

IHP news 870 : Toast?

(13 March 2026)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

With '[end of world beliefs' increasingly common](#) according to new research, local bible groups diligently reading up on the Book of Revelation and the rest of us starting to wonder what Nostradamus actually "foresaw" on the demise of the "rules-based order" back in his time (now that religious nutcases are mostly in charge in the US, Israel and Iran), on top of it all, it's **Friday the 13th** again! In other words: time for your weekly IHP read :)

After [International Women's Day](#) (celebrated last Sunday), (*mostly*) men continued to f**k up the planet for the remainder of the week. Pentagon figures put the **cost** of the third Gulf War at [1 billion a day](#), an [underestimate](#) it turned out so far. That's [awful](#) enough, but no doubt the many **complexity thinkers** among you already saw a plethora of 'ripple effects' coming long before "[God's instrument](#)" [Donald & his luminary 'Minister of War' did so](#). Egged on by Gulf War 3, the polycrisis is clearly on speed now. (*hint for Adam Tooze: time to update the term 'polycrisis', it sounds a bit benign for the current scary times, and also doesn't take the 'agency' of some of the dumber Sapiens leaders enough into account, I feel*)

In this week's issue, we also pay plenty of attention to the [Commission on the Status of Women](#) in New York (where among others the **merger of UNFPA and UN Women** is being discussed, and Trump & co already suffered an '[Epic Defeat](#)'). In Geneva, it's increasingly [crunch time](#) for the **PABS annex discussion**, with the forthcoming formal negotiations scheduled for March 23rd-28th. And in Addis, a [landmark summit on fungal diseases](#) took place.

End of last week, the **US State department** also [launched a new umbrella \(global health\) funding platform](#), a "*supplemental framework through which the Department of State may identify and support projects that complement, extend, and/or fill identified gaps in the implementation of ... bilateral MOUs.*" We also already want to flag here [Gavi's first-ever vaccine budgets](#).

Tim Schwab posted yet another Substack post on the **Gates/Epstein links**, "[How Epstein & Gates harmed public health and global security](#)". Commenting on a previous post by Schwab, **Matthew Canfield** nailed it (on LinkedIn): "*How can a foundation that claims to "empower women and girls" be so deeply entangled with Epstein? As CEOs step down, and royals, former diplomats, and other collaborators are arrested, the silence about Gates is shocking.*"

Most Global health big hitters indeed [remain "soundly asleep"](#) on the issue. Perhaps it's the age. Well, let's hope they stop napping now that **Jocelyn Clark** [argues](#) in the **BMJ** that "... *the Epstein files should no longer be ignored by those of us in the global health community...*". Clark puts things also in broader (global health re-imagining) perspective: "... *The [Epstein] saga raises a broader need: for critical debate about the role and influence of powerful financiers in global*

health, especially now as traditional sources of support dwindle. Billionaire philanthropists are one group in need of scrutiny, but so too are the tech robber barons, petro-states, and human rights abusing regimes that will increasingly be looked to for support and patronage—and all too willing to oblige—as the fledgling global health architecture is reimaged....”

In other dire news, a **2026 AMR Benchmark report** warned that so far [“growth of drug resistance is outpacing industry-wide efforts”](#). And on the **planetary health front**, new research showed **climate change is speeding up** (with the planet now warming at a rate of around 0.35 °C per decade). You probably already noticed. Another study pointed out that [“Extreme heat already affects one in three people, globally”](#) “... making it hard even for young, healthy people to safely do normal physical tasks in many regions”. Chances are the rising temperatures will further jeopardize **global physical inactivity**, which, by the way, has remained stubbornly [‘high and unchanged for the past two decades’](#) (see Nature Health).

In short, maybe Pete Hegseth is the “Call of Duty” Nostradamus of our times, after all. At least if we paraphrase him a bit: could it be that mankind is **“Toast and (increasingly) we know it”**?

Though from a more upbeat angle, as somebody [put](#) it on X: what is currently going on in the Strait of Hormuz is probably *‘the best advertisement for green energy the world has ever seen’*.

Sadly, that’s about the only silver lining I can discern. Meanwhile, the horror in the Middle East continues, with no end in sight.

PS: Today’s Featured article on Mali (in French, see below) is a new contribution by researchers from the International Health Policy Research Network (IHP Res Net).

And do check out also the [6 IHP correspondents](#) for this year: **Duha Shellah, Eunice Lobo, Pratistha Singh, Relindis Ma-gang Tapang, Sabu K U and Shubham Gupta**. We’re looking forward to their contributions this year!

Enjoy your reading.

Kristof Decoster

Featured Article

Optimisme et craintes face à « America first » au Mali

[Issa Coulibaly](#), [Mohamed Ali Ag Ahmed](#), [Nicola Deghaye](#) & [Antea Paviotti](#)

Dans un contexte de recomposition des relations internationales, la transition du multilatéralisme vers des accords bilatéraux dans le cadre de la stratégie « America First » constitue pour le Mali à la fois une opportunité de dialogue direct et un risque accru de dépendance. La capacité du pays à négocier des partenariats équilibrés, alignés sur ses priorités sanitaires et accompagnés d’un

renforcement des capacités nationales, sera déterminante pour préserver la souveraineté et la résilience de son système de santé.

Depuis les changements politiques intervenus au Mali en 2020 et la reconfiguration des relations avec plusieurs partenaires occidentaux, l'environnement de la coopération internationale connaît une phase d'incertitude. Dans ce contexte, début 2025, les États-Unis ont coupé leur aide internationale, et fin 2025, ils ont annoncé la [stratégie « America First »](#), qui prévoit, entre autres, des partenariats de collaboration bilatérale avec les États-Unis et la promotion de l'utilisation et achat de produits et innovations médicales américaines.

En décembre 2025, nous avons recueilli les points de vue de quelques acteurs clés du système de santé malien sur les possibles conséquences de cette stratégie pour le Mali. Dans ce pays, le système de santé reste structurellement sous-financé : en 2020, selon les [Comptes nationaux de la santé du Mali](#), la santé ne représentait que 5,2 % du budget national et le secteur demeurait fortement dépendant des financements extérieurs, notamment américains, avec 42,4 % des financements internationaux venant de USAID ; en 2023, les paiements directs des ménages atteignaient 47,2 % des dépenses totales de santé, qui s'élevaient à 34 USD par habitant ([OMS](#)), et les États-Unis représentaient encore le premier donneur d'Aide Publique au Développement, avec 182,7 millions USD versés ([ForeignAssistance.gov](#)). ...

- Version complète : IHP – [Optimisme et craintes face à « America first » au Mali](#)

And introduction in English:

Optimism and fears regarding “America first” in Mali

Issa Coulibaly, Mohamed Ali Ag Ahmed, Nicola Deghaye, Antea Paviotti

Against a backdrop of shifting international relations, the transition from multilateralism to bilateral agreements under the “America First” strategy represents both an opportunity for direct dialogue and an increased risk of dependency for Mali. The country's ability to negotiate balanced partnerships, aligned with its health priorities and accompanied by national capacity building, will be crucial to preserving the sovereignty and resilience of its health system.

Since the political changes in Mali in 2020 and the reconfiguration of relations with several Western partners, the international cooperation environment has been experiencing a period of uncertainty. Early 2025, the United States cut its international aid. Late 2025, it then announced the [“America First” strategy](#), which includes bilateral collaborative partnerships with the United States and the promotion of the use and purchase of American medical products and innovations.

In December 2025, we gathered the views of some key players in the Malian health system on the possible consequences of this strategy for Mali. In this country, the health system remains structurally underfunded: in 2020, according to the [Mali National Health Accounts](#), health accounted for only 5.2% of the national budget, and the sector remained heavily dependent on external funding, particularly from the United States, with 42.4% of international funding coming from USAID. In 2023, direct payments by households reached 47.2% of total health expenditure, which amounted

to \$34 per capita ([WHO](#)), while the United States was still the largest donor of Official Development Assistance, with \$182.7 million paid ([ForeignAssistance.gov](#)). ...

- To continue the read, see IHP: [Optimisme et craintes face à « America first » au Mali \(French only\)](#)

Highlights of the week

Structure of Highlights section

- International Women’s Day (8 March)
- Global Health Reform & Reimagining (+ post-2030)
- More on Global Health Governance & Financing/Funding
- US Global Health strategy & bilateral health agreements
- Trump 2.0
- UHC, PHC (& integrated care)
- PPPR & GHS
- AMR
- Human Resources for Health
- Commercial Determinants of Health & NCDs
- Commission on the Status of Women (and other SRHR updates)
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War/Genocide & health
- Lancet Regional Health Africa – inaugural issue
- Miscellaneous

International Women’s Day (8 March)

Global Policy – International Women’s Day at 115: A Moment of Reflection

<https://www.globalpolicyjournal.com/blog/07/03/2026/international-womens-day-115-moment-reflection>

“Helen Clark and Rajat Khosla use International Women's Day to ask deeper questions about the structures and opportunities that shape our societies.”

PHM - This March 8 we commemorate, we resist, we reclaim, and we restore

<https://phmovement.org/march-8-we-commemorate-we-resist-we-reclaim-and-we-restore>

PHM statement for International Women's day.

Economist – What people get wrong about women's rights

Alice Evans; [Economist](#);

“Elites should stop assuming that the barriers to progress are the same from Brazil to Bangladesh, writes Alice Evans.”

“Global elites frequently convene conferences on gender, but tend to gloss over the striking regional disparities in women's status. Whether at Davos, the World Bank or Ivy League universities, attention gravitates to Western concerns, such as affordable child care, **as if women are bound by the same constraints everywhere.** In my forthcoming book, **“The Great Gender Divergence”**, I challenge this mindset by **emphasising the enormous differences in gender attitudes around the world.** Drawing on comparative historical analysis and thousands of interviews on all continents, I show why **one-size-fits-all approaches are unhelpful.”**

“... To speed up progress on gender, it would help to cast aside Western-centrism and tackle local obstacles: female seclusion in South Asia and the Middle East; poverty and conflict in sub-Saharan Africa; and homicides in Latin America...”

TGH - Women in Leadership: Global Health's Missing Dose

S Ramarao et al; <https://www.thinkglobalhealth.org/article/women-in-leadership-global-healths-missing-dose>

“Women in health leadership bring essential perspectives to challenges long ignored by hierarchies dominated by men.”

The Lancet Obstetrics, Gynaecology, & Women's Health (Editorial) - Women's health: lessons from the past, visions for the future

[https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038\(26\)00055-5/fulltext?dgcid=tlcom_carousel1_whod_eds26_lanogw](https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038(26)00055-5/fulltext?dgcid=tlcom_carousel1_whod_eds26_lanogw)

“International Women's Day (March 8) is a perfect time to reflect on recent advances in women's health while considering what the future might hold. The past decade has witnessed significant research and innovation in women's health, leaving a lasting impact across disciplines and clear signs of progress globally. With valuable feedback from our International Advisory Board, we have **compiled a list of ten advances—presented in an infographic—that we feel have altered the course of women's health over the past 10 years...”**

Global Health Reform & Reimagining (+ post-2030)

HPW - Global Health Infrastructure is Changing. Why Getting it Right Matters

M Low; <https://healthpolicy-watch.news/global-health-infrastructure-is-changing-why-getting-it-right-matters/>

Viewpoint with **focus on a country like South-Africa**. “Funding cuts over the past year have created a crisis for multilateral health institutions. Which institutions emerge from this crisis, and in what form, **will have real consequences for the health of people in countries like South Africa.**”

A few excerpts:

“In recent weeks, there has been a glut of articles from global health big-hitters, all concerned with how multilateral health institutions should, or should not be redesigned. These include articles from [Philippe Duneton](#), Executive Director of UNITAID, [Sania Nishtar](#), CEO of GAVI, and [one co-authored](#) by, among others, Anders Nordström, a former acting Director-General of the WHO, Helen Clark, a former New Zealand Prime Minister, and Peter Piot, the driving force behind UNAIDS from the mid-90s to 2008....”

“... The reality is that multilateral health institutions have often been at their most effective when people were driven by the need to address urgent health needs, as in the early days of UNAIDS, for example. The belief that people’s health matters, no matter who they are, or where they live – essentially a belief in human rights – can make the difference between an ineffectual bureaucracy and a vital health movement.... Our current crisis is not only one of technical capacity, but also one where the animating power of human rights-based thinking is being challenged....”

PS: “.... All of these shifts [in multilateral health] are now occurring within the broader geopolitical context of what Canadian Prime Minister Mark Carney [recently described](#) as a “rupture in the world order”. ... Maybe a first harsh reality to come to terms with, then is that **the rupture that is taking place in global geopolitics is also occurring in the world of global health....** To think that we can go back to the way the WHO or UNAIDS were 20 years ago is wishful thinking. The “rupture” might take time to propagate, but it will extend all the way....”

“As outlined above, **countries like South Africa benefited in very concrete ways from multi-lateral forums, but somehow those benefits were never widely appreciated.** Ultimately, it is telling that so many national governments have failed to put up the money the WHO requires to do its work – even before the current US withdrawal. **Maybe then, to make a reset of multilateral health institutions a success, will require that governments reassess and newly appreciate why it is that we need multilateral health institutions in the first place.** This will require a thorough and honest assessment of what we have gained from these institutions in recent decades. Things like market-shaping, patent pooling, pooled procurement, sharing of genomics and other data, regulatory harmonisation, guideline development, research cooperation, and multilateral fund-raising have all been important and will continue to be so....” “We **must make sure that, whatever emerges in the next few years, we have multilateral mechanisms that can deliver in all these areas. But we will have to accept that those entities might look quite different from what we’ve come to know in recent decades.** There will certainly be areas in which we still need global institutions like the WHO, but for some issues, we might get more done by working with coalitions of the willing, or

collaborating at a regional level – as we’re already seeing with the African Medicines Agency (although South Africa rather inexplicably hasn’t yet ratified the related [treaty](#))....”

Low concludes: “... **In many respects, this has been a disaster for our common good, but it is also an opportunity to craft new and more fit-for-purpose multilateral health institutions that are animated by a shared commitment to human rights.** This is an opportunity that countries like South Africa must grasp.”

S Nishtar - Our global health architecture needs urgent reform: the Pandemic Agreement could be the catalyst

<https://www.gavi.org/vaccineswork/our-global-health-architecture-needs-urgent-reform-pandemic-agreement-catalyst>

In Sania’s words: “**on the importance of avoiding duplication and ensuring the speed, predictability and flexibility required to respond effectively to a pandemic threat.**”

“There are few public goods more vital than an effective plan for pandemic response. The Pandemic Agreement could pay dividends for future generations, but must draw on the strengths, experience and comparative advantages of the current global health ecosystem.”

“... My concern is that, as negotiations on the Pathogen Access and Benefit Sharing (PABS) system of the Pandemic Agreement move towards their conclusion, **the direction of travel on key operational aspects of PABS may appear to be at odds with the principle of clear and focused mandates, and may run counter to the spirit of collaboration, coherence and complementarity** that must be at the heart of the Pandemic Agreement’s implementation. **Necessarily, an effective Pandemic Agreement needs to draw on the comparative advantages of many different stakeholders, including key implementing partners.** Many of these partners, such as Gavi, CEPI and UNICEF, are already **stewards of tried and tested operational capabilities and financial instruments that could and should be fully integrated as foundational elements of both a Coordinating Financial Mechanism (CFM) and a Global Supply Chain and Logistics Network (GSCL)** for pandemic prevention, preparedness and response. Many of these capabilities and instruments have been built in collaboration with countries and donors, and have been designed based on the lessons learned during and after the COVID-19 pandemic. ...”

“A case in point is Gavi’s establishment and inauguration of the First Response Fund in 2024, which ensured that mpox vaccines were procured at scale within days of an mpox vaccine receiving WHO prequalification. ...”

“... ... Discussions are ongoing with multiple partners to build on the liquidity arrangements that backstop the First Response Fund to create a truly “pandemic-scale” financing facility, with a potential role for multilateral development banks. The First Response Fund was a capability Gavi developed to fill an essential niche in the emergency response ecosystem...”

“...Gavi supported the creation of a Coordinating Financial Mechanism (CFM) during the initial Pandemic Agreement negotiations, but it is crucial that any CFM is designed to reinforce and enhance proven financial instruments, rather than create parallel structures or crowd out existing mechanisms....”

