

# IHP news 872 : Out of Balance

( 27 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,

It was a rather busy week in global health, with among others **World TB Day** on Monday (*this year with quite some focus on [diagnostics innovations](#)*), the **Global Maternal and Newborn Health conference in Nairobi** (*including a [push for a “New Deal” on Maternal and Child Health in Africa](#)*), a looming **deadline for the bilateral health agreements** between the US and African countries (*detailed implementation plans normally [have to be ready by 31 March](#) ...*), but most of all, of course, the **PABS Annex negotiations** in Geneva. As the last round was about to start (23 March), the Bureau draft text looked - with an understatement - badly **“out of balance”**. Let’s see whether that improves by tomorrow. The draft (*quickly [discarded](#) on Monday*), was certainly **[a far cry from the lofty ‘No one is safe till everyone is safe’ EU rhetoric](#)** from the old Covid days. This week, so far only **[‘incremental progress’](#)** was spotted...

Along somewhat similar lines, the latest **(2025) State of Global Climate report** emphasized **[Earth is increasingly ‘out of balance’](#)**, as more heat is trapped in the atmosphere, driving global warming. Quoted in the [NYT](#), **J Rockström**, put it like this: *“Taken together, we see the first signs of a planet that is losing resilience, or losing strength to buffer heat stress. The consequence of such loss of resilience will be increased rate of warming.”* And we all know what that means, in terms of **[increased risk of tipping points and the like](#)**.

This, by the way, is the main issue I have with the (*excellent*) **Wellcome Trust synthesis report of regional dialogues**, **[“From rethinking to reform: the way forward for the global health system”](#)** and the (*far less convincing*) **[‘call for evidence on the upcoming EU Global Health Resilience initiative’](#)**. Indeed, how “on earth” can one discuss global health resilience and/or reform in the year 2026, without linking a lot more prominently with planetary boundaries and resilience?

Let’s start perhaps from the quote, in the intro of the Wellcome synthesis report, by J-A Röttingen: ***“If we get this right, history will mark 2026 as the beginning of a positive new era for global health.”***

Well, with that lofty goal in mind, the **‘climate-health intersection’** idea, which is lurking in the backdrop of many contemporary global health reports (*as compared to the **planetary emergency we’re really facing***), won’t cut it. The benign view of this would be that, as mankind has now clearly squandered the opportunity for a more gradual and planned transition to a more sustainable and fairer global economic system, and an era of cascading shocks has started (*spurred on by old, fascist, and/or dumb Sapiens specimen*), global health experts and elites perhaps hope: *“Maybe things will just work out in the end, at least with the transition to a more sustainable global economy?”* Could be (*there are some [positive signals](#) and [‘green transition’ silver linings](#) imaginable, including from Gulf War III*), but it would be rather unwise to count on it.

Related to this: with some exceptions (eg: some in [the Global Public Investment Community](#)), mainstream global health elites still don't seem ready to **push the Overton Window on billionaires**, including the role of philanthropies (or at the very least, their governance), even if Gates himself gave them a 'slam dunk' opportunity in the Epstein files lately. Which is a major mistake on multiple fronts, as [Robeyns](#) (and many others) have argued in the past. Or as somebody put it more bluntly on Bluesky (just focusing on the ecological implications): **["Billionairism is incompatible with life on Earth"](#)**. I happen to agree. And I bet, deep in your heart, you do too, J-A Röttingen. So let's start saying it also in the Global Health community. A billionaire-driven global economy is incompatible with global health as well. For plenty of reasons.

The sooner 'Global Health' gets this, the better. As only then, "... history will mark 2026 as the beginning of a positive new era for global health" and "...fit for purpose". If not, we better all become 'preppers'. True, that's also a 'resilience' of sorts. (#huh)

PS: in a way, **D Krugman** has said it all before, even if his seminal [paper](#) dates from a few years ago. He would surely describe at least some of the current Global Health ecosystem reform processes as mostly about 'changing Global Health', rather than '[changing 'global health'](#)' (cfr table 1 in Krugman's paper). So let's get that balance better. Fast. For example, at the **WHO-hosted process**, which is about to be kicked off in earnest with a document (from what we heard yesterday at a HEAR CSO webinar).

After all, even if the times feel rather different nowadays, 'No one will be safe till all are safe' :)

Enjoy your reading.

Kristof Decoster

## Featured Article

### Beyond "Polycrisis": What Gaza Reveals About the Limits of Global Health Governance

[Duha Shellah](#)

In recent years, global health discourse has increasingly adopted the term "[polycrisis](#)" to describe the confluence of different global crises — armed conflict, the climate emergency, pandemics, and economic instability — that collectively strain health systems and governance structures. The concept indeed captures an important reality as today's crises rarely occur in isolation. Yet, in some places, crises are not simply overlapping and connected shocks, but a permanent political condition. Gaza represents one of the clearest examples.

For decades, Gaza's health system has operated under conditions that challenge many of the assumptions underlying global health governance. Repeated cycles of Israeli violence, prolonged occupational siege, restricted movement of people and goods, and chronic shortages of essential medical supplies have produced an overstretched, donor-dependent health system functioning under continuous pressure. While the scale of destruction and human suffering in recent months of the genocidal war has drawn global attention, Gaza's health system did not suddenly collapse: the

havoc of the past few years came on top of a long-standing constrained functioning of the health system shaped by political realities.

Traditionally, the global health architecture and the humanitarian ecosystem evolved as largely separate systems – even if there was always some overlap at their respective ‘ends’. Global health governance focused primarily on health system strengthening, disease control, and technical cooperation, while humanitarian actors were expected to respond to acute emergencies such as armed conflict and displacement. A range of frameworks were developed to respond to crises, including emergency humanitarian response, health system resilience strategies, and the [Humanitarian–Development–Peace Nexus](#) (HDPN) — formally articulated following the 2016 World Humanitarian Summit in Istanbul— which aims to bridge immediate relief with longer-term recovery and stability in fragile settings.

Gaza - and Palestine in general - challenges this distinction. When emergency conditions become prolonged and structural (as is the case in an increasing number of settings), the distinction between humanitarian response and health system development begins to blur....

- To continue the read, see IHP: [Beyond “Polycrisis”: What Gaza Reveals About the Limits of Global Health Governance](#)

## Highlights of the week

### Structure of the Highlights section

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- Access to Medicines, Vaccines & other health technologies
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- Some reports, supplements... of the week
- Miscellaneous

## World TB day (24 March)

The theme this year: “Yes! We can End TB!”.

### WHO recommends new diagnostic tools to help end TB

<https://www.who.int/news/item/24-03-2026-who-recommends-new-diagnostic-tools-to-help-end-tb>

“On World TB Day, the World Health Organization (WHO) is urging countries to accelerate action to end tuberculosis (TB) and **expand access to lifesaving services by using new innovations such as diagnostic tests that can be used near the point-of-care and tongue swabs that can help detect the disease faster, reaching more people....**”

PS: “While new diagnostic tools represent a critical step forward, ending TB will require sustained investment in research and innovation. **Global funding for TB research remains far below the estimated annual need of around US\$ 5 billion**, leaving major gaps in the development of new diagnostics, medicines and vaccines needed to end the epidemic....”

- Coverage via HPW: [Undetected Tuberculosis Crisis Plagues Europe; WHO Rolls Out New Diagnostic Tools](#)

“To address the global undetected tuberculosis crisis, **WHO has now recommended** near point-of-care nucleic acid amplification tests (NPOC-NAATs) alongside the use of tongue swabs for patients **who cannot produce sputum**. These portable, battery-operated devices deliver results in under an hour at a fraction of current costs, **representing a major technological breakthrough for peripheral health clinics**. As global health programs face critical funding shortages in 2026, these newly recommended tests offer a vital economic lifeline, delivering rapid results at a fraction of current costs. ”...”

### Lancet GH – Diagnostic innovations to find the missing millions with tuberculosis

Veronique Suttels et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00021-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00021-5/fulltext)

The backdrop: “**Tuberculosis is treatable and preventable, yet with the current diagnostic approach, almost 3 million people with tuberculosis are missed each year. One in four people living with tuberculosis do not have access to diagnostic services**, and up to half of people with tuberculosis are asymptomatic. This diagnostic gap leads to ongoing transmission and increased downstream morbidity and mortality....”

**“Considering the urgent need to identify the missing millions undiagnosed with tuberculosis, we highlight promising innovations in tuberculosis diagnostics.....”**

- See also the [Lancet Infectious Diseases newsdesk : New WHO recommendations for tuberculosis diagnosis](#)

**“In March 2026, WHO issued new recommendations on tuberculosis diagnosis, with the hope of closing tuberculosis detection gaps. Timothy Jesudason reports.”**

### **Lancet (Comment) -Understanding where people with tuberculosis seek care to serve them better**

Charity Oga-Omenka, M Pai et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00543-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00543-X/abstract)

**“... people with symptoms of tuberculosis typically delay seeking care for weeks due to factors such as low disease awareness, distance to facilities, self-medication, or age. When they do seek care, they are likely to first visit local primary care providers in their neighbourhoods, including pharmacies and private practitioners, or informal providers, such as drug sellers and traditional healers. Tuberculosis is rarely diagnosed on that first visit. What health systems typically record as “delayed care-seeking” often reflects initial symptom misattribution rather than patient inaction. Studies in India, Indonesia, Kenya, and Nigeria done before and after the COVID-19 pandemic show patients have between two and eight visits before tuberculosis diagnosis, with extremes reaching 21 visits in highly fragmented systems....”**

**“Research on health-care-seeking journeys across tuberculosis high-burden settings in India, Indonesia, Kenya, and Nigeria reveal gaps between ideal scenarios and lived realities. An important finding is that the private sector served as the primary entry point for 67–91% of patients yet rarely facilitated timely diagnosis or appropriate referral. People seeking care in the private and informal sectors are largely invisible in public tuberculosis programme databases. Patients without easy access to high-quality public health services typically seek care wherever it is convenient (eg, in pharmacies, informal providers, and private practitioners) and encounter fragmented pathways with multiple providers and delays before diagnosis, with economic consequences as well. Patient journey studies reveal distinct patterns....”**

**“... Dismissing the private and informal sectors as merely a problem to solve overlooks a fundamental reality: in low-income and middle-income countries (LMICs) with insufficient public health infrastructure, private providers, however informal or unregulated, are often the most accessible and convenient care option for people....”**

**“... Strategies to meet this challenge include engaging private pharmacies and informal providers where people go first, strengthening diagnostic capacity at bottleneck points, and addressing structural barriers that increase health system fragility. In highly fragmented systems, ecosystem-wide interventions become imperative: equipping pharmacies, informal providers, and private practitioners with point-of-care diagnostics paired with easy-to-collect samples, such as tongue swabs, recently endorsed by WHO; standardised referral pathways to tuberculosis clinics; and digital case notification systems. In more coordinated systems, improving diagnostic capacity and provider awareness at the primary care level enables earlier diagnosis with fewer provider encounters, as gains are lost when front-line providers do not recognise tuberculosis symptoms early. In all these settings community health workers who can bridge fragmented care are essential.**

“The feasibility of this approach has been established...”

## TGH - Sustaining Tuberculosis Innovations to Counter Foreign Aid Cuts

M Pai; <https://www.thinkglobalhealth.org/article/sustaining-tuberculosis-innovations-to-counter-foreign-aid-cuts>

“A new World Health Organization policy allows for portable TB testing, which could help close massive gaps in disease surveillance.”

- And a link: [Plos GPH - The case for ambition: Why countries must move boldly on Near Point-of-Care TB Diagnostics](#)

## NEJM - Tuberculosis Cases and Deaths Averted by PEPFAR

JP Smith et al; <https://www.nejm.org/doi/full/10.1056/NEJMc2506284?query=RP>

Must-read.

“Although the effect of PEPFAR on the HIV epidemic is well described, the relative contribution of this program toward the elimination of tuberculosis worldwide is unclear. **In this study, we expanded on a previous statistical framework to estimate the numbers of tuberculosis cases and related deaths averted that could be attributed to PEPFAR....**”

Findings: “... **From 2003 through 2024, indirect and direct interventions from PEPFAR averted an estimated 11.0 million cases of tuberculosis ... and an estimated 2.1 million tuberculosis-related deaths** ... among persons with HIV. More than one third of the total cases averted (42%) would have occurred between 2020 and 2024. During this 5-year time frame, an estimated 32% of the cases averted were attributable to direct, tuberculosis-specific interventions. However, the annual contribution of direct interventions to the prevention of tuberculosis increased from 18% in 2021 to 46% in 2024.....”

“Although these results are subject to several important data and methodologic limitations, they **suggest that the long-term investments made by PEPFAR to address the HIV epidemic have accelerated progress toward the elimination of tuberculosis worldwide....**”

## GAVI – New vaccines could help us consign tuberculosis to history: here’s how we can do it

Sania Nishtar; <https://www.gavi.org/vaccineswork/new-vaccines-could-help-us-consign-tuberculosis-history-heres-how-we-can-do-it>

“**This year’s World TB Day theme, “Yes! We can End TB!”**, sends a welcome note of optimism that the tide may finally be turning when it comes to tackling the world’s deadliest infectious disease. **With new TB vaccines in the final stages of clinical trials**, it is a message with which I wholeheartedly concur.”

With some more info on these vaccines in the pipeline, and GAVI’s role in their future roll-out.

## Telegraph - New therapies are transforming treatment for drug-resistant TB – so why aren't people getting them?

<https://www.telegraph.co.uk/global-health/science-and-disease/new-therapies-transform-treatment-for-drug-resistant-tb/>

“Despite the advancements, breakthrough drugs remain out of reach to millions.”

“Experts say patients are unable to access treatment because of a combination of factors, including high costs, constrained healthcare systems and barriers to testing, and that an urgent race is underway to address these issues and stop people being left behind....

