



EVENT REPORT

The Doha Global South Health Policy Initiative

ANNUAL CONVENING
DOHA, QATAR

2025

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Forward

The Global South continues to face a complex mix of health challenges. After decades of progress, and despite years of strong international support, many low- and middle-income countries (LMICs) are seeing health gains stall. Recent cuts in overseas development assistance have deepened these pressures, leaving governments straining to do more with less. As donor priorities evolve and fiscal space narrows, countries are struggling to sustain essential health services, retain skilled health workers, and keep supply chains functioning. Rising maternal and child mortality, falling immunization coverage, and the return of preventable diseases all remind us how fragile hard-won health gains remain.

These challenges are increasing the pressure on LMICs to act, by mobilizing domestic resources, prioritizing and integrating essential health services, and exploring innovative partnerships to protect and advance public health outcomes in a rapidly changing global environment.

In this context, the Middle East Council on Global Affairs (ME Council), in partnership with the Gates Foundation and with support from Qatar's Ministry of Foreign Affairs and Ministry of Education and Higher Education, hosted the second Annual Convening of the Doha Global South Health Policy Initiative (DGSHPHI) in October 2025. The three-day event brought together public health officials, communication experts, and academics from eight LMICs, alongside Qatari institutions including the Ministry of Public Health, the Qatar Fund for Development, and the College of Health Sciences at Qatar University.

Through a combination of technical discussions, peer learning, and practical sessions, the Convening focused on improving prioritization and integration within health systems, using immunization as a case study; strengthening domestic health financing; improving communications for public health; and advancing inclusive, resilient health systems. It concluded with a high-level public panel entitled "Reimagining Global Health Financing: Priorities and Integration in the Global South," which explored the shifting landscape of global health financing and shared practical insights on how to sustain essential health services through innovative financing, service integration, and partnerships.

By fostering collaboration and mutual learning, the Doha Global South Health Policy Initiative continues to serve as a platform for shared progress. With sustained commitment and partnership, it can help drive meaningful improvements in public health and wellbeing across the Global South.

Table of Contents

Executive Summary	5
Overview of All the Key Takeaways	8
Introduction	10
Health Financing in Times of Constraint	12
Context and Rationale	12
National Responses	13
The Feasibility of Increasing Domestic Financing for Health.....	15
Key Takeaways	18
Optimization, Integration, and Prioritization of Immunization Services	19
Context and Rationale	19
Governance and Key Stakeholder Coordination	20
Resource Requirements.....	21
Key Takeaways	23
Strengthening Health Communications	24
The Evolving Media Landscape	24
Building Trust and Countering Misinformation.....	24
Golden Rules of Crisis Communication	24
Communication as a Core Component of Public Health Action.....	25
Navigating Misinformation.....	26
Key Takeaways	27
Public Panel: Reimagining Global Health Financing.....	28
Key Takeaways	28
Conclusion	29
Agenda.....	30
List of Participants	36

Executive Summary

The Doha Global South Health Policy Initiative (DGSHPHI) was launched in 2024 by the Middle East Council on Global Affairs (ME Council), in partnership with the Gates Foundation and with the support of the Government of Qatar. This initiative emerged as a response to persistent challenges in many Global South health systems, where indicators remain stagnant despite significant global investments. The Initiative provides a platform for countries in the Global South to share lessons, strengthen cooperation, and shape regionally driven health solutions.

In a period marked by fiscal tightening, shifting donor priorities, and mounting pressure on overstretched health systems, the DGSHPHI has become a platform where the sharing of experiences, not instruction, drives learning. Its Annual Convening serves as a peer-learning forum for senior public health officials from across the Global South and Qatar to reflect on real-time policy challenges and to exchange practical solutions.

The 2025 Convening focused on three urgent themes: health financing, immunization system optimization, and strategic health communications. Discussions examined how countries are responding to donor funding cuts, assessing the feasibility of increasing domestic financing, and integrating and prioritizing essential services. Participants highlighted that while fiscal space remains limited, opportunities exist to improve efficiency, reduce fragmentation, and strengthen national ownership. To seize these opportunities, participants called for strong political leadership, evidence-based decision-making, and inclusive coordination across governments, donors, and communities.



Sessions on immunization explored how optimization, integration, and prioritization can improve program performance, with ministries of health leading coordination efforts to ensure alignment and sustainability. A dedicated focus on health communication on the second and third days underscored its role as a core element of health systems that is essential for building trust, combating misinformation, and translating science into public action. The Convening concluded with a high-level public panel, “Reimagining Global Health Financing: Prioritization and Integration in the Global South,” which brought together a public health director general, donors, and partners to discuss how countries can sustain essential services, strengthen resilience, and advance equitable health systems in the face of declining external assistance.

The 2025 DGSHPPI Convening reaffirmed the importance of collective dialogue, peer learning, and co-created solutions among countries of the Global South. The resulting lessons and insights which are summarized on the following page, feed directly into national and regional policy processes, enhancing the capacity of ministries of health to adapt global strategies to local realities. By focusing on mutual learning rather than prescriptive training, DGSHPPI continues to strengthen policy leadership, foster South-South cooperation, and advance a shared vision for resilient, equitable health systems across the Global South.



Overview of All the Key Takeaways

For Health Financing in Times of Constraint:

National responses to donor funding cuts are in their initial phases and would benefit from the following:

- Fostering knowledge-sharing opportunities between countries.
- Strengthening national capacity for generating and synthesizing evidence on health financing.
- Building policymakers' capacity for data-driven advocacy and communication.
- Promoting the involvement of regional stakeholders in national responses.
- Promoting the involvement of the highest political level in national responses.
- Promoting a collective narrative and data standardization that LMICs can tailor and use in their interactions with international partners.

For Optimization, Integration, and Prioritization of Immunization Services:

Immunization programs across LMICs have only recently started considering optimization, integration, and prioritization exercises, the following catalytic actions could accelerate progress:

- Provision of technical assistance to develop investment cases, especially for integration.
- Fostering of knowledge-sharing opportunities between countries.
- Development of communication strategies to build political and public support for evidence-informed optimization, integration, and prioritization in immunization programs.
- Advocacy for healthcare delivery approaches centered on community health workers and primary healthcare.

For Strengthening Health Communications:

The communications training underscored that communication is a core system capability essential for sustaining health reforms under constraint, emphasizing that:

- Communication is integral to the functioning of health systems, and should be institutionalized and funded within health programs.
- Trust precedes compliance: credibility is built before crises, through consistent, transparent, empathetic engagement.
- Integrated communication across sectors and agencies reinforces efficiency and coherence.
- Professionalization and media partnerships improve the accuracy and reach of public health messages.
- Storytelling and emotional intelligence remain the most effective tools to bridge the gap between science and society.