Devex (Opinion) - The next UN chief must architect a new era of multilateralism

Qahir Dhanani, Jim Larson (both from **the Boston Consulting group**);

<https://www.devex.com/news/the-next-un-chief-must-architect-a-new-era-of-multilateralism-112027>

“From rebuilding trust and delivering reforms to setting the post-2030 agenda, **here are five priorities for the next United Nations secretary-general.**”

Including: “ **Deliver on global public goods and actively define the post-2030 agenda....; Navigate a fragmented and multistakeholder world; Reassert the core mandate enshrined in the U.N. Charter...**”

Re the latter (**core mandate**): “Above all, the United Nations exists to maintain international peace and security and to create the conditions of stability and well-being necessary for peace and human dignity. **Peace and development** are thus not one priority among many — **they are the institution’s founding purpose.**”

Sustainable Development - Prescriptive Positivism: Discourse on Sustainable Development Goal Interactions and Perspectives for a Post-2030 World

Gin Dupont et al ; <https://onlinelibrary.wiley.com/doi/10.1002/sd.70905>

“The Sustainable Development Goals (SDGs) are unlikely to be achieved by 2030, prompting debate about what should follow. Beyond revision, there is a need to critically examine what values and assumptions have shaped how the SDGs are conceptualised and operationalised. Much of the academic discussion about the SDGs has centred around their interactions. Using an inductive, latent thematic analysis of 35 papers, **we analysed the discourse on SDG interactions and identified a prescriptive positivist discourse that promotes management as the solution, puts faith in research and demonstrates transactionality and internalised fragmentation.** Authors frequently adopt directive language and advocate technical or managerial fixes; solving trade-offs with adequate financial resources, proper governance, and science. Equity is treated as instrumental, only what is measurable is acknowledged, and calls for integration rarely go beyond coordination. **The paper highlights overlooked perspectives of stewardship that considers pluralism and treats equity, justice and nature as intrinsic.**”

More on Global Health Governance & Finance/Funding

BMJ Editorial – Peace, come closer

Jocalyn Clark; <https://www.bmj.com/content/392/bmj.s480>

“... Whether you believe the war with Iran is a diversionary tactic to distract from the Epstein files or not, the abuse scandal must not go away—not least because the sheer scale of Epstein’s cabal and harm demands more action to protect women and girls from sexual violence. **And the Epstein files should no longer be ignored by those of us in the global health community.** Although he is not accused of any illegal activity, Bill Gates has emerged as an associate of the convicted sex offender Jeffrey Epstein, including having discussions about philanthropy for global health. Gates has been

the main influencer of the global health agenda for the past two decades, a champion of gender equality, and his Gates Foundation the largest donor to WHO. The foundation plans to double its overall funding to \$200bn for the next two decades until it sunsets, cementing its enormous impact on global health governance. The foundation has stated that it had no involvement with Epstein beyond initial interactions to secure funding that never materialised and that it abhors the horrific harm he afflicted. Gates has apologised for poor judgment. **But the saga raises a broader need: for critical debate about the role and influence of powerful financiers in global health, especially now as traditional sources of support dwindle. Billionaire philanthropists are one group in need of scrutiny, but so too are the tech robber barons, petro-states, and human rights abusing regimes that will increasingly be looked to for support and patronage—and all too willing to oblige—as the fledgling global health architecture is reimagined.** Climate change advocates have struggled with this moral dilemma, and their lessons are instructive. **Will we allow global health to healthwash dirty money? This is a long overdue reckoning....”**

Clark concludes: “... Ultimately all wars are a choice, and they hasten destruction of people and the planet. **A redoubled counter movement from civil society and global health communities is needed to make health the fight of our lives. Health is a bridge to peace, and peace a prerequisite for health—come closer.”**

Tim Schwab - How Epstein & Gates harmed public health and global security

<https://timschwab.substack.com/p/how-epstein-and-gates-harmed-public>

“As Congress compels Bill Gates to answer questions about Epstein, troubling new details of their relationship surface—including **questions about how philanthropy and military intelligence overlap.”**

Coming back on Epstein’s involvement in the polio eradication in Pakistan, among others. *“Journalists have uncovered documents showing that Epstein played a far more extensive role in the Gates Foundation’s signature philanthropic project, its crusade to eradicate polio, than previously known. Several media outlets in recent weeks have reported that Epstein’s work often seemed more like military-intelligence gathering than philanthropy...”*

- And a link: Project Syndicate - [Epstein and the Globalization of Criminal Exploitation](#) (by K Hyland)

“While the Jeffrey Epstein affair continues to receive global attention, the true scale of human trafficking and modern slavery remains underappreciated, and the perpetrators almost always go unpunished. **G20 countries can start cracking down on this scourge immediately by focusing on six priorities....”**

PS: **“The exploitation of some 50 million children, women, and men generates at least \$236 billion per year in criminal profit...” “G20 countries combined allocate around \$1.6 billion to combating human trafficking and modern slavery. That is less than 1% of the annual illicit profits generated by this vile industry each year...”**

Devex checkup– The Global Health’s boy’s club: re gender equity in global health

[Devex](#) ;

Covering an “an event on Monday, hosted by [Women in Global Health](#), looking at the [status of women’s leadership in the sector.](#)”

With among others examples from **Magda Robalo** and **Precious Matsoso**.

HPW – Global Fund Faces \$5bn Shortfall as France Slashes Support, EU Delays Pledge

<https://healthpolicy-watch.news/global-fund-shortfall/>

Coming back on the **Global Fund Board meeting in February**, with also **some more info on the** (why of the) **French cut**, and **EU delayed pledge**.

“Battered by a **58% cut from France**, a **delayed European Union (EU) pledge**, and a US pullback, the **Global Fund faces a significant shortfall, securing \$12.64 billion against its \$18 billion target during the 8th replenishment**. According to the organization, reaching the full target would have prevented roughly 400 million new AIDS, tuberculosis, and malaria infections between 2027 and 2029. Despite this compounding retreat, **executive director Peter Sands praised the final tally as a “remarkable result, achieved in a challenging global context.” ...**”

“... **Significant changes in global health financing have forced a strategic shift, introduced in late 2025**, toward the poorest nations bearing the heaviest disease burdens, while placing middle-income countries on accelerated transition timelines toward national self-reliance...”

“To manage the Global Fund shortfall, **the board approved \$10.78 billion in core country allocations** for the 2027-2029 implementation period. To maximize the impact of the remaining funds, the **board also earmarked \$260 million for “catalytic investments” designed to expand access to innovative health products**. **Executive leadership stressed the urgent need to prioritize these game-changing biomedical innovations**, specifically highlighting the continued scale-up of the HIV prevention tool Lenacapavir, alongside new molecular diagnostics for tuberculosis and advanced vector control tools for malaria.”

PS: “... **African states are stepping up**, taking a larger financial stake in their health systems...”

Geneva Solutions -After a year of turmoil, WHO remains a pillar of global health

<https://genevasolutions.news/global-health/after-a-year-of-turmoil-who-remains-a-pillar-of-global-health>

“The World Health Organization just experienced one of the most challenging years in its history, following the US withdrawal and deep donor cuts. **Experts however say the UN agency remains central to global health governance.**”

With interesting views of **Antoine Flahault, Suerie Moon, ...**

Geneva Solutions - WHO assistant director general Jeremy Farrar: 'In the age of disinformation, WHO must remain a normative power

<https://genevasolutions.news/global-health/who-assistant-director-general-jeremy-farrar-in-the-age-of-disinformation-who-must-remain-a-normative-power>

“Responsible for health promotion and disease prevention and care at the World Health Organization, the former charity chief **takes stock of the state of the UN health agency.**”

Lancet - Health in Africa: the WHO African region in the next decade

B Impouma, M Janabi et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00183-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00183-2/fulltext)

« The **profound disruptions to the international public health ecosystem in 2025** presented both substantial threats and new opportunities. **For the WHO African region, the year marked a period of rethinking, reappraisal, and strategic reorientation....”**

« **The region's priorities are shifting from donor alignment to fiscal stewardship, requiring bold action from the WHO Regional Office for Africa. Institutionalised health–finance dialogues will be established at national and regional levels.** Ring-fenced domestic financing—for example, through sin taxes, solidarity levies, and insurance reforms—will be promoted. Regional public goods will be prioritised over fragmented, country-specific projects. For example, regional surveillance, data collection, and analytics will be strengthened to compensate for the decline in aid-funded statistical systems. Efficiencies of scale will be achieved by pooled procurement, regulatory harmonisation, strengthened manufacturing ecosystems, and shared digital platforms—advancing progress towards regional self-sufficiency in health products and services. Population resilience across the life course is inseparable from robust non-communicable disease management, workforce retention, and climate resilience. **Together, these elements shift the focus from narrow emergency preparedness to whole-system resilience—ensuring continuity of essential services, even during shocks. »**

« **This transformation reframes the WHO Regional Office for Africa not as a technical body but as a political broker, fiscal and policy steward, and architect of African health sovereignty.** Progress requires defragmenting initiatives, sharpening institutional priorities, and making disciplined strategic choices. **Concrete next steps will include developing a Regional Health Sovereignty framework, launching structured health–finance–planning dialogues in high-impact countries, consolidating disease-specific platforms in integrated delivery models, reducing internal fragmentation to focus on core regional public goods, and deploying high-visibility flagship political initiatives in partnership with heads of state....”**

Sania Nishtar - A new era of country ownership: introducing Gavi's first-ever vaccine budgets

<https://www.linkedin.com/pulse/new-era-country-ownership-introducing-gavis-vaccine-budgets-nishtar-nlfre/>

“Simpler, more transparent and designed to put countries in the driving seat, **Gavi's vaccine budgets** signal a leap forward for global health. “

“**Last week, our Gavi Leap reform programme marked an important milestone.** In keeping with our aspiration to radically simplify how we work with countries, and to put greater ownership in the hands of countries themselves, we **are sending letters to all 56 Gavi-supported countries outlining their vaccine budgets for the next five years.** The introduction of vaccine budgets and other elements of the Gavi Leap reform are the **culmination of a 12-month process to completely redesign the way we disburse money to countries.** “

“**Instead of a multitude of grants for individual vaccines, each with different timeframes and application processes, countries now receive one budget, one cash grant,** secured through one application process and **managed by one fully digitised grant-management system.** “

“Along with unprecedented long-term visibility over their financial resources for immunisation, **countries also have much greater flexibility about how their available budget is allocated.** Each vaccine budget includes a funding envelope that countries can use to **prioritise vaccines from Gavi's portfolio of their own choosing, in accordance with their national strategies...**”

Devex Pro - Africa CDC eyes debt swaps to plug health financing gaps

<https://www.devex.com/news/africa-cdc-eyes-debt-swaps-to-plug-health-financing-gaps-111940>

(gated) “There's one area considered a largely untapped resource for health finance on the African continent: **converting debt into health programs.** Africa CDC has hired a special adviser to guide the agency on scaling these transactions for countries.”

“**The [Africa Centres for Disease Control and Prevention](#), or Africa CDC, plans to focus heavily on matchmaking debtors and creditors to broker these deals.** “We are talking about increasing innovative domestic resources, but also bringing some funding that we didn't explore in the past, like the debt swaps,” **Dr. Jean Kaseya, director-general of Africa CDC,** said. “**It's a major area of focus for Africa CDC for more sustainable financing.**” ...”

“The idea is straightforward, says **Christoph Benn,** a former executive at The Global Fund to Fight AIDS, Tuberculosis and Malaria **who is now advising the agency:** “[Kaseya] believed that this could be a good way for many African countries to address two big problems at the same time: You reduce the [debt] burden that many countries are suffering from, and you increase the domestic investments in health.” ...”

“**Benn is a leading expert on this. While working at [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#), he helped establish a mechanism known as Debt2Health.** Since then, the Global Fund has executed 14 debt swap agreements, converting \$470 million in debt into about \$330 million in health funding. But **scaling up these deals is easier said than done.** Benn tells me **the negotiations**

can be complex and painfully time-consuming, which can be a heavy lift for already stretched government ministries. Part of his new role with Africa CDC, he says, is to help smooth out those hurdles. **“What the intention of our collaboration is to make the mechanism as easy as possible and kind of minimize the transaction costs...”**

- **Via LinkedIn:** “The Africa CDC aims to unlock about \$1 billion in health financing through **debt-for-health swaps** as part of efforts to secure sustainable funding for African health systems.”

Devex Pro - Multilateral development banks stepped up as bilateral aid dropped

<https://www.devex.com/news/multilateral-development-banks-stepped-up-as-bilateral-aid-dropped-111947>

(gated) **“ONE Data** shows that while finance from traditional donors, private investors, and China plummeted, **MDBs picked up the slack — with caveats.**”

“The world may be in the midst of escalating nationalism, but in development finance, multilateralism is ascendant. That’s according to **ONE Data’s** recently published [Great Reversal report](#), which says that while net development finance flows to low- and middle-income countries decreased by 25% between 2010-2014 and 2020-2024, the decline would have been more severe without the **increased lending of multilateral development banks**. The report maps out the withdrawal of finance to LMICs from China, from private investors, and from members of the [OECD’s Development Assistance Committee](#). While all those sources are slashing their levels of finance, **ONE Data found a 124% increase in finance from MDBs since 2010. The result is that multilateral funding now exceeds bilateral as a source of cash for these countries — with the caveat that MDB money is more likely to come in the form of loans, not grants.**”

Health Security Policy Academy - PEPFAR's Next Quarter Could Be Its Last

K J Seung & V Lin; <https://globalhealthwatch.org/?blog=pepfars-next-quarter-could-be-its-last>

“PEPFAR is on the brink, and almost no one seems to realize it. The President’s Emergency Plan for AIDS Relief—one of the most successful public health programs in history—is not collapsing in a dramatic announcement or a legislative showdown. Instead, the program is being slowly starved, through budgetary choke points and administrative fiat rather than any open legislative decision.”

“Look closely at the financials and the pattern becomes unmistakable. The infrastructure that sustained PEPFAR for more than two decades is rapidly eroding. **And if current funding trends continue, the CDC platform that now carries much of what remains of PEPFAR could run out of funds by June 2026—not because Congress failed to appropriate money for PEPFAR, but because the State Department is not transferring enough of it to CDC....”**

“After the dismantling of USAID, CDC programs are now the last operational pillar of PEPFAR, widely considered the most successful global health program in history. Those programs provide care for more than 12 million people living with HIV across 50+ countries and regions. **But CDC got only \$640 million this year for PEPFAR. Normally it's \$1.3 billion....”**

Guardian – UK government axes flagship global health project

<https://www.theguardian.com/global-development/2026/mar/12/uk-government-axes-flagship-global-health-project>

“Programme which supports schemes in six African countries was previously hailed as vital protection for Britain against future pandemics.”

“...A **flagship health project in Africa**, which UK ministers said would play a vital role in protecting Britain from future pandemic threats, is being axed due to aid cuts, the Guardian can reveal.

“The Global Health Workforce Programme (GHWP) which supported development and training for healthcare staff in six African countries, will close at the end of the month, the Foreign, Commonwealth and Development Office (FCDO) said. “That is a genuinely historic decision, and the UK now risks ceding ground in global health that we will struggle to recover,” said **Ben Simms, chief executive of Global Health Partnerships, which ran the programme....”**

TGH - Indonesia in the BRICS: What It Means for Global Health

I M Kurnia et al ; <https://www.thinkglobalhealth.org/article/indonesia-in-the-brics-what-it-means-for-global-health>

“Just over a year after Indonesia joined the BRICS, the nation is still determining its place in the bloc's health-cooperation dynamics.”

Well worth a read.

Independent – Aid cuts reducing public support for overseas help, study finds

[Independent](#);

“Questions mentioning government aid cuts were met with respondents being less likely to describe aid as essential and less likely to frame it as a moral duty.”

“... [The study](#), which was produced by nonprofit network GlobalGiving, is based on interviews with 2,000 participants in the [UK](#) and [Germany](#).”

“... According to the researchers, **the results could reflect a “system justification effect”, where individuals subtly align their views with perceived government decisions.**”

“The research also finds that **individuals believe governments are most responsible for giving aid**, rather than private individuals. **Some 84 per cent and 80 per cent of respondents respectively think that governments and philanthropies are responsible for aid, versus just 31 per cent of individuals.**”

Global Health Strategies - From Commitments to Action: Practical Pathways for Health Financing in Africa Position statement from the December 2025 Health Financing Experts Insight Workshop

Eberere Okereke et al; <https://globalhealthstrategies.com/wp-content/uploads/2026/03/From-Commitments-to-Action-Practical-Pathways-for-Health-Financing-in-Africa.pdf>

“A Health Financing Expert Insights Workshop, convened in December 2025, brought together African leaders in health financing, economists, implementers, and policy advisers. The discussion revealed strong **convergence around four key realities**: Health continues to be treated primarily as a social sector cost rather than an economic and development investment; Accountability, costing, and implementation often remain weak despite repeated commitments; Practical financing mechanisms already exist across the continent, but they are inconsistently governed, unevenly scaled, and insufficiently embedded in national systems; While African expertise exists in abundance, it is underutilised in shaping financing narratives, policy choices, and political decision-making.”

