

IHP news 871 : On World Happiness Day & much more

(20 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,

Just back from some short holidays, this newsletter issue will be a bit, ahum, shorter than usual. Starting with the intro.

(Consider this as my present for **World Happiness Day**, celebrated on 20 March) :)

Enjoy your reading.

Kristof Decoster

Featured Article

When Conflict Enters the Womb: Maternal Health-Seeking in Manipur's Fragile Setting

Evelyn Nianglianching

Since May 2023, [Manipur](#), situated in the North-eastern part of India, has experienced a prolonged period of [ethnic violence](#) that has killed more than 250 people and displaced over 60,000 residents across the state. Much of the national attention has focused on political instability and the breakdown of law and order. However, inside relief camps another crisis has quietly unfolded: pregnant women trying to navigate maternal healthcare in the middle of displacement, fear and uncertainty. Pregnancy does not stop during conflict, but conflict changes how women access care. Although India has made progress in reducing maternal mortality over the past decade, fragile and conflict-affected areas often experience disruptions in access to maternal healthcare services.

As part of my Master's thesis research at [OP Jindal Global University](#), I conducted qualitative interviews between December 2024 and January 2025 in six relief camps in Churachandpur district. Through conversations with displaced women, I tried to understand how the ongoing conflict has affected their journeys to seek maternal healthcare.

One of the most striking observations was that the health system had not completely collapsed. Primary Health Centres were still functioning and government maternal health schemes technically remained in place. Yet many women described the system as increasingly difficult to navigate because services were no longer predictable...

- Do read the **full Feat article** – IHP: [When Conflict Enters the Womb: Maternal Health-Seeking in Manipur’s Fragile Setting](#)

Highlights of the week

Structure of the Highlights section

- PABS Annex negotiations & other PPPR updates
- Global Health reform & reimagining
- More on Global Health Governance & Funding/Financing
- Global Tax reform
- UHC & PHC
- Bilateral health agreements & US global health strategy
- Trump 2.0
- NCDs & commercial determinants of health
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War & health
- Some more reports, series & publications of the week
- Miscellaneous

PABS Annex negotiations & other PPPR updates

Next Monday, the final round of PABS annex negotiations starts in Geneva (23-28 March). Deadline is, in principle at least, May 2026 (WHA).

HPW - Pressure Builds as Pandemic Agreement Talks Reach Final Week With Little Consensus

<https://healthpolicy-watch.news/pressure-builds-as-pandemic-agreement-talks-reach-final-week-with-little-consensus/>

Must-read analysis.

“There are only six negotiating days left to nail down the final piece of the Pandemic Agreement, but huge areas of disagreements still exist between World Health Organization (WHO) member

states. The talks, which start on Monday, are set to go until 11pm each night at the WHO headquarters in Geneva – but **this may not be enough time to bridge the significant differences between member states on what the Pathogen Access and Benefit Sharing (PABS) system should look like.** The **PABS system is the crucial operational annex to the Pandemic Agreement adopted by the World Health Assembly (WHA) last May, and is supposed to be adopted by this May’s WHA.**”

“Of course, there are differences between member states, but I can also see that they are closing the gaps. And we believe there will be landing zones on areas where there are still differences,” **WHO Director-General Dr Tedros Adhanom Ghebreyesus** told a **media briefing on Wednesday.** “I’m confident that the PABS could be agreed, and the agreement on PABS will also help us to start the ratification process of the pandemic agreement that was approved by the member states last May,” Tedros added.”

“However, the **latest PABS Annex text** released by the **Intergovernmental Working Group (IGWG) Bureau on 9 March, shows that there is little agreement so far.** (Greened text shows agreement, while yellow shows significant consensus)....”

“The **crux of the PABS system** rests on how countries **share** data about pathogens with pandemic potential, the obligations on parties (including pharmaceutical manufacturers) that get **access** to this information, and how those who share their data **benefit** from any vaccines, diagnostics and therapeutics (VDTs) that are developed as a result....”

PS: “**Several powerful European countries, particularly Germany and Switzerland, have advocated for voluntary sharing of any VDTs.** Protecting their powerful pharmaceutical industries, they have argued that the compulsory sharing of VDTs will stifle innovation and impinge on intellectual property rights....”

The HPW analysis also has some **info on the latest PABS draft.**

PS: “Meanwhile, at the **last meeting of the IGWG, the Group of Equity and the WHO’s Africa, Eastern Mediterranean and South-East Asia regions all stated that they wanted a legally binding PABS system – or bust.....”**

GHF - A Moment of Reckoning in Global Health Negotiations: Weak Deal, Good Deal or No Deal on the Pathogen Access & Benefit Sharing?

Priti Patnaik; [Geneva Health Files](#);

Also a must-read ‘curtain raiser’ as the last round is about to start. Some excerpts below.

“In this edition, I drafted a **“PABS cheat sheet”** for readers to get a **quick glance on stuff to look out for in next week’s negotiations on the Pathogen Access Benefit Sharing system** at the WHO....”

“There are **three parts to this edition. A cheat sheet on PABS; updates from the IGWG Bureau and the WHO; keys messages from recent CSO briefing”**

“A number of scenarios are being painted by Geneva-based diplomats in their communications with their capitals including: reaching consensus as per schedule by March 28th; buying time and presenting bracketed text for the consideration by Ministers’ at the World Health Assembly in May 2026; the IGWG submitting an update to the WHA without reaching consensus; or getting additional time for the IGWG beyond the May deadline to continue negotiations. In addition, there is a minority view on “no deal instead of a bad deal”

“... Overall, the appetite to “get a deal” continues to be high. Short-termism eulogised as pragmatism has generally been an outcome in such negotiations, observers say. For a fair number of countries having a deal is more important than having a good one for various reasons, observers following these discussions say....”

PS: **“Some developed countries argue that 10% allocation to WHO during pandemic emergencies amounts to 300 million doses (3 billion total doses globally), priced at USD 20 per dose, that translates to products worth US\$ 6 billion, in a COVID-type scenario.** This, they say is what African countries need.....”

“... There is also an overall imperative to reach a deal to “save multilateralism” and restore WHO’s role in the Global Health Architecture. This is an important consideration, also in light of the bilateral deals blitzkrieg from the U.S. **However, for some countries, it is more relevant right now, to get a balanced deal that will ensure equity in Pandemic Prevention, Preparedness and Response, than to send a message on multilateralism by reaching a weak deal for the sake of consensus.....”**

GHF - Will Mandatory Financing Help Buy Technology Transfer? Considerations for the Pathogen Access and Benefit-Sharing Negotiations

P Patnaik; [Geneva Health Files](#);

“Next week, countries come together for potentially the final round of talks on the Pathogen Access Benefit Sharing System at the WHO in Geneva. Developing countries are seeking tech transfer and licensing as obligatory benefits in such a system. Are there other ways to tackle this ostensibly intractable problem? In today's edition, influential global health scholar, Suerie Moon, creatively suggests that if law cannot make headway, financing could do the trick on enabling technology transfer. She also draws up ways to find allocations for such funds.....”

A few quotes from Suerie Moon:

“... At least at the start, a PIP-style revenue-linked contribution seems economically infeasible, not least because the size of such markets is unpredictable right now. Governments will need to finance the PABS system, either directly or indirectly through their funding to SMEs. If negotiators agree, this is a key principle that should be enshrined in the PABS Annex text rather than deferred to the COP. While up-front financing commitments may seem politically unpalatable and difficult in the current ODA funding environment, it would be a mistake to put such costs on ODA budget lines. Rather, it is more logical (and perhaps politically easier) to categorize these as security or health security-related investments coming out of defense or general health budgets. The costs should be seen as insurance premiums – an expenditure in case of catastrophe, and one that reduces the risk of catastrophe in the first place....”

“... **In a hypothetical PABS system financed at US \$100 million per year** (for a wide range of activities, including but not limited to technology transfer), the **breakdown by income group** would look like this:....” (with a table for HICs, UMICs, ... etc).

Africa Health Watch - Why the PABS System in the Pandemic Agreement Matters for African Countries

<https://www.africahealthwatch.com/p/why-the-pabs-system-in-the-pandemic>

“Africa’s contribution to global pathogen surveillance is invaluable, but without a robust PABS framework, there is a risk that countries sharing critical outbreak information could be left behind when vaccines, diagnostics, or treatments are distributed. Bilateral arrangements may offer short-term support, but they cannot replace a legally binding, multilateral system designed to ensure more equitable access to pandemic countermeasures....”

“**At the same time, national capacity remains essential. Laboratories, surveillance networks, and trained health workers are the backbone of effective outbreak detection and response.** Persistent gaps in these systems, alongside the migration of health professionals, continue to limit Africa’s ability to detect and respond to emerging health threats quickly. Ultimately, a functioning PABS system must be matched by stronger national health infrastructure. **Without sustained investment in laboratories, surveillance systems, and the health workforce,** the inequities seen during COVID-19 could easily be repeated in future pandemics.....”

Globalization& Health - Africa’s Critical Role in Shaping and Implementing the Pandemic Agreement’s PABS Annex in an Era of Fragmentation

N A Evaborhene; <https://link.springer.com/article/10.1186/s12992-026-01190-3>

“The **PABS annex being negotiated under Article 12** is therefore **the real test** of whether the Pandemic Agreement can deliver commitments to equity....”

Via LinkedIn: “In my new commentary published in [Globalization and Health](#), I examine why African countries enter these negotiations with an unusual convergence of leverage: scientific contributions, expanding manufacturing and regulatory capacity, and coordinated diplomacy through the African Union and Africa CDC. But a structural challenge remains. While multilateral rules are being negotiated, countries continue to face bilateral demands for pathogen sharing outside emerging global governance frameworks. Without coordination, this risks weakening the very system the agreement is trying to build....”

“Achieving a fair and functional system will depend on strategic engagement across three interlinked domains: negotiation, structural integration, and operational implementation....”

From the abstract: “ **This commentary argues that African countries enter the PABS negotiations with an unusual convergence of leverage: early scientific contributions, expanding regulatory and manufacturing capacity, and coordinated diplomacy through the African Union and Africa CDC.** In a fragmented multilateral environment dominated by high income state interests, the central challenge is not recognition but conversion of capacity into binding rules. African negotiators have responded by pushing for standardized contracts, traceability of pathogen materials and sequence information, and compliance mechanisms that condition access on enforceable benefit sharing.

Drawing on Africa's institutional readiness, the paper contends that the continent is positioned not merely to influence the PABS annex, but to co-design its operational architecture....

And a link:

- **The Independent Panel Statement** in advance of the IGWG 6th Meeting, March 23-28 2026
[A call to WHO Member States: agree a PABS Annex and deliver on the promise of the Pandemic Agreement](#) (20 March)

Global Health reform & re-imagining

Wellcome (synthesis report)- From rethinking to reform: the way forward for the global health system

<https://wellcome.org/insights/reports/rethinking-reform-way-forward-global-health-system>

The long awaited **synthesis report**. Obviously, a **must-read**.

“This paper brings together reflections and takeaways from five regional dialogues involving participants from over 114 countries about global health reform. Led by regional partners, the dialogues tackled pressing questions about the changes needed in the global health system and how they might be achieved.....”

PS: **“As a next step following the regional dialogues, Wellcome is hosting a high-level global meeting that will aim to encourage agreement around the actions needed to move forward.** This includes how these can be done collectively. **This work complements other ongoing reform efforts.** For example, the Lusaka Agenda, Accra Reset, the emerging WHO-convened process, the EU and like-minded donor reflections, Sevilla Platform for Action, HEAR civil society, and the wider UN80 discussions. **The Wellcome global dialogue will not aim to duplicate these initiatives. Instead, it should build on existing momentum and support greater coherence across shared efforts.**

- **Must-read analysis** of the Wellcome report, via [HPW – Wellcome Report: Aid Cuts Catalyse Global Health Reform and Regional Cooperation](#) (with some **key messages**)

“Unprecedented reductions in international aid have served as a powerful catalyst for long-overdue global health reform, according to **a comprehensive new report published by the Wellcome Trust** on Wednesday. The extensive synthesis of five regional dialogues involving 114 countries reveals that sweeping financial pullbacks from traditional funders are forcing a fundamental restructuring of international medical cooperation.”