For the Public Panel – Reimagining Global Health Financing:

The public panel situated country experiences within the evolving global health financing landscape and emerging partnership models, with the following highlights:

- Sustainable reform begins with country ownership—countries setting priorities and leading implementation while partners align around locally defined strategies.
- Integrating services, particularly at the primary healthcare level, can improve efficiency and protect essential functions in the face of fiscal constraints.
- Gulf donors and philanthropic institutions are emerging as key actors in shaping flexible, locally anchored financing models.
- Shared learning and South-South Cooperation offer powerful tools for strengthening resilience and accelerating progress toward universal health coverage.
- Effective partnerships must be purposeful, strengthen systems, empower local actors, and sustain progress beyond donor cycles.



Introduction

Launched in 2024, the Doha Global South Health Policy Initiative (DGSHPHI) is a joint effort of the Middle East Council on Global Affairs and the Gates Foundation, with the support of the Government of Qatar. The Initiative was established to respond to enduring structural challenges across health systems in the Global South, where progress on key health outcomes has often remained uneven or stalled despite substantial financial investments. DGSHPHI provides a dedicated platform for countries to engage in peer learning, policy dialogue, and collective problem-solving, with a focus on strengthening national ownership, improving system performance, and translating shared experience into actionable policy intelligence.

In a global environment defined by fiscal contraction, shifting donor priorities, and growing demands on overstretched health systems, the DGSHPHI Annual Convening—a key feature of the initiative—has emerged as a space where experience sharing, not instruction, drives insight. Unlike traditional training programs that transfer technical knowledge from experts to participants, the Convening operates as a reciprocal learning platform, bringing together senior public health officials from across the Global South and Qatar to examine, interrogate, and refine real-world, real-time policy responses to the disruptions reshaping health financing and governance.

The DGSHPHI Convening is grounded in the conviction that Global South countries and their public health workforces already possess collective intelligence; it can be found in their successes, their responses to the challenges they have had to overcome, and their adaptations to the fast-moving global health space. By gathering senior public health officials, development partners, funders, and institutional leaders who are managing shared issues—structural challenges, declining aid, fragmented service delivery, domestic resource constraints, and emerging private financing mechanisms, it provides plentiful opportunities for practical peer learning and engagement.

The DGSHPHI Annual Convening reframes learning as a reciprocal, horizontal process: governments teaching governments, public health practitioners challenging donors, and regional actors shaping global narratives. It exemplifies the Initiative's broader mission to promote a move from dependency to dialogue and action, and from external guidance to shared problem-solving within the Global South.

DGSHPHI successfully held its second Annual Convening in October 2025, delivering a more focused agenda centered on three strategic areas that were identified as critical during the first Convening: improving prioritization and integration within health systems, using immunization as a case study; exploring how countries can strengthen domestic health financing; and enhancing their health communications capacity.

This report presents findings from technical discussions at the Convening on how countries are responding to funding cuts to ensure that essential health services such as immunization can still be provided, as well as from peer learning on current opportunities for improving the efficiency of immunization services through optimization, integration, and prioritization. This was capped by insights from the media landscape on how best to address misinformation and apply today's media tools to enhance public health communication.

The Doha Global South Health Policy Initiative

مبادرة الدوحة بشأن السياسة الصحية في العالم الجنوبي

2nd Annual Meeting - مؤتمر السنوي الثاني

OCTOBER 15 - أكتوبر 15



Health Financing in Times of Constraint

Context and Rationale

This section describes the health financing constraints that countries are facing currently, national responses to impending crises, and the feasibility of increasing domestic financing for health.

Only five years remain in the race to attain the Sustainable Development Goals (SDGs) set in 2015. Yet health indicators in most low- and middle-income countries (LMICs) lag far behind the targets. Common challenges to LMICs include the combined burden of disease (i.e., the simultaneous challenges of infectious and non-communicable diseases, and depending on the context, malnutrition, injuries, or reproductive health issues), growing populations in need of healthcare, deficient universal health coverage, and the “disinfodemic.”

Financing for health systems has been a persistent challenge over recent decades. Many LMICs report long-term underfunding for essential health services such as immunization, high dependence on donor funding, and substantial household out-of-pocket spending. Against this backdrop, in the last few years, donor countries have reduced official development assistance (ODA), including funding for the health sector. Further reductions in external funding in early 2025 delivered a significant shock to the health systems of several countries.

The extent of donor funding cuts has yet to be fully quantified in most countries. This is especially relevant in those LMICs where donor funding inflows were off-budget. Nevertheless, early estimates indicate that donor cuts may affect up to a third of total health expenditure in some fragile economies.

Current funding cuts are more often directed at vertical disease programs, such as those for the control of HIV/AIDS, tuberculosis, and malaria. However, other programs such as maternal and child healthcare, nutrition, and immunization are also affected. In addition, general elements of the health system, such as the clinical workforce, community health workers, health information systems, epidemiological surveillance, and supply chains for health products (including drugs, vaccines, and diagnostics), are also suffering the effects.

The impact of funding cuts in the provision of health services is starting to become apparent at both the national and subnational levels. For example, HIV/AIDS control programs in some countries are already seeing a reduced number of patients initiating antiretroviral treatments, while in other countries, survivors of sexual violence in conflict zones are unable to access vital interventions.

LMICs are beginning to assess the potential health impacts of recent reductions in ODA. The medium- and long-term impact of reduced funding is predicted to deepen inequities and impair access to essential health services such as immunization and nutrition for the most vulnerable, including children, women, and displaced populations. Moreover, there is likely to be a progressive decline in the health gains of recent decades, an increased risk of infectious diseases, and a substantial drop in progress toward the SDGs.

National Responses

National responses to donor funding cuts range from structured actions, coordinated by the government, to weaker reactions. Effective national responses in the short term include elements such as:

- Establishing formal or informal government-led national task forces to evaluate the effects of the shock and propose adjustments in programs and budgets.
- Reductions in potential inefficiencies across health programs, interventions, and processes.
- Leveraging multi-partner dialogue platforms such as the Sector Wide Approach (SWAp) and the Lusaka Agenda (a strategic framework to transform global health investments in Africa by ensuring national ownership of health priorities), to promote the “One Plan, One Budget” culture, aimed at enhancing stakeholder coordination, efficiency, and accountability.
- Urgent mobilization of domestic resources to fill key gaps in priority programs such as immunization and child health.

Having understood that donor funding cuts are more than a short-term issue, some countries are also including mid- to long-term perspectives in their national responses, through:

- Integration and prioritization exercises for selected health programs.
- Preparation of national health financing dialogues.
- Discussion of updates to essential health service packages.
- Debates on health system reforms.
- Strengthening community health subsystems under primary healthcare approaches, with immunization at their core.