“... Drug-resistant TB kills at least 150,000 people each year – about a third of those infected – compared with just 5-10 per cent for TB that responds to normal treatments....”

Re Drug-resistant TB: “... the BPaL regimen has slashed both treatment times and side effects. ...”

“... The burden of TB is highest in middle income countries like India, Pakistan, Indonesia, Nigeria, and South Africa, according to Dr Babak, and is concentrated among the “most disadvantaged, often malnourished populations”. This creates a catch 22 for distributing treatment for drug resistant TB, which is often more expensive. “That’s why the issue can fall a bit between two stools,” said Dr Babak. “These countries, because of their overall GDP, are often ineligible for substantial international development aid. But the people most affected by TB within those countries are among the poorest and most vulnerable.” ...”

“Health systems that are already stretched also often lack the infrastructure to rapidly roll out the new treatments, train clinicians, and monitor patients for side effects.....”

## IMNHC 2026 (Nairobi, Kenya – March 23-26)

This week, Kenya hosted the International Maternal, Newborn and Child Health Conference (IMNHC 2026), bringing together global leaders, policymakers, researchers and health experts to accelerate action towards improving maternal and newborn health outcomes. The conference was expected to generate renewed commitments and strengthen collaboration among countries and partners to accelerate progress towards ending preventable maternal and newborn deaths.

### Africa Health Watch - IMNHC opens with push for a ‘New Deal’ on Maternal and Newborn Health

Via [Africa Health Watch](#)

**Re the opening plenary.** “The *International Maternal and Newborn Health Conference (IMNHC)* opened on 23 March 2026 under the **theme “Moving forward. Together.”** Held in Kenya’s capital, Nairobi, the four-day convening brought together government officials, global health agencies, and development partners under a shared goal: to accelerate progress on maternal and newborn survival. However, **the conversations at the opening plenary signalled a shift from technical discussion to something more urgent: accountability, systems, and scale.”**

**“In his speech, Africa CDC Director General, Dr Jean Kaseya, emphasised that Africa is at a defining moment, shifting the conversation away from technical fixes to something more political and urgent. Kaseya proposed a *“New Deal”* for maternal and child health in Africa. It was a call for system-wide transformation rather than incremental change, tied to a broader continental vision of health security and sovereignty, built on domestic financing, stronger primary healthcare systems, digital infrastructure, and local manufacturing of essential commodities....”**

PS: **“... Together, the messages from the opening plenary reflected a broader shift in African health policy. Maternal and newborn health is no longer being framed solely as a sectoral issue, but as a test of governance, financing, and state capacity. From universal health coverage to domestic resource mobilisation, from digital systems to local manufacturing, the agenda outlined in Nairobi ties maternal survival to the continent’s wider push for health sovereignty.”**

And a link:

- Africa Health Watch - [IMNHC 2026: Early Findings Reveal Gaps in Maternal and Newborn Survival Progress](#)

## **PABS Annex negotiations: final analysis & advocacy ahead of the latest round**

This week, the [Sixth meeting of the Intergovernmental Working Group \(IGWG\) on the WHO Pandemic Agreement](#) was scheduled (from 23-28 March, so ending tomorrow evening normally).

In this first PABS related section, **we offer some final analysis & advocacy**, as this last round was about to begin. In the next section, we then provide **coverage & analysis from this week** (via our colleagues from HPW, Geneva Health Files, Devex, ...)

As a reminder (via GHF): **“Negotiations are now at the final stages in developing the WHO’s new pathogen access and benefit sharing (PABS) system, as an Annex to the Pandemic Agreement (PA), adopted last May 2025.** The PABS System aims to facilitate the rapid sharing of pathogens with pandemic potential and their genetic sequence information, while ensuring fair and equitable sharing of benefits arising from their use, on an equal footing, especially access to vaccines, therapeutics and diagnostics (VTDs)....”

This sixth IGWG meeting is the **last scheduled meeting before the May deadline to finalize the agreement.**

### **Devex – African CSOs call for equity as pathogen access talks hit final stretch**

<https://www.devex.com/news/african-csos-call-for-equity-as-pathogen-access-talks-hit-final-stretch-112114>

(23 March) **“With major issues still unresolved, civil society groups are urging African negotiators to hold the line for a binding system that links pathogen sharing to fair access to vaccines, treatments, and diagnostics.”**

“Resilience Action Network Africa, together with 38 other civil society organizations, called on African leaders and negotiators to [continue](#) “pressing for a robust PABS framework grounded in equity and legal certainty.” ...”

“The [latest draft of the PABS annex](#), released on March 9, shows agreement only on scope and objectives, with major issues still unresolved. Experts warn that the **worst outcome for Africa would be adopting a partially negotiated annex.** Nelson Aghogho Evaborhene, a global health security expert, told Devex **this remains a real risk** given tight timelines and the need for consensus among diverse stakeholders....” “If key elements such as enforceable benefit sharing and predictable access are not sufficiently addressed, this could affect confidence in the system and its ability to deliver equitable outcomes during future health emergencies,” he said. **Conversely, a well-balanced agreement could significantly strengthen global preparedness and trust** — but a lot depends on the outcome of the upcoming IGWG negotiations, he said.”

“In earlier discussions, the **Group of Equity** — comprising countries from Africa, the eastern Mediterranean, and Southeast Asia — [pushed for stronger provisions](#) on database governance, user registration, and benefit-sharing mechanisms. This includes demands for rapid access to 20% of vaccines, therapeutics, and diagnostics developed using shared pathogen data.....”

“... The Third World Network, an advocacy organization focused on the Pandemic Agreement, has also raised concerns. It says the draft annex [fails to align key elements](#) with the Convention on Biological Diversity and its Nagoya Protocol, particularly around defining the boundary between commercial and noncommercial use of pathogen materials and sequence information. This gap, it argues, could create significant legal uncertainty in implementing the PABS system....”

### TWN – Civil society calls on WHO DG to adhere to access and benefit sharing norms

K M Gopakumar; <https://www.twn.my/title2/health.info/2026/hi260304.htm>

“More than hundred civil society groups and coalitions working at the national, regional and national level have written to the Director-General of WHO to adhere to the international norms and standards on access and benefit sharing (ABS). The [letter](#) asks Director-General Dr. Tedros Adhanom Ghebreyesus to **ensure that WHO does not place undue pressure on developing countries** to dilute their positions simply to secure a quick conclusion to the ongoing Pathogen Access and Benefit Sharing (PABS) system. **The letter was sent just before the start of the 6<sup>th</sup> round of negotiations on the PABS System (23 to 28 March).** ...”

### HPW – Pandemic Talks: Europe is Blocking Health Equity – And It Knows It

G Faviero & N Ramakrishnan; <https://healthpolicy-watch.news/pandemic-talks-europe-is-blocking-health-equity-and-it-knows-it/>

“... While initially [guided by noble objectives](#), to ensure universal and equitable access to build a more resilient and equitable global health architecture, the EU’s negotiating position has hardly reflected these commitments to date. ... Despite months of good-faith efforts by many delegations to advance text-based negotiations, **the European bloc has been resistant to common-sense**

proposals to operationalize equity and ensure that the commitments set forth in Article 12 of the Pandemic Agreement can be implemented on an equal footing. ...”

“With time now running short, **pressure has been mounting on developing countries to accept a stripped-down annex that is devoid of adequate benefit-sharing provisions and legal guarantees.** As was the case in May 2025, the WHO – namely the Director General’s (DG) Office and Secretariat – **has reportedly been applying pressure on developing countries to accept a deal while bearing the full burden of making multilateralism succeed at any cost, even at the expense of their own negotiating priorities.** Should a deal on the PABS annex not be reached, it should be clear to all that it is **because the European bloc has chosen to act in opposition to basic health equity provisions rather than align its negotiating stance with its (now empty) rhetoric that “no one is safe until everyone is safe.”**”

“... **The PABS System rests on two interconnected pillars:** the rapid and timely sharing of PABS materials and sequence information, and, on an equal footing, the rapid, timely, fair and equitable sharing of benefits arising from the sharing or utilization of the PABS materials and sequence information for public health purposes, especially vaccines, therapeutics and diagnostics (VTDs). “

“**While minimal percentages have been guaranteed in the text of the agreement with respect to pandemic emergencies, the 9 March Bureau’s text appears to abandon the critical minimum percentage of VTD supplies to prevent or respond to Public Health Emergencies of International Concern (PHEICS).** The text instead relies on undefined “options”, which may be left to be determined by WHO and pharmaceutical manufacturers through bilateral negotiations. ....”

They conclude: “... **We do not write this as adversaries of European governments.** As civil society members, we believe it is important to make EU governments fully conscious of the choices they are making and the implications of the demands they put forward. **We take the EU’s stated values seriously** – its commitment to multilateralism, to the Convention on Biological Diversity, to the Pandemic Agreement, and to health emergency preparedness. **It is precisely because we take those commitments at face value that we urge the EU to align its negotiating positions with the values that it claims to uphold....”**”

## **Geneva Health Files - Needed: Greater Accountability on Pathogen Data Sharing, To Minimize Biosecurity Risks & To Boost Preparedness [Guest Essay]**

[Geneva Health Files](#);

Published last Sunday, as the last round was about to begin. “**Legal expert Nithin Ramakrishnan from Third World Network, who has authored this essay, examines currently proposed ways to share data and pathogens as per existing practices. He cautions against the potential risks resulting from non-transparent procedures that may fail to achieve equity in the access to medial products during health emergencies.**”

A few excerpts to provide you with a flavour from this must-read analysis:

“...It appears though that **the negotiating text prepared by the Bureau of Intergovernmental Working Group (IGWG), supported by the WHO secretariat, may not effectively address global health security risks, at least on two counts.** First, the proposed model is not providing any legal guarantee that VTDs manufactured will be made available to people as benefit sharing,

compromising global public health preparedness. Second, the proposed PABS model could result in unaccountable, and non-transparent ways of sharing data, and pathogens that cause dangerous diseases. This goes against fundamentals and objectives of Convention on Biological Diversity (CBD) and Nagoya Protocol (NP), compromising not only benefit sharing but also biosecurity....”

“... **Because there are currently no contracts required to be signed before accessing PABS materials or sequence information, there is no guarantee that WHO would be able to conclude required contracts with pharmaceutical companies.** Even if a contract is concluded, there are no guarantees that VTDs may be supplied to developing countries during an early outbreak or PHEIC, on priority basis, in accordance with CBD’s Article 19. ...”

“... WHO circulated a document during the previous round of negotiations at the IGWG meeting in February 2026. The document stated that **there are “at least” 15 networks of laboratories coordinated by WHO addressing various pathogens. However none of these networks, except Global Influenza Surveillance and Response System (GISRS), apply ABS contracts dealing with access, utilization and sharing of benefits arising from the utilization of pathogens and/or data....”**

“**The PABS Annex, as proposed by the Bureau, and WHO Secretariat do not help global public health preparedness, but appear to promote the interests of WHO’s major donor countries and their pharmaceutical transnational corporations. ...”**

Concluding: “ Unfortunately, **the current bureau proposal, which the IGWG bureau drafted with the help of WHO Secretariat,** makes all these functions, objectives and principles stand infructuous. It risks perpetuating health inequities, discrimination, and worse, creating additional health security risks. The WHO processes that involve international transfer of biological resources and data in disregard of ABS laws would continue the extraction of resources from global south to north, undermining the ability of developing countries to self-determine access conditions to their resources, to improve research and science locally, and to benefit from the scientific progress resulting from such resources....”

## **PABS Annex negotiations: Coverage & analysis of this week (23-28 March)**

This section provides an **overview of the discussions so far** in Geneva, via Devex, HPW, Geneva Health Files, and TWN mostly.

With first **some reads on the opening day (Monday 23 March).**

### **HPW – Tense Start to Final Pandemic Agreement Talks as Africa Rejects New Draft Text**

<https://healthpolicy-watch.news/tense-start-to-final-pandemic-agreement-talks-as-africa-rejects-new-draft-text/>

(must-read on the opening day) “**Tension was palpable at the start of the sixth – and supposedly final – round of talks on an annex to the Pandemic Agreement, with the African region rejecting the latest draft text.**”

“... The **message from one African country after another was that they would not allow a repeat of the inequity seen during the COVID-19 pandemic, and would not compromise on certain issues –** including that the countries sharing pathogens need guaranteed benefits, and that the PABS annex needs “legal certainty” including contracts for commercial users of pathogen information.....”

“... **Leading Africa’s position, South Africa and Namibia** proposed that the **draft text circulated by the IGWG Bureau on 9 March should be disregarded in favour of the on-screen text considered at the end of the fifth IGWG meeting on 14 February.** African regional ambassadors had resolved to stick to this text as they had not had time to consult their capitals on the new draft, Namibia reported. **But an exasperated Ambassador Tovar da Silva Nunes, co-chair of IGWG, accused the African countries of attempting to “curtail the possibility of the Bureau to actually fulfil the mandate that it was given by the membership” ....”**

**Check out what happened then (re the text used for negotiations).**

PS: re the EU stance: **“The European Union** reminded IGWG that the PABS annex “is intended to create a system for rapidly sharing pandemic pathogen samples and genetic data while significantly improving equitable access to vaccines, treatments and diagnostics for parties and better equipping the WHO and the international community to respond to future pandemics”. “Without this annex, the Pandemic Agreement will not be open for signature, and ultimately, our collective capacity to effectively prevent, prepare and respond to future pandemics will be significantly reduced and limited,” said the EU representative, on behalf of the 27 EU member states.....”