“...the report outlines three critical pillars for structural reform: decentralising global health governance, overhauling international financing, and securing regional sovereignty over data and medical manufacturing.....”

- You might also want to read an **interview with Fabian Moser (policy advisor for Global Health at Wellcome)** (via [Wellcome's Healthier Futures newsletter](#)):

“Fabian shares the process behind synthesising the regional dialogues and what surprised him the most.”

Quote: “I think one of the most surprising things that I learned was the degree of alignment across all five regions. There was agreement on governance, financing, data, knowledge and products as critical areas for reform. There was also agreement on foundational principles, such as equity and sovereignty, and on the vision for the future global health system.....”

More on Global Health Governance & Financing/Funding

Devex - UK lays out the development priorities of a shrinking aid budget

<https://www.devex.com/news/uk-lays-out-the-development-priorities-of-a-shrinking-aid-budget-112118>

“The plan marks a **“fundamental” shift for the United Kingdom from donor to investor.**”

“**Partnership, not paternalism** — that’s how the U.K. government framed the release yesterday of a plan detailing its **“innovative development reforms,”** which outlines the priority areas of a **diminished foreign aid budget** that last year was cut from 0.5% of gross national income to **0.3%.**”

“The plan — which covers official development assistance, or ODA, for the next three years — marks a **“fundamental” shift for the United Kingdom from donor to investor**, Foreign Secretary Yvette Cooper said in the [official announcement](#). That includes mobilizing private capital and leveraging partner institutions such as [British International Investment](#) and the [World Bank](#)....”

PS: “But not everything came down to investment. A centerpiece of the U.K.’s strategy to make the most of scarce ODA is a focus on fragile and conflict-affected states, humanitarian support, tackling violence against women and girls, and addressing global health threats. “Supporting fragile states will be at the heart of the UK’s modern approach to development,” according to the announcement, which singles out countries affected by war, including Sudan, Palestine, Ukraine, and Lebanon. **Overall, 70% of all geographic support will be allocated to the most fragile and conflict-affected states by 2028 to 2029....**”

PS: “... **Adrian Lovett, executive director of the ONE Campaign**, pointed out that bilateral aid to Africa will be slashed by £874 million by 2028-29, a 56% cut compared to 2024-25.

“... While the U.K. reaffirmed its commitments to [Gavi, the Vaccine Alliance](#) and the [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#), it’s **ending funding to the Global Polio Eradication Initiative** and the Pandemic Fund....”

“The government also insisted it will remain **“at the forefront of international action on climate and nature,”** noting that around **£6 billion** will be invested as international climate finance to support countries and communities on the frontline of the climate crisis...

- See also [Devex – UK axes funding for Pandemic Fund and Global Polio Eradication Initiative](#)

“In a statement, Yvette Cooper, U.K. secretary of state, said the U.K. is increasing its ODA spending to multilateral organizations, but it will be **“targeted strategically towards the most effective multilateral organisations.”** even as it pulls back, it will continue to support Gavi, the Vaccine Alliance and other multilateral institutions such as the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#), [Unitaid](#), and United Nations agencies such as the [World Health Organization](#) and the [U.N. Population Fund](#). Many of these institutions are also grappling with funding cuts, particularly from the U.S. government. ...”

“The U.K. previously announced pledges of £1.25 billion for Gavi for 2026-2030, and £850 million for the Global Fund for 2026-2028. While significant, these are less than its previous commitments to the institutions. Unitaid and WHO will get [£33 million and £146 million](#), respectively, for 2026 to 2029. UNFPA is getting £18 million in core funding and £122 million pounds for its supply fund....”

- And via [Politico – Britain steps back from Africa with new aid cuts](#)

“Britain has unveiled its cuts to international aid and only three recipients will see aid spending fully protected: Ukraine, the Palestinian territories and Sudan.”

“**Britain will reduce its aid sent to Africa by more than half**, as the government unveils the impact of steep cuts to development assistance for countries across the world....” “Government figures show that the **value of Britain’s programs in Africa will fall by 56 percent from the £1.5 billion in 2024/25 when Labour took office to £677 million in 2028/9**. It follows the move to reduce aid spending from 0.5 to 0.3 percent of gross national income....

“... Cooper set out three new priorities for Britain’s remaining budget: funding for unstable countries with conflict and humanitarian disasters, funneling money into “proven” global partnerships such as vaccine organizations, and a focus on women and girls, pledging that these will be at the core of 90 percent of Britain’s bilateral aid programs by 2030....

Devex - UN women's conference rejects US resolution on gender

<https://www.devex.com/news/un-women-s-conference-rejects-us-resolution-on-gender-112115>

“It was the second blow for the United States, which twice attempted to bring America's culture wars on gender to the global stage.”

“The **United States closed out a bruising two weeks at the Commission on the Status of Women — the world’s largest gathering on gender equality** — much like it began: in lonely diplomatic defeat. **On CSW’s first day**, the country cast the single vote against a political declaration on the world’s commitments to women. **On the last, delegates declined to consider a U.S. resolution on gender, one that sought to define the term across the United Nations as “referring to men and women.”** The effort was part of a broader campaign to influence debates on the topic — and to do so not just at the U.N., but worldwide. While ultimately, the country’s twin pushes at CSW failed, U.S. officials have made it clear that the fight on gender, women’s rights, and “family values” is far from over....”

Pandemic Fund – progress report 2024-2025

<https://www.thepandemicfund.org/annual-progress-report>

With 3-p [executive summary](#).

EU Global Health Resilience initiative – Call for Evidence

https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/17412-EU-global-health-resilience-initiative_en

An ‘invitation’ by the EC/ DG INTPA to provide input in a call for evidence for the EC communication being drafted on the [EU global health resilience initiative](#).

“The initiative aims to strengthen the resilience of global health systems, delivering lasting impact worldwide. It will **highlight the EU’s vision and added value by shaping a more equitable and effective global health architecture; supporting strong, country-led health systems that deliver essential services, including through local manufacturing of health products; reinforcing health security at all levels, and tackling mis/disinformation** to strengthen trust in science.”

Buenos Aires Herald - Argentina formalizes withdrawal from World Health Organization

<https://buenosairesherald.com/politics/argentina-formalizes-withdrawal-from-world-health-organization>

“Argentina has officially left the World Health Organization (WHO), the agency of the United Nations responsible for international public health. **A year after requesting its withdrawal, the process has been completed**, Foreign Minister Pablo Quirno announced....”

Lancet Letter – Closing the adolescent health financing gap: the Global Financing Facility

Emilia Lindquist et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00320-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00320-X/fulltext)

“Among today's most pressing development challenges is the matching of financing to health needs. **One of the critically underfunded global priorities is adolescent health**, with adolescents (aged 10–24 years) **making up a quarter of the world's population but receiving only 2·4% of development aid for health in 2016–21.** “

“**[The Global Financing Facility for Women, Children, and Adolescent Health \(GFF\)](#) was launched in 2015 to close the financial gap to end preventable maternal and child deaths and improve adolescent health by 2030.** The GFF has spearheaded a country-driven financing model, mobilised domestic resources and concessional financing, and connected with private capital markets and other partners, for greater effectiveness and efficiencies. **36 countries have joined the GFF to date, increasing coverage of interventions to millions of mothers and children**, showing resilience in the face of the pandemic, humanitarian, climate, and financial polycrises. **According to the upcoming**

analysis by Countdown to 2030, all GFF partner countries have reduced maternal and under-5 mortality since 2015, with larger gains relative to the global average. Before joining GFF (2000–15), these 36 countries had a lower annual rate of reduction of maternal (1·9%) and under-5 (3·4%) mortality compared with the global average (2·4% maternal and 3·7% under-five). Since joining GFF (2016–2023), these countries have had a higher annual rate of mortality reduction of both maternal (3·5%) and under-5 (2·8%) mortality compared with the global average (1·6% maternal and 2·2% under-5). **Although financing advances have been made for maternal and child health, these advances remain unaligned with the rising multiburden of mental health, obesity, violence, and other non-communicable diseases among adolescents....”**

Authors conclude: “... **We have a window of opportunity for adolescents**, with actual and potential investors in global health and development looking for ways to maximise investments through blended financing, including leveraging concessional financing. **The renewed commitment to universal health coverage by government leaders and other global partners, and to the new GFF strategy for 2026–30, could indicate a change in mindset and renewed global commitment to strengthening health systems for women, children, and, not to be forgotten, adolescents.”**

The Loop - Is global governance fit for crisis?

<https://theloop.ecpr.eu/is-global-governance-fit-for-crisis/>

“Global crises place extraordinary strain on international cooperation. **Benjamin Faude and Kenneth W. Abbott** examine **how global governance performs under pressure**, arguing that resilience depends on combining robust institutions with flexible arrangements, effective leadership, and the capacity to learn and adapt during crises....”

Re “**resilient global governance**”. “.... To show how our framework works in practice, **we compare two landmark crises: the Global Financial Crisis and the Covid-19 pandemic....”**

- Full argument in article (International Studies Review): [Does the System Work? Transnational Crises and the Resilience of Global Governance](#) (by B Faude et al) (from late last year).

Mukesh Kapila – Why the panic about global health funding is overblown

[The National News](#);

Some cool analysis.

Devex - DRC nears historic 14.5% Abuja target for health sovereignty

By Félix Antoine Tshisekedi Tshilombo, **Jean Kaseya** et al ;

<https://www.devex.com/news/sponsored/drc-nears-historic-14-5-abuja-target-for-health-sovereignty-112036>

“**The Democratic Republic of Congo is reshaping health financing by mobilizing domestic resources and strengthening public financial management** — proving that sovereignty in health starts with ensuring every dollar is used effectively for health.”

When Did Donors Replace Domestic Finance as the Audience of State Argument? Domestic Resource Mobilization and the Quiet Shift in Policy Persuasion

Emilie S K Besson; <https://www.linkedin.com/pulse/when-did-donors-replace-domestic-finance-audience-koum-besson-cugkf/>

Some excerpts from this newsletter issue:

“Domestic Resource Mobilization (DRM) is usually discussed in narrow terms: political will, taxation reform, efficiency of revenue authorities, fiscal space. It is framed as a technical and political challenge — how to collect more, manage better, expand the tax base. **But what if the issue was also argument - about how governments justify priorities and compete for resources within their own fiscal systems ?** I will refer to this as **state argument....**

“By state argument, I mean the process through which ministries justify priorities, compete for fiscal space, and persuade other parts of government that a program deserves funding within the national budget. This differs from **donor argument**, which is directed outward toward external funders and their mandates, and from **public argument**, which seeks to legitimize policies in the eyes of citizens, voters, or the media. **State argument operates within the architecture of government itself — where ministries negotiate, defend priorities, and arbitrate scarce public resources....”**

“ ... No country simply takes “global guidance” and applies it wholesale. Budgets are political documents. Allocation is contested. Trade-offs are negotiated. **Yet when DRM is discussed in relation to Africa, it often carries a subtle implication: that countries should “find the money” to sustain programs initially financed by donors — to absorb externally designed priorities once aid recedes....** ... **Rarely is it discussed as a question of internal persuasion — of how ministries construct arguments, compete for fiscal space, and position their priorities within national political logic....”**

“That is why a recent post by Anita Kamakil caught my attention. Titled ***“From Concept Note to Funded Priority: The Strategic Craft of Resource Mobilization in Government Kenya,”*** it focuses not on taxation, but on something far more structural: **how projects move through the architecture of domestic public finance — from concept note to approved investment within the national system.** Her central message is simple but profound: **resource mobilization in government is both technical and strategic. A strong idea is not enough. You must understand how the system thinks, how it prioritizes, and how to position a project so it moves from “good idea” to “funded priority.” ...”**

PS: **“ What if ministries of health first built their case within domestic institutions — making the argument to ministries of finance and national planning about why a priority matters, how it fits national development objectives, and what resources are required? The ministry of finance, as the central actor responsible for domestic resource mobilization and fiscal strategy, could then articulate where domestic resources end and where external financing might legitimately fill a gap. In that configuration, donor funding would no longer define priorities.** It would respond to them. External resources would complement national budget decisions rather than shape them from the outset....”