Overall, successful national responses to donor funding cuts have relied on:

- Stewardship by national governments, creating an enabling environment for collective action.
- A strong evidence base, with thorough assessments of funding cuts and data-driven prioritization exercises.
- Coordination and dialogue, involving all levels of government, parliament, development partners, civil society, and communities.
- Integrating both short- and long-term perspectives on adaptation into a new paradigm on health financing.

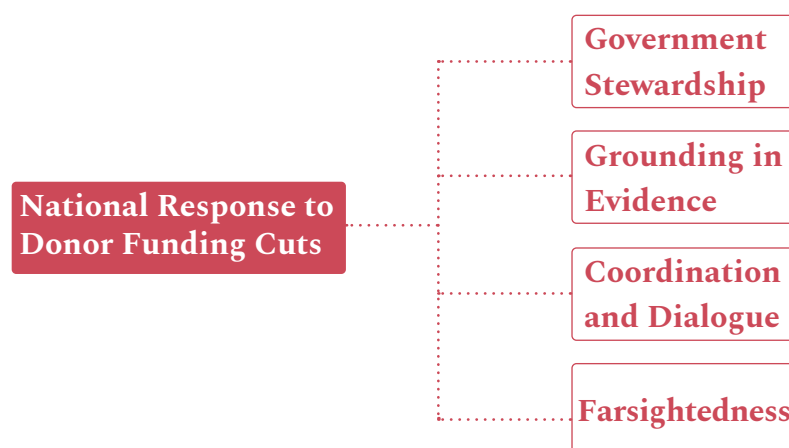


Figure 1. Elements of a successful national response to donor funding cuts. Four response components enabling countries to tackle immediate financial shocks and plan for long-term action.

BOX 1 - Country in West Africa

Four Immediate Responses to the Health Financing Shock

- Leveraged Sector Wide Approach (SWAp) structures for response coordination.
- Conducted rapid impact assessments on the most affected programs.
- Mobilized immediate response funds to mitigate the crisis.
- Minimized cost inefficiencies in program systems and structures.

BOX 2 - Country in Southern Africa

Immediate and Mid-Term Responses to the Health Financing Shock

- **Immediate:**
 - Established National Task Force to generate evidence and inform responses.
 - Suspended or changed the format of non-essential activities (site visits, trainings) to save costs and redirect resources to essential activities.
- **Mid-term (planned):**
 - Preparation of a National Health Finance Dialogue.
 - National Task Force to publish several analytical reports.
 - Reform of the Essential Health Service Package.
 - Development of a Health System Sustainability Strategy.
 - Development of a Roadmap for the Implementation of the Lusaka Agenda.



The Feasibility of Increasing Domestic Financing for Health

In view of the overall cuts to ODA, many LMICs are assessing the feasibility of increasing domestic financing for health, as well as for other sectors relevant to development and wellbeing. This is likely to fuel growing competition for existing domestic funds.

In general, it is feasible to increase domestic financing for health, especially for priority programs such as immunization. However, some countries are facing insurmountable challenges in the form of fragile economies, debt servicing pressures, political instability, or repeated climatic shocks. Therefore, the feasibility and extent of domestic financing increase will depend on the country context and the fiscal space available.

A structured dialogue on this topic has begun in some settings, driven by high-level political commitment. Options for increasing domestic financing for health include the approval or operationalization (where already in place) of “sin taxes,” implementation of health insurance schemes to garner contributions from citizens, and partnerships with the national private sector, among others.

It is vital that countries establish national health financing strategies, based on their specific contexts and informed by local evidence. These strategies should outline all relevant options for increasing domestic financing while reducing out-of-pocket expenditures for families. Additionally, the necessary steps for success should be delineated, and appropriate monitoring and evaluation frameworks should be clearly defined.

One important goal is that domestic financing should be sustainable in the long term, not merely a one-time effort. A successful strategy should aspire to tangible annual increases in domestic financing, aiming to achieve nationally defined targets or regionally agreed milestones (e.g., the Abuja Declaration commitment by African Union Member States to allocate at least 15% of their annual national budgets to the health sector).

Political will is also key to mobilizing and increasing domestic resources to strengthen national health systems. The process of consolidating and increasing domestic investment in health should be led by the government and include all major stakeholders, including the parliament, international organizations within the United Nations system, international and regional financial institutions, development partners, healthcare providers and professional associations, the private sector, academia, civil society organizations, faith-based institutions, and communities.

Government leadership of this process is key to its success. Active engagement from the highest political level is essential to drive increased domestic investment in health. Financing the sector is not the exclusive responsibility of the Ministry of Health, meaning that the involvement of other ministries, such as finance, development, and planning, among others, is essential. Moreover, some debates may need the involvement of the highest levels of the government and parliament. Finally, depending on the country context and political system, good coordination is needed between national and subnational authorities.

Advocacy and communication are at the core of the drive for more domestic investment in health. As much as possible, these efforts should be data-driven and aimed at consolidating the trust of the community. Increased domestic investment in health requires greater transparency (e.g., around sources of funding) and accountability to ensure efficient resource use, build public trust, and demonstrate measurable impact. Policymakers may require specific capacity-building to improve their evidence-based communication on health financing, especially when it involves complex health indicators. The engagement of local, trusted champions and social media channels can increase the effectiveness of advocacy and communication.

In summary, the feasibility of increasing domestic financing for health is highly dependent on each country's context and fiscal space. Important drivers of success include political commitment from all relevant sectors of the government, strong evidence base, intelligent partnerships, and smart advocacy and communication.