Tedros’ opening statements: “... However, **WHO Director-General Dr Tedros Adhanom Ghebreyesus warned that “there is a dangerous temptation to think more time might mean a better outcome”.** He cautioned: “We must be realistic: more time will not change fundamental positions, and it will not enable every detail of the PABS system to be set in stone in the treaty. More time would mean trying to continue negotiations in an increasingly unfavourable climate – this will get harder, not easier.” Instead, **Tedros told delegates that “this week, is the best chance – and probably the only chance – to secure an outcome on PABS.... Now is the time to bring solutions, not to reinsert text that will not help to build consensus.” ...”**

*(well, obviously, he’s thinking of his legacy too...)*

**TWN – WHO: Developing countries reject Bureau’s text as negotiation basis**

L Paremoer & Rajnia de Vito ;

[https://www.twn.my/title2/intellectual\\_property/info.service/2026/ip260303.htm](https://www.twn.my/title2/intellectual_property/info.service/2026/ip260303.htm)

**Excellent day 1 report** as well. **“ Developing countries rejected the Bureau’s draft negotiating text (Bureau’s Text) as a basis for negotiation** during the sixth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement. **The negotiations are on the Pathogen Access and Benefit Sharing System (PABS) under Article 12 of the Agreement....**

## Geneva Health Files – “We Mean Business”: Key African Countries Force Recalibration of the Negotiations on Pathogen Access Benefits Sharing System at the WHO

P Patnaik & N Sirohi; [Geneva Health Files](#)

Also re the opening day, with more detail. “... My colleague Nishant has overnight, **pulled together the proceedings and most statements made by countries.** ....”

And a few complementary remarks from Priti:

“... **Civil society actors have long pushed for greater transparency in these proceedings, but a range of member states have been reluctant. The limited public webcast of these proceedings revealed the dynamics in these closed-door negotiations.** The political utility of open proceedings came to the fore....”

“... It was **striking that most of the manoeuvres during the opening debate yesterday, were essentially done by women negotiators. That all of them were from developing countries from the African region,** is a significance worth noting. Decision-making in global health is increasingly contested along the lines of gender, race, and agency. **That women negotiators set the tone for these proceedings this week, is emblematic of change. Some also read it as an indicator of the decolonisation of global health negotiations.....”**

## Development Today - Déjà vu in Geneva: Rich and poor countries in tense conflict over final rulebook for next pandemic

A D Usher; <https://www.development-today.com/archive/2026/dt-2--2026/pandemic-agreement-11th-hour>

(gated) “There is a **deep North-South split** in the 11th hour of negotiations in Geneva to finalise the global pandemic treaty. At stake are rules that will govern access to pathogens used to produce vaccines and medicines against the next pandemic. **A draft text that largely reflects the EU and Norway’s concerns faces massive critique.** Developing countries say they will not accept being last in line for vaccines again, as they were during covid. Diplomats tell *Development Today* that **Norway is no longer acting as a bridgebuilder to the Global South....”**

## TWN – WHO: Developing countries should not be forced to accept unbalanced PABS system

L Paremoer; <https://www.twn.my/title2/health.info/2026/hi260303.htm>

With a detailed view from CSOs at the opening session. “**Civil society organisations (CSOs) expressed concerns over the attempt to force developing countries to accept an unbalanced Pathogen Access and Benefit Sharing (PABS) system** during the opening session of the Sixth meeting of the **Intergovernmental Working Group (IGWG), the negotiating body for the PABS system.”**

**“... CSOs that closely follow the negotiations process have been calling on developing countries to resist a one-sided PABS system, which goes against the international norms and standards on access and benefit sharing of genetic resources. Nearly 19 non-state actors took the floor to express their views on various aspects of the PABS system on Monday, 23 March. CSOs emphasised the need for concrete benefit sharing commitments as well as effective mechanisms for the enforcement of benefit sharing obligations, transparency and accountability....”**

## **HPW - Talks Deadlock: Should Pandemic Agreement Annex Go to a Vote?**

<https://healthpolicy-watch.news/talks-deadlock-should-pandemic-agreement-annex-go-to-a-vote/>

**“A snail would have a faster passage than the Pandemic Agreement talks currently underway in Geneva, according to a briefing on Wednesday by civil society observers – some of whom mooted the possibility of World Health Organization (WHO) member states voting on the outstanding annex to break the deadlock.”**

**“Only one portion of a single paragraph has been “greened” – fully agreed – since the sixth meeting of the Intergovernmental Working Group (IGWG) started on Monday, according to Third World Network’s KM Gopakumar....”**

With **some interventions from the webinar**, by a number of civil society people.

**PS: “the vote”** is an interesting idea.

## **More on PPPR**

### **Lancet Comment - Elevating spillover prevention at the 2026 UN High-Level Meeting on pandemic prevention, preparedness, and response**

A Finch, L Gostin et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00557-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00557-X/fulltext)

**“..The UN General Assembly had already agreed to hold a follow-up High-Level Meeting (HLM) on PPPR in 2026 to review implementation of its 2023 Political Declaration on PPPR and consider the amendments to the International Health Regulations (IHR), which were adopted in 2024, and the 2025 WHO Pandemic Agreement<sup>4</sup> as related processes. The UN General Assembly is expected to adopt another Political Declaration as an outcome of the upcoming HLM in September. It is vital that this Political Declaration galvanise political, technical, and financial support for spillover prevention as a core pillar of pandemic governance.”**

**“... The 2026 HLM on PPPR could elevate spillover prevention to the highest political levels, building on these recent advances in global health law. As members of the Lancet–PPATS Commission on Prevention of Viral Spillover and civil society partners, we recommend that the resulting Political Declaration address five priority areas....”**

## Global Health reform & re-imagining (+ post-aid)

From what we heard (**Bruce Aylward** at a HEAR CSO webinar yesterday), a **document will be posted online very soon on how WHO sees the WHO-hosted process on the GH reform**. Will be posted for feedback. So stay tuned for that. And then a 'sprint' is to begin till the WHA in May.

### HEAR CSO – some new resources

<https://mailchi.mp/1b799d670566/hear-cso-newsletter-1-consultation-summary-and-upcoming-survey-3573149?e=cfc03fb78f>

As discussed at the webinar yesterday.

Among others:

- [The Discussion Draft of our synthesis report combining findings from regional consultations and the HEAR CSO Global Survey.](#)

With some key findings in the executive summary.

“Civil society and impacted communities engaging with HEAR CSO’s consultative processes strongly **support three pillars of a transformed global health architecture reform....** .... Civil society and impacted communities engaging with HEAR CSO’s consultative processes are in **alignment on the need for ambitious, holistic transformation, and hold diverse views on short-term, institutional reforms....** **There is a significant gap between civil society and impacted communities’ interest and readiness to engage** in global health architecture reform **and their actual access to reform processes....”**

- [The HEAR CSO Statement on Core Principles for All Global Health Architecture Reform Processes & Specific Considerations for the WHO-hosted Reform Process.](#)

*Based on analysis of inputs, themes and experiences from civil society and impacted communities.*

6-pager with two parts.

### Partnership for International Politics and Diplomacy for Health – slide deck: What's at Stake and What Comes Next for Global Health Reform

<https://www.globalhealthdiplomacy.se/whats-at-stake-and-what-comes-next-for-global-health-reform>

(20 March) “The Partnership for International Politics and Diplomacy for Health has developed a slide deck providing an **overview of the ongoing global health reform discussions, covering major developments since mid-2025, the drivers behind the current momentum, and the obstacles that**

**could prevent meaningful change.** ... ..The presentation draws on the Partnership's ongoing series of Insights papers, which include more in-depth analyses of key reform trends and perspectives. **It maps the evolving reform landscape, including prominent initiatives such as the Accra Reset and the emerging WHO-hosted process, and highlights four paradigm shifts that could help guide reform efforts."**

### **Telegraph - The aid system is 'unfit for purpose'. So what comes next?**

<https://www.telegraph.co.uk/global-health/climate-and-people/aid-africa-uk-budget-cuts-donor-investor/>

Coming back on the **Wellcome Trust synthesis report from last week.** "Major aid donors including the United States and Britain are overhauling their relationships with the developing world."

**"The global aid system is "unfit for purpose". That was the conclusion of a landmark report published last week by the Wellcome Trust,** a UK-based foundation focused on health research, which warned that dramatic cuts to international aid have left the development ecosystem struggling to cope. **But the unprecedented downturn in Western largesse is both a crisis and a rare opportunity for major reform,** it said."

**"So what comes next? What might a reformed global health model look like? And might today's recipients of aid actually be better off tomorrow?"**

**"A blueprint has already emerged showing how the relationships between wealthier countries, and the poorer ones they have supported, will change. Now, with less money being spent, many countries including the UK and US say they are pivoting from donors to investors to help poorer countries develop on their own terms.** "Our partners in the Global South tell us they want partnership, not paternalism. Investment, not dependency. They want to trade and build their own systems so they can thrive without aid. Our job is to help them do that," (UK) **Foreign Secretary Yvette Cooper** said in parliament last week as she unveiled the UK's revamped aid plan.

**Instead of traditional "bilateral" aid – direct grants to poor countries – Britain will now focus on offering technical assistance and encouraging investment from the private sector into countries in Africa and Asia to help them "graduate" from needing aid altogether. ..."**

**"But will it work? Experts say the impact of the changes will be unevenly felt. Developing countries at the upper end of the development spectrum – places like Sierra Leone, Ghana, and Kenya – may benefit from greater access to capital and expertise. Yet others, particularly more fragile states, risk being pushed further into poverty,** experts warn, particularly as private sector investment tends to lean away from areas like health and education – those hit hardest by aid cuts – and more into those with more direct returns like infrastructure, financial services, and digital innovation...."

PS: And **a quote on the (US) bilateral health deals:** "Many of the deals also require African countries to sign up to US regulatory approval before introducing new drugs and technologies. **While the administration of Joe Biden quietly struck individual deals with African countries – agreeing to provide aid to Nigeria and the Democratic Republic of Congo in exchange for access to data on diseases – many see the strategy of Trump's administration as more overtly transactional, even exploitative.....**

## ODI - Dialogue #4: How to be a donor in a post-aid world

H Aly et al ; <https://odi.org/en/publications/dialogue-4-how-to-be-a-donor-in-a-post-aid-world/>

**“Co-hosted with the Dutch Ministry of Foreign Affairs in the Hague on 27-28 January 2026, this dPAW fourth dialogue brought together donor officials from bilateral aid and multilateral policy departments, civil society actors, researchers and thinkers to explore how Northern donors must evolve their institutions and operations in a world where their partners seek greater autonomy and sovereignty, where aid is likely a smaller development finance flow, and where eventually donors may not need to exist at all.”**

Excerpt: “ ... **both donors and their partners are converging on Country-Led Development (CLD) as an anchor for a future reset of the sector.** The question animating our dialogue thus became: how should donors adapt to this moment? What will it take for donors to foster CLD in the short run, and what might this mean for the institutional design – or even existence – of Northern donorship in the long run? **The two-day dialogue considered how donors might, in the long-term, re-imagine their roles in a post-aid world. Several potential ideas emerged:**

- Donors should robustly transition into ‘development partners’ (most already describe themselves this way) who work with countries in the Global South on a platform of shared interests. Partnership should rest on honest and transparent diplomatic relations that do not heavily rely on resource transfers.
- Donors could work across government to harness a range of diplomatic and specialist skills and a much wider suite of financial and non-financial instruments to support development.
- Donors could use their diplomatic and political capital to champion policy reforms and regulatory changes that improve the conditions for economic development in the Global South.
- Adopt a set of more expansive roles that support CLD, including serving as advocates for local actors, building sustainable systems, co-learning and brokering knowledge exchange, convening and amplifying actors and networks....”

“...The dialogue (also) identified the **following elements as potential steps in the pathway towards a world without ‘donors’**, where development is driven by more equal partnership...”

## Bilateral Health Agreements & US Global Health Strategy

PS: as a reminder: [Detailed implementation plans for each MOU are expected by March 31, 2026](#) ...

### Devex Pro - What role will the Global Fund play in the US bilateral health deals

<https://www.devex.com/news/what-role-will-the-global-fund-play-in-the-us-bilateral-health-deals-112046>

(gated) “With the shift in U.S. policies, **“everyone” now looks to the Global Fund to ensure the continuity of critical health services.**”

See **“Global Fund is in the house”**:

**“Behind the scenes, sources say the fund has been in the proverbial room — with technical experts involved in negotiations, sitting in on implementation talks and positioning its procurement**

**platform** as USAID’s shutdown leaves major gaps in how health commodities are bought and delivered.”

“**The Global Fund confirms that it has been involved**, Devex Senior Reporter Jenny Lei Ravelo writes — **but only as an observer**. “This reflects our standard approach to supporting coordination and ensuring complementarity of external financing with national health plans and existing Global Fund investments,” a spokesperson says. “

“**The bigger question is what happens next — especially for services the U.S. may no longer prioritize**. In places such as Kenya, some PEPFAR-supported drop-in centers have already closed, and others are running on reduced funding — **raising concerns about access for marginalized groups**.

“With the politics coming from the U.S. and their funding, and when you sign these documents, is this going to erase the gains we’ve made over the last 20 years?” Nguru Karugu, adviser to the Key Population Consortium in Kenya, tells Devex. “Personally, where I’m sitting, I’m not sure the government knows the answer to that, and I don’t.”...”

## **Chatham House (Expert Comment) – US pressure on Zambia shows that Western aid has become nakedly transactional**

Mishal Khan; [Chatham House](#);

“The US insisting on preferential access to minerals as part of health deal – and Zambia pushing back – **highlights how aid is changing.**” Well worth a read.