“... **There is no shortage of commitments on health financing in Africa. What remains scarce is disciplined execution anchored in governance, accountability, and realistic costing, with named owners and deadlines.** The gap between aspiration and delivery has become a fiscal and political liability. The **recommendations in this paper point to a narrower, more demanding agenda: reframe health as economic policy, make accountability visible and enforceable, scale financing mechanisms that already function, and ground decisions in locally owned, operational evidence.** This agenda requires a shift in leadership, not more strategy documents...”

“**This paper consolidates those points of convergence into a focused set of recommendations** aimed at political leaders, including finance ministries, health ministries and regional institutions, as well as partners in African-led financing reforms- with an emphasis on what can be done inside today’s fiscal ceilings.”

Global Health Advocates - Health Taxes: The “Triple Win” to navigate the global health financing crisis

<https://www.ghadvocates.eu/health-taxes-the-triple-win-to-navigate-the-global-health-financing-crisis/>

“As global health financing faces unprecedented challenges, **GHA is publishing a brief summarizing the key takeaways from our February 11 webinar.** This document is essential reading for understanding **how health taxes can transform a financing crisis into an opportunity for health sovereignty, ahead of the Africa Forward summit.**”

“**Taxing harmful products (tobacco, alcohol, sugary drinks) is not just a budgetary measure, it is a lever of sovereignty.....**”

SS&M – Global definitions of Political determinants of health: a systematic review

P Durcic et al; <https://www.sciencedirect.com/science/article/pii/S0277953626002674>

“Despite growing interest in PDoH, no universally accepted definition exists. Clarifying which determinants are political and their links to others is crucial. Understanding political dynamics is key for research, advocacy, and health reform. Lessons from highly politicised societies can guide countries where health is apolitical.”

Conclusions: **“...This review highlights the conceptual fragmentation of PDoH in the literature, underscoring the need for clearer, more critical conceptualisations of PDoH that incorporate power dynamics and political contexts. It also highlights the importance of broadening research beyond Western-centric perspectives to encompass diverse political systems.”**

US Global Health Strategy & US bilateral health agreements

Devex – US launches \$4.5B platform inviting NGO support for bilateral health deals

<https://www.devex.com/news/us-launches-4-5b-platform-inviting-ngo-support-for-bilateral-health-deals-112026>

“The State Department launched a funding platform that gives insight into how the Trump administration plans to engage entities around global health. INGOs, local NGOs, faith-based organizations, companies, universities, and government entities are eligible to apply. »

J Ratevosian - The State Department Is Asking the World for New Global Health Ideas

[J Ratevosian \(on Substack\)](#):

“Breakdown of the State Department’s New [“Advancing Global Health”](#) APS Funding Opportunity.”

“A relatively quiet development in U.S. global health policy arrived this week with the launch of the State Department’s long-awaited [“Advancing Global Health”](#) Annual Program Statement (APS). It may not generate headlines like a major PEPFAR authorization or a Global Fund replenishment, but it signals something more important. At first glance, the program looks like another large federal funding opportunity. In reality, it is something more consequential. The APS creates a new mechanism for the State Department’s Bureau of Global Health Security and Diplomacy (GHSD) to fund projects that operationalize the America First Global Health Strategy.”

“... The Advancing Global Health APS is essentially a funding platform. Rather than announcing a single grant competition, it establishes a standing mechanism through which the State Department can release targeted funding opportunities over time....” “The program is substantial in scale. In total, it authorizes up to \$4.5 billion in potential funding, with individual awards ranging from \$500,000 to as much as \$250 million, and projects lasting up to five years. **Organizations from around the world—including NGOs, universities, private companies, and notably, international organizations—are eligible to apply.** However, applicants cannot apply directly to the overarching program. **Instead, the State Department releases specific “addenda”—focused funding calls tied to**

particular priorities. Applicants submit proposals in response to those targeted opportunities. **Two such priorities have already been announced. The first focuses on Rapid Outbreak Response,** with up to \$290 million available to support countries in detecting and containing infectious disease outbreaks quickly.... The second addendum focuses on **Child Development, Care, and Protection,** allocating roughly **\$52.6 million** to strengthen child protection systems, support family-based care, and improve early childhood development outcomes in vulnerable settings. ... **both priorities reflect a broader emphasis on health system resilience and prevention, rather than single-disease programs. ...**

PS: **“it will be important to see how this new funding platform interacts with the existing global health architecture.** Long-standing U.S. programs—including PEPFAR for HIV/AIDS, the President’s Malaria Initiative (PMI), tuberculosis programs supported through USAID and global partnerships, and multilateral mechanisms such as the Global Fund—already form the backbone of U.S. global health engagement....”

“... The Bigger Picture: Beyond the mechanics of the funding announcement, the APS signals a broader shift in how the United States may organize its global health efforts in the years ahead. **The model links three elements: a new national strategy, bilateral health agreements with partner countries, and a flexible funding platform to support implementation.** In effect, the APS creates a pipeline through which ideas from universities, NGOs, private companies, and local organizations can be aligned with country-level priorities negotiated by the U.S. government. **It also reflects a growing role for the State Department in shaping global health investments....”**

- See also [Emily Bass - PEPFAR Bridge Plans Extended, Possibly Without New Money](#)

Emily Bass; [Substack](#);

“America First Global Health Strategy deadlines didn't work out.”

“PEPFAR partners can continue implementing HIV services for another three months in countries that have not signed or received funding for America First Global Health Strategy activities, according to several country-based groups. Previously, PEPFAR programs did not have permission to operate after March 31 2026, when AFGHS was supposed to be in place. The permission to keep operating comes weeks before this deadline, at a time when **many countries have missed deadlines for developing AFGHS implementation plans.** The go-ahead to keep operating means HIV programs reliant on US government funding can keep doing what they’ve been doing in the past six months. **However, based on Office of Management and Budget (OMB) reports, it is highly likely that this permission has not come with corresponding financial resources.** In this post, I explain why I think PEPFAR programs may be being asked to stretch six months of funding (plus whatever they have in reserve) over nine months of work....”

PS: **“... no country met the February 27 deadline for submitting its implementation plan.** As far as I know, no country has turned in their plans this week, either. ... **Many signs point to the timelines slipping even more.** In the last week one country (Zambia) has stayed mired in MoU negotiations; Zimbabwe has stayed firm in bowing out of its talks; Rwanda, which had a signed MoU filled with sweet potential private sector deals that also positioned the country as the cornerstone of a health security surveillance hub in the region, has severed diplomatic relations with the United States; and Kenya’s MoU is still tied up in court....”

Emily Bass - Department of State Officially Releases 5 MoUs

[Emily Bass \(on Substack\)](#)

“Twenty-odd to go...”

“The US Government has officially released the full text of Memoranda of Understanding from Ethiopia, Kenya, Mozambique, Nigeria and Uganda in the Freedom of Information Act Library on the Department of State website. These are the first such documents to be released by the US government, and they bring two new MoUs into circulation (Ethiopia and Nigeria) in addition supplying official versions of three other MoUs that have already slipped out by other means....”

Lancet World Report - US global health deals falter over sovereignty concerns

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00509-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00509-X/fulltext)

Must-read. “Provisions around data sharing and other conditions in new bilateral deals between the USA and several African countries have drawn criticisms. Gilbert Nakweya reports.” “Data control and sovereignty concerns are leading African countries to pull out of deals with the USA under the [America First Global Health Strategy](#) (AFGHS) as criticism over the deals’ details mounts....”

“... African scientists and public health researchers are calling on African countries to review the deals and address data governance and sovereignty concerns....”

With the views of **Nelson Evaborhene, Emilie Besson, Peter Waiswa, Jean Kaseya, ...**

BMJ GH - US new playbook for global health: balancing national interest and global responsibility

S O Aremu et al; <https://gh.bmj.com/content/11/3/e022235>

Must-read. “... While positioned as a corrective to inefficiency and dependency in past aid programmes, this shift raises profound questions about equity, solidarity and the future of multilateralism in health governance. **This analysis critically examines the implications of the US first approach through four inter-related lenses. First, the strategy’s security-first framing risks privileging outbreak containment over collaboration**, potentially reinforcing a fortress mentality rather than fostering collective preparedness. **Second, its critique of ‘dependency’ obscures the documented contributions of US programmes such as the President’s Emergency Plan for AIDS Relief and the President’s Malaria Initiative to health system strengthening**, raising concerns that abrupt transitions could dismantle fragile gains. **Third, the prioritisation of US innovation in commodity procurement highlights tensions between economic diplomacy and moral legitimacy, with the risk of crowding out local innovation ecosystems. Finally, the privileging of bilateralism over multilateralism may deliver short-term accountability but risks fragmenting global health coordination and undermining shared responsibility.** At its core, global health security is indivisible; no nation can insulate itself indefinitely from cross-border threats. **A strategy that prioritises national interests while relegating equity to the margins risks eroding US credibility and weakening global solidarity.** We argue that **only by integrating equity, reciprocity and multilateral collaboration into its ‘new playbook’** can the US safeguard both its own people and global health security.”

Health beat 'Maximum disruption, minimal clarity': How 'America First' aid deals are playing out in Africa

W Herkewitz; <https://www.healthbeat.org/2026/03/05/global-health-checkup-africa-aid-drunken-monkeys/>

"I was able to speak **with Dr. Paul Spiegel, who directs Johns Hopkins' Center for Humanitarian Health** for some much needed context. ... **we discussed what he's seeing and how to make sense of these deals so far.**"

"I started by asking Spiegel frankly: Are these 19 deals a sign of stabilization from the chaos of 2025? While he acknowledged some upsides (which we'll get to) **his overall assessment of the deals, and the year ahead of us, was grim. "No. I think things are going to get a lot worse before they get better,"** he said. Spiegel described **"maximum disruption right now with minimal clarity,"** and that **reality on the ground for lifesaving aid programs is still chaotic, with supply chains disrupted and local partners unsure whether funding will continue month to month.** He blames **the rushed transition "from the old architecture to something so new, so quickly,"** he said. "In the meantime, so many people are going to die and suffer." We also zeroed in on what worries us both most. The **new U.S. strategy is publicly built around channeling major funding directly to governments that (at best!) lack robust oversight and, in some cases, rank among the worst globally on corruption.** And the admittedly cumbersome bureaucracy that once helped curb fraud, waste, and abuse has **been functionally stripped of many of its guardrails."**

Semafor - The challenge and opportunity of America First's new health deals

Daniele Nyirandutiye; [Semafor](#);

Well worth a read. But can't see it (i.e. *recalibration along the lines she suggests*) happen with the current US government....

The Conversation - African countries are signing bilateral health deals with the US: virologist identifies the 'red flags'

<https://theconversation.com/african-countries-are-signing-bilateral-health-deals-with-the-us-virologist-identifies-the-red-flags-277862>

The Conversation Africa asked virology professor Oyewale Tomori, a former World Health Organization regional virologist, how African countries should have responded to this US initiative.

Listing 4 red flags.

Also seeing a few positives.

Trump 2.0

Guardian - Experts fear 'unethical' vaccine trial in Africa is 'prototype' for US studies under RFK Jr

<https://www.theguardian.com/us-news/2026/mar/11/rfk-vaccine-trials-guinea-bissau>

“New details are leading experts to fear that an “unethical” vaccine trial in Guinea-Bissau is the “prototype” for studies under Robert F Kennedy Jr, secretary of the US department of health and human services (HHS) and longtime vaccine critic. At the center of US vaccine policy is an unlikely set of Danish researchers whose work on the health effects of vaccines has been called into question....”

“... Stand Up for Science, a science and health nonprofit in the US, sent an investigator to Guinea-Bissau to look at public records and interview experts. The organization met with members of Congress on 19 February to share these results in an unreleased report, obtained by the Guardian, that raises concerns about how deeply the Bandim Health Project is enmeshed in public health in Guinea-Bissau and the challenges to conducting ethical research in this setting – with immense repercussions for how US research will be carried out under Kennedy....”

HPW - War and Herbicide: Renewed Focus on Trump's Support for 'Elemental Phosphorus'

<https://healthpolicy-watch.news/war-and-herbicide-renewed-focus-on-trumps-support-for-elemental-phosphorus-production/>

“US President Donald Trump's recent [executive order](#) on “elemental phosphorus and glyphosate-based herbicide” is facing [renewed scrutiny](#) for potentially shielding a controversial weapon of war. The order promotes the domestic production of elemental phosphorus and glyphosate. Elemental phosphorus is the raw material used in white phosphorus weapons, which cause severe burns and tissue damage, and are considered deeply controversial under international humanitarian law....”

“... Initial reaction to the order focused on Trump's support for glyphosate, drawing condemnation from key leaders of Make America Healthy Again (MAHA), the lobby group of US Health Secretary Robert F Kennedy Jr. Controversially, Kennedy has [backed Trump's order](#), claiming that it “safeguards America's national security”. The executive order also declares that “elemental phosphorus is a scarce material that is critical to national defense and security”, and the [New York Times reports](#) that Trump's decision “was significantly influenced by “concerns about the availability of phosphorus for defense”....”

Science (News) - U.S. agency will devote \$144 million to studies that slow aging, extend quality of life

[U.S. agency will devote \\$144 million to studies that slow aging, extend quality of life](#)

“ARPA-H will “build the train tracks” for first large clinical studies of aging interventions.”

UHC, PHC (& integrated care)

Lancet Primary Care – Organisation of health services for the delivery of primary health care in the WHO African region: a future perspective

H Karamagi et al ; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00017-8/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00017-8/fulltext)

“Despite decades of investment in health systems across the WHO African region, population health outcomes remain suboptimal. The region faces evolving challenges, including demographic shifts, emerging health threats, and persistent inequalities. **Current health-service delivery models are misaligned with anticipated future health demands, necessitating a reimagined operational framework grounded in a revitalised primary health-care approach.** In this **Viewpoint**, we draw on expert consensus from professionals across 19 countries using the nominal group technique and Delphi-style rounds. **Three key constructs emerged for future health-service organisation: (1) primary care units as integrated networks delivering first point-of-care interventions; (2) hospitals redefined to include training, research, and clinical governance roles; and (3) oversight structures with decentralised, participatory, and evidence-informed decision-making capacities.** ...The future of health-service delivery in Africa lies not in replacing existing structures, but in repurposing and realigning them to meet population health needs. Incremental reforms, supported by digital tools, essential health packages, and rationalised service-provision modalities, can enable countries to build resilient, people-centred health-care systems....”.

Health Economics, Policy & Law - Depoliticising resilience? Uncovering the political theories of health system resilience

B Ewert; [Cambridge](#)

“**This paper examines Health System Resilience (HSR) through a political science lens, arguing that the capacity of health systems to become resilient is shaped not only by technical capabilities and available resources but also by the political theories underpinning health systems and health policy.** While HSR has gained prominence in health research as a concept, its integration with political theories remains limited – particularly within political science literature. Drawing on a scoping review, the **paper finds that political dimensions – such as governance and leadership, institutional path dependency, and power dynamics – are rarely and unevenly addressed in the literature. Most sources adopt a fragmented view of policy and politics, infrequently identifying the Political Determinants of Health (PDoH) systematically or analysing them through robust political theory.** As a result, **resilience is often depoliticised and treated as a managerial issue rather than a contested political process.** In light of these findings, **the paper proposes new opportunities to scrutinise how HSR is shaped by the interplay of actors, ideas, and institutions.** In doing so, it contributes to developing a political science of health that fosters stronger interdisciplinary engagement. “

Lancet Comment - Moving integrated care into the community in sub-Saharan Africa

M Weisser;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00413-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00413-7/fulltext)

“...In the cluster-randomised INTE-COMM trial, **Francis X Kasujja and colleagues** (on behalf of the **RESPOND-AFRICA group**) compared the delivery of the integrated community-based service model used in INTE-AFRICA4 with integrated facility-based care...”