“... When Did Domestic Finance Stop Being the Primary Audience? This is the question that stayed with me after reading Anita’s reflections. **When did it become normal to apply externally, but**

innovative to compete internally? When did persuasion directed toward external audiences begin to take up so much space in our policy thinking? When did it begin to overshadow the quieter work of persuading our own institutions? Epistemic sovereignty is not only about producing knowledge locally. It is about deciding who counts as the audience of thought.....”

Habib Benzian - Part I. How Global Health Declarations Work

[Habib Benzian \(on Substack\)](#) ;

“On the strange authority of documents that hide their own making.”

“This essay opens a three-part series illustrating mechanisms of global health diplomacy. Part I examines the complex authority of declarations and the paradoxes embedded in their creation. Part II follows one recent global health declaration in real time as it nearly collapses under the weight of its own politics. Part III steps back to ask why we keep producing declarations at all, and what their ritual repetition reveals about the way progress is negotiated. Together, the series looks at the hidden machinery behind the documents that claim to speak for the world....”

Global Tax reform

CESR – Known battles & emerging debates: what do the latest UNTC submissions reveal?

M E Mamberti; <https://www.cesr.org/known-battles-emerging-debates-what-do-the-latest-untc-submissions-reveal/>

« As negotiations for a landmark UN Framework Convention on International Tax Cooperation enter a critical phase, **the latest round of member state submissions** expose the issues that have defined this process from the start and the new battlegrounds emerging ahead of August's fifth session in New York. **The divide between Global North and Global South remains sharp, with developed countries pushing for a high-level, non-binding instrument that defers to existing OECD frameworks, while developing nations demand a treaty with real teeth and genuine reallocation of taxing rights.** »

NYT – The Billionaire Backlash Against a Philanthropic Dream

[NYT](#);

“The Giving Pledge, once signed by over 250 billionaire families, is losing momentum as pro-Trump tech billionaires increasingly turn away from philanthropy in favor of for-profit impact.”

UHC & PHC

Reuters – Pope Leo calls universal healthcare a 'moral imperative'

<https://www.reuters.com/business/healthcare-pharmaceuticals/pope-leo-calls-universal-healthcare-moral-imperative-2026-03-18/>

“**Pope Leo** made a plea on Wednesday for countries to offer their citizens universal healthcare, calling it a **"moral imperative"** that people have access to the health services they need. Previous popes have called for countries to offer universal healthcare, but **calling an issue a "moral imperative"** is an unusually strong term for a pope to use, indicating that something is required by Catholic teaching....”

"Universal health coverage is ... a moral imperative for societies that wish to call themselves just," the pope said in a meeting with participants in a **healthcare conference organised by the World Health Organization and European bishops**. "Healthcare must be accessible to the most vulnerable ... not only because their dignity requires it but also to prevent injustice from becoming a cause of conflict," he said. "Health cannot be a luxury for the few."”

“**Leo's predecessor, Pope Francis, called in 2021 for healthcare systems to be "accessible to all"**, citing Italy's tax-funded health service as an example...”

Bilateral health agreements & US Global Health strategy

Al Jazeera – US's new scramble for Africa is biomedical imperialism

T Mhaka; <https://www.aljazeera.com/amp/opinions/2026/3/13/uss-new-scramble-for-africa-is-biomedical-imperialism>

“US health agreements across the continent **promise funding, but demand access to sensitive data and pathogen samples with few guarantees of equitable benefit-sharing.**”

“... **From Zimbabwe to Zambia and Nigeria, the central controversy lies in what the United States expects in return: health data and pathogen samples.** In the era of biotechnology and pandemic preparedness, **this information feeds the global bioeconomy**, powering vaccine platforms, pharmaceutical patents and artificial intelligence-driven drug discovery. **Biological data has become as strategically valuable as oil, minerals or rare earths.** African public health systems could become upstream suppliers of biological information, while the downstream benefits — intellectual property, pharmaceutical manufacturing and commercial profits — remain concentrated in wealthier countries.....”

U.S. aid returns to Africa as Senegal signs onto \$12.6B health deal as 26th nation

<https://africa.businessinsider.com/local/markets/us-aid-returns-to-africa-as-senegal-signs-onto-dollar126b-health-deal-as-26th-nation/jgwr5pn>

“Senegal has become the 26th nation globally - and the 21st in Africa to sign onto a \$12.6 billion U.S.-backed health initiative aimed at strengthening healthcare systems and expanding access to critical medical services...”

- See also [Tanzania Times – Senegal drafted into America First Global Health strategy](#)

NYT - U.S. Considers Withholding H.I.V. Aid Unless Zambia Expands Minerals Access

<https://www.nytimes.com/2026/03/16/health/zambia-hiv-aid-minerals-trump.html>

“A draft State Department memo outlines ways the Trump administration may ratchet up pressure on the African country by ending health support “on a massive scale.” “

“The State Department is considering withholding lifesaving assistance to people with H.I.V. in Zambia as a negotiating tactic to force the government of the southern African country to sign a deal giving the United States more access to its critical minerals. “We will only secure our priorities by demonstrating willingness to publicly take support away from Zambia on a massive scale,” a draft of a memo prepared for Secretary of State Marco Rubio by the department’s Africa Bureau staff says. A copy of the memo was obtained by The New York Times....”

“Some 1.3 million people in Zambia rely on daily H.I.V. treatment that is provided through the decades-old U.S. President’s Emergency Plan for AIDS Relief (known as PEPFAR) and on tuberculosis and malaria medications that save tens of thousands of Zambian lives each year. The Trump administration is considering whether to “significantly cut assistance” as soon as May, to increase pressure on Zambia, the memo says.....”

- Related: [Health Gap - Zambia’s Draft Memorandum of Understanding With the U.S. Government: What Do We Know?](#)

(16 March) “Health activists today **released** Zambia’s draft Memorandum of Understanding (MOU) with the U.S. government (USG). The deal would cover 5 years of funding for HIV, tuberculosis, malaria, maternal and child health, polio and measles vaccination, and pandemic surveillance. Negotiations over the MOU have been stalled for months; the deal was supposed to have been signed December 11, 2025. **The State Department is threatening Zambia with an embargo on essential medicines in order to plunder its minerals. Zambia’s MOU text is the first we know of that explicitly ties exploitation of mineral wealth with agreeing to the USG’s MOU terms—in this case, via a separate “Bilateral Compact”** which had been reported earlier... In addition to conditioning MOU funding access on secret mining deals, **the MOU contains some of the worst terms of all bilateral MOUs negotiated thus far, including:”**

AVAC - State Department Pulls “America First” Health MoUs as Zambia Draft Reveals Contentious Terms

<https://mailchi.mp/avac/global-health-watch-april18-2108041?e=f66302bb8e>

“The US Department of State quietly and without explanation removed the five previously published Memoranda of Understanding (MoUs) with African countries from its website. This

further limits transparency around the agreements, which were only posted publicly last week following pressure from civil society in the US and MoU partner countries. At the same time, analyses on Zambia’s draft MoU reveal significant funding reductions, co-financing requirements, and links to broader economic and mineral access negotiations...”

Implications: “...The shift toward bilateral, co-financed “country ownership” models is increasingly highlighting significant cuts to US investments in global health, uneven disclosure, non-transparency and growing indications of transactional terms tied to broader geopolitical and economic interests. **The quiet removal of the publicly available MoUs underscores a pattern of limited transparency and accountability, making it difficult for countries, civil society, and implementers to assess obligations, plan for continuity or respond to risks....”**

The Forsaken – 'They have some agenda they are pushing'

Andrew Green; <https://theforsaken.substack.com/p/they-have-some-agenda-they-are-pushing>

Excerpt: “Traveling to Zambia, I was less interested in why FBOs had been singled out. Reporters in Washington can explore whether that is purely an ideological decision or one based on decades of evidence on the cost-effectiveness and quality of FBO interventions. Instead, **I wondered: If FBOs are set to remain one of the few conduits for U.S. resources – resources that will remain vital to efforts to continue battling the AIDS epidemic – to what degree will they be able to take over the work of the organizations that have lost support? To what degree can they sustain a suddenly fragile HIV response? What I discovered was some confidence in their capacity, but a lot of apprehension, particularly within communities that have historically faced discrimination and recrimination from faith leaders....”**

“After the story was published and I sent it around to the people I had interviewed, **a Zambian activist wrote back to kindly explain that I had missed the point. That in cooperating with the Trump administration, those organizations have forfeited any trust vulnerable communities might have had in them, leaving them in no position to sustain the HIV response. ...”**

“... **Vulnerable communities in Zambia now understand U.S. HIV funding as having been subsumed into the Trump administration’s broader ideological agenda. That it has been weaponized by an administration steeped in Christian nationalism to diminish and harm communities that do not reflect those values....”**

Emily Bass - The Department of State has an (even bigger) Accountability Problem

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

“**The United States Department of State’s decision making process for awarding up to USD\$4.5 billion of funding from the America First Global Health Strategy restricts subject matter experts and technical specialists from other agencies including the Department of Defense and the Centers for Disease Control and Prevention to by-invitation, non-voting, advisory roles.** Laid out in documents shared earlier this month, this approach would raise questions under the best of circumstances; given this week’s State Department transparency and oversight hijinks, **it raises a big red flag....”**

Excerpts: "... the fact that the Department of State wanted to be sure that the public continued to have access to agreements with countries who are all set to accept deportees who are not from the US or the country to which they are being sent. And that it was equally committed to ensuring that the MoUs that structure billions of dollars of lifesaving aid should not be shared...."

"... Instead of a review approach and planning approach that includes checks and balances, top-notch experts (inclusive of people with lived experience and from relevant US agencies) in decision-making roles, and specific strategies to structure approaches and evaluate impact, the APS stipulates that decisions will be made by GHSD-staffed Merit Review Panels, with subject matter experts and technical leads from agencies possibly invited to participate in non-voting role..."

"... The APS and its addendum effectively declares that the future of non-wasteful, efficient, utterly ethical spending on rapid outbreak response is best attained by giving exclusive decision rights to people who have not led this work in the past, and who do not appear to have plans to refer to any extant strategy or approach other than the largely non-technical America First Global Health Strategy. Perhaps the reason that neither addenda offers technical health-based rubrics for which countries will be focal areas for additional work is because health-based rubrics are not, in fact, the primary framework for making decisions. Indeed, the Merit Review Panels "will evaluate how the SOI [statement of interest] meets the solicitation request, U.S. foreign policy goals, and GHSD's overall priority needs...."

"... Not only will the funds be awarded in a closed-shop process where relevant technical experts are welcome to play Words With Friends in the wheelie chairs pushed up against the wall, but it's really enormously unlikely that anyone—Congress or the public—will be able to easily find out who got the money, what they were supposed to do, whether they did it...."

State Department - Implementing the Trump Administration's America First Global Health Strategy in Angola

<https://www.state.gov/releases/office-of-the-spokesperson/2026/03/implementing-the-trump-administrations-america-first-global-health-strategy-in-angola/>

(19 March) The latest addition.

Trump 2.0

Devex - State Dept. announces new humanitarian bureau, leadership team

https://www.devex.com/news/state-dept-announces-new-humanitarian-bureau-leadership-team-112124?utm_medium=Social&utm_source=Bluesky#Echobox=1774018109

"The U.S. State Department is launching a new Bureau of Disaster and Humanitarian Response, asserting it can deliver "faster" and "more targeted" international relief than USAID."

Guttmacher institute (Policy Analysis) - Weaponizing US Foreign Aid: Trump's New 2026 Global Gag Rule

<https://www.guttmacher.org/2026/03/weaponizing-us-foreign-aid-trumps-new-2026-global-gag-rule>

Understanding the “**Supercharged Global Gag Rule**”.

Science – United States is cutting ties with influential global cancer agency

<https://www.science.org/content/article/united-states-cutting-ties-influential-global-cancer-agency>

“Trump’s pullout from WHO bars federal scientists from working with the International Agency for Research on Cancer and could slash its funding.”

“The United States’s withdrawal this year from the World Health Organization (WHO) is having **knock-on effects on an influential global organization for cancer research**, *Science* has learned. The U.S. National Institutes of Health (NIH) is cutting ties with the International Agency for Research on Cancer (IARC), WHO’s 60-year-old cancer research arm. “It’s very concerning,” says cancer epidemiologist Logan Spector of the University of Minnesota Twin Cities. “IARC is pretty central in cancer prevention, control, etiology, and registration.””