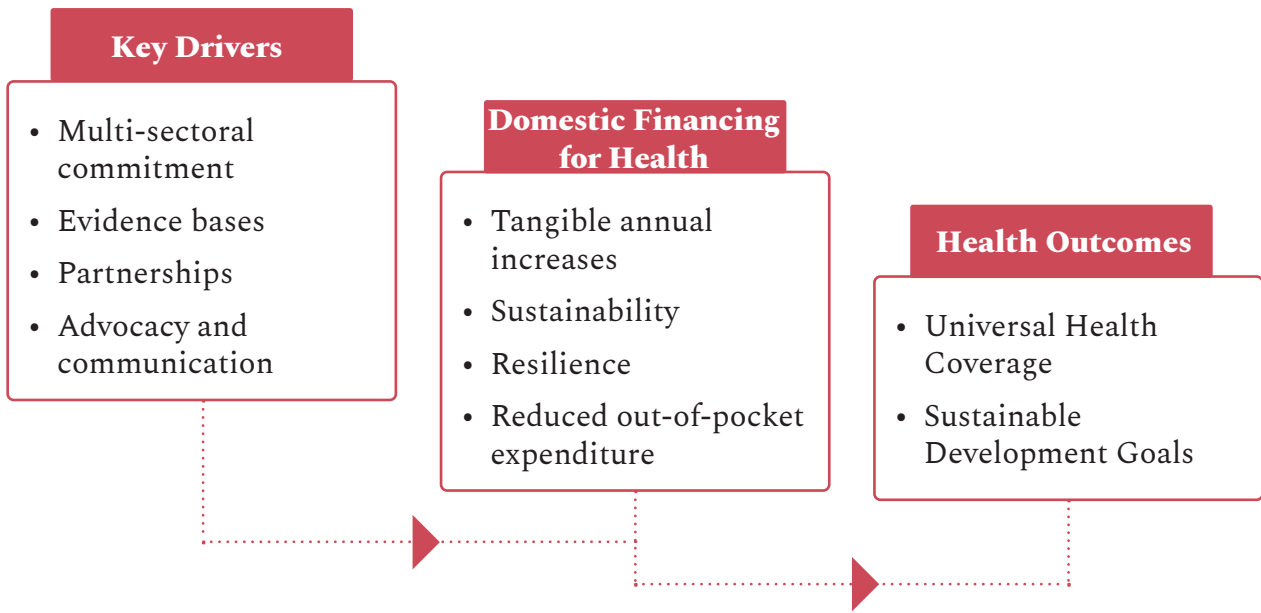


Figure 2. Key drivers of increased domestic investment in health. Greater domestic financing for health can be achieved by leveraging four key elements that ultimately contribute to building resilient and sustainable health systems.





Key Takeaways

National responses to donor funding cuts are in their initial phases and would benefit from the following catalytic actions:

- Fostering knowledge-sharing opportunities between countries.
- Strengthening national capacity for generating and synthesizing evidence on health financing.
- Building policymakers' capacity for data-driven advocacy and communication.
- Promoting the involvement of regional stakeholders in national responses.
- Promoting the involvement of the highest political level in national responses.
- Promoting a collective narrative and data standardization that LMICs can tailor and use in their interactions with international partners.

Optimization, Integration, and Prioritization of Immunization Services

Context and Rationale

This section describes current opportunities for improving the efficiency of immunization services through optimization, integration, and prioritization, including stakeholder coordination and resource requirements.

Optimization, integration, and prioritization of immunization services are more relevant today than ever, particularly in view of the recent fall in donor funding for LMICs. However, these processes are not only important in response to the current financial shock. Health systems, including immunization programs, have for decades faced staff shortages, supply chain challenges, and increasingly unfulfilled demands for infrastructure, service quality, and coverage. Therefore, optimization, integration, and prioritization should not be viewed as reactive processes but as forward-looking, system-strengthening practices.

Optimization is focused on improving the efficiency and effectiveness of existing programs. In the context of immunization programs, it emphasizes the continuous review of vaccine schedules and delivery models.

Integration entails the combination of services, with the user at its center. It promotes efficiency, community education, and cross-sector collaboration, and promotes a shift away from vertical, donor-driven programs.

Prioritization, as concerning immunization, involves choosing which vaccines or interventions to implement with limited resources. This process is not solely focused on financial restrictions, but also considers national and subnational public health needs, disease burdens, and equity.

In some countries, these processes began a few years ago, with the plan to establish more cost-effective immunization operations. These experiences from immunization programs can inform other areas of the health sector. Mutual learning across programs, in a decreasingly siloed health system with communities and patients at the center, can assure an enabling environment for success.

Governance and Key Stakeholder Coordination

Governance of optimization, integration, and prioritization processes should come from the Ministry of Health, with the participation of other government sectors as relevant. The following principles should guide these processes:

- Political commitment from the highest level of government.
- Engagement of all relevant stakeholders in a transparent process.
- Placing primary healthcare as the underlying matrix of integrated services, with immunization at the core.
- Using relevant local and international evidence.
- Employing regional and international guidance and available tools.

While optimization and prioritization are mostly intrinsic to a specific program, integration demands a system-wide approach. Hence, there is a need to debate tradeoffs and harmonize goals among different subsectors under the stewardship of top management at ministries of health.

Community health workers can play a critical role in optimization and integration. However, this important component of the health workforce has not received the attention it deserves from governments and the international community. A clear strategy for formally incorporating community health workers into the health system will be an essential tool for the sustainability of health systems in LMICs in the coming decades.

Starting from the inception of these processes, stakeholder coordination efforts should consider the following risks and implement timely efforts at mitigation:

- Fragmentation of the process can derail efforts, especially around integration.
- Low data quality and availability can slow the progress and undermine the confidence of stakeholders.
- The process can become a box-ticking exercise unless outcomes are clearly defined and monitored.
- Parallel systems can re-emerge if all stakeholders are not firmly aligned.
- Relevant Stakeholders

Optimization, integration, and prioritization processes should be transparent and comprehensive. Ministries of health play a stewardship role, while a broad range of stakeholders should be involved at various phases. They include other sectors of national and subnational governments, international organizations within the UN system, international and regional financial institutions, development partners, healthcare providers and professional associations, academia, civil society organizations, faith-based institutions, and communities.

All stakeholders should contribute their perspectives and expertise to these processes and be mutually accountable. A series of workshops and consultative exercises, steered by the Ministry of Health of the country in question, should build a roadmap toward the final goals.



Ministries of health could mandate independent bodies—such as a National Public Health Institute (NPHI), a National Immunization Technical Advisory Group (NITAG), or even a consortium of institutions—to synthesize the relevant evidence and implement the workshops.

Resource Requirements

Optimization, integration, and prioritization exercises are transformational to the immunization program. They require the following investments:

- Financial investment, to cover the operational costs of consultations, human resources, technical assistance, data collection and analysis, and communication, among others.
- Human resources, to conduct preparatory work, execute the exercise, and manage changes.
- Technical assistance, which can be enabled by national, regional, or international institutions.
- Analytical data, which may imply the collection of primary data, secondary analysis of available data, and policy-oriented synthesis.

These investments should induce a paradigm shift in immunization programs, leading to programs that are efficient, sustainable, and centered on the needs of the country. Optimization, integration, and prioritization are mutually reinforcing frameworks aimed at sustaining LMIC immunization programs over the coming decades. Importantly, since immunization is at the core of primary healthcare, changes here can be catalytic to the entire health system.