- Comment linked to a **new Lancet study**: [Integrated community-based versus facility-based care for people with HIV, diabetes, and hypertension in sub-Saharan Africa \(INTE-COMM\): an open-label, multicountry, cluster-randomised trial](#)

And a link: Oxford - [Nuffield Department of Primary Care Health Sciences designated as the World Health Organization Collaborating Centre on Primary Health Care](#)

PPPR & GHS

Geneva Health Files - New IGWG Text: Strong Obligations To Share Pathogen Information, Lists Technology Transfer & Licensing As "Optional" Benefits

P Patnaik; [Geneva health files](#);

“...**quick update on new text proposals** on the Pathogen Access Benefit Sharing (PABS) System being negotiated at the WHO. **The Bureau of the Intergovernmental Working Group (IGWG) shared the latest version of the text that will be discussed in the forthcoming formal negotiations scheduled in Geneva for March 23rd-28th 2026.**” “We present **key takeaways**, the action in Geneva, and excerpts from the latest version that is being workshopped with countries.”

Among the takeaways: “...Both "sides" appear to remain locked-in, in their respective positions as per our reporting during this inter-sessional period. **Developed countries** appear to be keen on limiting benefits to the access to medical products. Traceability, and licensing, among others, continue to be priorities for **developing countries**. ... **New language in the latest text include proposals on** onward sharing, unique persistent identifiers, optional technology transfer, mandatory annual monetary contributions, among issues that could potentially be contentious for countries.”

TWN – WHO: Bureau PABS Text Only Accommodates EU’s Unreasonable Demands, Promoting Biopiracy

S Shashikant et al <https://www.twn.my/title2/health.info/2026/hi260301.htm>

“A new draft negotiating text dated 9th March for the Pathogen Access and Benefit Sharing (PABS) Annex to the Pandemic Agreement is strikingly aligned with the positions of the G6 countries — the European Union and other developed countries. The draft was prepared and circulated by the Bureau of the Intergovernmental Working Group (IGWG) at the World Health Organization.”

“The draft, which promotes greater legal uncertainty, is weak in benefit-sharing, and effectively normalises biopiracy, should be of serious concern to developing countries. The text barely contains

the key elements needed to be consistent with the objectives of the Convention on Biological Diversity (CBD) and its Nagoya Protocol on Access and Benefit-sharing. Instead, it risks establishing the PABS system as a precedent that could undermine multilateral access and benefit-sharing frameworks globally. **Ironically, the proposed PABS system — which was meant to be the core mechanism of the Pandemic Agreement to ensure predictable and meaningful benefit-sharing — has been weaponised to create a mechanism of systematic exploitation of developing countries.** The draft imposes mandatory obligations on countries to share pathogen samples and genetic sequence information yet pays little attention to the repeated demands by developing countries for accountability, safeguards, and equitable benefit-sharing....”

The Elders urge progress on Pathogen Access and Benefit Sharing Annex to secure a fair pandemic deal

<https://theelders.org/news/elders-urge-progress-pathogen-access-and-benefit-sharing-annex-secure-fair-pandemic-deal>

(10 March) **“We urge governments to deliver a PABS Annex that is equitable and operational from day one. Both access and benefit-sharing obligations must be predictable and guaranteed, not left to goodwill or last-minute negotiations once a crisis has hit. Without binding arrangements, countries with the least bargaining power will be left without access again. The system should also include firm commitments which generate trust and incentivise broad participation. Member States should be flexible to include additional negotiating days if needed to reach consensus by the current deadline.”**

“Commitments already reached in the Pandemic Agreement should be upheld and not reopened or diluted. Transparency, accountability, and inclusive governance – with full and meaningful participation of affected communities and civil society – are important for long term success. Countries should commit to sustainably financing the PABS system – not just when a crisis hits, but long before one begins. Finally, the multilateral architecture for pandemic preparedness and response must be protected as a collective endeavour. Bilateral arrangements are not a substitute for a shared mechanism supported by all countries which can be counted on in an emergency.”

Global Policy - The WHO Pandemic Agreement Negotiation: Introducing a New Database (The Pandemic Agreement Database)

Kevin Parthenay et al; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70140>

“In May 2025, the Member States of the World Health Organization (WHO) adopted a historic pandemic agreement following 3 years of intensive and complex multilateral negotiations. By providing **primary data on the negotiation process, the Pandemic Agreement Database** supports empirical and scholarly research across multiple dimensions of global health diplomacy. **This article introduces the database, presents its principal features, and demonstrates how it can be used to trace and map the multilateral negotiation process conducted within the Intergovernmental Negotiating Body (INB).** Drawing on **two concrete examples**, we illustrate how data on actors, agreement texts, thematic issues, positions, and networks can be mobilized to analyze different aspects of the treaty-making process.....”

Africa CDC - Africa CDC and ECDC strengthen their joint commitment to global health security MoU signing deepens an intercontinental partnership

<https://africacdc.org/news-item/africa-cdc-and-ecdc-strengthen-their-joint-commitment-to-global-health-security-mou-signing-deepens-an-intercontinental-partnership/>

“Today, the **Africa Centres for Disease Control and Prevention (Africa CDC) and the European Centre for Disease Prevention and Control (ECDC) signed their first Memorandum of Understanding to strengthen health security in Africa and Europe....** The agreement formalises **more than a decade of collaboration** and provides a framework for closer cooperation in surveillance, risk assessment, preparedness, and response. It will also support joint work on antimicrobial resistance, vaccine-preventable diseases, emerging health threats, laboratory capacity, data analytics, and workforce development....”

PS: **“The Memorandum builds on the successful completion in April this year of a five-year partnership project between Africa CDC and ECDC funded by the European Commission.** This capacity- and partnership-building project has established a solid basis for technical collaboration in the areas of preparedness, surveillance, and workforce development. **ECDC and Africa CDC will continue their collaboration through a new five-year action starting in May 2026 under the Team Europe Initiative on Fighting Antimicrobial Resistance and Strengthening the One Health Approach in Africa, in collaboration with EFSA....”**

WHS Perspectives – Actionable Intelligence: Why Geospatial Foresights are the Missing Link in Global Health Security

M Bharel; <https://www.worldhealthsummit.org/whs-perspectives/monica-bharel-actionable-intelligence-why-geospatial-foresights-are-the-missing-link-in-global-health-security>

“... our current global surveillance systems remain reactive and fragmented. We are fighting 21st-century biological threats with 20th-century tools, leading to preventable mortality and significant economic strain. To build true health security, **we will have to pivot from passive observation to proactive intelligence, a shift made possible by the convergence of geospatial data and artificial intelligence.** “

“... By integrating nontraditional data streams such as satellite imagery, mobile phone records, and search data, **embeddings offer an efficient means of supplementing existing health information systems.** While they cannot replace robust primary data collection, **embeddings** may provide a valuable tool for identifying trends, filling geographic gaps, and informing resource allocation in real time....”

“Answering complex "what if" scenarios : ...However, **the true revolution of geospatial insights lies beyond targeted prediction by enabling dynamic agentic reasoning.** We are moving toward systems capable of answering complex "what if" scenarios. Imagine a "Geospatial Reasoning Agent" that acts as a central coordinator for disease surveillance....”

Africa CDC - Landmark Summit Elevates Fungal Diseases to a Public Health Priority in Africa

<https://africacdc.org/news-item/landmark-summit-elevates-fungal-diseases-to-a-public-health-priority-in-africa/>

(Addis Ababa, Ethiopia, 10 March) “Africa’s first summit dedicated to fungal diseases concluded with a multi-stakeholder commitment to strengthen surveillance, capacity building, access to diagnostics and treatment across the continent.”

“Co-hosted by the Africa Centres for Disease Control and Prevention (Africa CDC) and the Global Action for Fungal Infections (GAFFI), the summit brought together researchers, clinicians, policymakers, health activists and funders to **address what experts increasingly describe as a silent epidemic affecting millions of people worldwide, with Africa bearing a disproportionately high burden.**”

“Fungal infections remain a major public health challenge across the continent. They contribute to nearly half of AIDS-related deaths and complicate diseases such as tuberculosis, chronic obstructive pulmonary disease, asthma and cancer. Fungal keratitis is also a leading cause of blindness. In addition, millions suffer from common skin infections, including zoonotic strains that are becoming more virulent, easily transmitted and increasingly resistant to treatment....”

“A 2022 survey by GAFFI and Africa CDC revealed severe gaps in the availability and accessibility of essential diagnostics for fungal diseases across 48 African Union Member States, leading to delayed diagnoses and preventable deaths. Experts also highlighted growing concerns about superficial fungal infections driven by newer drug-resistant strains, as well as the emerging threat of *Candida auris*, which is spreading in several regions.”

“Participants at the summit agreed to enhance collaboration in research and development (R&D), capacity building, surveillance and clinical care. They also committed to aligning continental initiatives with the forthcoming World Health Organization (WHO) Fungal Priority Pathogens List (FPPL) Blueprint, while adapting these priorities to Africa’s unique contexts to strengthen diagnosis, monitoring and treatment outcomes across the continent....”

AMR

Devex – Will antimicrobial resistance outpace research?

Andrew Green; <https://www.devex.com/news/will-antimicrobial-resistance-outpace-research-112035>

“The pipeline for new antimicrobial projects shrank since the Access to Medicine Foundation released its last benchmark five years ago.”

- See also the [Guardian – Pipeline of new drugs to fight superbugs is ‘worryingly thin’, experts warn](#)

“The pipeline of new drugs to fight superbugs remains “worryingly thin” and has shrunk by 35% in the last five years, experts have warned....”

“The number of projects from large pharma companies has shrunk by 35% over the past five years, from 92 to 60 medicines in development, according to a **report from the Access to Medicine Foundation (AMF)**, a Netherlands-based non-profit group, **and the Wellcome Trust.**” **“Overall, however, the R&D pipeline remains worryingly thin, and industry investment has lost momentum,”** said **Jayasree K Iyer, the chief executive of AMF.** She described drug resistance as the biggest single threat to healthcare worldwide.”

... The UK’s GSK is leading the way in antimicrobial resistance research and development (R&D) with 30 projects and is one of just three big pharma companies that continue to invest in this area, the report found. **The other two big players are Japan’s Shionogi and Otsuka,** while the US drugmaker **Pfizer, which was joint first with GSK in 2021, has fallen back....”**

- Via [Stat](#) : (focusing on paediatric antimicrobials) **“... Meanwhile, only five, or 13%, of 39 antimicrobial pipeline projects targeting priority pathogens listed by the World Health Organization are being developed for children under five years old.** Inequities were also uncovered. **In 17 sub-Saharan African countries, none of the companies whose pipelines were assessed had registered pediatric formulations of their antimicrobials.** Although regulatory challenges exist, the analysis noted that companies did register other medicines in 10 of these countries....”
- For the report, see [Access to Medicine - 2026 AMR Benchmark](#)

With **four key findings**, among others these two:

“A shrinking antimicrobial pipeline contrasts with seven late-stage projects targeting priority pathogens, with some companies strengthening product-specific access plans for LMICs. “

“With just 13% of pipeline projects developed for children under five and major registration gaps in sub-Saharan Africa, access to child-friendly antimicrobials remains limited. “

Telegraph - WHO targets new antibiotics to fight hospital ‘superbugs’

<https://www.telegraph.co.uk/global-health/science-and-disease/who-targets-new-antibiotics-to-fight-hospital-superbugs/>

“Drugmakers must focus on developing new antibiotics to fight hospital “superbugs” including meningitis and other infections that can resist last-line treatments, the World Health Organization (WHO) has said.”

“The agency on Wednesday released its latest guidance identifying the most urgently needed qualities that future antibiotics should have in order to curb the spread of drug-resistant infections – a rising threat to global health. Anti-microbial resistance (AMR) – the phenomenon where bacteria develop resistance to the drugs used to kill them – already kills over a million people a year and is forecast to kill 10 million by 2050...”

“... The **document highlights three critical targets for new antibiotics**: (1) Fighting hard-to-treat Gram-negative bacteria – pathogens with an outer shell that are notoriously difficult to kill. (2) Finding new drugs for critically ill patients, particularly those with infections that can no longer be treated with vancomycin, a powerful antibiotic considered a drug of last-resort. (3) Developing better treatments for bacterial meningitis, which is often caused by drug-resistant bacteria...”

Human Resources for Health

Habib Benzian - Presence, Payment, and Power

[Substack](#);

“How per diem payments shape participation in global health.”

“In global health and development, money does not only move through budgets and grants. It also moves through envelopes, receipts, allowances, and expectations. One of the most ordinary, least examined instruments in this economy is the per diem.”

“A per diem, Latin for “per day”, is a fixed daily allowance paid by an organisation to an individual, typically to cover food and incidental living costs while travelling on official business. It is meant to be banal. Administrative. A technical solution to the inconvenience of being away from home. In some settings, per diems are tellingly referred to as sitting fees, a colloquial term that captures, perhaps too honestly, how attendance itself can become the remunerated activity. **What is being compensated, increasingly, is not cost but presence. In much of global health and development work, however, per diems do something else. That difference, between what per diems are supposed to be and what they have become, is where the story begins. Per diems were designed as reimbursements. In practice, they have become compensatory mechanisms embedded in chronically underpaid systems....”**

Do read on.

Commercial Determinants of Health & NCDs

WHO Foundation - WHO Foundation and Novo Nordisk Expand Collaboration to Provide Financial Support Towards Strengthening Health Systems for Cardio-Renal-Metabolic Diseases

[WHO Foundation](#);

(11 March) **“The WHO Foundation today announced an expanded collaboration with Novo Nordisk to support global efforts to strengthen health systems against the rising burden of cardio-renal-metabolic diseases, including obesity and diabetes. Novo Nordisk has committed a total of USD 7.9 million to support this effort, with an initial gift of USD 2.9 million in 2024 followed by an additional USD 5 million in December 2025.”**

“The contribution will enable the WHO Foundation to support WHO’s broader efforts to address noncommunicable diseases through prevention, early action, and strengthened primary health care, particularly in low- and middle-income countries where health systems often face capacity constraints...”

IJHPM – Engaging the Influence of Global Private Actors in Health in Sub-Saharan Africa

R Loewenson et al ; https://www.ijhpm.com/article_4843.html

“As background to this viewpoint, we explored the **pathways of PPA (Global Powerful Private Actors) influence on health in SSA** through a desk review of over 219 public domain documents. **The review covered five purposively selected areas of PPA activity—food, essential medicines, extractive industries, information and finance—that impact health in SSA....”**

Authors concluded: “... **PPAs have multiple pathways of influence in health in SSA, through narrative, agential and structural power.** Yet **we have found also multiple opportunities and initiatives in SSA to identify and engage the policy, legal, information and institutional levers of the power behind this influence where this is needed to promote population health.** Implementing these measures calls for strengthened and strategic leadership and governance.....”

Nature Health - Low global physical activity despite two decades of policy progress

Andrea Ramírez Varela et al; <https://www.nature.com/articles/s44360-025-00044-3>

“A qualitative analysis of two decades of policy documents from 200 countries and interviews with 46 key informants found that **adoption of policies to promote physical activity has increased since 2004, but implementation remains weak because physical activity is still a low, albeit gradually increasing, political priority in most countries.**”

“**Global physical inactivity has remained high and unchanged for the past two decades.** We assessed global political priority for physical activity. An analysis of national policy documents from 200 countries revealed notable progress in policy adoption since 2004, but we found limited evidence of implementation. **A qualitative case study design, including insights from 46 key informants, confirmed low political priority. Four key challenges emerged:** (1) domination of health-centric approaches; (2) limited recognition of benefits beyond non-communicable disease prevention; (3) interest across sectors but lack of clarity defining physical activity policy and of leadership; and (4) limited multisectoral partnerships....”

“... **The prevalence of physical inactivity globally has remained unchanged in most countries for the last two decades, with approximately 80% of adolescents and one in three adults worldwide not meeting the World Health Organization (WHO) physical activity guidelines.** Despite advances in surveillance and research capacity, physical inactivity remains high, and the **WHO’s target of a 15% relative reduction by 2030 (ref. 4) is unlikely to be met in most countries....”**

- And [related policy brief – Physical activity remains under-prioritized in political agendas](#) (by A Ramirez Varela et al)

“Despite widespread development of national physical activity policies over the past 20 years, global levels of physical activity have been largely unchanged (**with around one in three adults and four in five adolescents not meeting recommended physical activity levels since 2012**). This gap between policy development and real-world impact highlights the need for stronger political prioritization, clearer leadership and effective multisectoral implementation.”

Nature Medicine – Physical activity for public health in the 21st century

Deborah Salvo et al; <https://www.nature.com/articles/s41591-026-04237-5>

“With over 5 million attributed deaths per year, physical inactivity is a major global public health issue...”