## **The Hill - The US is sabotaging its own Africa strategy**

C M Savoy; <https://thehill.com/opinion/international/5795831-zambia-health-aid-strategy/>

Coming back on the “Zambia episode” from last week. A few excerpts:

“The **State Department memo** is unambiguous. According to reporting in The New York Times, State Department staff advised Secretary of State Marco Rubio that the United States “will only secure our priorities by demonstrating willingness to publicly take support away from Zambia on a massive scale.” The priorities in question are preferential access to Zambia’s copper and cobalt reserves. The support being threatened is antiretroviral treatment for 1.3 million Zambians living with HIV. **This is not a wise use of U.S. foreign assistance. It is coercion dressed in the language of strategy, and it will fail on its own terms. ... .. The question is whether threatening to cut global health funding is a rational way to secure long-term access to minerals. The answer, on strategic grounds alone, is no.**”

“... **What the Zambia memo reveals is not a bold negotiating posture. It reveals an administration that has not resolved the internal contradiction between its stated corridor strategy and its transactional instinct...**”

Instead, “... **The administration must establish a firm, permanent firewall between humanitarian and strategic assistance, and then direct the full weight of its economic tools toward building the conditions that make U.S. investment in Zambia viable in the long term.** That is the return on

investment the administration claims to want — and it is achievable without making global health funding a bargaining chip.”

## Partners In Health Opposes Extractive U.S. Health-Financing Agreements

<https://www.pih.org/press/partners-health-opposes-extractive-us-health-financing-agreements>

“Partners In Health (PIH) vehemently opposes new extractive conditions being written into global health-financing agreements by the United States State Department. These memoranda of understanding (MOUs) clarify exactly what an “America First Global Health Strategy” looks like: Prioritization of U.S. commercial interests over human life by withholding health funding in exchange for minerals and data. Massive cuts to U.S. global health funding over the next five years – regardless of continued appropriations from the U.S. Congress. Establishing unachievable conditions to co-financing that manufacture failure. “

## Trump 2.0

### Devex - Waltz pushes UN cuts, mergers and foreign aid tied to votes

<https://www.devex.com/news/waltz-pushes-un-cuts-mergers-and-foreign-aid-tied-to-votes-112127>

“At a congressional hearing in New York City, the U.S. ambassador to the U.N. outlined his vision for a leaner, more focused multilateral system.”

“The United States ambassador to the United Nations laid out his ambitions for the future of the U.N. on Friday, telling lawmakers that he was pushing for job cuts and mergers at the institution, while expressing support of a plan to tie U.S. aid to countries that back America’s interests at the U.N.”

PS: “The president has also spoken out strongly against the institution as a whole, claiming the U.N. was ineffective at brokering peace. The country has also withdrawn or stalled multiple U.N. processes, from last year’s Financing for Development Conference to last week’s Commission on the Status of Women. **But for now, Waltz seems to have staked his place — and that of the U.S. — firmly at the U.N.** “I’ll just conclude with President Trump’s own words, as he said most recently at the General Assembly: the U.N. has tremendous potential,” said Waltz. “My charge from him is to help it realize that potential.”...”

### Lancet editorial - Politicisation of the US FDA: eroding integrity and trust

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00600-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00600-8/fulltext)

This week’s Lancet editorial.

### Science News – Trump’s new science panel is stuffed with high-tech billionaires

<https://www.science.org/content/article/trump-s-new-science-panel-stuffed-high-tech-billionaires>

“The PCAST roster contains few academics and women.”

“U.S. President Donald Trump today unveiled a set of scientific advisers heavily skewed toward artificial intelligence (AI) and quantum computing, topics his administration has emphasized. The roster, unlike previous iterations of the **President’s Council of Advisors on Science and Technology (PCAST)**, features some of the world’s wealthiest people and several of Trump’s biggest political supporters from high-tech industry—but only one academic scientist....”

“[Today’s announcement](#) named the first 13 members of what could ultimately be a 24-member body. They include multibillionaires Larry Ellison of Oracle, Mark Zuckerberg of Meta, Jensen Huang of Nvidia, Lisa Su of AMD, Sergey Brin of Google, and Michael Dell of Dell. John Martinis of the University of California, Santa Barbara, [who shared the 2025 Nobel Prize in Physics](#) for work fundamental to quantum computing, is the only current academic. And Su and Safra Catz, former Oracle CEO and financier, are the only women in the group. **In contrast, two-thirds of the 30 PCAST members under former President Joe Biden were members of the National Academies of Sciences, Engineering, and Medicine and 14 were women, including co-chairs Frances Arnold and Maria Zuber.**”

## More on Global Health Governance & Financing/Funding

### Devex - Is PEPFAR about to run out of money?

A Green; <https://www.devex.com/news/is-pepfar-about-to-run-out-of-money-112112>

“Though U.S. officials are extending HIV programs funded by the Centers for Disease Control and Prevention for three more months, they have not obligated new funding to cover the services.”

“After previously being told to shut down at the end of this month, HIV programs funded by the [U.S. Centers for Disease Control and Prevention](#) that assist tens of thousands of people globally can now continue to operate through June. But they will do so without new funding. Instead, the programs, which are operating under the [President’s Emergency Plan for AIDS Relief](#), or PEPFAR, will rely on funds that were previously set aside for contingencies, according to a CDC spokesperson.

While the extension is a relief to the service providers and beneficiaries, researchers [are warning](#) that without an infusion of new money from the [U.S. State Department](#), CDC might run out. Even as they are being extended, some programs are already being told to scale back their lifesaving services.”

### Meeting of the Coalition of Governments on Global Public Investment

<https://gpi-governments.org/coalition/>

PS: this coalition was launched last year in Sevilla (July 2025).

**“Last week in Bogota, governments took a major step forward to remake international financing. 25 governments came together in a groundbreaking meeting of the Coalition of Governments on Global Public Investment. The meeting was hosted by the Government of Colombia at the CELAC-Africa High Level Forum. ...”**

**“... The governments see global public investment (GPI) as a way to make financing fit for the twenty-first century. GPI, they point out, harnesses both the power of mutual interest – that we are interdependent – and the power of mutuality – that we achieve more by working together. It recognises that all countries benefit from shared solutions, to which all contribute according to their means, and in which all decide together as equals. Regular convenings of the Coalition of Governments on Global Public Investment will take place across 2026 and 2027. The coalition continues to grow. Participation is open to all governments: interested governments can contact [coalition@globalpublicinvestment.net](mailto:coalition@globalpublicinvestment.net)....”**

**Devex Pro - Former AfDB president Kaberuka says global health 'golden era' is over**

<https://www.devex.com/news/former-afdb-president-kaberuka-says-global-health-golden-era-is-over-112148>

(gated) **“As donor funding declines and global priorities shift, former AfDB President Donald Kaberuka argues that the global health system must undergo reform — driven not by institutions themselves, but by the partners that created them.”**

**“The global health system that delivered decades of progress is entering a new phase, which countries had not adequately prepared for — leaving them “staring down a cliff.” That was the stark message from Donald Kaberuka, the African Union’s special envoy on sustainable financing and former president of the African Development Bank, during a Devex Pro Briefing, where he laid out a case for fundamentally rethinking how global health is financed, governed, and delivered....”**

**“...the ultimate decision, Kaberuka said, should be made by those who created these (global health) institutions — which include governments and even philanthropists.”**

**“It is important for the people who set up the institution themselves to define what is the next level, what the sunset clause? You cannot depend on the institutions themselves to do that,” ... He said organizations should be able to recognize when their mission is complete — and hand over responsibilities, ideally to countries. But he’s skeptical that bureaucracies can make that call on their own. “Bureaucracies auto-evaluate and then feel they can do things differently,” he said.”**

**BMJ (Analysis) – The United States is driving a public health emergency of international concern**

<https://www.bmj.com/content/392/bmj-2026-089474>

**First contribution in the new ‘Geopolitics of Global Health series’. And one of the reads of the week.**

**“Matthew Herder and colleagues call for broader mobilisation to avoid the deaths and morbidity in low and middle income countries likely to result from recent US policy changes.”**

... The US's actions ([table 1](#)) are in flux. But taken together we argue that they constitute a public health emergency of international concern (PHEIC) under international law. And they warrant a swift response by WHO and the international community to spur country level and regional responses, reduce the spread of disease, and avert thousands more deaths....”

**“Key messages:**

- A public health emergency of international concern is defined as an “extraordinary event” that creates a “public health risk to other states through the international spread of disease”.
- Although the World Health Organization has previously determined that a PHEIC exists only for ongoing outbreaks of infectious disease, risk is the central consideration
- US cuts to global health funding, alterations to childhood vaccination schedule, and pull back from pandemic preparedness create the risk of multiple, international infectious disease outbreaks and therefore amount to a PHEIC
- Determining a PHEIC exists can mobilise funding and encourage the use of compulsory licensing of essential medicines to mitigate the harms stemming from US actions (eg **Compulsory licensing of lenacapavir**)
- Although invoking a PHEIC in these circumstances is novel and could prompt further backlash from the US, it is critical for WHO and the international community to work collectively in the service of global health.”
- PS: **the White House already reacted** (see this [Newsweek article - Trump Administration Is World's 'Worst Public Health Emergency' Say Experts](#) )

“ White House Spokesman Kush Desai told Newsweek: “The World Health Organization knowingly and deliberately lied about COVID-19 at the outset of the pandemic, and is a key reason why many countries were caught off guard. Anyone insisting that withdrawing from this corrupt and incompetent institution will undermine our health apparatus does not know what they are talking about.”....”

## **CGD (blog) - UK Bilateral Aid Should Prioritise Government-Led Expansion of Health Services**

K Klemperer, P Baker et al; <https://www.cgdev.org/blog/uk-bilateral-aid-should-prioritise-government-led-expansion-health-services>

“Last Thursday, the UK [announced cuts](#) to bilateral aid programmes in order to meet the new budget envelope of 0.3 percent of GNI. This includes over 50 percent cuts to programmes in Africa. **Guided by the International Development Minister’s call to shift aid from “[service delivery to system support](#),” officials are now finalising the design of the remaining health programmes.”**

“... We argue that, while “system support” is often thought of as a narrow set of donor-led “health system strengthening” (HSS) activities (namely technical assistance [TA] and capital investment), supporting recipient governments to expand their service delivery is itself a form of system support. Further, we argue that government-led expansion of service delivery should be the

**default form of system support** since it has a stronger evidence base, can save lives in the short term, and has the potential to build systems in the long term....”

## France 'disinvites' South Africa's Ramaphosa from G7 Summit

<https://www.trtafrika.com/english/article/f3de27c662a0>

“The South African presidency claims France disinvited President Cyril Ramaphosa after the US threatened to boycott the G7 scheduled for June.” (#gosh #fffsake)

## OCHR - Impact Exchange: Reimagining economies through human rights

<https://www.ohchr.org/en/stories/2026/02/impact-exchange-reimagining-economies-through-human-rights>

“At a time of major development setbacks, the **Impact Exchange**, an event held in Geneva, Switzerland gathered around **90 representatives of Member States, UN agencies, civil society and experts to share experiences on reducing inequality through advancing a Human Rights Economy**. The Exchange was **organized by UN Human Rights and the Universal Rights Group, with support from the Friedrich Naumann Foundation.**”

“**Last week, the international community observed [World Day of Social Justice](#)**, whose theme, “Renewed Commitment to Social Development and Social Justice,” closely mirrored the discussions held during the Impact Exchange. **Al-Nashif stressed the Office’s commitment to support States in translating human rights obligations into economic decision-making, from rights-based budgeting, progressive taxation to social protection and rights-based debt management, under the framework of the Human Rights Economy**, which prioritizes people and the planet in economic choices and governance....”

## Devex – As government trust frays, philanthropy is pushed to rethink its funding

<https://www.devex.com/news/as-government-trust-frays-philanthropy-is-pushed-to-rethink-its-funding-112128>

“As trust in governments erodes, funders are being urged to rethink their role in development. **Instead of financing services, experts say philanthropy should invest in accountability and civic systems that help governments deliver.**”

“**At the Global Philanthropy Forum’s 2026 Leaders Summit in San Francisco, California**, experts argued that philanthropy may need to rethink one of its core instincts — stepping in to provide services — and instead **focus on how to make governments do that work more effectively**. Across the discussion, one theme stood out: **Philanthropy’s role is not to replace the state, but to make it function better....**”

“That means **shifting away from funding parallel systems — and toward backing accountability, transparency, and the civic partners who can connect what people need with how governments spend**. Panelists agreed that philanthropy should stop funding what governments must fund, and instead **invest in the accountability ecosystem that can sustain those systems over the long term....**”

## Devex - Philanthropy in aid is growing — and it's billions more than we thought

<https://www.devex.com/news/philanthropy-in-aid-is-growing-and-it-s-billions-more-than-we-thought-112126>

**“Local philanthropy for development is bigger than previously reported, a new OECD report shows.”**

**“A new study into private philanthropy raises a crucial question for the global development sector as it grapples with dwindling traditional aid: Have we underestimated the importance of philanthropy — and particularly local philanthropy — as a funding mechanism? ...”**

“ Philanthropic spending totalled \$68.2 billion from 2020 to 2023, according to **Private Philanthropy for Development, the Organisation for Economic Co-operation and Development’s** latest report released on Tuesday — a top-line figure that surpasses [previous estimates](#) by several billion dollars. That jump is **largely because OECD was able to identify and include more sources of philanthropic funding than during previous analyses.** OECD gathered data from 506 philanthropic organizations, more than double the number represented in its previous report five years ago, which looked at \$42.5 billion in giving by 205 foundations between 2016 and 2019. **Among the new additions are foundations in middle-income countries — notably, China, India, and Mexico — which help shed light on local philanthropic funding flows that have received less scrutiny than cross-border spending....”**

With **five takeaways** from the report.