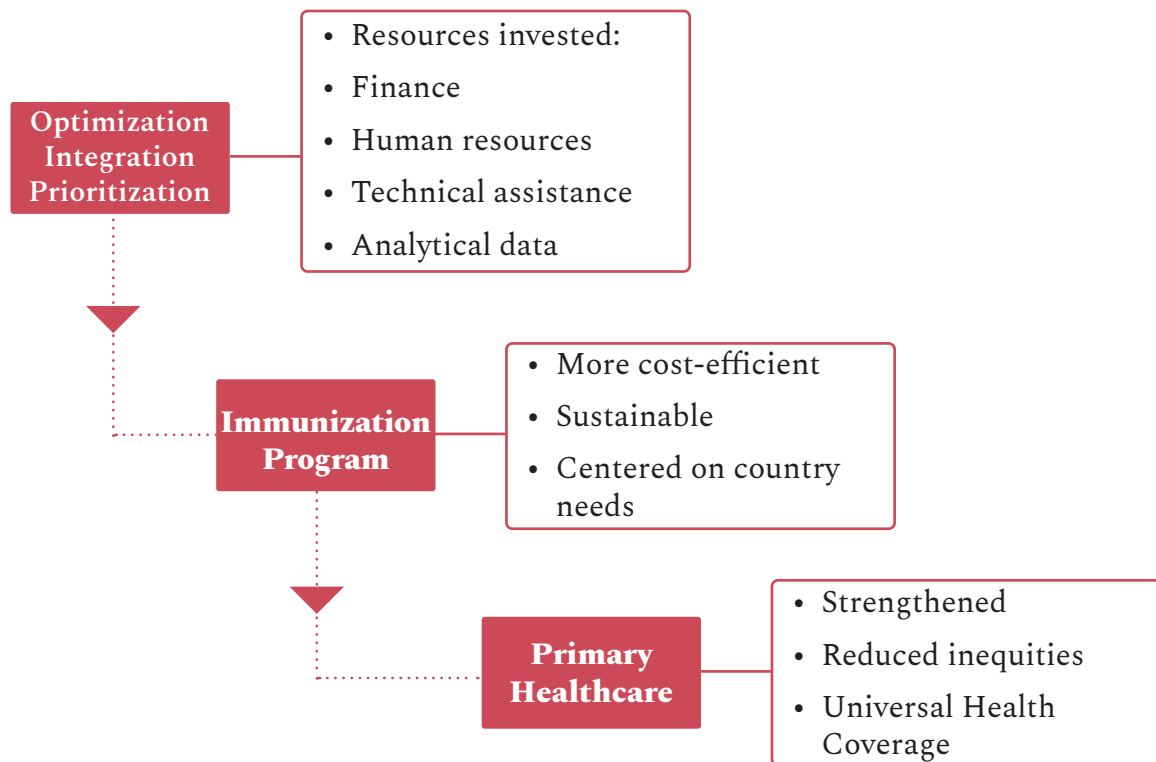


Figure 3. System-wide effects of optimizing, integrating, and prioritizing immunization programs. Investing resources in optimization, integration, and prioritization results in better immunization services, which in turn drive better health outcomes through strengthened primary healthcare.



Key Takeaways

Immunization programs across LMICs have only recently started considering optimization, integration, and prioritization exercises. They would benefit from the following catalytic actions:

- Provision of technical assistance to develop investment cases, especially for integration.
- Fostering of knowledge-sharing opportunities between countries.
- Development of communication strategies to build political and public support for evidence-informed optimization, integration, and prioritization in immunization programs.
- Advocacy for healthcare delivery approaches centered on community health workers and primary healthcare.



Strengthening Health Communications

This section summarizes the different thematic areas that were covered during the communications training component. As part of the DGSHPHI 2025 Annual convening, the communications training was designed to strengthen the strategic communication capacity of senior public health officials, while recognizing communication as a core function of effective health systems, crisis management, and public health leadership. The objective was to equip participants with a shared analytical understanding of today's information environment and the capabilities required to maintain trust, counter misinformation, and translate evidence into public action.

The Evolving Media Landscape

Strong communication is an essential element of health systems, crisis management, and leadership. Communication is not an accessory to technical programs, but a strategic function that determines whether or not science translates into action and trust.

It is also important to note that the information environment in which health policy operates has transformed: traditional, one-way communication has given way to an interactive and emotionally charged ecosystem. The discussion around health communications examined how this new media reality shapes public trust, influences health-seeking behaviors, and demands new strategies from governments, civil society, and international partners as they seek to respond appropriately in the health communications space.

Building Trust and Countering Misinformation

The era of one-way communication has ended, and public engagement with television, radio, and print media has declined. This has given rise to a participatory environment where engagement, emotion, and authenticity determine reach. In this attention economy, people trust messages that feel personal and relatable, notably those that are short, visual, and emotionally resonant. The landscape of health information now includes official sources such as ministries of health and UN agencies, media outlets, social media influencers and content creators, civil society and NGOs, and the public itself, which can amplify messages whether they are true or false.

Today's challenge is not a lack of information, but a flood of misinformation, driven by fear and uncertainty. Trust must be built before crises hit. Key pillars of trust include transparency, consistency, empathy, engagement, and credibility through action, while authenticity and cultural adaptation are also key to strengthening effective communication.

Golden Rules of Crisis Communication

When crises arise, communicators must act swiftly yet carefully. Several rules must be observed for this to be effective: be first, be accurate, be clear, be empathetic, be consistent, and be visible. These principles, reinforced by lessons from the COVID-19 pandemic, underscore the fact that silence breeds fear and that trust, once lost, can be difficult to regain. Strategic crisis communication requires predefined message pathways, designated spokespersons, early

The Doha Global South Health Policy Initiative

مبادرة الدوحة بشأن السياسة الصحية في الجنوب



Reimagining Global Health Financing: Prioritization and Integration in the Global South

OPENING REMARKS

H.E. Dr. Maryam Al-Misnad
 Minister of State for International Cooperation

SPEAKERS

Sheikha Haya Al-Thani
 Magdalena Robert
 Muyi Aina
 Theresa Madubuko

mobilization of trusted messengers, and mechanisms for real-time feedback. Responses should be fast, factual, clear, caring, coordinated, regular, and visible, with the objective of ensuring that the public hears a single, calm, accurate message, delivered by trusted leaders.

Communication as a Core Component of Public Health Action

Integrating Communication in Health Systems

The training reinforced that communication must be institutionalized, budgeted for, and factored in from the design phase of health programs, not added as an afterthought. As misinformation often spreads faster than its harm becomes evident, particularly in immunization efforts, communication should be incorporated in program planning with dedicated resources and skilled personnel.

Effective communication is inherently interdisciplinary and requires integration across various sectors such as health, nutrition, and education, as this prevents fragmented messaging and reinforces public trust. Professionalizing communication functions within ministries and strengthening partnerships with credible media organizations were identified as essential for improving the reach, accuracy, and legitimacy of public health messages.

Navigating Misinformation

Understanding Infodemics

An infodemic is an overload of information that blurs the truth and fuels confusion. There are distinctions between misinformation (false but not malicious), disinformation (intentional falsehoods), and malinformation (information based on fact but used maliciously). Harm, not intent, determines the category.

