevented with a 90 percent effectiveness rate through HPV vaccination. Yet, coverage remains stubbornly low because parents think of HPV as a sexually transmitted infection rather than as cancer prevention. This is a messaging failure, not a scientific one.

This has direct implications for companies investing in health markets. Every preventable cancer case adds to public health costs, drains household resources, and shrinks the workforce. By supporting communications that reframe prevention—from cancer vaccines to healthy ageing programs—businesses can help reduce long-term economic drag while building goodwill in their communities. Mark Chataway's analysis of healthy ageing underscores the scale of this opportunity. If older adults stayed healthy enough to work just two to three years longer, the global economy would gain an estimated $3.7 trillion annually. Companies that champion preventive interventions through employee wellness programs, partnerships with health agencies, or public advocacy are not just doing good—they are expanding consumer purchasing power and workforce availability.

Sustainability and Health: Interdependent Drivers of Growth

Aman Gupta highlights the paradox that health systems—built to heal—generate 4.4–5.2 percent of global greenhouse gas emissions, even as climate shocks worsen disease burdens. This should be a wake-up call for corporate leaders: climate resilience and health resilience are two sides of the same coin, and both shape long-term market stability. Companies can lead by example, adopting sustainable health practices across supply chains, investing in telemedicine infrastructure, or supporting community health programs that build climate resilience. However, these efforts must be communicated clearly, linking sustainability to tangible health and economic benefits. That narrative matters in emerging markets where climate-driven health crises disrupt labor forces and strain government budgets.

Innovation and Access: The Business Case for Protecting Biopharma Ecosystems

As Hatzfeld and I explored, the biopharma sector faces growing risks from trade disputes and weakening intellectual property protections. For companies relying on stable health innovation ecosystems, this is not an abstract policy debate—it directly affects the supply of life-saving medicines, vaccines, and diagnostic tools.

Corporate leaders have a role in communicating why IP protection and responsible trade policies ultimately benefit emerging markets by sustaining innovation. Companies that engage transparently with governments and communities—showing how partnerships can balance access with innovation—can help maintain trust and ensure continued investment in health R&D.

Foreign Aid, Emerging Donors, and Corporate Opportunity

Christopher Nial points to a dramatic shift in the foreign aid landscape: traditional donors are cutting budgets, while emerging donors such as China and India approach health investments through an economic and geopolitical lens.

This shift opens doors for corporate leaders who understand how to align business objectives with health priorities. Companies collaborating with NGOs and governments—positioning their contributions as strategic investments in workforce development and market stability—stand to gain credibility and long-term relationships. But doing so requires mastering the language of global health, which is where experienced communicators become indispensable.

Communicators: Turning Message into Movement

What connects these insights is one shared truth: health communication is not an afterthought; it is a catalyst for change. It guides companies in navigating complex political and economic landscapes and mobilizes advocates—governments, NGOs, and communities—into action.

The authors in this volume represent a global community of health communicators who translate science into stories that inspire action. They helped reframe HPV vaccination as cancer prevention, positioned Gavi's vaccine campaigns as investments in global security, and explained why climate and health resilience are inseparable. For companies expanding into emerging markets, this expertise is not just valuable—it is mission-critical.

A Call to Corporate Leaders

If you lead a company operating in or partnering with emerging markets, recognize this: **health is wealth**, and investing in health communication is investing in your future markets. Every campaign that improves vaccine uptake, every message that makes prevention aspirational, every effort that preserves a mother's life, every advocacy effort that aligns sustainability with health creates stronger, more stable economies—and by extension, stronger business opportunities.
The challenge before us is not just to innovate but to communicate clearly, credibly, and consistently. That is how we build the coalitions needed to prioritize prevention, strengthen health systems, and ensure that emerging regions are not left behind and that developed nations can maximize human and economic potential.

Health is the foundation of societal and financial well-being. Corporate leaders who embrace this truth and partner with the global health communications community to act on it will expand markets and leave a legacy of healthier, more prosperous societies.
The time to engage is now. ■

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