Including: **“1. Domestic philanthropy in middle-income countries represents a significant and often-overlooked source of development funding:** Cross-border philanthropy still dominated: U.S.-based organizations represented almost half of all financing for development from 2020 to 2023, with the Gates Foundation topping the list. But domestic flows amounted to \$15.4 billion globally, and in countries such as China, India, and Mexico, domestic philanthropy far outpaced foreign funds. **2. Philanthropic spending on development still amounted to just 10% of official development assistance — but that’s a lot more than was previously thought... 3. ... More cross-border funding is going to Africa than any other region — a shift from pre-2020: Africa received 33% of total cross-border philanthropy giving. Those funds were concentrated among some of the biggest global donors: the Gates Foundation contributed \$6.4 billion to Africa while the [Mastercard Foundation](#) gave \$4.6 billion, together representing more than half of all giving to the region.** In 2020, more giving went to Asia — \$4.9 billion to Asia, compared with \$4 billion to Africa. But by 2023, Africa emerged as the top recipient region, receiving \$4.8 billion compared to \$4.6 for Asia....”

## CNBC - Buffett defends ‘Giving Pledge’ against Thiel and ‘billionaire backlash’

<https://www.cnbc.com/2026/03/21/buffett-defends-giving-pledge-against-thiel-and-billionaire-backlash.html>

**“Warren Buffett is defending [the philanthropic initiative he co-founded with Bill Gates almost 15 years ago](#) as it faces what *The New York Times* calls a “billionaire backlash.”** Buffett wrote in an email to the newspaper, “I firmly believe in the [Giving Pledge](#) and consider it quite a success, though my physical limitations have eliminated my participation in the annual get-together. “I have

continued to contact possible members but only on a minor scale in recent years. Bill Gates has continued major efforts.” ...”

PS: “In 2010, Buffett said he and Gates hoped to “establish a new norm” with the Pledge, which is a [“promise by the world’s wealthiest philanthropists to give the majority of their wealth to charitable causes in their lifetime of wills.”](#) ...”

## Global Development Policy Center - Letter from 220 Economists and Legal Scholars to Colombian President Gustavo Petro Calling for Action on ISDS

<https://www.bu.edu/gdp/2026/03/19/isds-letter/>

“We write to you as economists and legal scholars deeply concerned that investor-state dispute settlement (ISDS) poses a serious obstacle to building prosperous, equitable, and sustainable societies. As Colombia prepares to co-host the First International Conference on Transitioning Away from Fossil Fuels in Santa Marta from April 24-29, where discussions on ISDS will take the center stage, we urge you to seize the moment by giving effect to your decision to begin removing Colombia from ISDS, and launching a broader alliance of countries committed to unwinding ISDS.”

“Written into thousands of international trade and investment treaties, including 18 agreements signed by Colombia, ISDS allows foreign corporations to bypass domestic courts and bring legal claims against host governments before special international arbitration tribunals that routinely award vast sums for alleged harms to their investments. ISDS is asymmetrical by design, granting foreign investors expansive protections that are unavailable to domestic businesses or citizens of the host country. “

“While proponents argue ISDS can protect investors from unfair treatment, in practice it has become a tool through which corporations can challenge non-discriminatory public policies on the basis that they affect corporate profitability, rather than because they discriminate against investors. This dynamic raises significant concerns about states’ ability to regulate freely in the public interest, including in the context of climate action....”

## Debt crisis & reform

### Finance for Development Lab - Wilton Park’s Dialogue on 'Advancing Sovereign Debt Sustainability'

By Ishac Diwan & Jules Devie; [https://findevlab.org/wp-content/uploads/2026/02/FDL\\_Short-Note\\_Wilton-Parks-Dialogue-on-Advancing-Sovereign-Debt-Sustainability\\_Feb2026.pdf](https://findevlab.org/wp-content/uploads/2026/02/FDL_Short-Note_Wilton-Parks-Dialogue-on-Advancing-Sovereign-Debt-Sustainability_Feb2026.pdf)

(note from just before the latest Gulf war...) “Current financial conditions and the search for an effective new initiative. “

“Based on the latest data on the financial stress levels in developing countries, this note addresses a series of questions: What challenges are debtors facing? Which countries need liquidity support? Has the situation improved recently? Ideally, how should these countries be supported? Given the

public policy failures of the recent past, what might a practical international proposal look like? What are the obstacles?”

“... **FDL’s latest annual report divides 58 LLMICs into three categories**: seven countries are deemed **insolvent**, twenty three are **solvent but face liquidity constraints**, and the rest have **no debt concerns**.”

Concluding: “**In sum, liquidity problems have persisted since 2019, and the international community is still seeking a solution 5 years into the crisis. Yet, the structural solutions have been apparent for a while – they just demands more institutional courage and determination to make the “3-pillars approach” work.** Such an **initiative could be advanced under the auspices of the UK’s G20 presidency**. A dedicated commission could be tasked with developing operational recommendations. **The commission would examine how to create a richer toolbox to strengthen each of the 3 pillars**. This should include: (i) Increased coordination in joint IMF-World Bank programs to support country-led growth recoveries. (ii) A scaling up of IFIs' disbursements, including guarantees, and encouragement for countries to engage in more forceful pro-growth reforms. (iii) For market countries, the launch of a Liquidity Fund to support LMOs. (iv) For non-market countries, stricter rules that force liquidity relief as needed. (v) The initiation of a Jubilee Fund to buy back commercial debts of the poorest countries.”

## **Global Development Policy Center - Rising oil prices and developing country debt – the next shock is already here**

By Rebecca Ray, Kevin P. Gallagher and Marina Zucker-Marques;

<https://www.bu.edu/gdp/2026/03/23/rising-oil-prices-and-developing-country-debt-the-next-shock-is-already-here/>

“Once again, developing countries are experiencing shockwaves from a crisis they did not create. Since the US-Israel strikes on Iran began on February 28, **global oil prices have skyrocketed, with consequences rippling far beyond the Middle East, impacting sovereign bond spreads across developing and emerging markets in the Global South...**”

And a link:

- Bloomberg Law - [UN to Help Nations Value Critical Minerals for Taxes](#)

(gated) “**A U.N. tax experts group is set to create new guidelines to help low- and middle-income nations value and tax critical mineral extraction.**”

## **More on the impact of aid cuts**

**NPR – He's one reason why aid cuts weren't as dire for the HIV population as predicted**

<https://www.npr.org/2026/03/20/nx-s1-5746630/hiv-aids-trump-administration-aid-cuts>

Cfr related **tweet Andrew Green**: “If the worst outcomes predicted when the U.S. collapsed global HIV services haven't come to pass, it's **largely due to committed health workers at a community level who have continued to show up without pay**, @npr.org reports...”

And some excerpts:

“... New data suggests the work that Ismail — and others like him — have been doing to keep people on HIV treatment has had a big impact. So much so that **the forecasts warning of a major collapse in HIV/AIDS treatment efforts, after foreign aid cuts threw programs into turmoil, appear to have been averted — at least for now. Preliminary figures from the U.S. government suggest global HIV treatment levels are at roughly the same level as before the disruptions.** With the U.S. supporting more than 20 million people on HIV treatment, the number dipped by only 100,000 people between the end of the 2024 reporting period and a year later...” **“The most severe outcomes that we were concerned about haven't come to pass,” says Jeff Imai-Eaton**, an associate professor of epidemiology at the Harvard T.H. Chan School of Public Health. “That's good news. But there's also bad news in the world of HIV....”

“... Imai-Eaton's sense is that **the treatment numbers rebounded not because the scary predictions were wrong but because of a global spirit of cooperation.** The potential loss of life **prompted action around the world at three levels. The first thing that helped boost treatment levels: The Trump Administration restarted some programs deemed lifesaving. life-saving.** “The U.S. government did realize the potential impact of the stop work order,” explains Mahy. “People that were in place at the [HIV/AIDS program] there in Washington were able to communicate: ‘We need to get the drugs to countries and then allow the countries to distribute.’ ” **Second, countries that had been receiving the aid stepped in to fill whatever gaps they could. “The efforts by Ministries of Health to reprioritize and sustain services was pretty heroic,” says Imai-Eaton. And the third factor? It's people like Ismail in Uganda, who persevered despite the obstacles – borrowing a bike, for example, to check on children in the surrounding hills since it's too far to walk and he can no longer afford to hire a motorcycle, called a boda boda, the way he did when he was employed...”**

Nevertheless, sadly, Ismail has seen many people die the past year.

## **Lancet Regional Health Africa – PEPFAR interrupted: real-world consequences of U.S foreign aid instability for HIV service delivery in South Africa**

Lindsey M. Filiatreau et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00020-9/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00020-9/fulltext)

« **We aimed to quantify disruptions to facility-level services, operations, and staffing resulting from foreign aid instability using province-representative facility audit data from South Africa.**”

Among the findings:

Re clinics and patients in **KwaZulu-Natal Province**, South Africa, that were impacted by the January 2025 foreign aid cuts. “Our results demonstrate that **nearly 40% of facilities experienced some sort of disruption, impacting over 800,000 individuals living with HIV in the Province. The effects of disruptions extended beyond clinics that reported direct receipt of PEPFAR funds before January**

**2025 and beyond the provision of antiretroviral therapy, thereby impeding patient monitoring and retention efforts....”**

**Implications of all the available evidence : “This study underscores the broad-reaching impact of PEPFAR funding cuts on healthcare delivery for people with HIV in South Africa. Importantly, our work highlights that a range of functions that have been key to the success of the global HIV response, including training a robust labor force and maintaining patient support mechanisms, have been undermined by funding disruptions.** These findings complement the numerous mathematical modeling studies that have predicted millions of new HIV infections and HIV-related deaths globally as a result of foreign aid cuts and are critical to mounting an effective response to uphold the success of the HIV response, now decades in the making. »

## **UHC & PHC**

### **Lancet Global Health (Comment) – From commitment to action: why 2027 must mark the turning point for universal health coverage**

M Robalo et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00028-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00028-8/fulltext)

**“During the 2023 High-Level Meeting on UHC, world leaders renewed their commitment to UHC, pledging that by 2030, everyone, everywhere would have access to quality health services without financial hardship. 3 years later, the evidence is stark: we are not on track....”**

The Comment comes back on UHC2030's 2025 report **From commitment to action: a global UHC action tracker (ACT for UHC).**

And concludes: **“...The 2027 UN High-Level Meeting on UHC will determine whether the promise of health for all remains credible.** More than a reaffirmation of past pledges, it **must produce an ambitious and action-oriented Political Declaration with measurable targets, investment commitments, and accountability mechanisms.** To that end, **UHC2030 has identified six priority areas:** (1) advancing a new generation of equity-driven and people-centred primary health-care reforms; (2) expanding financial protection through sustainable domestic financing and addressing high out-of-pocket spending on medicines; (3) addressing the health workforce shortfall; (4) making health systems resilient to climate change, pandemics and conflicts; (5) leveraging digital transformation and artificial intelligence in ways that reduce inequality and increase access; and (6) institutionalising inclusive, participatory governance that gives communities a voice in decisions affecting their health....”

### **University of Birmingham - Ambulance use delays care for injured patients in Global South**

<https://www.birmingham.ac.uk/news/2026/ambulance-use-delays-care-for-injured-patients-in-global-south>

**“Many seriously injured patients in Global South countries are failing to reach medical care within the lifesaving ‘golden hour’ and ambulances are often associated with these delays.”**

“Publishing their findings in **BMJ Global Health**, an international research team led by University of Birmingham and Stellenbosch University reveals that - **in Ghana, Pakistan, Rwanda, and South Africa** - more than half of patients with serious injuries failed to reach medical care within an hour of being injured....”

- See [BMJ GH – Delays in seeking and reaching care for injured patients in four low-income and middle-income countries: a cohort study](https://www.bmj.com/lookup/doi/10.1136/bmjgh-2022-000234)

## More on Health Emergencies

### **Lancet Regional Health Africa – Africa's migratory epidemic of Mpox: implications for continued public health surveillance and control**

Misaki Wayengera, J Kaseya et al ; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00023-4/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00023-4/fulltext)

« ... **Mpox across the African continent has exhibited a migratory pattern, as the virus has progressively shifted from historically high-burden epicentres to countries that previously recorded few or no cases.** It appears that, as natural infection and or vaccination coverage have grown in the sub-groups mentioned above, **pockets of immunity have been built within the East and Central African great lakes region, slowing down the community spread currently observed in the region.** The aggressive ring vaccination and other forms of reactive strategies proposed by WHO, Africa CDC and their partners appear to have slowed down the speed of transmission and reversed the initial wave, but unable to interrupt the small pockets of transmission. »

« **Indeed, the continent is experiencing new chains or pockets of transmission established in immune naive populations of distant new epicentres, with infections emerging and growing in Mali, Liberia, Ghana, Tanzania, and Senegal.** This picture in part justifies Africa CDC's sustenance of the ‘continental public health security’ concern around Mpox. ...”

Authors conclude: “ ... **In conclusion, Africa will continue to battle migratory patterns of the epidemic of Mpox disease due to clade 1b MPXV until the at-risk groups across the entire continent acquire the necessary herd immunity either through vaccination or natural exposure.** With or without any eminent immediate risk, **the few available vaccines can best be used by deploying them among at-risk groups up-stream of the evolving continental epidemic where new pockets of transmission are likely to emerge; rather than downstream countries where community spread is expected to have established some semblance of immunity.** »

## Decolonizing Global Health

### Plos GPH – Visa restrictions: A structural determinant of global health that must be confronted head-on

L E Bain, C Kyobutungi et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006178>

« **Visa restrictions can no longer be treated as a peripheral issue; they are a central concern in global health ... The current wave of visa restrictions reveals a deeper structural problem: global health systems are built on assumptions of relatively unrestricted mobility that no longer hold.** Although individual visa decisions and national policy shifts may be publicly visible and politically contested, their cumulative effects on who participates, who decides, and whose expertise travels remain insufficiently examined in global health governance debates. Moreover, their harm profile seems to have shifted from the intermittent denial of access to structural weakening of institutions, particularly in low- and middle-income countries (LMICs). **Viewed through this lens, visa regimens must be addressed at the systemic level given that they function as structural gatekeeping mechanisms that shape the global health ecosystem itself....”**

On the need to ‘**Re-architect global health for mobility**’.