“... Here we (1) used a health equity lens to describe global domain-specific physical activity inequalities through an analysis of World Health Organization STEPwise approach to NCD risk factor surveillance (WHO STEPS) data from 68 countries; (2) summarized evidence linking physical activity with health outcomes beyond cardiometabolic disease, including immunity and infectious disease, depression and cancer; and (3) developed a new model reconceptualizing physical activity to better respond to 21st-century public health challenges. **Our global, intersectional analysis of gender and socioeconomic physical activity inequalities revealed a 40-percentage-point gap in active leisure—the only domain consistently driven by choice—between historically privileged groups (wealthy men in high-income countries) and historically disadvantaged ones (poor women in low-income countries)...**”

- And a link: [Nature Health – Benefit of physical activity initiatives for climate change mitigation and adaptation](#)

Lancet Editorial - Back to basics in sickle cell disease

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00506-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00506-4/fulltext)

This week’s Lancet Editorial. **“Sickle cell disease—the subject of a new Seminar in *The Lancet*—is one of the most prevalent and fastest-growing genetic disorders worldwide.** Although its true prevalence is difficult to determine owing to the absence of screening in much of the world, the Global Burden of Diseases, Injuries, and Risk Factors Study estimates that **nearly 8 million people are living with sickle cell disease.** [Deaths from sickle cell disease](#) rose 18·4% between 2000 and 2023, from 45 600 to 54 000. **Sub-Saharan Africa is home to three-quarters of infants born with the disease, where it causes more than one in 20 deaths in children younger than 5 years; most children affected do not live into adulthood.** Life expectancy is also curtailed for people with sickle cell disease in high-income countries, with multiorgan complications and complex needs common in adult patients. **Yet, the global standard of care for sickle cell disease is not commensurate with these stark realities...**”

The Editorial concludes: **“Individuals with sickle cell disease have been let down** by the false promise of new treatments, persistent structural barriers in access to essential medicines, and neglect by the health community. **It is time for health systems and policy makers globally to provide a basic standard of care that would alleviate substantial morbidity and save thousands of lives every year.**”

SS&M - Road Traffic Accidents and Disability: A global health concern

G N. et al; <https://www.sciencedirect.com/science/article/abs/pii/S027795362600239X>

« Road traffic accidents (RTAs) are the 8th leading cause of death in LMICs. RTAs are also a leading – but rarely acknowledged - cause of disability in LMICs. The Road Traffic Safety community pays little attention to people disabled in RTAs. The Disability community rarely considers those disabled in RTAs as a discrete group. This lack of ‘joined up’ thinking is a **lost opportunity to address a major global health concern.**”

Commission on the status of Women (New York) (9-19 March) & other SRHR updates

With among others, the **debate on the merger of UN Women & UNFPA.**

First, some analysis published ahead of CSW, then the first action at CSW (including a vote where the US lost (hurray!)).

Guardian – Will UN plans to transform the way it works ‘throw equality under the bus’?

<https://www.theguardian.com/global-development/2026/mar/08/un-plans-merge-women-unfpa-equality-reform>

Analysis from last weekend, as CSW was about to kick off. **“Many of those attending the world’s largest meeting on women’s rights in New York this week are primed to defend the two key UN agencies that protect women and girls around the world.”**

“Thousands of international delegates are gathering in New York this week for **the world’s largest meeting on women’s rights**. The **United Nation’s annual Commission on the Status of Women (CSW)** is an opportunity for government ministers, UN officials, NGO representatives and activists to discuss the global state of gender equality and women’s empowerment. **This year, there will be a strong focus on “ensuring and strengthening access to justice”**. But as senior UN figures urge countries to intensify their efforts to achieve gender equality, **many of the delegates will be asking whether the UN is at risk of diluting its own commitment to women and girls.**”

“The question centres on a plan to merge UN Women, the agency dedicated to gender equality and women’s empowerment, with the UN’s sexual and reproductive health agency, the UNFPA. The **aim of the merger** is to improve efficiency, strengthen impact, reduce duplication and create a single body for governments and partners to work with.” **“But since it was first proposed last year as part of UN80 – an initiative to reform the entire organisation – voices expressing concern over the idea have grown louder and more urgent. Women’s rights groups and a significant number of member states fear that restructuring the two agencies at a time of multiple global crises, plummeting levels of aid and a fierce rollback of rights is a high-risk strategy...”**”

PS: “Both UN Women and UNFPA told the Guardian they fully supported UN80, but this was based on the assumption that their mandates – longstanding and globally agreed missions – will be preserved. Women’s rights organisations, however, say that protecting those mandates in the current political climate is unrealistic. A merger would have to go to a vote, throwing open the opportunity for the US – which has already withdrawn financial support for UNFPA and UN Women – and other member states that are hostile to women’s rights to challenge the mandate of a new, single agency. “My expectation, if this goes to a general assembly vote, is that the US will use its power to whip [other countries] to undermine and dismantle the architecture for gender equality and sexual and reproductive rights,” said Stern.....”

Devex – US seeks to scrap UN efforts to expand women's rights

<https://www.devex.com/news/exclusive-us-seeks-to-scrap-un-efforts-to-expand-women-s-rights-112005>

Also published ahead of CSW. “Trump administration seeks to undue decades of U.N. efforts to build a protective platform for women, girls and other disadvantaged groups.”

“The Trump administration renewed its campaign to limit the global expansion of human and economic rights for women and girls, opposing [United Nations](#) proposals to create a reparations fund for female victims of violence and to regulate artificial intelligence and other emerging technologies that can potentially fuel misinformation and hate speech targeting women and girls, according to internal notes of the talks obtained by Devex. The U.S. initiative is playing out in negotiations over an outcome document that governments will consider at the Commission on the Status of Women, or CSW, at U.N. headquarters from March 9 to March 19. The document reflects on previous gains in the pursuit of women’s rights and provides recommendations to governments on what they can do to advance the cause of women. U.S. diplomats had initially abstained from participation in the early stages of the talks, before reentering the negotiations last week with a laundry list of more than 90 amendments and comments to the draft outcome document. The Trump administration views the process as an unwelcome intrusion of U.S. sovereignty, which maintains that the U.N. has no business imposing its values on member states....”

PS: Meanwhile, ...“ the U.S. ... [is] hosting a number of events not at CSW, but at a separate gathering entirely: the Conference on the State of Women and Family. The two-day event, which takes place on March 11 and 12, is steered by conservative advocacy organizations, anti-abortion groups, and nonprofits focused on promoting “traditional family values,” a phrase typically used to describe a nuclear family with a breadwinning father, homemaking mother, and their biological children. The U.S. will be hosting events at that conference, CSWF, on gender ideology, “the protective power of parental rights,” and digital safety.”

- See also [HPW – As Women’s Rights Falter Globally, US Moves to Weaken UN Support for Gender Equality](#)

“The United Nations [Commission on the Status of Women](#) (CSW) began its 10-day session in New York on Monday, amid efforts by the United States to weaken women’s rights proposed in the [draft outcome document](#). The theme of the CSW, the world’s biggest global meeting on women’s rights, is “ensuring and strengthening access to justice for all women and girls.””

“But the US, after initially abstaining from negotiations on the outcome document to be adopted by CSW, changed tack in the past few days and urged the removal of “controversial social issues” from the document, [Devex reports](#). The US wants references to climate change and a gender-responsive justice sector removed, and does not support the proposed reparations fund for survivors of violence, for example.”

“However, the entire purpose of the CSW’s 70th session is to chart a path to eliminating gender discriminatory laws, policies, and practices, as well as structural barriers to justice – and the outcome document due to be adopted by the end of Monday was supposed to guide this...”

Also with some speeches from the opening day (eg. by Malala).

PS: “Merger plan? Country delegates may also discuss the potential merger of UN Women and UNFPA, which deals with sexual and reproductive health, first mooted by the UN Secretary-General in his plan to reform the UN, [UN80](#). The US has withdrawn from both bodies and defunded them, sparking a serious resource crisis.”

“The global feminist organisation, Fos Feminista, and other groups have [opposed the merger](#), stressing that the two have different functions with little overlap. For Fos Feminista, UN Women was created to “hold the entire UN system accountable for gender equality” with a mandate to ensure “gender equality is not treated as an afterthought but as a binding obligation”. “UNFPA, meanwhile, leads on sexual and reproductive health and rights (SRHR), population data and demographic analysis, humanitarian gender-based violence coordination and reproductive health supply chains that reach women in the most fragile settings. Its work is technical, operational and often lifesaving.”

- For more on CSW, see [Devex - Special edition: Drawing the battle lines on women, girls, and gender at the UN](#) (from Tuesday)

HPW - Only US Votes Against Women’s Rights Document at UN Commission

<https://healthpolicy-watch.news/us-isolated-in-opposition-to-un-womens-rights-document/>

Update from later this week. “The United States was isolated in its opposition to the adoption of “agreed conclusions” at the Commission on the Status of Women (CSW) on Tuesday, recording the only “no” vote at the United Nations headquarters in New York on Monday.”

“There were 37 votes in favour and six abstentions from Côte d’Ivoire, the Democratic Republic of Congo, Egypt, Mali, Mauritania, and Saudi Arabia.”

“Prior to the adoption, the representative of the United States first proposed that its consideration be deferred, then that the text be withdrawn and then proposed eight amendments to the text,” according to a [UN media release](#). The US sought the removal of “controversial social issues” from the document, [Devex reports](#). US objections included “ambiguous language promoting gender ideology”, “vague, unqualified commitments to sexual and reproductive health that can be interpreted as implying abortion rights”, and “censorship language on regulating artificial intelligence”, according to the UN media release. “

“... The “agreed conclusions” (the final text is not yet available) “seek to create justice systems that work for everyone equally”, according to Valverde. **The proposals focus strongly on justice for survivors of gender-based violence, including integrating gender-responsive access to justice across sectors, formally recognising community justice actors, and introducing new language on digital justice and AI governance aimed at protecting women and girls.** “The text also strengthens standardised systems for gender-based violence data and promotes a whole-of-society approach that recognises civil society’s role...”

- See also [Devex – UN diplomats revel in US setback at women’s rights forum](#)

“The Trump administration’s attempt to export conservative America First values runs aground at the U.N. conference on women’s rights.”

PS: **“The exchange marked the latest chapter in the U.S. effort to export the American culture wars to foreign lands, and to scale back decades of U.N. backing for progressive policies aimed at erecting a scaffolding of protections for women, girls, and other historically disadvantaged groups, including members of the LGBTQ+ community. ... It also signaled Washington’s willingness to break the diplomatic china. By forcing a vote on the pact — the first time this has happened since the commission’s creation at the end of World War II — the U.S. effectively killed consensus...”**

PS: **“The U.S. was not entirely isolated.** A group of 22 countries, including Egypt, Nigeria, Pakistan, and Saudi Arabia, backed U.S. efforts to press for a delay on the vote in an effort to secure more concessions....”

CSW70 Agrees Roadmap for More Inclusive Governance

<https://sdg.iisd.org/news/csw70-agrees-roadmap-for-more-inclusive-governance/>

“The Agreed Conclusions draw on a recent report of the UN Secretary-General, which finds that globally, full legal equality between women and men remains elusive. Traditionally adopted by consensus, this year’s Agreed Conclusions were adopted by a recorded vote of 37 in favor, one against (the US), and six abstaining.”

Devex – Document lays groundwork for UN Women–UNFPA merger

<https://www.devex.com/news/document-lays-groundwork-for-un-women-unfpa-merger-112043>

Must-read analysis. **“A proposed merger between UN Women and UNFPA is stirring debate as a new U.N. analysis maps the agencies’ overlap and differences.”**

Devex – US pulls away from family planning. What about the \$600M saved for it?

<https://www.devex.com/news/us-pulls-away-from-family-planning-what-about-the-600m-saved-for-it-112058>

“Despite Congress approving \$607.5 million for family planning, new U.S. policies are reshaping how global health funding is spent.”

Excerpt: “...“If family planning is not formally reflected in implementation frameworks, it will compete for space within health budgets that are being reshaped to meet co-financing obligations tied to named disease priorities,” [wrote FP2030](#), a global partnership focused on family planning. **All of that leaves the \$607.5 million earmarked by Congress in a state of uncertainty**, explained Beth Schlachter, the senior director of external relations and advocacy for [MSI Reproductive Choices](#). **The funds exist on paper, but how they will be spent on family planning and reproductive health services depends on the State Department — and whether Congress pushes the White House to spend money as they intended.** “We don’t know if Congress is going to force the administration to spend that money, and if so, will it be spent separately from those global health compacts, or will it be merged in at some point? Still [to be determined],” Schlachter told Devex. **“Until Congress grows a backbone, it’s very unlikely [the State Department is] going to do anything with it — and they don’t have the staff to do it anyway.” ...”**

HP&P - Aid Cut, Lives Lost: Estimating the Impact of USAID’s Withdrawal on Maternal Mortality in Six African Countries

Matthew Cummins; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag034/8513131?searchresult=1>

“In January 2025, the United States government suspended and subsequently terminated the majority of United States Agency for International Development (USAID) programs. **This study estimates the impact of that decision on maternal mortality in six highly vulnerable countries in West and Central Africa: Burkina Faso, Central African Republic, Chad, Mali, Niger, and Nigeria.** Using a deterministic model grounded in regional health expenditure elasticities, **the analysis projects how the sudden withdrawal of foreign aid affects health spending among populations in humanitarian need**, under the assumption that no immediate domestic or external financing substitutes for the lost resources, and the resulting changes in maternal mortality ratios (deaths per 100,000 live births). **The results indicate that the funding cuts could cause maternal deaths to increase by 45%, on average, among populations in need.** This increase is estimated relative to a baseline of approximately 2,900 maternal deaths predicted in 2025, **yielding approximately 1,000 additional deaths across the countries within a single year....”**

Guardian - Peruvian state responsible for mother’s death in forced sterilisation, court rules

[Guardian](#):

“Landmark ruling in Celia Ramos case finds 310,000 women, most Indigenous, were targeted in brutal 1990s campaign.”

“The highest human rights court in Latin America condemned Peru on Thursday over the death of its citizen Celia Ramos, who died at the age of 34 in 1997 after undergoing sterilisation “under coercion”. The landmark ruling by the [inter-American court of human rights \(IACHR\)](#) is the first on Peru’s forced sterilisation programme, which operated between 1996 and 2000 and was directed against poor, rural and Indigenous women. The court held the [Peruvian state “internationally responsible”](#) for the violation of Ramos’s right to life, health, personal integrity, family, access to information and equality before the law....”

Planetary Health

Nature (News) – The world is getting hotter faster — its pace nearly doubled in the past decade

<https://www.nature.com/articles/d41586-026-00745-z>

“Earth is now warming at a rate of around 0.35 °C per decade, fresh analysis finds.” “The study was published today in *Geophysical Research Letters*....”

- See also Carbon Brief: [Pace of global warming has nearly doubled since 2015, reveals study](#)

“An acceleration in human-caused global warming could see the Paris Agreement’s 1.5C limit breached before 2030, a new study suggests. The paper, published in [Geophysical Research Letters](#), finds that, over the past decade, the planet has been warming at its fastest rate on record. The authors isolate the trend of human-driven warming in the long-term global temperature record, removing the influence of natural factors, such as El Niño, volcanic eruptions and solar variation. They find that the world had been warming at a rate of around 0.2C per decade since the 1970s, but has “accelerated” since 2015 to a rate of 0.35C per decade. The study warns that if the current rate of warming persists, the 1.5C Paris threshold will be breached in the next few years....”

HPW - UN Rapporteur Signals Legal Shift to Hold Air Polluters Accountable

<https://healthpolicy-watch.news/legal-shift-burdens-air-polluters/>

“While air pollution claims more than eight million lives annually, the burden of proving exactly which air polluters or tailpipes caused a specific lung cancer or child’s asthma attack has rested firmly on the shoulders of the sick. That is about to change, [according to a landmark United Nations \(UN\) report by Astrid Puentes Riaño, Special Rapporteur on the right to a clean environment, presented to the Human Rights Council in Geneva. She signals a seismic shift in international jurisprudence: moving the burden of proof away from the victims and onto the state, ultimately targeting the polluters. This mechanism suggests that once \[dangerous pollution levels and health harms\]\(#\) are established in an area, the onus shifts to holding governments accountable when they fail to prevent exposure to dangerous contamination....”](#)

Guardian - London, San Francisco and Beijing achieve ‘remarkable reductions’ in air pollution

<https://www.theguardian.com/environment/2026/mar/12/london-san-francisco-and-beijing-achieve-remarkable-reductions-in-air-pollution>

“London, San Francisco and Beijing are among 19 global cities that have achieved “remarkable reductions” in air pollution, analysis has found, having slashed levels of two airway-aggravating pollutants by more than 20% since 2010. The analysis found interventions such as cycle lanes,

uptake of electric cars and restrictions on polluting vehicles had helped to drive the improvements...”