Effective strategies to combat infodemics and enhance community trust include: collaboration with local community teams to address mis/disinformation; the establishment of rapid response teams to address misinformation; the implementation of media literacy programs; and the deployment of fact-checking organizations such as Africa Check and Code for Africa.

Misinformation often arises from fear and a lack of credible information. The solution is to focus not on attributing blame, but on closing misinformation gaps quickly, with facts and empathy.

The vaccine conversation, for example, has evolved significantly over the past five years, and can quickly drift from genuine questions to full-blown conspiracy theories. Unfortunately, the pipeline of vaccine-related misinformation and disinformation has also become a profitable industry, underscoring the need to address doubts and counter falsehoods promptly.

News Verification and Media Evolution

Digital technology has transformed journalism. By 2025, constant high-quality video content has been overwhelming verification systems, with approximately 500 hours uploaded every minute. Newsrooms such as Al Jazeera have adapted by establishing Social Media Hubs and News Verification Units, training journalists in verification techniques, and offering online courses to strengthen accuracy and accountability. Social media content is now integrated with verified sources, while openness about errors and active audience engagement help sustain credibility. The guiding principle of responsible reporting remains: “Better late than wrong.”

Media Engagement & Storytelling for Health Impact

Consistency, transparency, empathy, and self-confidence form the foundation of effective media engagement. They guide tone, body language, and what not to say. Being prepared, calm, and factual is vital when under pressure. Storytelling has emerged as a powerful tool for persuasion and learning. While facts persuade the mind, stories move people to act. Social media has become today’s public square, necessitating messages that fit the medium. The “3C Framework: Clear, Credible and Connected” was identified as a useful guide for effective storytelling, emphasizing simple language, accurate data, and empathy, alongside techniques for translating data into memorable narratives. Posts featuring names, faces, and short videos tend to achieve the greatest engagement.

Key Takeaways

- Communication is integral to the functioning of health systems, and should be institutionalized and funded within health programs.
- Trust precedes compliance: credibility is built before crises, through consistent, transparent, empathetic engagement.
- Integrated communication across sectors and agencies reinforces efficiency and coherence.
- Professionalization and media partnerships improve the accuracy and reach of public health messages.
- Storytelling and emotional intelligence remain the most effective tools to bridge the gap between science and society.



Public Panel: Reimagining Global Health Financing

To conclude the 2025 Annual Convening of the DGSHP, the Middle East Council on Global Affairs, in partnership with the Gates Foundation and with the support of Qatar's Ministry of Foreign Affairs, hosted a high-level public panel entitled: "Reimagining Global Health Financing: Prioritization and Integration in the Global South."

The session brought together a global health leader, donors, and partners to reflect on how countries across the Global South are responding to fiscal pressures and declining development assistance. They examined how countries are reprioritizing health agendas, adopting innovative financing mechanisms, and integrating essential health services in order to maintain progress toward universal health coverage.

The significance of the DGSHP was highlighted as a reflection of Qatar's vision for collaboration, innovation, and shared responsibility in promoting global health, representing not only a platform for dialogue but also a bridge of cooperation between the Global South, the Middle East, and the wider world.

The panelists shared perspectives on how health systems can adapt to reduced external support while maintaining equity and resilience. They shared practical insights on how countries are adapting to shrinking aid flows and tightening fiscal space. The discussion highlighted strategies for reducing maternal and child mortality, improving disease control, and advancing poverty reduction through stronger partnerships and coordinated action.

The speakers also underscored the importance of developing scalable and sustainable financing models anchored in national priorities, promoting local ownership, and leveraging domestic resources and private sector engagement to sustain essential health programs and strengthen community-based delivery. They emphasized innovation, integration, and stronger regional collaboration as key pathways for achieving greater impact with limited resources. They agreed that effective partnerships must reinforce, not replace, national priorities, and that continuous peer learning among countries of the Global South is an essential driver of sustainable health system reform.

Key Takeaways

- Sustainable reform begins with country ownership—countries setting priorities and leading implementation while partners align around locally defined strategies.
- Integrating services, particularly at the primary healthcare level, can improve efficiency and protect essential functions in the face of fiscal constraints.
- Gulf donors and philanthropic institutions are emerging as key actors in shaping flexible, locally anchored financing models.
- Shared learning and South-South Cooperation offer powerful tools for strengthening resilience and accelerating progress toward universal health coverage.
- Effective partnerships must be purposeful, strengthen systems, empower local actors, and sustain progress beyond donor cycles.

Conclusion

The 2025 Annual Convening of the Doha Global South Health Policy Initiative reaffirmed the value of collective dialogue, peer learning, and co-created solutions among countries of the Global South. Through structured, interactive country presentations, group work, and thematic peer exchanges, participants were able to analyze each other's reform trajectories: What fiscal levers have proven viable? How have governments integrated immunization programs into Primary Healthcare (PHC) budgets? Which partnerships have genuinely reinforced ownership, rather than dependency?

Rather than a one-off meeting, the Annual Convening functions as part of an evolving learning ecosystem that connects knowledge generation, dialogue, and policy experimentation. Country presentations allowed peers to draw practical lessons from contrasting contexts, through facilitated discussions which were delivered not as lectures, but as interactive, engaging sessions that invited candid reflection on both successes and trade-offs. The emphasis was on translating operational experience into lessons and ideas that other countries can adapt, while not necessarily replicating them directly.

Importantly, the Convening also seeks to bridge the Gulf-South policy divide. By involving Qatari development institutions and philanthropic bodies, alongside national health, education, and foreign affairs ministries, DGSHPI fosters mutual understanding of financing incentives, risk appetites, and expectations of accountability. These interactions facilitate the design of partnership models that are both politically grounded and financially realistic, replacing transactional project cycles with longer-term compacts of trust.



Across discussions, from domestic health financing and immunization to communications and governance, a consistent message emerged: health system resilience depends on national ownership, adaptable partnerships, and the capacity both to prioritize and to act decisively in times of constraint. The communications training reinforced this analysis by highlighting communication not just as a soft skill but as an important strategic health system function that is essential for building public trust, countering misinformation, and enabling effective reforms.

The expectation is that lessons learned from the Convening will feed into national and regional policy processes. In this way, the Annual Convening strengthens the policy capacity of health ministries, not through more manuals or training sessions, but through curated, experience-based exchange that empowers leaders to adapt global thinking to local realities.

The Initiative will continue to build on these lessons by organizing targeted peer exchanges, expert dialogues, and working with countries on catalytic action projects that translate ideas into measurable progress.

As DGSHPI moves into its next phase, it remains committed to amplifying the voice of the Global South in shaping a more equitable, resilient, and sustainable global health architecture.