With **three suggestions**.

## NCDs & Commercial determinants of health

### Lancet Letter - African Union's Common Position on NCDs, injuries, and mental health

M K Sibhatu, J Kaseya et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00408-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00408-3/fulltext)

« **The African Union, through the Africa Centres for Disease Control and Prevention (CDC), has operationalised strategies on non-communicable diseases (NCDs), injuries, and mental health to reverse the substantial human and economic loss from these conditions.** In Africa, cardiovascular diseases and other NCDs account for over 70% of the region's premature deaths. The occurrence of road traffic injuries (26.6 deaths per 100 000 population) is increasing compared with previous years, and mental health conditions now affect 14% of the population. **Africa CDC has stipulated four multisectoral strategies** to tackle this threat of catastrophic magnitude and enable countries to transform multisectoral legislation and policies....”

### Habib Benzian - Part II. On Building and Breaking Consensus: Inside the fragile architecture of global health diplomacy

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

(recommended read) “This essay is part of a three-part series illustrating mechanisms of global health diplomacy. Part I examined the strange 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.** .... “ Benzian analyses here the **4<sup>th</sup> UN High-Level meeting on NCDs (Declaration)** (process) from last year.

“For most of its life, a global health declaration moves quietly, almost invisibly, through the **machinery of multilateral diplomacy.** Drafted, bracketed, revised, and revised again, it accumulates language rather than attention. By the time it reaches a high-level meeting, the hardest work is assumed to be over. **The 4th UN High-Level Meeting on Noncommunicable Diseases, held in New York in September 2025, disrupted that assumption. What unfolded made a familiar dynamic impossible to ignore: how declarations gather momentum through process and patience, and how abruptly that momentum can collapse....**” Do read on.

Excerpt: “... **the collapse of the declaration was not the failure of a single issue or a single negotiating coalition. It was a reminder of what global health diplomacy actually is: a system where technical logic shares space with political geometry, where agreements rest on relationships rather than rules and where progress depends on the narrow openings that appear when interests temporarily align.** When that architecture strains, collapse is never far away. The episode also reveals something more enduring. **Declarations do not falter because they are poorly constructed. They falter because the systems that sustain them are constantly negotiating their own limits between ambition and feasibility, visibility and discretion, consensus and objection. What unfolded in New York was simply a sharper-than-usual view into that dynamic.**”

“The **broader question becomes what these fragile instruments are ultimately for. Why, despite their imperfections and their vulnerability to political weather, does global health return again and again to the declarative form. And what work do these texts perform in a world that often struggles to turn intention into impact....**”

## **Lancet Public Health - Operationalising dementia prevention as a measurable NCD priority**

Simone Salemmé et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00028-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00028-9/fulltext)

« **The 4th UN General Assembly declaration on non-communicable diseases (NCDs) and mental health, adopted on Dec 15, 2025, was notable for its explicit inclusion of dementia, bringing dementia prevention into focus as an international public policy priority.** A central question therefore becomes **how dementia prevention will be prioritised, resourced, and implemented and how it will be integrated into existing NCD policies and health-system strategies...**”

« ...What does it mean to treat dementia prevention as an NCD priority following the UN declaration? **We propose three measurable opportunities for countries to operationalise this ambition....**”

## **Devex - Primary care is failing chronic respiratory disease patients, experts warn**

<https://www.devex.com/news/primary-care-is-failing-chronic-respiratory-disease-patients-experts-warn-112093>

**“Primary health care workers are often not trained on these diseases, lack diagnostic tools, and medicines. But these diseases, such as asthma and COPD, affect more than 640 million people and cause 4 million deaths worldwide.”**

**“... CRDs include chronic bronchitis, pulmonary hypertension, emphysema, and post-tuberculosis lung disease, among others — and can range from mild to a person bedridden on a ventilator. Asthma and COPD carry the largest burden for mortality and disability. “**

**“Experts say primary health care systems in low-and-middle income countries are ill-equipped to handle these diseases. In many places, emergency rooms serve as catch-alls for people experiencing acute attacks — only to return home undiagnosed. ... Primary health care workers are often not trained on these diseases, lack diagnostic tools, and medicines. ... Most primary care facilities across Africa are managed by nurses or clinical officers, Mash said. CRD patients are often given medication without explanation or lifestyle change guidance. ... And so people often struggle to receive diagnoses — and cycle in and out of health facilities. There also aren’t enough specialists — some African countries have only one pulmonologist...”**

**“... Medicines for CRDs are on WHO’s essential medicines list — but that doesn’t mean countries buy them at scale. Inhalers are inaccessible in many low-resource settings, and clinicians may not know the difference between the types. “People who don’t have inhaled steroids with asthma die,” van Zyl-Smit said. “You will save lives. That’s the goal of any asthma guideline strategy — get the steroid in.” But they’re also considered expensive — and many patients pay out of pocket, even though broad access could save governments money. ...”**

- Related: **Devex – [One man's quest to raise the profile of chronic respiratory diseases](#)**

**“José Luis Castro is working to ensure the public understands the death and suffering toll of these diseases — and to help change the global health infrastructure around them to match the burden.”**

**“... The agency’s (i.e. WHO) director-general did appoint a special envoy for chronic respiratory diseases: José Luis Castro, who is working to change this mismatch in global burden versus attention — and to create more space in the global health infrastructure for fighting these diseases. Some of the most common CRDs include asthma and COPD — but many people don’t even know what COPD is. Castro said they’ve been “invisible” on the global agenda.;..”**

**“... While WHO does have an NCD department that covers different areas such as cardiovascular health and diabetes, Castro said the agency needs more technical staff at the country level on chronic respiratory diseases, which could help in areas such as collecting data around disease progression and providing tailored assistance to countries — helping them locally adapt global guidelines.... WHO also plays a powerful role in ensuring equitable access to medicines, he said. For example, ensuring people have affordable access to inhalers and other medicines for chronic respiratory diseases, which are included in WHO’s list of essential medicines....”**

**NYT – Diabetes, Overlooked and Unchecked, Poses New Risks in Africa**

**<https://www.nytimes.com/2026/03/23/health/diabetes-africa-cameroon-type-5.html?smid=nytcore-ios-share>**

“As deaths from diabetes start to rival those from infectious threats like malaria, a **new form of the condition linked to malnutrition is surfacing in patients who can afford neither screening nor care.**”

## **Lancet – Announcing the *Lancet* Commission on colorectal cancer: addressing the rising global burden**

A Cercek et al on behalf of the **Lancet Commission on Colorectal Cancer**;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00418-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00418-6/fulltext)

“Colorectal cancer is a major global health burden, accounting for about 10% of all cancer incidence and nearly 1 million deaths worldwide between 2020 and 2022. Projections indicate that this burden will increase substantially in the coming decades, reaching more than 3·2 million new cases and 1·6 million deaths annually by 2040. The epidemiological landscape of colorectal cancer is **evolving**, with a rapid shift towards younger age at diagnosis, more advanced stage at presentation, and a higher proportion of left-sided tumours. Global cancer burden analyses show that age-standardised incidence rate rose from approximately 22·2 to 26·7 per 100 000 population between 1990 and 2019, with rapid increases in younger cohorts. This trend is observed in countries across all socio-demographic regions. These **shifts reflect changes in population ageing, urbanisation, lifestyle, dietary behaviours, environmental exposures, and other factors** that remain incompletely understood, placing a growing strain on health systems worldwide. **The Lancet Commission on Colorectal Cancer is therefore timely and will synthesise emerging evidence, identify gaps across the continuum of care, and develop actionable, globally relevant strategies to reduce the burden of colorectal cancer....**”

## **HPW - Meta Liable for Harming Kids; Soda and Alcohol Companies ‘Flood’ Social Media**

<https://healthpolicy-watch.news/meta-liable-for-harming-kids/>

“Social media giants are liable for harming young users, according to two landmark court rulings in the United States this week that order Mega and YouTube to pay millions in damages.”

(see also below – FT)

“Meanwhile, soda and alcohol companies are flooding social media platforms with a “constant stream of content” that evades outdated advertising regulations, according to Vital Strategies, a global public health organisation. ... By embedding their brands in “sports highlights, influencer content and viral moments” rather than traditional advertising, these industries are generating billions of impressions, according to Vital. Using its digital media monitoring tool, **Canary**, Vital’s researchers tracked how **Coca-Cola’s sponsorship** of the FIFA World Cup and alcohol companies’ use of **festivals, cultural events and celebrities** in Brazil, Mexico, the Philippines, and South Africa “integrated brand promotion into people’s everyday online experiences”....”

## **FT – Meta and Google liable for harm to children’s mental health in landmark US case**

<https://www.ft.com/content/d3d80bd4-d2b1-4522-9752-4071df5b4c0a>

“Jury awards at least \$3mn in damages with Instagram owner to pay the majority.”

"Meta and Google were held liable in a **landmark legal case** that found social media platforms are designed to be addictive to children, **opening up the tech giants to penalties in thousands of similar claims filed around the US**".

## Human Resources for Health

### BMJ GH - Trends in government and donor funding for vertical and horizontal community health worker programmes in sub-Saharan Africa

S Shukla et al; <https://gh.bmj.com/content/11/3/e022085>

“This study examined trends in donor and government financing for CHW programmes across SSA.”

Findings: “Between 2002 and 2022, global external assistance for CHW programmes totalled **US\$14.4 billion**, SSA receiving 76% (US\$11.0 billion). Of donor funds to SSA, 76.4% supported vertical programmes, although these made up fewer than 20% of projects; horizontal programmes received just 14.7%. ... Government spending across 37 SSA countries totalled ~US\$1.4 billion (2016–2022). This represented less than 20% of total CHW funding but a greater share directed to horizontal services (54.6%). The annual financing gap remained between US\$4.7 billion and US\$4.3 billion.”

Conclusions : “CHW financing in SSA is donor-dominant and vertically oriented; domestic allocations are limited but relatively more horizontal. Closing the funding gap will require larger, predictable government budgets for CHWs, better-aligned partner support and stronger expenditure tracking to sustain PHC and advance universal health coverage.”

### APPG publishes new inquiry report on international health worker recruitment

<https://globalhealth.inparliament.uk/news/appg-publishes-new-inquiry-report-international-health-worker-recruitment>

(from last week - 16 March). “ The report finds that the NHS is deeply dependent on internationally educated staff. It says one in three doctors were trained overseas, around one in four registrants on the UK nursing register were internationally educated in 2025 and nearly half of new nursing joiners in 2023/24 were internationally educated. It describes international recruitment as “not a marginal feature of the system - it is structural.”

- Coverage also in the Guardian: [Plans to cut NHS international workforce appear overambitious, say MPs](#)

“Health service in England has saved more than £14bn hiring from overseas, report says, as **doubt is cast on aim to reduce international recruitment to 10%**.”

## More on SRHR

### BMJ Feat article – Why the expanded global gag rule is a deadly triple tripwire for recipients of US foreign aid

<https://www.bmj.com/content/392/bmj.s528>

“Restrictions now reach beyond abortion to target gender and diversity programming, strip provider protections, and threaten humanitarian aid. Frank Burkybile reports.”

“... **One new rule, Protecting Life in Foreign Assistance (PLFA)**, tightens abortion related restrictions. **A second, Combating Gender Ideology in Foreign Assistance (CGIFA)**, prohibits “gender ideology” activity. **A third, Combating Discriminatory Equity Ideology in Foreign Assistance (CDEIFA)**, bars diversity, equity, and inclusion (DEI) programming. **All three took effect on 26 February 2026....”**

“The rules function as a triple tripwire: a recipient organisation can lose all funding by violating any one of them. Each applies to foreign NGOs, international organisations including UN entities, US NGOs, and foreign governments. Previous iterations applied only to foreign NGOs....”

“The scope is vast. Analysis by KFF, an NGO that conducts research on healthcare policy, estimates \$39.8bn (£29.87bn; €34.58bn) in 2024 US foreign assistance obligations across more than 160 countries now fall under the new conditions, up from \$7.3bn in 2020 under the first Trump administration’s expansion. .... KFF’s analysis identifies humanitarian assistance as the sector likely to be most affected by the new rules: \$11.5bn, or 29% of the total of US foreign aid affected by the rule change, compared with \$10.5bn (26%) for health....”

“... Researchers say the expanded rules could reach far beyond abortion programming, affecting gender based violence work, HIV outreach, and research involving women and LGBTQ populations....”

### HPW - Available Cervical Cancer Vaccines Fail to Cover the HPV 35 Genotype Common in Africa

<https://healthpolicy-watch.news/eliminate-cervical-cancer-by-2050-with-accelerated-hpv-vaccination-screening-and-treatment/>

*“The Human papillomavirus (HPV35), globally associated with only 2% of invasive cervical cancers (ICC), has a disproportionately higher prevalence in sub-Saharan Africa, reaching rates of 22-30% in some countries among women with ICC lesions, according to a new study. Recently, a high-level panel called for redoubled efforts in HPV vaccination, screening and treatment to meet the WHO Global Strategy targets for 2030 – and eliminate cervical cancer by 2050 worldwide. “*

With some “ **key messages emerging from a recent high-level seminar on a [Cervical Cancer-Free Future](#)**, convened by the [Center for Global Health Development and Inclusion](#) (CeHDI) together with the UN in Geneva ambassadors of Barbados, Germany, Guyana and Malawi.”

# Planetary Health

## Guardian – Earth being ‘pushed beyond its limits’ as energy imbalance reaches record high

<https://www.theguardian.com/environment/2026/mar/23/earth-being-pushed-beyond-its-limits-as-energy-imbalance-reaches-record-high>

“State of the Climate report finds Earth’s energy has moved dangerously out of balance, with oceans absorbing vast majority of trapped heat.”