“The U.S. move appears to be a consequence of the country’s formal **exit from WHO**, which took effect in January. For IARC, which is based in Lyon, France, it could mean the end of a half-dozen NIH-funded research projects and the loss of 9% of its total budget. The move, which has not been announced publicly, also appears likely to end long-running collaborations between IARC and the U.S. National Cancer Institute (NCI), the National Institute of Environmental Health Sciences (NIEHS), and other federal agencies. This work includes preparing expert reports on carcinogens and tracking cancer cases around the world. ...”

HPW - US Judge Halts RFK’s Anti-Vaccine Efforts – For Now

<https://healthpolicy-watch.news/us-judge-halts-rfks-anti-vaccine-efforts-for-now/>

“A United States judge has temporarily halted US Health Secretary Robert F Kennedy Jr’s anti-vaccine agenda, ruling on Monday that Kennedy’s firing of the country’s vaccine advisory committee and changes to childhood vaccinations were likely illegal. ...”

“US District [Judge Brian Murphy ruled](#) that the January changes to the vaccination schedule and Kennedy’s firing of all 17 members of the Advisory Committee on Immunization Practices (ACIP) are likely to have violated the Administrative Procedure Act. ...”

Stat - White House says it’s ‘done’ with vaccines. MAHA begs to differ

<https://www.statnews.com/2026/03/13/trump-rfk-jr-vaccines-growing-divide-maga-maha/>

“Even as Kennedy toes Trump line, his allies push back with call for more ‘medical freedom’.”

““As Trump political advisers try to move on from vaccine policy debates, **MAHA movement insiders push back, calling RFK Jr. supporters vital to GOP's success.**”...”

“White House officials are steering the Trump administration away from vaccine reform, fearing the political consequences of emphasizing a relatively unpopular issue in a key election year. But the Make America Healthy Again movement, led by Robert F. Kennedy Jr. — a health secretary with a history of anti-vaccine activism — isn't going along without a fight....”

Stat - Make next year's flu shots, says FDA committee

<https://www.statnews.com/2026/03/13/health-news-flu-shots-for-next-year-fda-committee/>

“Vaccine experts on an FDA advisory committee said Thursday the agency should instruct flu vaccine manufacturers to make next winter's shots using the strains [recommended by the World Health Organization](#)....”

Devex – GAO, let's go

[Watchdog — US State Department not answering aid oversight questions](#)

“The **Government Accountability Office** is "waiting for up to eight months for basic answers to questions," its director told members of Congress.”

“Nearly eight months after asking the [U.S. Department of State](#) how it plans to manage foreign aid after the dismantling of USAID, the **Government Accountability Office** says [it's still waiting for answers](#). ... “This is information that's critical to understanding whether they are capable or positioning themselves to effectively oversee all of this new foreign assistance,” GAO Director **Latesha Love-Grayer** told lawmakers this week. “We're unable to provide that information to Congress and taxpayers in a timely way when **we're waiting up to eight months for basic answers** to questions.”

“The standoff raises fresh concerns about who is actually overseeing billions in aid now that [most USAID staff have been fired](#), writes Devex Senior Reporter Michael Igoe — especially as the State Department plans to send more funding directly to foreign governments, where oversight can be murkier. As Love-Grayer put it, “The visibility into how the funds have been spent can be a little less transparent.”....”

Stat - Trump is getting more credit than Biden for efforts to lower drug prices

[Stat](#);

“More people think Trump will get them cheaper drugs than were even aware of Biden's main effort.” According to a **new poll by KFF**.

“The Trump and Biden administrations have both made lower drug prices a priority. But Trump is [getting more credit](#) for his efforts, according to a new poll by KFF.

TrumpRx is the centerpiece of the president's efforts to lower drug prices, and he's touted the site extensively at White House events. It's paid off: 41% of Americans say it is likely the Trump administration's policies will lower their prescription drug costs, though the responses broke unsurprisingly along party lines, with 79% of Republicans, and 11% of Democrats agreeing....”

NCDs & Commercial Determinants of Health

Lancet Editorial - Making treatment for obesity more equitable

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00554-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00554-4/fulltext)

This week's Lancet Editorial.

“2026 may prove a pivotal year for obesity. [GLP-1 receptor agonists](#) have revolutionised obesity management over the past 10 years. Mounting evidence has established their benefits across many cardiometabolic and obesity-related conditions and the global weight-loss [medications market](#) is predicted to reach US\$150 billion by 2035. More than a billion people live with obesity, with the burden rising rapidly in low-income and middle-income countries. High costs, limited production capacity, and supply-chain constraints have resulted in persistent inequitable access to GLP-1 receptor agonists. But this could be about to change. **From next month, patents for semaglutide will expire in several countries, including in Brazil, Canada, China, India, and Türkiye—amounting to about 40% of the world's population. Manufacturers in China and India stand poised to launch a raft of biosimilars. As with antiretroviral drugs at the turn of the century, the resultant generic competition could substantially reduce prices. [One analysis](#) (published as a preprint) estimates that generic injectable semaglutide could be produced for as little as \$28 per person-year and that by the end of 2026, injectable generic semaglutide could be available in 160 countries, covering 84% of the global obesity burden. **Affordable biosimilars could be game changing—but not in isolation. ...”****

The editorial concludes: **“Medication alone will not reverse obesity. GLP-1 receptor agonists cannot address poverty, urbanisation, and harmful food environments. But they can and should form part of a systems-wide approach that integrates prevention, care, and treatment.** Recognising the co-dependence of prevention and treatment, [the WHO Acceleration Plan to Stop Obesity](#) **hopes to support 1.3 billion people across 34 countries to reduce obesity prevalence by 5% by 2030. The availability of GLP-1 receptor agonists will be a key indicator of its success.** These medications have undeniably energised the field of obesity care, capturing scientific, political, and commercial imaginations. The task now is to ensure this energy is channelled towards helping those most in need.”

NYT - Ozempic Is About to Go Generic for Billions of People

<https://www.nytimes.com/2026/03/19/health/ozempic-wegovy-generic-india-china-canada.html>

“In India, China and several other nations, Novo Nordisk is on the verge of losing patent protection for its blockbuster weight loss drug, opening the door for cheaper competing versions.”

“The blockbuster weight loss drug sold as Ozempic and Wegovy will soon go generic in countries that are home to 40 percent of the world’s population, significantly lowering the price of a costly medicine that had been largely unaffordable to nearly all but the wealthiest people. **On Saturday, Novo Nordisk, the company that until now has had a monopoly on selling the drug, will lose patent protection in several of the world’s most populous countries. The first generic versions are expected to arrive in India as soon as this weekend. In the coming months, the generics are also expected to become available in China, Canada, Brazil, Turkey and South Africa....”**

“The availability of these drugs, which have been restricted to high-income countries to very wealthy people, will now be democratized by the generics,” said Leena Menghaney, an activist in New Delhi focused on treatment access....”

“The new markets for generics are enormous. Together, India and China are home to more than 800 million adults who are obese or overweight and more than 360 million adults with diabetes....”

PS: **“In the United States and Europe, the drug is not expected to go generic until the early 2030s.** That delay is due to special regulatory protections that are intended to encourage innovation by extending a brand-name drugmaker’s monopoly....”

“... Generic makers have not yet disclosed pricing plans. Analysts predicted that as more competitors enter the market, prices for the generics could eventually drop to about \$15 a month. “

“... Generic makers could also bring semaglutide to poorer countries where Novo Nordisk never sought patent protection and where there has been very little use of the drug so far. Researchers estimated that the generics could be mass-produced for as little as \$3 a month per patient....”

Planetary Health

HPW - Governments Are Failing to Act on Deadly Combination of Super Pollutants and Heat

<https://healthpolicy-watch.news/governments-are-failing-to-act-on-deadly-combination-of-super-pollutants-and-heat/>

“The combination of heat and “super pollutants” is emerging as a critical threat to human health, according to experts at the Better Air Quality (BAQ) conference which ended last Friday in Bangkok.”

“Short-lived super pollutants – methane, black carbon, hydrofluorocarbons (HFCs), [nitrous oxide](#) and ground-level ozone – contribute to half of global warming and millions of premature deaths. ... These pollutants have a short life span, but some can be transported thousands of kilometres in days. Meanwhile, rising heat and humidity can create dangerously high heat stress temperatures and worsen the impact of breathing polluted air. ...”

HPW - Africa’s Health Systems Must Confront Climate Change as a Critical Health Crisis

A Ngugi; <https://healthpolicy-watch.news/africas-health-systems-must-confront-climate-change-as-a-critical-health-crisis/>

“Climate resilience is a key sub-theme of the [World Health Summit’s regional meeting](#) in Nairobi next month that is bringing leaders together to address the structural realities of health security across the continent and advance a transformative reform agenda....”

PS: “... Framing climate adaptation as a health systems strengthening pillar will help in shifting the discussion from awareness to implementation....”

HPW – Climate Change is Exacerbating Africa’s Health Challenges

<https://healthpolicy-watch.news/climate-change-is-exacerbating-africas-health-challenges/>

“Climate change is driving cholera cases in various African countries, particularly in Mozambique, which was hit by two tropical cyclones earlier this year that caused widespread flooding, according to Dr Yap Boum of the Africa Centres for Disease Control and Prevention....”

Lancet Global Health - Effects of climate change on physical inactivity: a panel data study across 156 countries from 2000 to 2022

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00472-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00472-3/fulltext)

Via the press release:

- “The Lancet Global Health: Modelling suggests climate change could drive millions globally into physical inactivity by 2050 and be linked to an estimated half a million premature deaths...”

Coverage via [the Guardian - Reduced physical activity due to global heating will lead to rise in health issues, study says](#)

“Researchers project that reduced activity could contribute to half a million additional premature deaths annually by 2050.”

“... Researchers analysed data from 156 countries between 2000 and 2022 and modelled how rising temperatures may affect physical activity globally by 2050. They found that each additional month with an average temperature above 27.8C would increase physical inactivity by an average of 1.5 percentage points globally, with an even higher increase of 1.85 points in low and middle-income countries....”

PS: “Reduced physical activity is already a big global health problem and is responsible for an estimated 5% of all adult deaths, according to the study, which was published in [the Lancet Global Health](#) journal. About [a third of the world’s population](#) fails to meet World Health Organization guidelines for weekly exercise.”

“The study projects that the increase in physical inactivity could contribute to about half a million additional premature deaths annually and \$2.4bn – \$3.68bn in productivity losses by 2050.”

“The biggest increases in inactivity are projected to be in hotter regions such as Central America, the Caribbean, eastern sub-Saharan Africa, and equatorial south-east Asia, where inactivity could rise by more than four percentage points a month....” “This is not just a climate story, it is also an inequality story. The places expected to face the greatest increases in climate-driven inactivity are often the same places with fewer resources to adapt,” said García-Witulski.”

“... The model also predicted a bigger increase in inactivity among women, which could reflect physiological differences as well as social factors, such as less time and access to cool places for exercise, said García-Witulski....”

The Conversation - Climate finance has failed Africa twice over – how to fix it

L Sachs; [The Conversation](#);

“The global response to this dual challenge has been woefully inadequate, with particularly devastating consequences for the countries that contributed least to global warming yet are most profoundly affected....”

“First, **despite continued pledges to increase adaptation finance, the financing gap remains massive**. Africa is receiving less than US\$14 billion per year in adaptation finance against an estimated need of more than US\$100 billion. And more than half of what does flow arrives as interest bearing loans. **Second, the growing attention to adaptation has crowded out the increasingly urgent imperative of deep decarbonisation**. [Investing in decarbonisation](#) has become more, not less, urgent as global warming reaches the 1.5°C threshold, [with emissions still rising](#). Deep decarbonisation is the only way to stop climate-related risks from rising to unmanageable levels. Resilience becomes increasingly ineffective as emissions and temperatures continue to rise. We cannot adapt to many extreme events, or their impacts on food systems, livelihoods and health. Tipping points are irreversible. **Third and most profoundly, the global financial architecture is failing Africa on multiple levels simultaneously, with cascading impacts for both mitigation and adaptation**. Investing in decarbonised energy and transport systems and in building resilience to the increased impacts of climate change requires access to long-term affordable capital....”