Annexes



Agenda

Technical Sessions

Monday, October 13, 2025

Time	Session Title	Details
08:00 – 08:30	Registration of Participants	Arrival and sign-in at the venue
08:30 – 09:00	Opening & Introductions	<ul style="list-style-type: none"> • Welcoming Remarks Dr. Khalid Al-Jaber (Executive Director, ME Council) • Remarks Dr. Yusuf Yusufari (Deputy Director for Immunization and Disease Control, Nigeria Country Office, Gates Foundation) • Overview of Objectives & Agenda Dr. Theresa Madubuko (Lead for the Doha Global South Health Policy Initiative, ME Council)
09:00 – 10:00	Session 1, Part 1: Health System Responses to Donor Support Cuts in the Global South	Panel discussion with two countries sharing the impact of cuts and national responses
10:00 – 11:00	Session 1, Part 2: Health System Responses to Donor Support Cuts in the Global South	Country poster presentations
11:00 – 11:30	Coffee Break	
11:30 – 12:45	Breakout Session 1: Prioritization and Integration Exercise	Group work: How to implement prioritization alongside integration for immunization programs
12:45 – 13:30	Plenary Restitution	Feedback from working groups + discussion
13:30 – 14:30	Lunch Break	
14:30 – 14:45	Session 3: Increasing Domestic Funding for the Health System	Presentation on session objectives
14:45 – 16:00	Breakout Session 2: Domestic Funding Strategies	Group work: How to increase domestic funding for immunization programs (countries only)
16:00 – 16:15	Coffee Break	
16:15 – 17:00	Plenary Restitution	Feedback from working groups + discussion
17:00 – 17:30	Closing Reflections	Summary of insights from all sessions Closing remarks & transition to communications training for relevant participants
17:30	Close of Day 1	

Communications Training

Tuesday, October 14, 2025 – Sheraton Grand Doha Resort & Convention Hotel

Time	Session Title	Details
08:30 – 09:00	Registration and Networking Breakfast	
09:00 – 10:00	Understanding Today's Health Media and Society Landscape Identifying the Key Players in the Health Information Ecosystem	Interactive Discussion
10:00 – 11:00	Crafting Effective Public Health Campaigns Understanding the Causes of Audience Resistance Trust-Building Strategies Designing Balanced and Effective Messages	Workshop
11:00-11:15	Coffee Break	
11:15 – 11:45	Health Tech Initiative, Fatema Ali Al-Khater, Qatar Africa Business Forum	Presentation
11:45 – 13:30	Communicating The Science of Public Health	Interactive Presentation
13:30-14:30	Lunch	
14:30 – 16:00	Crisis Communication How to Respond to a Crisis Without Creating Another Crisis Managing Epidemics, Disasters, and Health Misinformation How to Create an Integrated Model for Managing Epidemics and Natural Disasters	Practical training
16:00 – 16:15	Coffee Break	
16:15: – 17:15	Interactive Group Exercise: Designing a Crisis Communication Plan	Practical Workshop
17:15 – 17:30	Closing and Summary of Day 1	

Communications Training

Wednesday, October 15, 2025, – Al-Jazeera Media Institute

Time	Session	Details
08:30 – 09:00	Looking Forward: Trends, Threats & Best Practices	A conversation on emerging comms, trends, and ICTs
09:00 – 10:00	Dealing with Infodemics The difference between misinformation, disinformation, and malinformation in the health sector and how to deal with it The role of social media Dissemination via WhatsApp and closed groups The effect of “echo chambers” and the reinforcement of misconceptions	Workshop
10:00 – 10:15	Infodemics Session	Virtual Presentation by ALTO
10:15 – 11:15	Social Media & Storytelling for Health Visual storytelling for complicated topics Choosing the right tone for young audiences	Workshop by AJ+ Producer
11:15 – 11:30	Coffee Break	
11:30 – 13:00	The Future of Impact: Communicating Health in a New Era How to Run Effective Media Campaigns Emotional Communication Powered by Data and Information	Panel Discussion with Q&A
13:00 – 14:00	Lunch	
14:00 – 15:00	Practical training: Planning to design a national communications strategy for proactive and crisis communications Developing the overall structure of the strategy, its objectives, messages, and implementation tools	Trainees split into teams of seven.
15:00 – 16:00	Presentations: Trainees present on stage, evaluated by experts	Studio / Press Conference Settings
16:00 – 16:30	Impression Management While Dealing with the Media Strategy before speech Crafting the message How to deal with difficult interviews	Workshop with Q&A
16:30 – 16:45	Tour of the Institute’s Studios	
16:45 – 17:00	Closing and Summary of Day 2	

Public Panel Discussion

Wednesday, October 15, 2025 - Sheraton Grand Doha Resort & Convention Hotel (Al Rayan)

6:00 pm -6:30 pm	Welcoming and Registration
6:30 pm – 6:40 pm	<p>•Welcoming Remarks Dr. Khalid Al Jaber Executive Director, ME Council</p> <p>•Opening Remarks H.E. Mrs. Mariam bint Ali bin Nasser Al Misnad Minister of State for International Cooperation, Ministry of Foreign Affairs, Qatar</p>
6:40 pm – 7:40 pm	<p>Panel Discussion: “Reimagining Global Health Financing: Prioritization and Optimization in the Global South”</p> <p>Moderator: Dr. Theresa Madubuko, Lead, Doha Global South Health Policy Initiative, ME Council</p> <p>Speakers: Dr. Muyi Aina Executive Director, National Primary Healthcare Development Agency, Nigeria Sheikha Haya Abdulrahman Al-Thani Deputy Director General of Planning Sector, Qatar Fund For Development Ms. Magdalena Robert Deputy Director on Program Advocacy and Communications, Polio & Vaccine Delivery – Global Delivery Programs, Enteric and Diarrheal Diseases, Immunization, Gates Foundation</p>
7:40 pm – 8:00 pm	Q&A
8:00 pm – 8:30 pm	Reception

List of Participants

Country Participants

Abdou Hassane, Head of Communication and Public Relations Division, Ministry of Health and Public Hygiene, Niger.

Amina Mohammed, Director of Child Health Division, Family Health Department, Federal Ministry of Health and Social Welfare, Nigeria.

Aref Alhoshabi, General Manager, National Center for Health Education and Information, Yemen.

David Olela, Head of the Communication Department of the EPI-DRC, Ministry of Health, Democratic Republic of the Congo.

Eduardo Samo Gudo, Director General, National Institute of Health, Mozambique.

Fuad Haji Abdiweli Mohamed, Senior Communication Advisor, Ministry of Health, Somalia.

Guled Abdijalil Sheikh Ali, Director General of Health, Ministry of Health, Somalia.

Hallarou Chaïbou, Director of Documentation and Public Relations Divisions, Ministry of Health and Public Hygiene, Niger.