“ Our home planet is struggling with a record energy imbalance, which is warming oceans to unprecedented levels, making weather more extreme and threatening health and food supplies, the World Meteorological Organization has warned.”

“The United Nations body confirmed **2015 to 2025 were the hottest 11 years ever measured**, but a still bleaker message was that **the rising temperature experienced by humans on the surface was only 1% of the faster-accumulating heat in the wider Earth system. More than 90% of that excess is absorbed by the oceans, which experienced the highest heat content in history last year. The rate of ocean warming has more than doubled over the past two decades, compared with the average over the previous 45 years....”**

“The authors of the latest annual State of the Global Climate report say this highlights the increasing vulnerability of a planet that is moving ever further out of balance as a result of human activity. The burning of oil, gas, coal and forests releases heat-trapping greenhouse gases such as carbon dioxide, methane and nitrous oxide, which are all at their highest level in at least 800,000 years. **This disrupts the planet’s energy equilibrium. In a well-functioning system, the amount of radiation entering and leaving the Earth system is roughly similar. But a heat surplus has been accumulating since at least 1960 and has noticeably accelerated in recent years.** This is **tracked for the first time in the new report**, which shows the Earth’s energy imbalance increased by about 11 zettajoules a year between 2005 and 2025, which is equivalent to about 18 times total human energy use. Last year it was more than double that average.....”

- Related: [Nature News – The world just lived through the 11 hottest years on record — what now?](#)

“Ocean heat and carbon dioxide concentrations have also hit their highest levels in history, finds World Meteorological Organization report.”

## Carbon Brief - Limiting global warming to 2C would not ‘rule out’ extreme impacts

<https://www.carbonbrief.org/limiting-global-warming-to-2c-would-not-rule-out-extreme-impacts/>

“Limiting warming to 2C above pre-industrial temperatures may not be enough to prevent “extreme global climate outcomes”, according to research published in [Nature](#).”

**“The authors simulate climate extremes – such as drought in breadbasket regions and flooding in populated areas – under a 2C warming scenario using a range of different global climate models. ... They find that the “worst-case” model projections in a 2C warmer world are often more severe than the “average” scenarios in a 3C or 4C warmer world.”**

**“An author on the study tells Carbon Brief that, for policymakers planning around risk, it is “really important” to account for these potential extremes at 2C. ... The findings are “sobering” and “demonstrate that the risks at 2C of global warming may be significantly higher than previously thought”, according to one scientist who was not involved in the study...”**

### **Guardian – US has caused \$10tn worth of climate damage since 1990, research finds**

<https://www.theguardian.com/environment/2026/mar/25/us-climate-damage-research>

**“US, top carbon emitter in history, has ‘a lot of responsibility’ for causing ‘substantial’ harm globally, scientist says. The US has caused an eye-watering \$10tn in global damages to the world over the past three decades through its vast planet-heating emissions, with a quarter of this economic pain inflicted upon itself, new research has found...”**

**“By being the largest carbon emitter in history, the US has caused greater harm to worldwide economic growth than any other country, ahead of China, now the world’s largest emitter that is responsible for \$9tn in GDP damage since 1990, according to the findings of the paper. About 25% of this GDP dampening has occurred in the US itself, although other countries have borne a heavy toll, with economic losses disproportionately felt in the poorest countries. Since 1990, US emissions have caused an estimated \$500bn of economic damage to India and \$330bn in damage to Brazil, the research finds...”** “... **The new study, published in Nature** on Wednesday, attempts to attach dollar amounts to “**loss and damage**” – a term used to sum up the harm suffered by societies baked by dangerously rising global temperatures caused by the burning of fossil fuels...”

### **HPW – Air Quality Worsens Globally – Share of Cities Meeting WHO Guidelines Declines**

<https://healthpolicy-watch.news/air-pollution-worsens-globally-share-of-cities-meeting-who-air-quality-guideline-declines/>

**“Pakistan had the most polluted air in the world overall in 2025, and Delhi was the most polluted capital for the seventh time in the last eight years of reporting by the Swiss-based IQAir. .... Despite covering nearly 9,500 cities, pollution data gaps leave millions of people exposed to unhealthy air out of the count....”**

**“Air pollution worsened in 2025, with the share of cities globally that met the World Health Organisation’s guideline of safe air quality falling to 14% from 17% the previous year. Progress on air quality progress stalled as wildfire smoke and climate change intensified air pollution concentrations, according to the latest global ranking report by IQAir, released today. **The report by the Swiss-based air quality technology firm ranked 143 countries and territories, as well as almost 9,500 cities by annual average PM2.5 levels, drawn from a continuous real-time data base, accessible to users worldwide. ....****

**“South Asia remains the world’s most polluted region ...”**

## **Climate Change news – COP30 rainforest fund unlikely to make first payments until 2028**

<https://www.climatechangenews.com/2026/03/20/cop30-rainforest-fund-unlikely-to-make-first-payments-until-2028/>

“The **Tropical Forest Forever Facility (TFFF)**’s designers are aiming to secure billions of dollars more government investment this year.”

“The **Tropical Forest Forever Facility (TFFF)** – a major new rainforest protection fund launched by Brazil at COP30 – is **unlikely to make payments to rainforest countries until at least 2028**, experts said, while it raises funds in financial markets. The proposed new mechanism aims to pay rainforest countries for achieving low deforestation rates. **Rather than depending on grants, the TFFF would seek to raise public and private capital to make investments in financial markets, and then use part of the returns to reward countries which protect their rainforests.** But raising the **US\$125 billion of public and private investment needed to make meaningful payments could take years**, according to Andrew Deutz, managing director of global policy and partnerships at WWF, one of the organisations involved in the fund’s design....”

PS: conversations with China have become more serious.

## **Guardian - 5m tonnes of CO2 emitted in just 14 days of US war on Iran, analysis finds**

[https://www.theguardian.com/world/2026/mar/21/middle-east-iran-conflict-environment-climate?CMP=Share\\_AndroidApp\\_Other](https://www.theguardian.com/world/2026/mar/21/middle-east-iran-conflict-environment-climate?CMP=Share_AndroidApp_Other)

**“War in the Middle East is draining the global carbon budget faster than 84 countries combined.”**

“... In total, **the first two weeks of the conflict** led to emissions of 5,055,016 tCO<sub>2</sub>e, equivalent to 131,430,416 tCO<sub>2</sub>e in a year – **roughly the same as a medium-size, fossil fuel-intensive economy such as Kuwait. But it is also the same as the 84 lowest emitting countries combined.** Fred Otu-Larbi, the study’s lead author, from the University of Energy and Natural Resources in Ghana, said: **“We expect emissions to increase rapidly as the conflict proceeds, mainly due to the speed [at] which oil facilities are being targeted at an alarming rate.” ...”**

## **Guardian – Far more countries face critical food insecurity if world heats up by 2C, analysis shows**

<https://www.theguardian.com/environment/2026/mar/23/countries-critical-food-insecurity-global-heating>

**“Food systems of low-income nations projected to deteriorate seven times as fast as those of wealthy ones.” “The number of countries falling into critical food insecurity could almost triple to 24 if global temperatures increase by 2C, research has shown. Analysis by the International**

Institute for Environment and Development (IIED) shows the **climate crisis will disproportionately affect food systems in poorer nations**, widening the gap between the most and least vulnerable countries....”

“... The IIED developed a **Food Security Index** for 162 countries. It measures the systematic vulnerability of a country’s entire food system and estimates how climate breakdown could affect it **under three scenarios: if global temperatures increase by 1.5C, 2C and 4C above preindustrial levels**. The index also assesses the impact of climate crisis on four “pillars” of food systems – availability, accessibility, utilisation and sustainability – and shows the risk is not evenly distributed across the four....”

### Lancet (Health Policy) – Setting research priorities to understand and address the impact of climate change on the health of women and children in low-income and middle-income countries using the Child Health and Nutrition Research Initiative method

R Syal et al; for the **Climate Change and Health Impacts on Women and Children in LMICs Research Priorities Group**; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00539-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00539-X/fulltext)

“... We consulted 88 climate and health researchers between 2022 and 2024 to generate relevant questions regarding climate change impacts on women and children's health and potential solutions. A diverse group of 52 experts prioritised a shortlist of 70 questions using the Child Health and Nutrition Research Initiative method. **The top three priorities included vulnerability mapping, integrating climate metrics into surveillance, and long-term heat exposure effects**. This Health Policy underscores **key knowledge gaps in climate-related health outcomes affecting women and children in LMICs**, and suggests a focused research agenda for guiding global investments in resilience and adaptation.”

### WHO is now a Green Climate Fund accredited entity

<https://www.who.int/news/item/26-03-2026-who-is-now-a-green-climate-fund-accredited-entity>

- See also via LinkedIn (**Arthur Wyns**): re **climate finance to the health sector**:

“Good news for climate and health finance! **WHO has finally been approved as an accredited entity to the Green Climate Fund - the world's largest multilateral climate fund!**”

“GCF has improved several major climate and health projects in the past years, including in Malawi and the Federated States of Micronesia. **Since 2023, GCF has also been working closely with UNDP and WHO on a climate-health co-financing facility, which will support developing country build climate-resilient health systems**. Now, GCF has approved the World Health Organization as **an accredited entity**, meaning WHO will be able to support countries in applying for GCF grants, receive and channel GCF climate finance, and support countries with implementation. **This is a game changer for scaling up climate finance to the health sector, a sector whose climate response has historically been underfunded.**”

## Access to medicines, vaccines & other health technologies

### Lancet World Report - Building momentum at the African Medicines Agency

A Green; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00601-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00601-X/fulltext)

(must-read) **“Launched in 2025, Africa's new medicines regulator is working to win the support of countries to meet its extensive agenda. Andrew Green reports.”**

### Stat Plus - Iran war has not disrupted pharma supply chains. That could change if conflict is prolonged

<https://www.statnews.com/pharmalot/2026/03/20/iran-war-impact-pharma-supply-chain/>

(gated) **“Experts say supply of generic drugs and cold-chain medicines is at greatest risk.”**

**“The escalating war in the Middle East so far has not appreciably disrupted global pharmaceutical supply chains, but with no clear end in sight, the potential exists for the conflict to change the calculus for production, shipping, and, ultimately, pricing for different medicines in different countries, according to industry experts.”**

**“For now, the greatest impact is likely to occur in the immediate region, where only a smidgen of the world’s medicines and active pharmaceutical ingredients — 0.3% and 0.6%, respectively — are produced, according to US Pharmacopeia, an independent organization that develops standards for medicines and tracks global supplies.”**

**“Nonetheless, the conflict is already disrupting key global shipping and air corridors, suggesting manufacturers — especially those in India and the European Union that are vulnerable to closures in the Strait of Hormuz — will need to find alternate transportation routes. And this raises expenses that may eventually get passed on to customers....”**

### TGH - Multilane Procurement Amid the America First Health Agenda

P Yadav; <https://www.thinkglobalhealth.org/article/multilane-procurement-amid-the-america-first-health-agenda>

(must-read) **“Health procurement in low- and middle-income countries will remain unavoidably multi-lane. Donors should build around that reality.”**

### BBC - India's cheap weight-loss drugs could reshape global obesity fight

<https://www.bbc.com/news/articles/cx2g4411en3o>

Related **tweet D Pecotic**: **“India becomes the first country to launch generic #Ozempic as Novo Nordisk loses patent.”**

## Oxford and Serum Institute of India sign IP license agreement to advance NipahB vaccine candidate

<https://www.ox.ac.uk/news/2026-03-13-oxford-and-serum-institute-india-sign-ip-license-agreement-advance-nipahb-vaccine>

(in case you missed this) **“The University of Oxford and Serum Institute of India Pvt. Ltd. (SII), a Cyrus Poonawalla Group company and the world’s largest vaccine manufacturer, have signed an Intellectual Property license agreement to advance the development and manufacture of the ChAdOx1 NipahB vaccine candidate.”**

## Medicus Mundi Switzerland - Access denied? When markets decide who gets antibiotics: How Market Forces and Trade Wars Are Undermining Global Antibiotic Access

N Wells; <https://www.medicusmundi.ch/en/advocacy/publications/mms-bulletin/bulletin-176/commercialisation,-access-and-inequality/access-denied-und-quest;-when-markets-decide>

“Dr Nadya Wells explores how market dynamics and trade tensions are undermining equitable access to antibiotics.”

“...However, emerging antibiotic resistance threatens to undo decades of medical progress rendering our existing medicines ineffective. Confronting this growing risk requires access to the right antibiotics at the right time, yet most major pharmaceutical companies have abandoned antibiotic research and production. Innovation now relies on financially fragile biotech companies while low profit margins are driving shortages of essential generic antibiotics. As a result, the entire antibiotic investment ecosystem is being reshaped by market logics that determine which antibiotics survive, which supply chains remain viable, and ultimately who gets access to life saving treatment. An additional emerging risk of disruption to global antibiotic infrastructure is being driven by contemporary pharmaceutical trade wars.”

## CGD - Global Vaccine Security Still Needs International Cooperation: Are Middle Powers the Key?

W Savedoff; <https://www.cgdev.org/blog/global-vaccine-security-still-needs-international-cooperation-are-middle-powers-key>

**“In this blog, William Savedoff argues that in a world where geopolitical “heavyweights” dominate vaccine production, middle and smaller powers must collaborate to overcome the complex economic, political, and institutional challenges that hinder timely and equitable access to vaccines. The blog draws on two related CGD publications by Savedoff: one on the economic and political shifts shaping vaccine production, and another arguing for regional agreements to expand vaccine manufacturing in Latin America and Africa—set against today’s increasingly complex geopolitical landscape.”**

## Stat- The potential loophole in Trump’s plan to get other countries to pay more for drugs

[Stat Plus](#);

“Comments from a top health official point to a big issue.”