PS: “The **single most important imperative is to lower the cost of capital for African borrowers, both sovereign and non-sovereign, to invest in modern, decarbonised infrastructure and in resilience at scale**, for the benefit of the region and the world. Fundamentally, **this means reformed debt sustainability frameworks, liquidity mechanisms, risk assessments and credit ratings**. Sovereigns, project developers and investors should also align around coherent, rigorous least-cost energy system modelling, so that investment pipelines are integrated with economy-wide planning.”

“... **Only mitigation – the deep decarbonisation of the world’s energy, transport, land and industrial systems – reduces the drivers of climate change. All other financing – for resilience, insurance and disaster recovery – manages the consequences of unmitigated climate risk**. It does not reduce the underlying hazard....”

Access to medicines, vaccines & other health technologies

WHO – Highlights from the Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization, 9 to 12 March 2026

https://hq_who_departmentofcommunications.cmail20.com/t/d-e-ghdlyll-ikudkhlulul-y/

Key points:

“Countries should consider routine COVID-19 vaccination for groups at highest risk of severe COVID-19 disease; two doses per year six months apart, due to the limited protection beyond six months after the last dose. These groups include oldest adults; older adults with significant comorbidities or severe obesity; residents in care and long-term care facilities; and moderately or severely immunocompromised individuals. **Countries may consider routine COVID-19 vaccination for additional groups, with at least one dose per year, based on the local context, cost-effectiveness, and programmatic feasibility.** These include older adults without comorbidities; younger adults, adolescents and children with significant comorbidities; and health and other care workers. Countries may also consider vaccinating pregnant persons, one dose in each pregnancy; and previously unvaccinated healthy children from 6 months to 23 months of age, only in countries with documented significant burden in this age group.”

“SAGE recommended the introduction of typhoid conjugate vaccine (TCV) in countries or settings with a high or very high incidence of typhoid fever or a high burden of antimicrobial resistant S. Typhi. Countries should consider introducing a booster dose around 5 years of age in settings with very high typhoid incidence for children who received a primary TCV dose at 9–24 months of age.”

“Countries at low risk for poliovirus importation — and that already give three doses of inactivated polio vaccine (IPV) in the first year of life — may reduce the number of bivalent oral polio vaccine (bOPV) doses in routine programmes from three to two, since this combined schedule will sustain mucosal immunity.”

“The Vaccine Portfolio Optimization and Prioritization approach is helping countries make tough, evidence-based choices about how to get the most health impact from their immunization programmes at a time of tightening budgets. “

- Coverage & analysis via [HPW – WHO Expert Group: Step up Typhoid Vaccination in High Risk Regions, Fewer Polio Doses in Low-Risk Areas](#)

“Countries with a high incidence of typhoid or antimicrobial resistance to its leading pathogen, *Salmonella Typhi*, should introduce typhoid vaccinations, according to the World Health Organization’s (WHO) Strategic Advisory Group of Experts (SAGE) on Immunization.”

“In new guidance issued Wednesday, SAGE also recommended routine COVID-19 vaccination for groups at highest risk of severe COVID-19 disease every six months and reducing polio vaccines from three to two doses in countries at low risk.....

PS: **“Acute resource reductions: O’Brien (WHO) acknowledged the current context of conflicts, and economic challenges, resulting in national health budgets being reduced.** The challenge for countries’ National Technical Advisory Groups on vaccines is to ensure that they have the surveillance systems to know where diseases occur and where the target should be, she said. “The focus of 2026 and onward is to protect the core of the core of immunisation programmes and to integrate the efforts across different initiatives and for countries to make decisions on where they will focus the resources,” said O’Brien. However, she noted that the WHO recommended vaccinations for 14 diseases, and over 80% of countries cover 10 or more of those diseases....”

Science - China demands evidence that traditional medicine injections really work

[Science](#);

“New regulations ask manufacturers to provide efficacy and safety data—or withdraw their products.”

“China is about to apply its growing scientific expertise to one of its most cherished cultural treasures: traditional medicine. **Last fall, government agencies with authority over pharmaceuticals and health issued draft guidelines calling on companies that make traditional Chinese medicine (TCM) injections—many of them used for decades—to provide evidence that they are safe and effective and explain how they work.** If the companies don’t comply, their products will be removed from the market....”

“The **draft regulations, issued by the [National Medical Products Administration \(NMPA\)](#) and two other [agencies](#), will only apply to TCM products that are injected intramuscularly or intravenously, not to the remedies widely taken by mouth in China and overseas.** TCM injections have been plagued by inconsistent evidence of benefits and a spotty safety record. ...”

“... .. **The new rules “mark a fundamental shift in the development paradigm of TCM injections and even the entire TCM industry from relying on traditional experience to embracing modern scientific evidence,”** says Li Huarong, a historian of TCM at Shanxi University of Chinese Medicine....”

TGH – Where the Iran War Could Disrupt Pharmaceutical Supply Chains

P Yadav et al; <https://www.thinkglobalhealth.org/article/where-the-iran-war-could-disrupt-pharmaceutical-supply-chains>

“Pharmaceutical company executives are responding to the immediate supply-chain threats by targeting unconventional routes.”

Cidrap News - Danish university places hold on controversial hepatitis B vaccine study in Guinea-Bissau

<https://www.cidrap.umn.edu/hepatitis/danish-university-places-hold-controversial-hepatitis-b-vaccine-study-guinea-bissau>

“The University of Southern Denmark has placed a “full hold” on a heavily criticized clinical trial of the hepatitis B vaccine in Guinea-Bissau owing to ethical concerns. The move comes after officials in Guinea-Bissau announced last month that the trial—which would provide life-saving hepatitis B vaccines at birth to only half of the 14,000 infants in the study—**has been stopped.**”

PS: **“ Seeking WHO review:** Ole Skøtt, MD, DMSc, dean and professor of the faculty of health sciences at the university, said **he contacted the WHO’s research ethics review committee to ask to review study the protocol.** “There may be issues relating to conflicts of interest in relation to the approval granted by the local ethics committee in Guinea-Bissau for the hepatitis B project,” Skøtt told CIDRAP News. “It is important to us that the research ethics issues are thoroughly examined before any decision is made on the further course of action.”...”

- And via [Stat](#): **“ on Wednesday, Kate O'Brien, head of WHO's immunization and vaccinations program, said that while the university had made that request, the global health agency hadn't yet replied.** O'Brien said it's the responsibility of funders and the home institutions of researchers to ensure a proposed study's protocol is ethical....”

Lancet Letter - The need for locally manufactured health commodities in Africa

Jean Kaseya et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00321-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00321-1/fulltext)

“The 2021 *Lancet* Commission on diagnostics reported that nearly half of the world's population has limited access to basic diagnostic services. **Less than 5% of diagnostics and less than 1% of vaccines used in Africa are produced locally.** Heavy reliance on external supply is a strategic vulnerability, with consequences magnified during pandemics when global competition for medical countermeasures intensifies. **Local manufacturing requires more than technical capacity: it demands policies that shape markets, reduce risk for early movers, and reward quality-assured local production.** The African Pooled Procurement Mechanism (APPM), which aims to consolidate procurement activities across the continent, can align demand across countries and translate continental priorities into predictable orders, thereby enhancing market access for the pharmaceutical industry.....”

“To overcome [these] obstacles, the Africa Centres for Disease Control and Prevention (Africa CDC) and partners launched **the Africa Collaborative Initiative to Advance Diagnostics (AFCAD)**, which aims to strengthen regional collaboration in research, regulation, manufacturing, and procurement to advance diagnostic self-reliance....”

Concluding: “... To sustain progress, Africa needs intentional market-shaping measures—**preferential procurement for quality-assured local products, predictable demand through the APPM, streamlined regulatory pathways, and continued investment in biobanking and independent evaluation....**”

Conflict/War & health

Devex – Beyond the battlefield: the global ripple effects of the Iran war

<https://www.devex.com/news/beyond-the-battlefield-the-global-ripple-effects-of-the-iran-war-112033>

“From **displacing millions in the Middle East to driving up food and fuel prices in Africa and threatening fragile peace efforts in Sudan**, the war’s shockwaves are being felt worldwide....”

HPW - Middle East Conflict Set to Drive Up Food and Medicine Costs, Exacerbate Hunger

<https://healthpolicy-watch.news/middle-east-conflict-could-hike-medicines-and-food-prices-and-exacerbate-hunger/>

“Following Iranian missile attacks on Dubai, **a major global logistics and humanitarian hub, the World Health Organization is struggling to revive the traffic of medicines and health care supplies in and around the Middle East and African regions most served by the hubs**, a WHO official said on Wednesday. ..”

“We have managed to do a pharmaceutical shipment to Africa yesterday using commercial air transport, and we have started to receive inbound replenishment through alternative ports,” said **Paul Molinaro, head of WHO Operations Support and Logistics, speaking at a WHO briefing on Wednesday.** “And hopefully we’ll start putting out the mix of air charter, road, sea, particularly to Lebanon to Afghanistan, to Sudan and to Gaza, and get that back on track as soon as we can.” But **he warned that the ripple effect of the conflict on Gulf countries like the United Arab Emirates, one of the world’s leading hubs for trade in fertiliser and pharma supplies, is only just beginning to be felt.** And beyond the immediate shocks to emergency deliveries of humanitarian relief, **the crisis is likely to translate into higher long term prices for fertiliser, foods and pharmaceutical supplies, hitting hard at low and middle-income regions.”**

PS: **“Sub-Saharan Africa and Asia most vulnerable :** According to WFP’s analysis, **countries in sub-Saharan Africa and Asia are the most vulnerable due to a reliance on food and fuel imports.** Projections indicate an increase of 21% in food-insecure people for West and Central Africa and 17% for East and Southern Africa. An increase of 24% is forecast for Asia....”

Politico - ‘Worst-case scenario’: Middle East nuclear concerns haunt top health officials

<https://www.politico.eu/article/were-preparing-for-a-nuclear-incident-in-the-middle-east-top-health-official-says-who-hanan-balkhy/>

“The World Health Organization is being “vigilant” for any kind of atomic threat, the regional director for the eastern Mediterranean tells POLITICO.”

Some more reports, series & other publications of the week

UN News - Nearly 5 million children are still dying annually before their fifth birthday: Here’s why

<https://news.un.org/en/story/2026/03/1167151>

“An estimated 4.9 million children died before their fifth birthday in 2024, including 2.3 million newborns, according to new United Nations estimates released on Tuesday – highlighting a **worrying slowdown in global progress on child survival.”**

“... For the first time, the analysis provides a comprehensive picture of not only how many children are dying and where – but also why, by fully integrating global estimates on causes of death. The [Levels and Trends in Child Mortality report](#) launched by the UN Inter-agency Group for Child Mortality Estimation shows that, **although under-five deaths have fallen by more than half since 2000, the pace of reduction has slowed by more than 60 per cent since 2015.....”**

- See the [WHO press release – Progress in reducing child deaths slows as 4.9 million children die before age five](#)

“New UN report on child mortality fully assesses leading causes of under five deaths for first time.”

“The analysis provides the latest global picture of where and why children, adolescents and youth are still dying. It highlights persistent risks for the youngest children, including preventable infectious diseases and complications around the time of birth, while older children and adolescents face additional threats, including injuries and mental health–related causes. **This analysis is produced by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) and the Child Adolescent Cause of Death Estimates group (CA CODE)....”**

- Coverage via [the Guardian – Millions of children dying from preventable causes, report reveals](#)

“Premature birth, pneumonia and malaria among leading causes of death in under-fives worldwide, as UN experts warn aid cuts are slowing progress on survival rates.”