“The report, shared exclusively with the Guardian, looked at air quality in cities in the C40 and Breathe Cities networks – mostly large cities, but also some smaller ones such as Heidelberg in Germany – and found “substantial reductions” can be achieved within 15 years through deliberate action....”

Yale (School of Public Health) - Forecasting the Next Pandemic

<https://ysph.yale.edu/news-article/forecasting-the-next-pandemic/>

“Led by scientists from Yale and the University of Oklahoma, the Verena research initiative is using AI and team science to predict viral threats.”

Excerpt: “At Yale, [Colin] Carlson’s research focuses on **how climate change and global environmental disruptions heighten pandemic risk and contribute to viral emergence.** “Every year, there are 5% more spillover events and 8% more deaths from these viruses,” he said. “That’s humans at work — wildlife trade, deforestation, climate change. It’s all moving animals around. It’s moving mosquitoes around. It’s creating new problems for health systems.” **The global health security architecture, Carlson said, was built in the mid-20th century for a world where pandemics were once-in-a-century events. “We didn’t build the World Health Organization for a world where pandemics are a once-in-a-decade risk.”**

HPW - ‘Gulf War 3’ Threatens Progress on Climate and Air Pollution

<https://healthpolicy-watch.news/gulf-war-3-threatens-progress-on-climate-and-air-pollution/>

Published ahead of the conference in Bangkok. **“The 12th Better Air Quality conference in Bangkok, which opens on Wednesday, is the first large climate and air quality gathering since the US and Israel attacked Iran, triggering an oil and gas-energy crisis. “**

“The ‘Gulf War 3’ threatens to slow down climate action and the move to cleaner air. However, in the first major climate conference since the war began, experts are banking on market forces and the cost-benefit of countries not just sticking to the current climate and air quality ambitions but scaling these up. “There’s no doubt it [fighting in the Gulf] will slow progress. However, the fact is that **the market forces are ultimately going to drive things.** There’s only so much political will can do,” Nathan Borgford-Parnell, scientific affairs lead at the UN’s Climate and Clean Air Coalition (CCAC), told Health Policy Watch.”

“The conference is being organised by Clean Air Asia, with co-organisers CCAC, the Asian Development Bank (ADB), the United Nations Environmental Programme (UNEP) and the Economic and Social Commission for Asia and the Pacific (ESCAP). “

PS: **“The theme for this 12th BAQ is Together for Clear Skies.** But the ‘together’ part is hard to achieve. Air pollution is a transboundary issue, which means that one region or one country is often polluted by air from outside its jurisdiction. ...” **“ The World Bank points out that the governance**

systems across nations in the most polluted region of the world – Bangladesh, Bhutan, India, Nepal, and Pakistan – remain largely “siloeed, reactive, and compliance-oriented rather than preventive”. Its report, [A Breath of Change](#), documents the cross-border crisis in the northern belt of South Asia, across the plains and the Himalayan foothills, which is home to about one billion people.....”

HPW - Policy ‘Magic’ vs Industrial Reality in the Fight for Asia’s Breathable Air

<https://healthpolicy-watch.news/policy-magic-vs-industrial-reality-in-the-fight-for-asias-breathable-air/>

First update from the Bangkok conference: “**The 12th Better Air Quality conference opened with a call to treat clean air as vital economic infrastructure, highlighting the large benefit-cost return – but financing clean-tech is a challenge in developing nations....**”

Climate Change News - New summit in Colombia seeks to revive stalled UN talks on fossil fuel transition

<https://www.climatechangenews.com/2026/03/09/new-summit-in-colombia-seeks-to-revive-stalled-un-talks-on-fossil-fuel-transition/>

“Colombia will host the first conference on transitioning away from fossil fuels, after more than 80 countries pushed at COP30 for an end to coal, oil and gas.”

“A landmark conference hosted by Colombia and the Netherlands will aim to lay the foundations for renewed talks on transitioning away from fossil fuels at COP31, though organisers say it remains unclear what concrete outcomes it will deliver. **The First Conference on the Transition Away from Fossil Fuels will take place in April in the city of Santa Marta, on Colombia’s Caribbean coast**, where first-moving countries, states and cities will seek to restart last year’s stalled push for a global roadmap away from coal, oil and gas....”

“**Bastiaan Hassing, head of international climate policy for the Dutch government**, told an online briefing last week that the “**most obvious**” impact of the conference would be for its hosts to report back to the UN climate summit on what was agreed in Santa Marta. He noted that there are many options for how the conference can influence UN talks on implementing the global transition away from fossil fuels, but the exact possibilities would depend on the outcome of the gathering. “Rest assured that we will be looking into this,” he added....”

“... The upcoming Santa Marta conference should build momentum to plan that transition away from fossil fuels and signal that “there is no turning back”, said Peter Newell, professor of international relations at the University of Sussex and one of the main proponents of a fossil fuel non-proliferation treaty. “Its outcomes, which might include a declaration on key principles and next steps (for the fossil fuel transition), should give renewed vigour to efforts within the UN climate negotiations to drive the agenda forward,” Newell said. **Because major fossil fuel producers have effectively “vetoed” discussions on a fossil fuel phase-out at COPs**, he added, **willing countries must move forward independently with initiatives like the Santa Marta conference....**”

Guardian – ‘A sobering preview’: extreme heat now affects one in three people globally, study finds

<https://www.theguardian.com/environment/2026/mar/10/extreme-heat-study-global-warming-physical-activity>

“Rising temperatures making it hard even for young, healthy people to safely do normal physical tasks in many regions.”

“Climate breakdown is shrinking the amount of time that people can safely go about their lives, according to a study that shows a third of the world’s population now resides in areas where heat severely limits activity. ... “

“Worst-affected are those in poorer countries or regions, even though they are far less responsible for climate breakdown than wealthy consumers whose lifestyles produce higher greenhouse gas emissions from the burning of gas, oil and coal. In some tropical and subtropical regions, heat restricts outdoor activity for older adults for between one-quarter and one-third of the year. The most severe challenges are found in south-west Asia (Bahrain, Qatar, Kuwait, the United Arab Emirates, Iraq, Oman), south Asia (Pakistan, Bangladesh, India) and parts of west Africa (Mauritania, Mali, Burkina Faso, Senegal, Djibouti and Niger).”

“... The study, which was led by scientists from the Nature Conservancy and published in the [journal Environmental Research: Health](#) on Tuesday, goes further than previous research on global heat risks by examining the social and physiological capacity to adapt to heat. The authors measure “liveability” in different temperatures in METs, a unit of equivalent to the average energy expenditure of a human at rest. A manageable temperature is one in which people below 65 can perform up to 3.3 METs of activity – for example, sweeping a floor or walking at a moderate pace – for an extended period without heat stress, which means they can regulate their core body temperature at a steady state. By contrast, “unliveable limitations” are found at hot locations during hours when human activity is restricted to 1.5 METs, which are primarily sedentary activities, such as lying down or sitting....”

NEF - The climate-fiscal timebomb

<https://neweconomics.org/2026/03/the-climate-fiscal-timebomb>

“How climate change will impact public budgets.” Focus on the EU here. (but doubt it’s very different in most other regions)

“By 2050, the average public debt of EU member states could be 58 percentage points (pps) higher than official forecasts unless climate risks are addressed. In 2070, that could rise to 197 pps. New modelling by the New Economics Foundation (NEF) finds that fiscal stability depends on early and coordinated climate action. Despite growing evidence of the severe economic impacts of climate change, the EU’s economic framework still treats short-term public debt as the central threat to stability, while overlooking the deeper vulnerabilities that will drive debt in the decades ahead. Integrating climate damages, adaptation, and mitigation costs into debt paths shows debt ratios that rise steeply under inaction but are materially lower under credible climate investment and supportive policy settings. Meeting these challenges requires a fiscal framework that enables rather than constrains public investment.”

“... **The conclusion is clear: climate stability is fiscal stability.** Inaction drives debt onto explosive trajectories, while early, globally coordinated action means climate-related fiscal risk is averted..”

Access to Medicines, Vaccines & other health technologies

Guardian – Weight-loss jab could be made for \$3 a month, study finds

[Guardian](#);

“**Cheap semaglutide**, the drug in Ozempic and Wegovy, could help millions with diabetes and obesity in 160 countries”

“**Weight-loss jabs such as Wegovy and Ozempic could be made for just \$3 a month, according to new analysis**, potentially making the treatment available to millions in poorer countries as patents expire. ... **New research**, published as a [pre-print](#), suggests that **semaglutide could be mass produced for \$3 (about £2.35) for a monthly dose in its injectable form. Newer formulations, taken [as a pill rather than an injection](#), could be made for about \$16 a month.**”

“... The researchers also found that **core patents on semaglutide were due to expire in 10 countries this year**, including Brazil, China, India, [South Africa](#), Turkey, Mexico and Canada from 21 March, **opening the way to generic competition.** They **identified another 150 countries where patents had not been filed, including most of [Africa](#).** Those 160 countries are home to 69% of people with type 2 diabetes and 84% of those living with obesity....”

HP&P - Gavi's Zero-Dose Learning Hubs: Enhanced Approach for Evidence Generation and Use from Local to Global

Heidi W Reynolds et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag028/8512918?searchresult=1>

“**Reaching and fully immunizing zero-dose (ZD) children and missed communities is at the core of the Gavi, The Vaccine Alliance 5.0/5.1 and Immunization Agenda 2030 strategies.** This is critical to ensure equitable immunization coverage and access to other primary health care services and to prevent outbreaks. The diversity of settings where these children live and the complexity of vaccination barriers require a complementary set of activities embedded in national systems. Learning approaches are needed to use evidence to improve equity and reach. **Gavi has helped fill this gap with the Zero-Dose Learning Hub (ZDLH) initiative, which is composed of consortia partners in four countries—Mali, Nigeria, Uganda, and Bangladesh—and a global-level consortium.** This paper **describes the ZDLH design, theory of change, methods, and measures of success...**”

Progress in Development Studies - Global Duties in Crisis Response: A Duty to Help, and a Duty Not to Harm Global Access to COVID-19 Vaccines?

Antoine de Bengy Puyvallée et al;

<https://journals.sagepub.com/doi/abs/10.1177/14649934251414285>

« During the COVID-19 pandemic, governments widely recognized a duty to ensure global access to vaccines. What this duty entailed, however, became highly contested. I **highlight how different actors formulated this duty and the political consequences that this duty-making had during the pandemic and its aftermath.** I show that **wealthy countries acknowledged a duty to share vaccine doses, while activists and Global South governments formulated a duty to share the ‘vaccine recipe’.** I suggest moreover that the pandemic also facilitated the emergence of a negative duty **‘not to hoard vaccines’—in addition to a duty to help.** I argue that global crisis response should seek to mobilize global solidarity initiatives (duty of charity) and simultaneously limit the negative consequences of countries’ own domestic responses (duty of justice). »

PS (via LinkedIn): “This **paper contributes to a broader project led by Simon Reid-Henry, which adopted a sociological approach to studying duties during the pandemic** – examining how governments and citizens negotiate the formulation of duties, how people perform duties, or dealt with conflicting demands. For a **summary of the project findings,** check out: The **project team's commentary:** <https://lnkd.in/eAG4XT4q> **What are duties good for? Lessons from the pandemic.”** (re the Co-Duties project)

Conflict/War/Genocide & health

WHO Emro - Conflict deepens health crisis across Middle East, WHO says

<https://www.emro.who.int/media/news/conflict-deepens-health-crisis-across-middle-east-who-says.html>

“More than ten days into the latest escalation of conflict in the Middle East, **health systems across the Region are coming under strain** as injuries and displacement rise, attacks on health care continue, and public health risks increase....”

UN News - UN relief chief condemns '\$1 billion-a-day' cost of war in Middle East

<https://news.un.org/en/story/2026/03/1167116>

“The UN’s emergency relief chief on Wednesday condemned the “\$1 billion-a-day” cost of the war in the Middle East, at a time when humanitarian needs are soaring and aid funding is falling dangerously short.”

“... The \$23 billion appeal announced last December by the UN aid coordinator to help 87 million of the world’s most vulnerable people remains around two-thirds underfunded. Although the number of people in need of assistance globally far exceeds the 87 million identified, Mr. Fletcher explained that these were the people “in greatest need”. “We still need over \$14 billion now to deliver this plan, and this is at a time when conflict in the Middle East is costing \$1 billion a day,” he said. “Even just \$1 billion would allow us to save millions of lives.”...”

- See also Reuters – [UN warns global aid at risk as war in Middle East spreads](#)

“The United Nations aid chief warned on Wednesday that the conflict in the Middle East is straining humanitarian operations worldwide, disrupting supply chains and slowing the delivery of

life-saving assistance to numerous crisis zones. “We are in a moment of grave peril for the Middle East and, actually I believe, for the wider world,” Tom Fletcher, the U.N. aid chief, told Reuters....”

Nature (News) - ‘Black rain’ in Tehran — what are the health effects?

<https://www.nature.com/articles/d41586-026-00800-9>

“Toxic smoke from burning oil depots has blanketed Iran’s capital following missile strikes.”

Lancet Offline - The human consequences of Epic Fury

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00497-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00497-6/fulltext)

Horton’s early take on Gulf War 3 & health ramifications. A few excerpts:

“The health crisis in Iran and across the Middle East is “escalating rapidly”, reported Hanan Balkhy, WHO’s Regional Director for the Eastern Mediterranean. She was speaking at a WHO press conference on March 5, 2026, convened to discuss the latest developments in the war initiated on Feb 28 by the US and Israel against Iran.”

“... But do not underestimate Iran’s resilience, at least from the perspective of health. Iran has a strong primary health-care system, with an array of robust capabilities that should be able to absorb the health consequences of the current war. The government has mobilised 2 million people to boost health-care capacity. According to WHO, Iran is in a good position to meet the health needs of its population. However, those undergoing elective surgery, awaiting diagnostic investigations, depending on regular supplies of medicines, receiving antenatal care, or relying on complex services, such as dialysis, will suffer health-harming disruptions to their continuity of care....”

Horton concludes: **“... as Vali Nasr points out in *Iran’s Grand Strategy: A Political History (2025)*, the West’s “understanding of Iran’s strategic calculations is hopelessly inadequate and dangerously outdated”.** So, when belligerents revel, to quote Hegseth, in the “quiet death” they are imposing “without mercy”, **they fail to understand that the current Iranian regime defines itself through resistance to centuries of western interference in the country’s affairs.** The room for wisdom and peace feels severely curtailed.”

Lancet World Report – Syria’s missing: rebuilding forensic identification

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00511-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00511-8/fulltext)

“With hundreds of thousands of Syrians missing, **doctors are working to revive the country’s long-neglected forensic medicine infrastructure.** Amélie David reports.”

Lancet Regional Health Africa – inaugural issue

[https://www.thelancet.com/issue/S3050-5011\(26\)X2001-6](https://www.thelancet.com/issue/S3050-5011(26)X2001-6)

- Start with the Editorial - [Amplifying African voices to lead science for better health](#)

“Despite making up 19% of the world's population, Africa contributes only 1–2% to global knowledge production across multiple fields of research. The terminology of [Majority vs Minority World countries](#) is especially apt to highlight this imbalance, as it challenges the notion that high-income, Westernized countries make up the majority of the world's population because they contribute the most to global knowledge production. This imbalance is neither inevitable nor acceptable, and the assumptions that sustain it must change. **To address this imbalance, we have launched *The Lancet Regional Health – Africa*, a journal that will provide a platform for African voices and advocate for the best clinical practice and health policy across the region. As a journal, we stand for the decolonization of health and medical research in Africa.** This means addressing [“power asymmetries, and the dominance of Western-centric paradigms.”](#) Critical to this is prioritizing African voices who have lived experience of the contextual realities of research, policy making, health systems, and community engagement in Africa. We aim to publish the best health and medical research in our region, covering a diverse range of topics that matter most for African individuals, communities and health systems....”

Do check out the full issue.

Miscellaneous

Reuters – Ghana to submit UN resolution on slavery reparations; eyes broad support

[Reuters](#);

“African Union and Caribbean nations support resolution”.

“Ghana intends to propose a United Nations resolution recognising transatlantic slavery as the "gravest crime in the history of humankind" and calling for reparations, and expects broad support despite resistance in Europe. The West African nation, a prominent advocate of reparations, opens new tab on the continent, **plans to table the proposal at the U.N. General Assembly, possibly as early as this month,** its Foreign Ministry said in a statement to Reuters....”