Mohamed Adan Mohamed, Director of Communications and Media Relations, Office of the Presidency, Somalia.

Mohammed Mostafa Yassin Rajmanar, Director General of Family Health, Ministry of Public Health and Population, Yemen.

Muhammad Naeem Awan, Director General, Health Department Khyber Pakhtunkhwa, Pakistan.

Muyi Aina, Executive Director and CEO, National Primary Healthcare Development Agency, Nigeria.

Nelson Belarmino, Head of the Central Department of Communication and Image, Ministry of Health, Mozambique.

Pablito Nasaka Bendi Nzea, Head of the Support Division, EPI, DRC.

Polydor Kabila, National Coordinator, National Universal Health Coverage Council (Conseil National de la Couverture Santé Universelle, CNCSU), DRC.

Rana Khamees, Community Health Workers Program, Ministry of Public Health and Population, Yemen.

Rufino Gujamo, Director of Communication and Scientific Education in Health, National Institute of Health, Mozambique.

Syeda Rashida Batool, District Health Officer, Ministry of National Health Services Regulation & Coordination, Pakistan.

Tegene Regassa, Public Relations and Communications CEO, Ministry of Health, Ethiopia.

Uruakpa John, Director of Health Promotion, Federal Ministry of Health and Social Welfare, Nigeria.

International Experts

Ahmed Iya, Senior Adviser, Dangote Foundation, Nigeria.

Imad Mikhael Aoun, Immunization Advocacy Manager, UNICEF.

Meghana Sharafudeen, Lead, Strategic Communications & Media Relations, GAVI.

Priya Kanayson, Director, Policy, Advocacy, and Communications, Global Institute for Disease Elimination, United Arab Emirates.

Sara Al-Hattab, Media Specialist, UNICEF.

Susana Martinez Schmickrath, Coordinated Resource Mobilization Lead, Inter-Agency Collaboration, Funds, Banks, and Multilaterals, WHO.

Tobias Borck, Middle East and India Lead, Donor Relations, Global Fund.

Qatari Stakeholders

Ahmed Al-Rumaihi, Deputy Director, International Cooperation, Ministry of Foreign Affairs, Qatar.

Giridhara Rathnaiah Babu, Professor of Population Medicine, Qatar University, Qatar.

H.E. Maryam Al-Misnad, Minister of State for International Cooperation, Ministry of Foreign Affairs, Qatar.

Hanan Abdul Rahim, Dean of the College of Health Sciences, Qatar University, Qatar.

Maha El Akoum, Manager of Content and Policy Translation, World Innovation Summit for Health (WISH), Qatar.

Mohammed Habsa, Senior Health Specialist, Qatar Red Crescent, Qatar.

Sheikh Mohammed Al Thani, Director of Public Health, Ministry of Public Health, Qatar.

Sheikha Haya Abdulrahman Al-Thani, Deputy Director General of Planning Sector, Qatar Fund for Development, Qatar.

Slim Slama, CEO, WISH, Qatar.

Taskeen Khan, Director of Research and Policy, WISH, Qatar.

Organizers

Abbas Osman, Intern, ME Council, Qatar.

Adel Halwani, IT Manager, ME Council, Qatar.

Anna Lucas, Advisor, Gates Foundation.

Aphrodite Samir Hammad, Director of Development, ME Council, Qatar.

Cameron Nichols, Intern, ME Council, Qatar.

Doaa Gharzeddine, Business Support Manager, ME Council, Qatar.

Hana Elshehaby, Research Assistant, ME Council, Qatar.

Ilesh Jani, Technical Facilitator (Consultant), ME Council, Qatar.

James Carty, Deputy Director, Immunization and Disease Control, Gates Foundation, United Kingdom.

Kais Sharif, Events Manager, ME Council, Qatar.

Kamel Senouci, Nonresident Senior Fellow, ME Council

Kgomotso Seko, Program Officer (Africa Regional Offices, Program Advocacy and Communications, Immunization), Gates Foundation, South Africa.

Khalid Al-Jaber, Executive Director, ME Council

Khalilu Muhammad, Program Officer, Primary Health Care, Gates Foundation, Nigeria.

Kofi Rashid, Senior Adviser, Gates Foundation, USA.

Magdalena Robert, Deputy Director (Program Advocacy and Communications, Polio & Vaccine Delivery - Global Delivery Programs, Enteric and Diarrheal Diseases, Immunization), Gates Foundation, USA.

Maysa Baroud, Visiting Joint Fellow, ME Council

Mehad Mohamed, Public Health Intern, ME Council, Qatar.

Meissa Haouari, Research Assistant, ME Council, Qatar.

Mohammad Abu Hawash, Senior Research Assistant, ME Council, Qatar.

Mostafa Olwan, Digital Media Coordinator, ME Council, Qatar.

Nader Kabbani, Senior Fellow and Program Director, ME Council

Nadine El Masri, Managing Director, ME Council, Qatar.

Nejla Ben Mimoune, Research Associate and Programs Manager, ME Council

Nicole Serfontein, Senior Program Officer (Policy & Financing – Maternal Newborn, Child Health, & Primary Health Care), Gates Foundation, USA.

Salma Bayoumy, Intern, ME Council, Qatar.

Sami Jboor, Finance Manager, ME Council, Qatar.

Suzanne Houssari, Director of Communications, ME Council, Qatar.

Thabisile Hadebe, Receptionist, ME Council, Qatar.

Theresa Madubuko, Lead, DGSHPI, ME Council, Qatar.

Tsedenya Girmay, Communications Coordinator, ME Council, Qatar.

Wael Abu Anzeh, Project Manager, DGSHPI, ME Council, Qatar.

Wandy Luz, Program Assistant, Gates Foundation, UK.

Yusuf Yusufari, Deputy Director, Immunization and Disease Control, Gates Foundation, USA.



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The Doha Global South Health Equity Initiative





About

The Middle East Council on Global Affairs

The Middle East Council on Global Affairs (ME Council) is an independent, non-profit policy research institution based in Doha, Qatar. It conducts policy-relevant research, convenes meetings and dialogues, and engages policy actors on geopolitical and socio-economic issues facing the Middle East and North Africa (MENA) region. The ME Council strives to serve as a bridge between the MENA region and the rest of the world by providing a regional perspective on global policy issues and establishing partnerships with other leading research centers and development organizations across the MENA region and the world.

Gates Foundation

Guided by the belief that every life has equal value, Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Mark Suzman, under the direction of co- chairs Bill Gates and Melinda French Gates and the board of trustees.

Middle East Council on Global Affairs
Burj Al Mana 3rd floor, Street 850,
Zone 60, Doha, Qatar

info@mecouncil.org
www.mecouncil.org