World Happiness Report 2026

<https://www.worldhappiness.report/>

Do start perhaps with the [Executive Summary – happiness and social media](#)

- And for some key messages, see the [Guardian - Instagram worse for mental health than WhatsApp, global study finds](#)

“World Happiness Report finds **platforms focused on connection less harmful than algorithm-driven apps.**”

Lancet Global Health – April issue

<https://www.thelancet.com/journals/langlo/issue/current>

Start with the [Editorial: Tuberculosis at a crossroads](#)

“This World Tuberculosis Day (March 24), as ever, the world has everything it needs to end tuberculosis in our lifetimes. Yet [in 2024](#), 1·23 million people died of tuberculosis, indicating that tuberculosis persists as the world's deadliest infectious disease. 10·7 million people developed active tuberculosis disease, up from 10·3 million in 2020. **With [recent cuts](#) in development assistance, there is a serious risk of backsliding on a solvable issue, with [one estimate](#) attributing a potential 606 900 additional tuberculosis deaths between 2025 and 2030 across 55 countries directly to the cuts. [In 2024](#), USAID bilateral funds accounted for over 20% of all funding for tuberculosis programmes; more broadly, the US accounted for 50% of all international donor tuberculosis funding from 2015–24. **In the short time since the cuts, 16 countries have reported a severe impact on their national tuberculosis programme technical support, nine on the procurement of diagnostics, and seven on the of procurement on anti-tuberculosis drugs.....”****

Yet, “... **Gains are being made.** Between 2015 and 2024, Africa reduced active tuberculosis cases by 28%, with a 46% reduction in deaths. In fact, over this period 65 countries reduced tuberculosis deaths by at least 35%. In 2024, 5.3 million people at high risk of tuberculosis received preventative treatment, compared to 4.7 million in 2023. **It's important to celebrate this progress, but to recognise that the elimination of tuberculosis by 2030 in the current financial climate will require greater efforts to coordinate a multitude of stakeholders across sectors. Like maternal mortality, a high tuberculosis burden is a bellwether for system failure.** Aligning cross-sectoral policies using frameworks such as **complex systems thinking** could be the key to unlocking action.....”

Lancet Global Health series - Energy and health in low-income and middle-income countries

<https://www.thelancet.com/series-do/energy-health-2026>

“Reliable and affordable clean energy is essential for modern living and powering economies. Access to clean energy has increased substantially in low-income and middle-income countries over the past three decades. However, millions still lack reliable and affordable access to electricity and clean cooking fuels. **This new Series—an update to the Series published in The Lancet in 2007—outlines the burden of disease associated with energy production and consumption; the drivers of and barriers to clean energy adoption; and how reliable, affordable, sustainable, and equitable electricity access in health-care facilities is necessary for achieving universal health coverage.**”

Miscellaneous

Lancet Offline – Intelligence does not prevent stupidity

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00551-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00551-9/fulltext)

Excerpts:

“**The dangers facing the world today were the subject of Natalia Kanem's University College London (UCL)–Lancet Lecture last week.** Kanem was most recently Executive Director of the United Nations Population Fund (UNFPA). She is also **Co-Chair of The Lancet's Commission on 21st-Century Global Health Threats.** Kanem **focused on six threats. Artificial intelligence. Pandemics. Antimicrobial resistance. Climate change. Unhealthy ageing. And conflict.** But her talk ranged far beyond existential risks and disability-adjusted life-years, her preferred method of estimating the scale of those risks. **Her message was one that is unfashionable today—namely, that the way to safeguard the future of public health is through dialogue.** Political leaders seem to have tossed dialogue into the flames of hell. Assassinating heads of state has become acceptable. Waging illegal wars is deemed normal. And killing civilians is permissible. **Kanem's proposals to counter these jeopardies were sensible homilies, although in today's context fantastically challenging.** **Institutionalise a long-term view. Learn to speak the languages of finance and security (where real decision-making power lies). Strengthen health systems as platforms for prevention. Do not be afraid of regulation. And accelerate innovation in all sectors, while protecting gender equality and other human rights. Trust is the foundation of resilience and an effective health system is a critical determinant of trust. ...”**

“David Osrin, Professor of Global Health at UCL, replied to Kanem by inviting the audience to take a broader view of threats. Why not include the retreat of the state, capitalist approaches to economics, fragmentation of governance, populism (both right and left), commercial determinants of health, and digital technologies? Surely inequities (unfair inequalities) are one of the biggest threats of all. ...

“... For Kanem, like Butler I suspect, **there is no fixed future. But there is hope. Peace is foundational. We all have agency. We do have influence. We do possess power.** Kanem concluded her lecture by urging her audience to choose the path of solidarity to build peace. **Despite the risks, the dangers, and the threats that surround us, we can all help to choose, in Butler's words, “safer, wiser courses”.** Perhaps we should not only identify threats. Perhaps we should also seek **opportunities.** One such opportunity is Africa: a continent of “wonderful possibilities”, suggested Kanem. “A well-prepared Africa has a shot at greatness”, she said. But, as da Empoli's narrator warns, “intelligence doesn't protect you from anything, not even stupidity”.”

Global health governance & Governance of Health

Devex – Reform or Retrenchment

C Lynch ; [Devex](#) ;

“A sweeping cost-cutting push at the United Nations is stirring a bigger debate about what the institution should look like in a fractured world. The race to replace U.N. Secretary-General António Guterres could determine whether it charts a bolder course — or settles for a leaner status quo.”

“The [United Nations](#) has spent the past year tightening its belt. Through the [UN80 initiative](#), the organization has cut roughly 20% of its administrative budget — moves that may help convince skeptical U.S. policymakers that it's serious about tackling bureaucratic bloat. But experts in a recent Devex Pro Briefing warn the cuts may shrink the U.N. without fixing what's broken — all while Washington's failure to pay its dues fuels a cash crisis that U.N. Secretary-General António Guterres says [risks an “imminent financial collapse.”](#) “

“[Critics say the reforms miss the bigger question](#): What the U.N. is actually for in a far messier world, writes Devex Senior Global Reporter Colum Lynch. “I don't think the ambition was how to better prepare the U.N. to confront challenges of the future,” said Heba Aly, the director of the Article 109 coalition. “It was really a cost-cutting exercise, and because of the lack of vision as part of the process I think the risk is ... that you end up with a U.N. that's 20% smaller and still trying to do the same thing.” The result, she added, could be a U.N. that is “less effective, and therefore continues to lose relevance.” ...”

“Meanwhile, the race to replace Guterres — who steps down at the end of the year — could reshape the institution's future. Jane Kinninmont, CEO at the United Nations Association-UK, called the leadership change “a major opportunity to reset” the organization's priorities. But Daniel Forti, the head of U.N. affairs at the [International Crisis Group](#), warned that candidates may take the easier route — promising capitals a safer, quieter U.N. rather than a more ambitious one. “If the U.N. gives in to this approach, why wouldn't other powerful member states try and adopt the same practice of withholding funding unless they're getting their way?” he said....”

IDDRI - The G7 under the French presidency: international cooperation is–more than ever?–needed

C Kauffman et al; <https://www.iddri.org/en/publications-and-events/blog-post/g7-under-french-presidency-international-cooperation-more-ever>

“ At a time when the United States is chairing the G20 and introducing major disruptions into the discussions, **the French G7 presidency has chosen to focus on two key risks to economic stability and security**, even though the political scope for progress appears limited in the context of ongoing conflicts: **the major macroeconomic imbalances between the most powerful economic blocs, which are reshaping their industrial policies; and, consequently, the risk that it will become increasingly difficult for the rest of the world to finance the investments needed for sustainable development and industrialization...**”

PS: “ ... **The development finance ecosystem must evolve** to accommodate the growing number of stakeholders, become more effective and efficient, particularly in managing increasingly limited concessional funds, and strengthen ties with the private finance sector. **Within this ecosystem, public development banks must form a more effective and integrated system, as they are its linchpins, acting both as channels for financing and as close observers of on-the-ground realities.** With this in mind, the **dedicated working group has produced recommendations (see *Solution Paper "Towards a more effective and integrated Public Development Bank system"*)** on tools to enhance the contribution of these banks to the ecosystem, by better integrating project preparation and implementation processes and by reducing financial costs and risks for emerging markets and developing economies through improved access to vertical funds and the development of integrated financing packages....”

African Business - Tony Elumelu to spearhead Macron’s new France-Africa initiative

<https://african.business/2026/03/trade-investment/tony-elumelu-to-spearhead-frances-new-african-initiative>

“A new coalition will help to ramp up ties between France and the continent as Paris recalibrates towards alliances with anglophone nations.”

“The French government has launched the “Africa France Impact Coalition,” a new forum bringing together French political leaders and prominent African entrepreneurs, as Paris continues to redefine its approach to the African continent. **French President Emmanuel Macron has appointed Nigerian billionaire Tony Elumelu** (pictured above right with Macron in November 2024) **to lead the Coalition, which is designed to be a catalyst for closer private sector collaboration between France and Africa.** Elumelu has suggested that the Coalition – which will be showcased at the upcoming France-Africa summit in Nairobi this May – **will be focused on generating mutually beneficial economic growth that can also create opportunities for Africa’s growing young population....”**

“... **The choice of Nairobi for the France-Africa summit, and Nigeria’s Elumelu as head of the new Coalition, is indicative of the increased emphasis France is putting on relations with anglophone Africa,** partly as a reaction to its [waning influence](#) in its former African colonies....”

Devex - New International Planned Parenthood chief steps in amid anti-rights surge

<https://www.devex.com/news/new-international-planned-parenthood-chief-steps-in-amid-anti-rights-surge-112101>

“Maria Antonieta Alcalde Castro is convinced the backlash against sexual and reproductive health and rights today is a response to the wins the movement has made over the years, such as in the decriminalization of abortion in many countries.”

“... Alcalde is the first person from Latin America to lead IPPF, a federation of over 100 member associations and considered one of the largest global organizations working on sexual and reproductive health and rights.”

PS: **“she’s not so keen on the U.N. proposal to merge UN Women and UNFPA. “Merging is not a bad thing by itself, if you merge to be bolder and more efficient and to be able to reach more people. We’re all for it. And so we are not just saying no to this merging for the sake of the merger,” she told me. But she said it needs to preserve UNFPA’s sexual and reproductive rights work....”**

“...That’s a key concern not just for Maria, but for the many individuals and organizations working in the sector, who are baffled by the proposal. They say the two entities have distinct mandates and are not as resource-intensive as other U.N. agencies, if funding were THE primary factor behind the merger proposal. ...”

Via the author of this article: **“Proposals to merge the [United Nations Population Fund](#) with UN Women are not new. However, the conclusion has always been that UNFPA is better off on its own. Here’s what I found: A [2006 paper](#) proposing the creation of UN Women specifically mentions this, arguing that while UNFPA “is frequently tagged on as part of the UN’s ‘women’s machinery.’ This stand-alone agency has a distinct mandate (which applies to both women and men) and **does not appear to overlap with others.**” It adds that “UNFPA functions well as an independent entity, though with too few resources, and should work closely and collaboratively with a women’s agency while maintaining its separate status.” **Seventeen years later, in 2023, Dalberg conducted an [independent review](#) of the U.N. system’s capacity to deliver on gender equality. Again, the idea of a merger between the two came up.** But the review concluded that the **“disadvantages of the merger outweigh its advantages.” ...”****

“This raises an important question: If previous evaluations have already determined that UNFPA and UN Women are better off apart, why does U.N. HQ seem so keen on bundling them? The U.N. is doing yet another assessment, which will hopefully answer this question....”

“Trying to make sense of it all, an official from one of the two agencies — who describes the process over the past few months as confusing and frustrating — tells me: “It really came to seem like the entirety of UN80 reform was either just a pretext to merge these two agencies, or they just felt that these two agencies were the weakest.” “

“The proposal also comes on the heels of a wide-ranging restructuring at UNFPA that moved a significant number of its staff [from New York to Nairobi](#), which meant staff had to uproot their families. And now, a merger, if it happens, could once again disrupt the organization — and lead to further job losses....”

“Member states have been asking the U.N. secretary-general to produce an analysis showing the

benefits and risks of a merger. So far, his office has only come up with a baseline analysis, which provides a snapshot of each organization's governance, donor funding, budget and reach, as well as each of their strengths and weaknesses.....”

Development Today – Nordics hold their ground following Trump II cuts to UNFPA

[Nordics hold their ground following Trump II cuts to UNFPA](#)

“In the first year of Trump II aid cuts, a few donors in Europe have held up their support for the UN Population Fund (UNFPA), with the Nordics maintaining their long-held position as principal providers of core support in 2025. During a recent visit to the five Nordic capitals, Executive Director Diene Keita described the region as “a global stronghold for women and girls.”