UN News – New challenges bring increased risks in combating child sexual abuse, exploitation

<https://news.un.org/en/story/2026/03/1167102>

“Despite some progress made globally, children around the world still face serious and evolving risks of being sold, sexually exploited and abused, the UN independent human rights expert on the sale, sexual exploitation and sexual abuse of children, Mama Fatima Singhateh, warned on Monday.”

““There is a deeper understanding of the interconnectedness of these crimes,” Ms. Sinhart said. “We are also witnessing stronger international cooperation, more victim-centred approaches and deeper involvement from the private sector. However, despite these achievements, the scale and severity of abuses against children remain alarming and worrying.””

“Far too many children around the world are still being trafficked, sexually exploited and abused, Ms. Sinhart stated in her final report to the Geneva-based UN Human Rights Council, adding that these crimes are often hidden, perceived as normal or fail to receive due attention. The independent expert pointed out that in recent years, countries have made significant progress in strengthening their criminal law frameworks to align them with international standards and hold perpetrators criminally accountable for child trafficking and sexual exploitation. However, the report’s review of the current situation reveals a rapidly evolving landscape of child sexual exploitation. As digital threats intensify and global crises emerge, the risks to children are constantly increasing. Technology-driven sexual exploitation and abuse are on the rise, while conflict and climate-related disasters continue to create environments conducive to child sexual exploitation and abuse and the expanding extractive industries often exacerbate children’s vulnerability....”

Global health events

KPMG - PMAC 2026 Rapid Brief: Equity as the Organizing Principle for a Turbulent Health Future

<https://kpmg.com/jp/en/insights/2026/02/pmac2026-rapid-brief.html>

“— With a Deliberate **Emphasis on Intergenerational Equity** — The Prince Mahidol Award Conference 2026 (PMAC 2026) was held in Bangkok. This **report highlights the overview of why PMAC matters and the stance of PMAC 2026.**”

HPW – Unlocking the Power of the Private Sector for Stronger Health Systems

<https://healthpolicy-watch.news/unlocking-the-power-of-the-private-sector-for-stronger-health-systems/>

Under the motto, anything with ‘unlocking’ and/or ‘leveraging’ in the title, gets a mention in the extra sections (as compared to the Highlights section) :

“As USAID programmes funding vital treatments for HIV/AIDS, malaria, maternal and child health, and other critical needs were imploding across Africa last year, **a for-profit social enterprise startup geared up for its first real test.** Using medicines procurement as its lever, **the Swiss-based startup Axmed called for a radical reboot of national systems — to digitize and streamline purchases, scale up pooled procurement, and drive down medicine costs.**”

... .. **“Technology- enabled platforms, digital pooled procurement, data-driven forecasting, and new financing mechanisms are no longer theoretical concepts; they are active interventions reshaping healthcare systems. It is time we dared to imagine, and build, a world where fragmented, inefficient procurement cycles are replaced by digital platforms that match demand and supply in real-time, eliminating costly delays and unnecessary complexities.”** Over the past

year, **Axmed** — a spinoff of the Gates Foundation — did just that. It **integrated more than 5,000 essential health products in 10 therapeutic areas into a cutting-edge business-to-business (B2B) marketplace connecting healthcare buyers in low- and middle-income countries (LMICs) directly with suppliers.** Working with more than 130 commercially active procurers and suppliers, some 4.2 million patients were reached with a 35% average savings on medicines and other health products, said **Alejandro Bes, Axmed General Counsel.**”

“He was speaking at a gathering of private and public sector leaders focused on “unlocking private sector engagement” to improve health systems at the [Geneva AIDEX 2025 conference](#), an annual global conference on humanitarian aid and development. Bes and other experts are featured in a newly published report by the [Geneva Health Forum](#) on ‘Unlocking Private Sector Engagement for more Resilient Health Systems.’ ...”

“...Axmed, founded in 2024, identified developing country medicine procurement systems as a **niche opportunity for win-wins.** While bulk procurement has long been a practice of multilateral groups like the [Global Fund](#), little attention has been given to practices in **national marketplaces.** In LMICs, those are often characterized by outdated, manual purchasing systems, complex regulations, and fragmented patterns of demands, driving inefficiencies and markups of 250% or more. **Axmed’s Business to Business (B2B) technology platform aggregates medicine demand across countries and presents it to manufacturing suppliers.**As a for-profit social enterprise, AXMED caps its markup at 10% in a market where markups of 250% are common, and redeploys 30% of profits back into the health systems it serves.”

PS: “Large private-sector firms are also reshaping partnerships in LMICs. [GE Healthcare](#) is a flagship example. In the past 15 years, the **medical technology company — which controls about 60% of the global medical device market — has developed partnerships in more than 160 countries, with a focus on low- and middle-income settings,** said Chris Bonnett, who heads its strategic projects initiatives.”

PS: “the 2025 collapse of USAID proved to be a turning point for AXMED’s new procurement model – **fast-tracking its uptake.** The company fast-tracked deployment of its B2B system. What began as a proof of concept became a scalable model. This year, the system is now set to expand to more than 20 LMIC countries, primarily in Africa, supported by a second \$5 million Gates Foundation grant and additional investor backing.”

Global health governance & Governance of Health

CGD (note) - G20 Policies to Improve Development Prospects in Low-Income Countries

C Kenny; <https://www.cgdev.org/publication/g20-policies-improve-development-prospects-low-income-countries>

“... In a note issued in October, I suggested that the G20 could coordinate around a goal of [Zero Low-Income Countries by 2040](#), and in a [note released today](#), I point to a number of policies G20 countries could individually or collectively introduce to help reach that goal.....”

“This note considers how the G20 could support more rapid growth in low-income countries (LICs)—countries with a GNI per capita below \$1,145 (1.5 percent of the US level, or 9 percent of China’s)...”

Re trade, debt finance, aid... but also including **Global Public Health**.

On the latter: “The G20 might lead a global fight against major diseases that disproportionately affect LICs. This might include a commitment to end malaria and HIV as significant health threats through a combination of elimination, vaccination, and other prophylactics and improved treatment options...”

“... A G20 commitment toward more rapid progress against HIV and malaria should involve increased commitments to the Global Fund (which combats HIV, TB, and malaria) alongside bilateral support for combating the diseases. It should also involve greater global cooperation on technological advances toward vaccines, prophylactics, and affordable treatments. A G20 working group might propose more specific measures...”

- Related [CGD blog: Time for an International Development Research Projects Association](#)

“I propose that the G20 should support directed open-access technology research into these issues and potentially back a new global institution dedicated to research, development, and rollout of such technologies. It builds on an idea that Lee Robinson, Euan Ritchie, and I [proposed](#) for a development institution modeled on the US Advanced Research Projects Agency...”

“For a global public good like technology, and for an institution aimed at the world’s poorest countries, the World Bank might be a suitable secretariat, and a [financial intermediary fund](#) a suitable financing vehicle. The IDARPA (International Development Research Projects Association) fund would be a specific institutional financing mechanism to back research, pilots, trials, patent buyouts, and prizes, and act as an institutional vehicle for funding advance market commitments for technologies with specific application to countries below the IDA threshold...”

Global Nation (Briefing) - The security and geopolitical benefits of aid

Anna Hope; <https://globalnation.world/publications/the-security-and-geopolitical-benefits-of-aid/>

“The findings set out in this briefing are based on two academic papers: [What geopolitical returns does ODA bring?](#) by Dr Simone Dietrich and Nicolas Bau and [Identifying Mutual Interests: How Donor Countries Benefit from Foreign Aid](#) by economists from the Kiel Institute. They form part of a project led by the Kiel Institute for the World Economy and Global Nation to **examine and build the evidence base for mutual interest official development assistance (ODA or ‘foreign aid’)**. ‘Mutual interest ODA’ is aid that genuinely serves recipients’ development goals and, in doing so, also benefits donor countries.”

Key messages: “Aid is proven to:

Directly and significantly reduce the risks of terrorism.

Reduce recurrence of conflict, and mitigate the large-scale forced migration that follows.

Avert the economic costs of conflict that also impact donor countries.

Improve donor countries’ international standing and diplomatic influence (as long as that aid meaningfully benefits recipients).”

CGD (blog) – Why Is the EU Still Giving Grants to Countries that Could Borrow? Rethinking EU Budget Support Ahead of the 2028-2034 MFF

M Gavass et al ; <https://www.cgdev.org/blog/why-eu-still-giving-grants-countries-could-borrow>

“Budget support—providing funds directly to partner governments to be spent through national budgets—is a cornerstone of the European Union’s external action toolkit. In 2023, the EU managed €11.1 billion in active budget support programmes, making it one of the largest providers globally. The provision of budget support strengthens partner country systems, anchors reform dialogue, and reinforces institutional capacity. But a significant share of the EU’s grant-based support is directed toward countries that could take out concessional loans instead. These are countries that retain market access and are at low or moderate risk of facing debt distress. In a context of tighter fiscal space and increasing geopolitical demands on the EU budget, this warrants reconsideration. Our [new study](#), conducted in partnership with Lion’s Head Global Partners, examines how better calibrating the grant–loan mix could significantly increase financing capacity and development impact under the next Multiannual Financial Framework (MFF), without expanding the overall budget envelope.”

- Related CGD [Policy paper- A Renewed EU Budget Support Framework to Maximise Leverage and Impact](#)

“Drawing on a comparative assessment of international best practices and financial modelling of alternative grant–loan configurations, **this paper explores how EU budget support can be strengthened to expand financing capacity, enhance development impact, and increase leverage in the run-up to the 2028–2034 Multiannual Financial Framework.** It outlines options for optimising the grant–loan mix and estimates the potential gains from a more strategically calibrated financial toolkit.”

International Affairs - Multiplexity 2.0: power and pluralism in the post-liberal age

Nora Fisher-Onar et al; <https://academic.oup.com/ia/article-abstract/102/2/319/8509047?redirectedFrom=fulltext>

Introduction to a special issue. « **This article, and the special section in *International Affairs* it introduces, ask: how can we best read the post-liberal era of world politics?** The resurgence of hard power has led many to turn to realism, even as a liberal lens reveals key features of the world we inherited. Meanwhile, diverse state and non-state actors around the globe are (re)asserting their voices in international affairs. **This introduction to the special section builds on Amitav Acharya's work to offer a vision of ‘multiplexity 2.0’ that captures the interface of hard power, soft power and global diversity.** It does so by **unpacking the key components of Acharya's concept—‘multiplicity’ and ‘complexity’.** Doing so, we contend, captures: 1) the rapidly multiplying set of actors, ideas and structural forces shaping our system's transformation, while 2) reading the interactions between these parameters through the lens of complexity theory. **A ‘multiplicity + complexity = multiplexity 2.0’ approach captures non-linear, multidirectional patterns for an ultimately more ‘realistic’ reading of world (dis)order.** »

- Full issue: with the special section – see [International Affairs](#)

Project Syndicate – The Middle-Power Moment?

Ian Bremmer; <https://www.project-syndicate.org/commentary/middle-power-moment-opportunities-to-collective-mobilization-by-ian-bremmer-2026-03>

« With American and Chinese behavior causing unease globally, the world's middle powers know that opportunities to defend their own interests will not remain open forever. But **whether and how effectively such a diverse grouping can mobilize itself very much remains to be seen.** »

Excerpt: “**More broadly, the biggest challenge for middle powers lies in finding common interests across such a diverse group.** While non-US Western leaders generally agree that the rules-based international order is worth protecting, many in the Global South are quick to point out that Western values are not universal. **Any middle-power strategy and architecture that treats non-Western powers as rule-takers rather than partners in rulemaking is doomed to produce empty alliances and weak institutions. The only way forward, then, is to address the issues most urgent for Global South governments: development investment, debt management, climate finance, and technology access.** »

« **Despite these many challenges, middle powers know that opportunities to defend their interests from US and Chinese dominance won't remain open forever. If they fail to act, the world's two biggest powers will lock in bilateral arrangements – in infrastructure, digital systems, and security – across the developing world.** Once those deals are made and the relationships consolidated, it will be much harder for others to check US or Chinese dominance. »

Third World Quarterly – Powerful but dysfunctional? The Group of 77 and UN multilateralism

M-O Baumann et al.

<https://www.tandfonline.com/doi/full/10.1080/01436597.2026.2629594#abstract>

“... Despite its influence in the General Assembly, little is known about the G77's internal processes. **This article addresses this gap by examining the group's decision making and how it shapes multilateral negotiations and outcomes in the General Assembly.** It introduces an ideal-type model of intra-group interest aggregation and assesses how this function unfolds in the G77 and with what effects on UN negotiations....”

“**The authors argue that while the group can leverage its numerical strength, there are noteworthy deficits in its interest aggregation function.** Specifically, limited inclusiveness, the dominance of a few member states, and the lack of informed input can undermine effective multilateralism and reinforce North–South tensions.”

UHC & PHC

Lancet Primary Care -February issue

[https://www.thelancet.com/issue/S3050-5143\(26\)X2002-7](https://www.thelancet.com/issue/S3050-5143(26)X2002-7)

Editorial: [PEN-Plus: a first step to better care](#)

NYT – A third of Americans have cut spending or borrowed money for health care

<https://www.nytimes.com/2026/03/12/health/health-costs-cutting-back.html>

“As medical costs rise, more than 80 million people have made sacrifices like skipping meals and driving less, a **new survey** finds. “

Pandemic preparedness & response/ Global Health Security

GAVI – Lassa fever is going undiagnosed in West Africa, risking global spread

P Joi; <https://www.gavi.org/vaccineswork/lassa-fever-going-undiagnosed-west-africa-risking-global-spread>

“A new Lancet study says undiagnosed infections of the Ebola-like disease are endangering patients in West Africa and beyond. Lassa fever, a haemorrhagic disease similar to Ebola, often goes undiagnosed: new research in Liberia shows that 11% of people with a fever not suspected to be Lassa turned out to have the disease, and children made up 43% of cases. ...”

- For the new study, see **the [Lancet Infectious Diseases](#)**.

Lancet Correspondence - Nipah virus: a regional threat south Asia keeps underestimating

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00450-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00450-2/fulltext)

“Since 1999, when Nipah virus was first identified in Malaysia, it has repeatedly emerged in south and southeast Asia, quietly exploiting ecological and social susceptibilities. The danger of Nipah virus is in its persistence, that is, it is periodic, lethal, and preventable. Recent cases in India and Bangladesh are not anomalies and are a reminder of a virus causing recurrent outbreaks for more than two decades, with high mortality, frequent infections of health-care workers, and no approved vaccines or treatments...”

Nature News - Using mosquitoes to vaccinate bats could curb the spread of deadly diseases

<https://www.nature.com/articles/d41586-026-00795-3>

“But scientists say there are practical and ethical challenges to overcome before the strategy could be deployed in real-world settings.”

“Mosquitoes that have been designed to carry vaccines in their saliva were used to inoculate bats against the rabies and Nipah viruses. Scientists are investigating whether this technique could stop such viruses from ‘spilling over’ from bats to people. But other researchers are sceptical about whether the strategy could be implemented in the wild....”

Based on a study in *Science Advances*.

Planetary health

Project Syndicate - Africa Is Reimagining Climate Finance

Saliem Fakir (African Climate Foundation); <https://www.project-syndicate.org/commentary/africa-mobilizing-climate-finance-through-investment-platforms-like-jetps-by-saliem-fakir-2026-03>

“Foreign donors – including governments, NGOs, and development agencies – have long based climate-finance decisions on their own perceptions of risk, imposing solutions that do not necessarily reflect African priorities or perspectives. But with new investment platforms, Africa is taking matters into its own hands.”

“..... One prominent example is South Africa’s [Just Energy Transition Partnership](#), a pioneering investment platform that seeks to align climate-related finance – particularly to support decarbonizing the energy system – with broader strategies for economic development and growth. Since the concept’s introduction at the 2021 United Nations Climate Change Conference in Glasgow (COP26), **Indonesia, Vietnam, and Senegal have followed South Africa’s lead in signing JETPs with the advanced economies of the International Partners Group.** As the Africa Expert Panel noted in a [recent report](#), investment platforms like JETPs provide a structured mechanism for identifying bankable projects and reducing the cost of capital. ...”

Plos Climate – Translating national climate policies to resilience actions at the subnational level in low resource settings: Lessons from Ghana’s health systems

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000779>

By Rudolf Abugnaba-Abanga et al.