Global Policy - Responsible Accountability? Multi-Stakeholder Partnerships, Sustainable Development and Global Health

Matteo De Donà, Kristina Jönsson; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70158>

« Using policy documents and interviews, **this paper investigates accountability challenges across two global health MSPs: UHC2030 and Medicines for Malaria Venture.** Our analysis shows that **MSPs face different accountability challenges depending on their *official* and *de facto* responsibilities. We also observe that accountability gaps look different depending on how *horizontal* accountability is understood as well as on the prevailing logics (either *public* or *corporate*) that inform MSPs.** Accountability and responsibility are strictly intertwined, and the ways in which accountability is enacted are directly dependent on varying framings of responsibility. Consequently, accountability is understood and framed inconsistently among MSPs contributing to the 2030 Agenda....”

Global health financing

IISD - UN Report Reflects on Initial Implementation of Sevilla Commitment

[IISD](#);

“The report focuses on the action areas undergoing in-depth review at the 2026 session of the ECOSOC Forum on Financing for Development Follow-up: private business and finance; trade; international financial architecture and systemic issues; and data, monitoring and follow-up.

In addition, the report updates on the other action areas, including: domestic public resources; international development cooperation and development effectiveness; debt and debt sustainability; and science, technology, innovation, and capacity building.”

“The first to be released since FfD4, the report of the Task Force also features a mapping of the actions and commitments in the Sevilla Commitment and related initiatives in the Sevilla Platform for Action. ... A UN task force mandated to monitor progress on the Addis Ababa Action Agenda (AAAA) and to advise governments on financing for development (FfD) has advanced an unedited version of its 2026 report on FfD. The report assesses the macroeconomic and global backdrop to

the Fourth International Conference on Financing for Development (FfD4) and its impact on development financing, and gauges early implementation efforts of the Sevilla Commitment.....”

UHC & PHC

Lancet Primary Care - If primary care evidence is local, what does equity mean?

R Armitage; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00025-7/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00025-7/fulltext)

+ [reply authors.](#)

Ramaphosa triples down on the NHI

<https://businesstech.co.za/news/government/853832/ramaphosa-triples-down-on-the-nhi/>

Via **Global Health Unfiltered:** South Africa Maintains Commitment to National Health Insurance

“President Cyril Ramaphosa has affirmed that the government of South Africa will proceed with the National Health Insurance scheme despite ongoing legal challenges and a pause on the promulgation of the National Health Insurance Act. The president noted that the Department of Health is currently conducting preparatory work including the development of an accreditation framework and contracting arrangements for healthcare providers. The government is also rolling out digital systems such as a Health Patient Registration System and an Electronic Medical Record to track patients across public and private sectors. These systems are expected to be implemented across 3500 public healthcare facilities within the next 15 months.....”

Health Systems & Reform - Poor Accountability and Corruption in Primary Healthcare in Nigeria: Subnational Governance Deficiencies Matter

<https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2630426>

By Prince Agwu, M McKee et al.

Planetary health

Lancet Planetary Health – February issue

[https://www.thelancet.com/issue/S2542-5196\(26\)X2002-2](https://www.thelancet.com/issue/S2542-5196(26)X2002-2)

Start with the [Editorial - The nature of national and job security](#)

Re the job security: “... Halting and reversing the decline in nature is of vital strategic importance to all countries, but it can also provide the means to address one of the other great economic and societal challenges of the next century: the work transition. The development of artificial

intelligence and other new technologies is expected to displace a great many jobs. Similarly, the necessary transition to a greener economy would reduce jobs in the fossil fuel industry and in parts of other sectors like manufacturing and agriculture. However, **wise investment in a just and managed transition to an economy and labour force that supports sustainability could create new opportunities for useful and meaningful work and mitigate the potential harms of job losses in declining sectors.** This is the case made by a [new report](#) from the World Resources Institute entitled **“Jobs and skills for the new economy”**. Although the report’s focus is on climate change mitigation, the interventions needed and the possible co-benefits overlap strongly with those for ecosystem and biodiversity protection. **The report estimates that transitioning to a low-carbon economy could generate a net increase of 375 million jobs globally in the energy, manufacturing, construction, and agriculture sectors over the next decade.** While many jobs will of course be added in renewable energy, labour for regenerative farming, conservation, and nature-based solutions could become one of the largest sources of new jobs in the agricultural and land management sectors...”

Nature Medicine - Integrating health equity into energy transitions and climate governance

<https://www.nature.com/articles/s41591-026-04290-0>

“The health benefits of clean energy transitions are unevenly distributed, even when emissions targets are met. A **health-centered global governance framework is urgently needed to ensure that health justice is embedded in climate policy.**”

Health Systems & Reform (Commentary) - Ethical Principles for Planetary Health: A Preliminary Inquiry

Michael R. Reich; <https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2619156>

“The field of planetary health ethics is beginning to emerge. This commentary represents a preliminary effort to articulate ethical principles for planetary health by considering three domains: (1) non-sentient nature, (2) non-human animals, and (3) human beings. The paper gives special attention to Japanese traditions and concepts as a possible basis for broader ethical principles that may be universally applicable to how we relate to nature, other animals, and human beings, in the pursuit of planetary health. Ultimately, **the process of defining ethical principles for planetary health challenges us to move away from human-centered ethics and practices. It requires that we think of human beings as essentially part of the planet, spiritually connected to the natural elements and sentient animals around us** (rather than viewing ourselves as the owners of the planet’s resources, destined to consume nature and animals for our own purposes).”

Nature Climate Change - Principles for a post-growth scenario of ambitious mitigation and high human well-being

Aljoša Slameršak, J Hickel, J Steinberger et al; <https://www.nature.com/articles/s41558-026-02580-6>

On the core principles of a post-growth climate mitigation scenario that can achieve rapid decarbonization and high well-being.

“Here we **synthesize recent advances in post-growth research into five core principles**: well-being, sufficiency, reduced inequalities, repurposing of the economy and north–south convergence.....”

Nature Sustainability - Sleep loss in a warming world

Kim R. van Daalen et al; <https://www.nature.com/articles/s41893-026-01778-y>

“**High temperatures disrupt sleep worldwide, with disproportionate impacts on older adults, women and populations in lower-income countries.** A study uses climate change simulations to project future global sleep erosion and, in turn, the decline in childhood general cognitive ability and associated socioeconomic costs.”

Covid

Science – A forgotten social media post may hold key clues to Covid-19’s origin

<https://www.science.org/content/article/forgotten-social-media-post-may-hold-key-clues-covid-19-s-origin>

“**Analysis of Wuhan market map suggests China has not disclosed some of the earliest infections in animals and people.** “

Infectious diseases & NTDs

Plos GPH - Pursuing policymakers, payors and public – expanding the beginning and end of the tuberculosis care cascade to reflect whole-of-society ambitions

Luan Nguyen Quang Vo et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006018>

Another read ahead of World TB day.

On « **Innovating the TB care cascade into a TB policy cascade**: If the goal is to end TB, it is no longer sufficient to rely on a clinical care cascade that accounts only for people we can overtly afford to treat, and views treatment completion as the end of our event horizon. Cognizant that **ending TB requires a whole-of-society approach, to return survivors to health we need a society-level cascade** (Fig 1), which includes performance measures that hold to account our ability to involve policymakers and payors, and engage the community to close the massive gaps at the beginning and end of the cascade; to treat the whole population as the starting point and capture for how many people we had sufficient funding and outreach; and to account for the hidden costs of TB, whether this involves heavy economic losses or an impaired quality of life from TB-related sequelae post-treatment. While the recent technology innovations have been exciting, **it is vital we are innovative in our conceptualization of TB as a multidimensional clinical, political and social issue. This notion will require the engagement of key interest-holders up- and downstream of a policy cascade for TB**, led by policymakers and payors, powered by affected communities...”

AMR

Cidrap News - Study finds rising resistance to a last-resort antibiotic in Africa

<https://www.cidrap.umn.edu/antimicrobial-stewardship/study-finds-rising-resistance-last-resort-antibiotic-africa>

“Resistance to a last-resort antibiotic is rising sharply in Africa to two multidrug-resistant (MDR) bacterial pathogens that pose major threats in health care settings, according to a study this week in *JAC-Antimicrobial Resistance*.”

“In a **systematic review and meta-analysis**, researchers from Ethiopia examined 35 studies on reported **colistin resistance** in clinical specimens of *Acinetobacter baumannii* and *Pseudomonas aeruginosa* from Africa. *A baumannii* and *P aeruginosa* are already resistant to multiple antibiotic classes and are considered critical- and high-priority pathogens by the World Health Organization. Limited treatment options for MDR *A baumannii* and *P aeruginosa* in Africa have led to renewed use of colistin, which had been limited to veterinary use because of its toxicity in humans.”

“ While the emergence of colistin resistance in the two pathogens is being reported “with increasing frequency,” the study authors note, “a comprehensive study that analyses and synthesizes the available evidence on the prevalence of colistin resistance in *A. baumannii* and *P. aeruginosa* isolates in Africa is still lacking.””

NCDs

Lancet Regional Health Americas (Editorial) - Oral health in the Americas: progress, gaps, and the path to universal coverage

[https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(26\)00088-8/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(26)00088-8/fulltext)

“As we approach World Oral Health Day on March 20, 2026, it is important to consider whether the Americas are moving towards the goals of the [WHO Global Oral Health Action Plan 2023–2030](#). These goals include reducing oral diseases and inequalities, and integrating oral health into universal health coverage, or investigating whether the region is moving further away from these objectives....”

Nature News - Can weight-loss pills replace injectables? What the science says

[Nature News](#);

“One pill for obesity is already on the market, and more are on the way. But **the injected drugs have key advantages.”**

“Pill versions of GLP-1 obesity drugs such as semaglutide (sold as Wegovy) are showing promise in clinical trials. But they don’t seem to have quite the same impact on body weight as do injectables. And it’s difficult to get the relatively large drug molecules through the digestive system intact. Some

pharma companies are working on small-molecule alternatives, but it's tempting to stick to what's now a tried-and-tested treatment. For many, a weight-loss percentage in the double digits from a pill will be good enough...."

Social & commercial determinants of health

Globalization & Health - Non-governmental organisations and the regulation of harmful commodity industries: navigating global governance to change corporate practices

K Lauber et al; <https://link.springer.com/article/10.1186/s12992-026-01200-4>

"Drawing on international relations and political economy scholarship, we seek to understand NGO strategies aimed at achieving greater regulation of the ultra-processed food (UPF) and alcohol industries in global fora, and examine the considerations and constraints which inform NGO strategy choice."

Mental health & psycho-social wellbeing

The Conversation - Mental health laws ignore traditional care in Africa: insights from 5 countries

D O Aluh et al; <https://theconversation.com/mental-health-laws-ignore-traditional-care-in-africa-insights-from-5-countries-277212>

"My colleagues and I are researchers specialising in law, policy and coercive practices in mental health care, working at the intersection of global mental health, human rights and health systems. **We recently conducted research looking at mental health legislation in five African countries: Cabo Verde, Egypt, Ghana, Kenya and Nigeria.**"

"Our findings show that in all the five countries, mental health laws are being reformed to align with international human rights standards. This is important because colonial-era mental health laws across Africa treated people with mental health conditions primarily as subjects of detention, often with little regard for their dignity or wishes. Reform replaces this coercive approach with consent-based care that respects individual autonomy, creates legal accountability, reduces stigma and improves access to services. **However, we also found that the laws largely ignore how most Africans access care. Traditional healers and prayer camps remain outside formal legal frameworks despite serving millions, while poverty blocks access to voluntary psychiatric services.**"

"We conclude from our findings that mental health laws need to reflect reality. Legal frameworks that only regulate formal psychiatric facilities are written for a system the majority will not use. When formal services are scarce and expensive, people go where care is available, familiar, and culturally meaningful. The law has very little to say about those places...."

Guardian - GLP-1 diabetes drugs could stop anxiety and depression worsening, study finds

<https://www.theguardian.com/science/2026/mar/18/glp-1-type-2-diabetes-drugs-semaglutide-anxiety-depression>

“Drugs such as semaglutide may be useful for mental health conditions associated with diabetes, authors say.” **“Published in the Lancet Psychiatry,** the research also examined data on new diagnoses of anxiety and depression....”