The Conversation – Which climate policies actually make a difference? Our new analysis has the answer

X Fernandez-I-Marin et al ; <https://theconversation.com/which-climate-policies-actually-make-a-difference-our-new-analysis-has-the-answer-277013>

« **Our new research analysed 1,737 individual climate policies across 40 countries over 32 years, and we identified 28 policies that consistently reduce emissions across diverse contexts.** More importantly, we developed a **new approach that could transform how researchers evaluate policies in any field where complexity keeps growing....”**

“... Our research shows that effective climate action doesn’t depend on finding one perfect solution. **Multiple pathways exist, but some instruments prove more reliable than others – carbon pricing, taxation and investment in renewable energy research** are the star players who will improve any team they join...”

Covid

Cidrap News - Recent pandemic viruses, including SAR-CoV-2, spread directly to people without adaptation, researchers say

<https://www.cidrap.umn.edu/covid-19/recent-pandemic-viruses-including-sar-cov-2-spread-directly-people-without-adaptation>

“Contrary to prevailing belief, an evolutionary [analysis](#) finds no evidence that most viruses with epidemic or pandemic potential that jumped from animals to people were shaped by selection in a lab or prolonged evolution in an intermediate host—challenging claims that SARS-CoV-2, the virus that causes COVID-19, was engineered in a lab. “

“A University of California (UC) San Diego–led research team analyzed viral genomes to characterize natural selection under the hypothesis that zoonotic viruses (Ebola, Marburg, mpox, influenza A, and SARS-CoV-2) need to adapt before infecting people and achieving sustained human-to-human spread. They focused on the evolutionary period right before outbreaks, when viruses would be expected to leave detectable traces of any substantial adaptation. The researchers validated their approach using known examples of artificially selected viruses grown in cell culture or lab animals, which showed clear and reproducible evolutionary footprints distinct from natural transmission. **The findings were published late last week in *Cell*...”**

Infectious diseases & NTDs

HPW – Uganda Extends Successful Malaria Intervention to Older Children

<https://healthpolicy-watch.news/uganda-extends-successful-malaria-intervention-to-older-children/>

“After five years of focusing on malaria prevention through Seasonal Malaria Chemoprevention (SMC) in the Karamoja region in northeastern Uganda for children under the age of five, Uganda’s Health Ministry has decided to extend the intervention to children up to the age of 10.”

“SMC is the intermittent administration of a curative dose of antimalarial medicine to children at high risk of severe malaria living in areas with seasonal transmission, regardless of whether they are infected with malaria. ...”

Nature Medicine (News) - Mosquito-borne viruses, vaccine-borne hope

<https://www.nature.com/articles/d41591-026-00014-6>

“From chikungunya and dengue to yellow fever and Zika, mosquito-transmitted diseases are spreading with urbanization, travel and climate change. **A new generation of vaccines, trials and public-health tools aim to keep ahead of the threat.**”

NCDs

Global Health Action - Integration of ear and hearing care services in low- and middle-income health systems: a systematic review and qualitative synthesis

<https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2633877>

By Carmen de Kock & Lucy Gilson.

Social & commercial determinants of health

International Journal of Social Determinants of health and health services (Editorial) - Power, Precariousness, and Health Equity: The Contested Terrain of Population Health

C Muntaner et al; <https://journals.sagepub.com/doi/full/10.1177/27551938261421775>

With an overview of the papers in the issue.

Sexual & Reproductive health rights

HPW - EU Opens Funds for Safe Abortion Access But Long-term Financing Remains Uncertain

<https://healthpolicy-watch.news/eu-funds-for-safe-abortions/>

“In a landmark decision, the European Commission is [allowing member states to utilize existing EU funds to finance access to safe abortions](#). This move represents a significant shift in European reproductive health, although it stops short of providing financial certainty for women seeking essential reproductive healthcare....”

Plos GPH –Framing reproductive narratives: A thematic discourse analysis of news representations of childlessness in 86 countries (2015–2025)

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005695>

By S F Taqwim et al.

International Journal for Equity in Health -The impact of the United States' distancing from the UN and withholding WHO funding on maternal and child health and nutrition in the Latin America & Caribbean region

<https://link.springer.com/article/10.1186/s12939-026-02785-3>

By M-A Moreno et al.

Neonatal and child health

Lancet GH - The incidence and antimicrobial resistance of Shigella-attributable diarrhoea in young children in low-income and middle-income countries from the multicountry Enterics for Global Health (EFGH) Shigella Surveillance Study: a prospective, facility-based hybrid surveillance study

M T Yousafzai et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00534-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00534-0/fulltext)

« We established the burden, serotypes, and antibiotic resistance patterns of Shigella-diarrhoea among young children in LMICs to inform vaccine trial planning and eventual vaccine introduction in high-burden countries....”

TGH - Childhood Nutrition Challenges in India

J Sofi; <https://www.thinkglobalhealth.org/article/childhood-nutrition-challenges-in-india>

“Ultra-processed food consumption and rising sedentary behavior mean **India's children will enter the workforce already managing chronic illness.**”

Adolescent health

Plos GPH – No more single stories: The case of global adolescent pregnancy care

Farnaz Sabet et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006088>

“In this essay, we use the example of care for pregnant girls to provide insights into the consequences of adopting one dominant framing when responding to complex social and health conditions. We draw on a published systematic review of interventions for pregnant adolescents in LMIC, which found the evidence on interventions to support these girls through their pregnancy was scarce. The findings were particularly surprising given the large amount of literature on poorer outcomes associated with adolescent pregnancy. Systematic reviews can expose evidence gaps, but they often do not analyse why the evidence is missing. **This essay argues that a dominant framing adopted from the Global North, that adolescent pregnancy is a public health problem only in need of prevention, has contributed to the neglect of high-quality care for pregnant girls....”**

Access to medicines & health technology

FT - Co-founders behind pioneering Covid vaccine to step down from BioNTech

<https://www.ft.com/content/be408389-32e4-41c4-a831-ee49e0b5cf1f>

(gated) “Uğur Şahin and Özlem Türeci are leaving German group to **launch their own mRNA venture.**”

- See also [Euractiv – BioNTech founders quit CEO roles to build AI-powered mRNA therapies](#) (not gated)

Lancet Therapeutics - New drug therapies for hypertension

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)02064-1/abstract?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)02064-1/abstract?dgcid=raven_jbs_etoc_email)

“Despite the availability of effective antihypertensive therapies, global blood pressure control rates remain unacceptably low. Contributing factors, such as low treatment adherence, therapeutic inertia, and rising multimorbidity, underscore the need for innovative approaches to improve hypertension care. **New antihypertensive drug therapies that act on physiological pathways beyond those targeted by conventional drug classes are emerging.** These therapies include **small interfering RNA agents that inhibit angiotensinogen synthesis as a novel approach to inhibit the renin–angiotensin system, and new strategies to more selectively modulate aldosterone, such as aldosterone synthase inhibitors and non-steroidal mineralocorticoid receptor antagonists. There is also growing interest in therapies to enhance the action of the natriuretic peptide system.** Although these innovations present valuable therapeutic opportunities, their benefits must be carefully balanced against considerations of safety, cost, clinical outcomes, and equitable access—all of which are crucial to reducing the residual burden of cardiovascular and chronic kidney disease.”

Health Research Policy & Systems – Catalysing vaccines research, development and manufacturing in Nigeria: a qualitative exploration of industry stakeholders’ knowledge, perceptions and experience

<https://link.springer.com/article/10.1186/s12961-026-01442-z>

By Godspower Onavbavba et al.

Human resources for health

Human Resources for Health - Health workforce planning methods in rural and remote primary care: a scoping review

<https://link.springer.com/article/10.1186/s12960-026-01060-4>

by G Argus et al.

Euractiv – Southern Italy scrambles for doctors after US pressure on Cuban programme

<https://www.euractiv.com/news/southern-italy-scrambles-for-doctors-after-us-pressure-on-cuban-programme/>

“Calabria offers relocation support and housing incentives to recruit foreign doctors.”

Decolonize Global Health

Plos GPH - Navigating power hierarchies in the “field”: A qualitative exploration of researcher experiences

Michelle Lokot, M Khan et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006048>

« ... This study applies an intersectional lens to explore how to tackle power hierarchies (including race, gender, age, education/expertise) during visits in the “Global South”, based on a case study of an academic institution in the United Kingdom. ... The study finds that positionality influences how participants view the role of power hierarchies in shaping research dynamics. Senior staff tended to be less critical of power hierarchies, while early-career researchers were more inclined to feel power hierarchies needed to be challenged. Across multiple types of research relationships we find that **seniority is a powerful dynamic** that shapes interactions during visits. **Institutional power** is also an overarching force that often limits individual researcher efforts to shift power. **Our study identifies five key recommendations for Northern-based institutions in particular:** 1) challenge extractive practices and assumptions associated with research in the “field”; 2) advocate for more equitable institutional policies and practices on contracting and budgeting in Northern institutions that constrain efforts to shift power; 3) build in time for ongoing reflection on power and positionality within research teams; 4) ensure visits to “the field” are planned with Global South partners; 5) conduct further research on power hierarchies to tackle specific dimensions of power. »

BMJ GH – Research capacity and decolonisation in Sub-Saharan Africa: a bibliometric analysis

R Tamaki et al ; <https://gh.bmj.com/content/11/3/e021609>

« **SSA faces a critical mismatch between its high disease burden and its limited capacity to generate scientific research needed to address local health challenges.** Higher international collaboration in SSA is correlated with both greater citation impact and diminished local leadership....”

“Our findings underscore the need to focus on structural equity, in addition to the quantity and quality, in global health research. To decolonise knowledge production, international partnerships must prioritise local leadership, long-term investment and alignment with regional health needs;

our metrics, RSI and BARI, offer practical tools to monitor these goals and guide policy reform. Equitable research ecosystems will require both capacity building in SSA and behavioural shifts in high-income country funders and institutions.”

AI & health

Nature Health - Safety of a large language model-based clinical decision support system in African primary healthcare

A Agweyu et al ; <https://www.nature.com/articles/s44360-026-00082-5>

“In a retrospective analysis of 1,469 patient encounters, a large language model-based clinical decision support system deployed across 16 outpatient clinics provided **recommendations generally aligned with local guidelines, but with contrasting results on safety and relevance.**”

Nature Health - Large language model diagnostic assistance for physicians in a lower-middle-income country: a randomized controlled trial

Ihsan Ayyub Qazi et al; <https://www.nature.com/articles/s44360-025-00007-8>

In Pakistan.

IDS (report) - Smart City Surveillance in Africa: Mapping Chinese AI Surveillance Across 11 Countries

<https://www.ids.ac.uk/publications/smart-city-surveillance-in-africa-mapping-chinese-ai-surveillance-across-11-countries/>

“**This report provides the most comprehensive account to date of smart city surveillance in Africa.** Expert researchers draw on their contextual experience of their own countries in **detailed reports on Algeria, Egypt, Kenya, Mauritius, Mozambique, Nigeria, Rwanda, Senegal, Uganda, Zambia, and Zimbabwe.** The research focuses on the **use of smart surveillance technologies in public spaces** – including facial recognition and vehicle number plate recognition – **and the analysis of this data, often using AI, at centralised control centres.** The research traces the evolution of surveillance from colonial-era intelligence networks to today’s digitally enabled public spaces monitoring systems. **It identifies the key actors, including government departments and agencies, foreign technology companies, and local private sector actors involved in the supply and implementation of Smart Cities.**”

- Related coverage in the Guardian - [‘Invasive’ AI-led mass surveillance in Africa violating freedoms, warn experts](#)

Plos Med - Quantify unmet medical need across the disease landscape – A large language model-based methodology

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004798>

By E W Sharp et al.

Miscellaneous

What crisis? This crisis. (Response to The Lancet)

Tina D Purnat (via LinkedIn); <https://www.linkedin.com/pulse/what-crisis-response-lancet-tina-d-purnat-xtnme/>

“David Scales and I sent the below response to a comment by the Editor-In-Chief of The Lancet, but it was rejected because it was deemed too long. We are posting it here instead.”

“Horton's recent Comment (“Information Crisis—What Crisis?) dismisses concerns about our information ecosystem as mere "human conceit" and is headed for a similar reckoning. His core argument—that Hannah Arendt identified the same problems in 1967, so there's nothing new here—actually proves the opposite point. Yes, Arendt wrote about propaganda and truth in crisis. But she was writing amidst television's revolutionary impact on society, not describing some timeless human condition.....”

Do read on.

Papers & reports

WHO - Global research agenda on knowledge translation and evidence-informed policy-making: prioritizing research for better decision-making

<https://www.who.int/publications/i/item/9789240118867#:~:text=11%20March%202026,into%20effective%2C%20equitable%20health%20policies.>

“This publication presents the first Global research agenda on knowledge translation and evidence-informed policy-making (KT/EIP) developed by the World Health Organization to strengthen the use of evidence in health decision-making. Although public health research has expanded significantly, evidence is not yet used consistently to inform policies and practice. KT and EIP help bridge this gap by making research accessible, relevant and actionable. Developed through a global, inclusive process involving experts from 38 countries, **the agenda identifies 19 priority research areas focused on what works in KT/EIP, what enables or hinders evidence use, and how methods and tools can be improved.** It serves as a practical guide for researchers, policy-makers, funders and partners to align efforts and translate evidence into effective, equitable health policies.”

The Handbook of Social Protection: Evidence and New Directions for Low- and Middle-Income countries

Edited by Rema Hanna, Benjamin A. Olken; <https://direct.mit.edu/books/oa-edited-volume/6103/The-Handbook-of-Social-ProtectionEvidence-and-New>

“A much-needed guide exploring social protection on poverty, inequality, health, and government finance—from cash transfers to unemployment insurance—in low- and middle-income nations.”

Plos GPH – Top ten research priorities for Essential Emergency and Critical Care: A modified Delphi process

Ryan Rhys Ellis et al (The EECC Prioritisation Group); <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005262>

“Critical illness leads to millions of preventable deaths each year. Essential Emergency and Critical Care (EECC) is a pragmatic, globally relevant approach designed to address critical gaps in basic life-saving care. This study identified the top ten research priorities to guide the development of EECC over the next five years. ...”

Tweets (via X & Bluesky)

Gabriel Zucman (thread)

“Forbes just released its latest annual ranking of global billionaires. The pace at which extreme wealth is rising is simply staggering: The wealth of global billionaires now reaches the equivalent of 17% of world GD.”

“What this means is that if billionaires (about 3.000 households) spent all their wealth, they could buy 17% of everything that is produced in a given year globally. In 1987 – the first year of the Forbes billionaire list – this number was 3%.”

“The problem is global. And with the plutocratic capture of a growing number of governments, the AI revolution, and the dismantling of progressive taxation, the trend is bound to accelerate.”

“It has become urgent to create the new alliances, the new forms of international cooperation that will fight to safeguard democracy against this powerful oligarchic current. This is the defining battle of the 21st century.”

“We're seeing the premises of this new international alliance: From Bernie Sanders in the US, to Zack Polanski in the UK, Pedro Sanchez in Spain, Lula in Brazil, a growing number of leaders are joining forces...”

Jean Kaseya

“Africa’s market for medicines and vaccines is worth over US\$50 billion each year, yet less than 1% of the vaccines used on the continent are manufactured in Africa. **Today at @AfricaCDC , I opened the African Manufacturing Pre-Marketplace Forum, co-organised by Africa CDC and Gavi, the Vaccine Alliance @gavi) — a concrete step toward changing that reality.**”

The Pandemic Fund

“The Pandemic Fund's **CSO Board Representatives hosted a Civil Society Townhall** with 50+ leaders from across regions. **Discussions focused on MDB-civil society cooperation in Pandemic Fund projects and the Fund's new methodology for identifying high-risk, high-need countries**—a key framework for the next call for proposals.”

Podcasts

Global Health Matters – Inside Track: a new series: Broken chairs, horses and audiences

<https://www.youtube.com/watch?v=OxQzeojZAQk>

“ *The Inside Track*, a new series from *Global Health Matters* offering context, clarity and foresight that you won’t find in traditional news shows. Each episode brings host **Garry Aslanyan** together with two recurring voices: **Catherine Kyobutungi**, who brings insight from the frontlines of health research and policy in Africa, and **Ricardo Baptista Leite**, a physician and global thinker on health, politics and AI. Together, they unpack the headlines with candid conversations grounded in lived experience. ...”

“In our first episode of *The Inside Track*, we examine the fragile state of information integrity in global health. Garry, Cathrine and Ricardo unpack how misinformation spreads, why trust erodes and what responsibility health leaders carry in this environment. **We explore how perception, belief and narrative shape public understanding — especially in the wake of COVID-19. We also react to a recent *Guardian article* linking climate change to chikungunya in Europe, questioning why warnings so often fail to translate into sustained action. ...”**