Sexual & Reproductive health rights

Lancet (Review) - Measuring progress in pregnancy planning and preconception health

D Schoenaker et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00192-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00192-3/abstract)

“As efforts to support pregnancy planning and improve preconception health are increasing at scale, appropriate systems to monitor progress are required. Despite developments in a few countries, no surveillance systems currently in operation are using a comprehensive set of indicators for monitoring preconception health. **This Review describes relevant indicators, reflecting both system-level and individual-level factors, that can be drawn from routine data sources to form the basis for developing new surveillance systems.** We present a new framework for national and international surveillance that incorporates, for the first time, community perspectives on the factors that matter most before pregnancy and parenthood. Finally, we describe an international collaboration working towards a core set of indicators that can be compared across low-income, middle-income, and high-income countries, and discuss future directions to enhance and expand international monitoring of pregnancy planning and preconception health.”

Lancet - More equitable preconception health: paternal life course opportunities for better pregnancy, child, and family outcomes

Jonathan Y Huang et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00148-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00148-0/fulltext)

Review.

“Men and partners are important contributors to the health of future generations, yet their own preconception health and wellbeing remain secondary considerations in research, practice, and policy. Siloed research has exacerbated this deficit. Clinical research typically has a narrow focus on proximal behavioural factors related to periconceptual events (eg, paternal dietary influences on the sperm epigenome), with social research focusing largely on postnatal parenting. **Here, we update and reappraise the evidence for men's role in preconception health through a**

transdisciplinary review. Across biological and behavioural research, young men's early life course experiences have been shown to shape their own and their partner's preconception physical, emotional, and behavioural health. Moreover, **focusing on men's preconception health offers a corrective for legacies of sexism, which place responsibility for intergenerational health solely on the birthing parent, and of racism and colonialism,** which have disproportionately disrupted the familial and societal roles of Black and Brown men. **We provide three case studies illustrating these ethical concerns and conclude that greater attention to young men would lead to more equitable and holistic preconception health interventions and policy...."**

Adolescent health

Nature (Policy Brief) - Marriage of adolescent girls in Nigeria reduced by 80% by 'big push' intervention

<https://www.nature.com/articles/d41586-026-00720-8>

"A locally tailored, big-push intervention to educate unmarried adolescent girls in 18 communities in northern Nigeria reduced rates of marriage from 86% to just 21%. Interventions that address complex, entrenched social problems from various angles simultaneously might be considerably more effective than smaller-scale, cheaper alternatives are."

Access to medicines & health technology

Stat - Drug development is booming in China. Should the U.S. view it as a threat or an opportunity?

<https://www.statnews.com/2026/03/19/american-gene-therapy-leadership-challenged-speedy-china-trials/>

"Anxiety grows over the possibility of China overtaking America's status as the global leader."

TGH - How AI "Besties" in South Africa Are Changing Uptake of HIV Medication

S Morris et al; <https://www.thinkglobalhealth.org/article/how-ai-besties-in-south-africa-are-changing-uptake-of-hiv-medication>

"Chatbot companions, such as Aimee, are part of a broad wave of digital health tools being tested across HIV programs."

Lancet Infectious Diseases - Accelerating research and development of new vaccines against tuberculosis: 5-year progress on the global roadmap

Elly van Riet, et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00019-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00019-8/fulltext)

Review.

HP&P - Pain, Policy and the Opioid Dilemma in Sub-Saharan Africa: A Systematic Review of Access, Regulation, and Health Governance from 1990 to 2024

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag035/8524374?searchresult=1>

By Simon Nyarko et al.

Health Affairs scholar - TRIPS, pharmaceutical patents, and generic competition in India

<https://academic.oup.com/healthaffairsscholar/article/4/2/qxaf239/8382244?login=false>

By Margaret K Kyle et al.

Value in Health Regional issues - The Cost and Budget Impact of Malaria Vaccine Introduction in Uganda

Perez N. Ochanda, F Ssenooba et al;

<https://www.sciencedirect.com/science/article/pii/S2212109926000221>

“The introduction of the malaria vaccine is projected to increase Uganda’s immunization budget by 24%, which is notable yet manageable, and have a minimal impact on the overall health sector budget. The vaccine is likely to reduce the number of malaria cases and the costs of treatment over 5 years, leading to better health outcomes.”

“Securing additional funding and adopting innovative financing strategies are essential for long-term sustainability and affordability of the vaccine program, underscoring the importance of meticulous planning.”

Conflict/War & Health

Independent - Aid cuts could not come at worse time for Africa’s forgotten wars, Red Cross warns

[Independent](#);

Exclusive: **“The Africa director for the International Committee of the Red Cross shares a stark warning with Nick Ferris about escalating conflicts across the continent being ignored – just as aid cuts are set to further reduce what little support is available.”**

“... There are, Youseff continues, numerous examples of “forgotten” crises - like in Central African Republic and Burkina Faso – which nobody seems to be speaking about any more. Then there are the “neglected” crises - like Sudan, which might have thousands of articles written about them,

and significant UN Security Council attention, but which the world is still not doing enough around to address....”

AI & health

Devex (Opinion)- Africa’s AI health moment is here. The evidence says proceed carefully

By Dr. Nicholas Okumu; <https://www.devex.com/news/africa-s-ai-health-moment-is-here-the-evidence-says-proceed-carefully-112053>

“Two studies of the same health care AI tool in Kenya show different results, with clear implications for AI uptake in low- and middle-income settings.”

Miscellaneous

Economist (Leader) - Africa after aid is more resilient than you might think

<https://www.economist.com/leaders/2026/03/19/africa-after-aid-is-more-resilient-than-you-might-think>

“But more needs to be done to ensure a prosperous future.”

“You might think that Africa would be in the midst of a crisis. The four largest donors all cut their aid spending in Africa last year, according to initial data. America slapped some of its highest tariffs on African countries. China, the continent’s largest bilateral source of loans for most of the 21st century, today receives more from Africa in debt repayments than it extends in new credit. **On top of all that, the war in Iran will increase the cost of fuel and fertiliser.**”

“Yet African countries look resilient. The IMF reckons that in 2026 economic growth will be higher in Africa than in Asia, hitherto a rare occurrence. **Of the 15 fastest-growing countries anywhere, 11 are expected to be on the continent. The picture partly reflects high commodity prices and booming populations. But it is also revealing of something more profound: the rise of Africa as a destination for investment, not charity....**”

- See also an Economist Briefing - [The future of Africa will be shaped by investment rather than aid](#)

“Foreign and African firms are giving the continent reasons for hope.”

“... **two broader shifts** with potentially profound consequences. **The first is that many foreign investors are taking a closer look at Africa, whether because of its natural resources, recent improvements in its economic outlook or favourable demographic changes. The second, more important shift is that Africans are doing more to make Africa investable and are increasingly**

putting their own money to work. This trend is personified by Aliko Dangote, the continent's richest man, who, having opened a \$20bn refinery in Nigeria in 2023, is eyeing projects elsewhere...."

"**These shifts are nascent. The progress they signify could stall** because of poor governance or the destabilising effects of a prolonged crisis like, if it drags on for months, the war in Iran. **But after a quarter of a century when Africa was for many, at least in the West, synonymous with aid, the next 25 years will look very different. For more people both inside and outside the continent, Africa will mean business....."**

Guardian - Women and girls bearing brunt of water shortages globally, UN warns

<https://www.theguardian.com/society/2026/mar/19/women-and-girls-bearing-brunt-of-water-shortages-globally-un-warns>

"**Unesco calls for action as lack of access and sanitation hit health, education and food security of women.**"

"**Women and girls are bearing the brunt of water shortages and a lack of sanitation around the world, hindering the economic and social development of poorer countries, the UN has warned. Women are responsible for collecting water in more than 70% of rural households that do not have access to mains water across the developing world.** Women and girls collectively spend 250m hours a day collecting water globally. **The climate crisis is exacerbating the problem, according to a new report from the UN.** A 1C rise in temperature reduces incomes in female-headed households by 34% more than in male-headed ones, while also causing women's weekly labour hours to increase by an average of 55 minutes relative to men's...."

PS: "... **The World Water Development report found that data on women and girls was hard to come by, as many countries and international institutions do not collect statistics broken down by sex. But the authors said it was clear women have been severely disadvantaged in access to water for health, cooking, sanitation and agriculture, and that countries were moving too slowly to address the issues.**"

WSJ - World Bank Embraces Industrial Policy, Abandoning Three Decades of Stigma

[WSJ](#);

(gated) "**The bank's previous advice hasn't aged well, its chief economist said.**"

"**The World Bank Tuesday confessed to an error of more than three decades duration, moving to embrace industrial policy** as tariffs, subsidies and a variety of other interventions become increasingly popular with governments in search of growth...."

Papers & reports

BMJ GH - Why we must face our past: reconciliatory solidarity for global health ethics

Ming-Jui Yeh et al; <https://gh.bmj.com/content/11/3/e022373>

“This article proposes a cosmopolitan theory of global health ethics based on reconciliatory solidarity at both local and global levels. The proposed theory provides the ethical and empirical grounds for the moral imperative of global health solidarity that is often called on today. **Reconciliatory solidarity requires that a people/nation-state address the historical injustice and the legacies of political violence within its boundary, with the social connection model suggested by the political philosopher Iris M Young.** Reconciliatory solidarity has **advantages over the prevalent human rights-based approach and utilitarianism** in addressing historical injustice. Through the rectifying efforts, true parochial reconciliation would be possible at the local level, serving as the prerequisite for reconciliation beyond national borders. With a fair number of well-ordered societies and nation-states, cosmopolitan reconciliation and genuine global solidarity would be possible.”

Globalization & Health - Understandings and practices of solidarity in global health: a scoping review of the literature

J-E Noh, B Pratt et al ; <https://link.springer.com/article/10.1186/s12992-025-01170-z>

Review. **“This study seeks to review existing studies on solidarity in relation to global health and to identify gaps in current knowledge.”**

“... Our findings indicate a growing interest in incorporating non-Western perspectives on solidarity and health into recent scholarship. The literature at the intersection of solidarity and global health showed that solidarity is often broadly defined—frequently without explicit reference to global health—and conceptualised in diverse ways, although some agreement exists on its core components. Solidarity’s focus on relationality and interdependence was found to align well with decolonial, feminist or ecological approaches. However, this review also identified a significant gap between the conceptualisation of solidarity and its practical implementation, largely due to structural barriers that impede its translation into action, often leading to undesirable outcomes.”

The European Journal of Health Economics - Health sector corruption and access to healthcare in Africa

I Ouedraogo; <https://link.springer.com/article/10.1007/s10198-026-01896-6#Sec5>

“... We investigate the effects of corruption on access to healthcare in 34 African countries. Using Afrobarometer data collected between 2019 and 2022 and an ordered probit model, **the results show that respondents living in subnational regions within countries where health sector corruption is more prevalent are more likely to report having gone without medical care for themselves or their family when needed, or lacking access altogether.** The results also show that **the severity of healthcare deprivation increases with the frequency of exposure to health sector**

corruption. In addition, medical corruption **not only restricts access to healthcare but also reduces the quality of services for those who can access the system.** The results further show that the effects of medical corruption are approximately three times larger than those of non-medical corruption, including corruption in education, the police, and the acquisition of identity documents.”

Plos Med (Perspective) - Living to our full potential: Reassessing global sex inequalities in life expectancy

Ann M. Weber, Gary L. Darmstadt;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004987>

“Benchmarking life expectancy against what is achievable reveals how sex disadvantage shifts by age, place, and time, and reframes inequality as unrealized potential due to social and structural constraints rather than differences in biology....”

Lancet Global Health (Comment) - Global challenges for research on gun violence

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00361-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00361-2/fulltext)

By Sandra Ley, A Hyder et al.

IDS - Building disability-inclusive futures – what does the evidence say?

S Thompson et al; <https://www.ids.ac.uk/opinions/building-disability-inclusive-futures-what-does-the-evidence-say/>

“People with disabilities are often excluded from development research and programmes. But **new research published in the *IDS Bulletin* ‘Building disability inclusive futures’ is shedding fresh light on the urgent need for disability-inclusive development,** highlighting both promising progress and persistent gaps that continue to leave millions behind....”