**“Comments from a top Trump administration health official add to signs of a major flaw in the president’s most-favored nation drug pricing plans. The official, Chris Klomp, said last week that the most-favored nation deals aim to increase the prices of new drugs in peer countries, not lower U.S. prices. But by the time companies launch those drugs abroad, the deals might be over and Trump might be out of office....”**

## Conflict/War & health

Just a few reads, as sadly, these days this section probably warrants a newsletter in itself.

### Guardian – WHO warns of health crisis ‘unfolding in real time’ across Middle East

<https://www.theguardian.com/world/2026/mar/26/who-warns-of-health-crisis-unfolding-in-real-time-across-middle-east>

“Hostilities should halt and healthcare facilities must be treated as ‘safe havens’, WHO’s regional chief has said.”

“A total stop to hostilities in the Middle East is needed to halt a “health crisis unfolding in real time”, the World Health Organization’s chief in the region has said. Hospitals and other healthcare facilities must be treated as “safe havens”, urged **Dr Hanan Balkhy, the WHO’s regional director for the Eastern Mediterranean**. She said officials were updating guidance and preparing in case of any impact on nuclear sites, and that attacks on water desalination plants would be “a disaster”....”

### HPW – Attacks on Healthcare: Devastating New Norm as Hotspots Like Sudan Are Overlooked

<https://healthpolicy-watch.news/attacks-on-healthcare-escalating-crisis/>

“The year 2025 saw significant declines in the number of attacks on healthcare worldwide as compared to 2024, but events still remain at record high levels in comparison to previous years, said a leading civil society group that tracks incidents last week in Geneva. This grim reality took centre stage at a seminar organized by the Geneva Health Forum at a session of the UN-sponsored **Humanitarian Networks and Partnerships Week (HNPW)**. The event on **Strengthening the Application of International Humanitarian Law** brought together civil society and academic experts from around the world....”

“According to **tracking data of attacks on health facilities published by the leading civil society coalition [Insecurity Insight](#)**, and highlighted at the event, there were **2,723 recorded conflict-related attacks on medical facilities, transport, and personnel in 2025....”**

“The **tracking, which also includes criminal, cartel, and militia attacks, highlights Ukraine, DR Congo, Myanmar, Sudan, and Syria as the leading hotspots last year, with high concentrations of attacks on healthcare in Mexico and Colombia, Yemen, Gaza and parts of central and West Africa as well.** Government or regime attacks on health workers and facilities, such as those seen in Iran during the January “Dey” **[civil uprising, are also tracked in the “political” category....”](#)**

PS: “ **The tracking data is more detailed than the World Health Organization’s [dashboard on healthcare attacks](#), also drawing from a wider range of civil society sources.** Data is collected in collaboration with Physicians for Human Rights, the International Council of Nurses, Johns Hopkins University and other academic institutions, and supported by the Swiss Confederation, UK AID, and German Humanitarian Assistance.....”

PS: “**Human rights lawyers, meanwhile, argued that under international humanitarian law, medical facilities benefit from specific protection and [only lose this status under strict, exceptional circumstances.](#)** Even if a facility is misused for military purposes, attacking forces are obligated to issue a timely warning and allow sufficient time for the act to cease before any operation can proceed. “Any loss of protection is an absolute exception,” stated ICRC expert Rao.” “**Legal scholars argue that [rules of “proportionality”](#), properly applied, would still forbid assault in cases where the risks of harm to civilians and particularly patients, outweighed the military threat.** Also, legal experts assert that international humanitarian law requires parties to conflict to facilitate safe and unimpeded passage for medical personnel and supplies....”

“**Beyond direct violence, the tightening of supply routes frequently deprives hospitals of the medicines, equipment, and basic services they need to function.** The denial of these vital resources compromises medical services, weakens entire health systems, and also places civilian lives at risk....”

PS: “... Despite the bleak landscape, **dedicated efforts are underway to reaffirm the protective status of medical facilities, ICRC legal adviser Rao asserted.** The ICRC has spearheaded **[a “Global Initiative to Galvanize Political Commitment to International Humanitarian Law”](#)**, which now includes 103 states, committed to improving implementation of existing legal frameworks. To drive this agenda, **the ICRC has hosted a series of expert exchanges and state consultations, with fourth and fifth rounds scheduled for May and June,** announced Rao. These consultations aim to generate political will and gather good practices to translate international norms into practical domestic frameworks and military doctrines. **Following these rounds, the initiative will conclude with a final high-level meeting in November, where a dedicated report outlining specific legal recommendations will be published.”**

- Related: [HPW - Devastating Sudan Hospital Attack Disrupts Medical Care, Deepens Humanitarian Crisis](#)

**Politico - UN secretary general says he’s cooperating with Trump’s Board of Peace in Gaza but doesn’t want it in Hormuz**

[Politico](#);

“In an exclusive interview with POLITICO, António Guterres said the Board is not an effective way to manage crises.”

## Migration & health

WHO - Encouraging progress in inclusive health policies for refugees and migrants

<https://www.who.int/news/item/26-03-2026-encouraging-progress-in-inclusive-health-policies-for-refugees-and-migrants>

“The World Health Organization (WHO) reports a major shift in how countries are responding to the health needs of refugees and migrants, with new data showing more than 60 countries – two thirds of those surveyed – now include them in their national health policies and laws. Drawing on data from 93 Member States, the report establishes the first global baseline for tracking progress toward inclusive, migrant-responsive health systems...”

“... The new [“World report on promoting the health of refugees and migrants: monitoring progress on the WHO global action plan”](#) shows that even in politically sensitive contexts, countries are increasingly relying on evidence, data, science, and established norms and standards to guide how migration and health are addressed within national health systems....”

“Despite progress, the report highlights persisting gaps...”

## Some reports, supplements, ... of the week

BMJ GH (Supplement) - Reparations and distributive justice: the Walter and Patricia Rodney Commission

[https://gh.bmj.com/content/11/Suppl\\_1](https://gh.bmj.com/content/11/Suppl_1)

- Start with the [Commentary: Reparations and distributive justice in global health](#) (by E T Richardson et al)

“**Reparations are a global health imperative.** Centuries of genocide, enslavement, extractivism, colonisation, racism, casteism, patriarchy and related forms of violence have produced durable, preventable inequities in morbidity and mortality that cannot be remedied through aid and development alone. **Reparative justice requires both recognition and material redress.** Reparations should be grounded in historical truth-telling and responsibility while delivering concrete remedies— formal apologies, resource transfers, institutional transformations and sustained commitments to healing. **Context-specific, reparative approaches are essential. Drawing on five case studies, a new Supplement published in BMJ Global Health proposes guiding principles for designing reparative programmes that centre affected communities, uphold dignity and ensure non-recurrence....”**

PS: "... **We see the 21st century as an era of reparative struggle**, extending the efforts of the 19th century's abolition movements and the 20th century's advancement of political decolonisation and human rights. ...."

As mentioned, the 5 **case studies cover damages related to slavery, conflict-related sexual violence, climate change, racial injustice and structural adjustment.**

- Re the latter, on structural adjustment: [Structural adjustment: damages, reparations and pathways to non-recurrence](#) ( by J Hickel et al)

"Structural adjustment programmes, implemented by the International Monetary Fund (IMF) and World Bank across the global South from the 1980s onward, are associated with substantial negative impacts on human health and welfare. **This analysis summarises key findings from existing studies demonstrating the human impacts of structural adjustment. It argues that the IMF and World Bank should provide reparations for damages caused, and they should be restructured or replaced by alternative financial institutions to guarantee non-recurrence.**"

## Miscellaneous

UN News – UN resolution urges reparations for slavery's 'historical wrongs'

<https://news.un.org/en/story/2026/03/1167199>

"Applause erupted in the UN General Assembly Hall on Wednesday as **Member States adopted a resolution declaring the transatlantic slave trade the gravest crime against humanity.** The resolution spearheaded by Ghana received 123 votes in favour. Three countries – Argentina, Israel and the United States – voted against and 52 abstained. ..."

- For the view of the EU, see Reuters: [UN adopts Ghana's slavery resolution, defying resistance from the US, Europe](#)

"EU abstains over concerns."

"Both the EU and the U.S. voiced concerns the resolution could imply a hierarchy among crimes against humanity, treating some as more serious than others. ... .... The EU representative, Gabriella Michaelidou, said the bloc would have supported a resolution highlighting the "scale of the atrocity" but **raised "legal and factual" concerns**, including applying international law retroactively...."

Guardian – It's time for the UN to formally recognise the transatlantic slavery trade as a crime against humanity

John Dramani Mahama (president of the Republic of Ghana);

<https://www.theguardian.com/commentisfree/2026/mar/22/un-formally-recognise-transatlantic-slavery-trade-crime-against-humanity>

From earlier this week, and well worth a read.

**“This is not about assigning collective guilt to present generations. But injustice does not simply fade with time – it requires deliberate effort to address and redress.”**

**“ Ghana will table a resolution at the United Nations general assembly calling for the formal recognition of one of the greatest moral tragedies in human history: the transatlantic trafficking and enslavement of Africans as a crime against humanity, and the need for a process of repair.”**

**“This initiative is not Ghana’s alone. It carries the support of the African Union, the Caribbean Community (Caricom), and a growing coalition of countries across the global south. Together we seek not to reopen old wounds but to acknowledge them honestly, and to work collectively toward healing and justice in ways that strengthen our shared future. The call for reparatory justice is not new....”** “... The African Union has now declared 2026 to 2035 as the Decade of Action on Reparations and African Heritage, underscoring the urgency and legitimacy of this global conversation....”

**“Our proposal at the UN builds on these foundations. It seeks to move the international community from acknowledgment to action: from recognition of historical injustice to a structured dialogue on repair. This is not about assigning collective guilt to present generations. Nor is it about revisiting history in a spirit of division. Rather, it is about understanding how historical injustices have shaped contemporary inequalities, and how a more honest reckoning can contribute to a fairer, more inclusive global order.”**

## **Global health governance & Governance of Health**

**Devex: Vive l'égalité**

[Devex](#);

**“France is doubling down on its feminist approach to foreign aid — even as many governments scale it back.”**

**“Six years ago, France became the fourth country in the world to adopt a “feminist foreign policy,” which embeds gender equality into a nation’s foreign policy strategy. As part of that process, France also designated its development bank, Agence Française de Développement, or AFD, as a “feminist agency,” a move that centered gender equality throughout France’s lending and grantmaking operations. “Since then, gender equality has become really key in our strategy, and it is really a cross-cutting issue in all our operations,” Julie Gonnet, head of gender, equality, and inclusion practices at AFD’s social cohesion division, tells Elissa.”**

**“That’s remained true even as France — like so many countries in the West — has pulled back its official development assistance. The country is poised to cut its foreign aid by 16% this year, amounting to a loss of \$820 million. That’s part of the reason why Gonnet and a larger-than-average French delegation descended on New York City earlier this month for the Commission on the Status of Women, trying to make a case for philanthropies, private sector partners, and other governments to team up with France on its gender priorities....”**

## CGD (brief) – The EU’s Financial Toolbox: Matching Instruments to Policy Objectives and Context

M Gavas et al; <https://www.cgdev.org/publication/eus-financial-toolbox-matching-instruments-policy-objectives-and-context>

« This brief proposes a simplified framework for aligning EU development finance instruments with policy objectives and country context. The objective is to maximise development impact, avoid pushing countries into debt distress, and mobilise private investment more effectively.»

## ODI – China and global development: what to read in March 2026

<https://odi.org/en/insights/china-and-global-development-what-to-read-in-march-2026/>

Always worth scanning.

With among others :

“[In this article](#) , Justin Yifu Lin and Yan Wang argue that traditional foreign aid has become an increasingly unreliable engine for development, particularly as Western donors face fiscal constraints and shifting political priorities. They frame aid as a “sunset” model, contrasting it with China’s Belt and Road Initiative (BRI), which treats development as a process of mutual learning rather than a one-way transfer of funds. ... .... The authors highlight how non-traditional financing mechanisms – including mutual funds and green bonds – can unlock domestic resources and private capital often overlooked by traditional aid models. For policy-makers in the Global South, the message is clear: survival in a post-aid era requires strategic investment in industrial modernisation and digital connectivity....”

## The Global Democratic Deficit: Undemocratic international institutions favor powerful countries—and shape who pays and who benefits

<https://wid.world/news-article/the-global-democratic-deficit-undemocratic-international-institutions-favor-powerful-countries-and-shape-who-pays-and-who-benefits/>

“How does the international system actually work in practice? Who holds decision-making power, who finances global public goods, and who ultimately benefits from them? More broadly, does institutional design matter for global outcomes—and does it reduce or reinforce global inequalities?”

In [new research](#), Paula Druschke and Gastón Nievas study the global public system over the past century. They build a novel dataset covering the finances and governance of major international organizations from 1920 to today. This includes the League of Nations, the United Nations and its specialized agencies (such as WHO, WTO, ILO, UNESCO), the Bretton Woods institutions (IMF, World Bank), the European Union, and major regional development banks. The data track contributions, spending, lending, capital subscriptions, and—crucially—voting power. This allows a direct link between how institutions are governed, how resources are raised, and how they are allocated.”

Check out **the findings**.

Among others: **“70% of World Bank and IMF funds are allocated to G7 geopolitically aligned countries....”**

## Global health financing

**SSM Health Systems -The process and effects of funding withdrawal in fragile systems: A case of three International non-governmental organisations’ exits from Tsholotsho district hospital, Zimbabwe**

Rashid Hamisi, Jill Olivier;

<https://www.sciencedirect.com/science/article/pii/S2949856226000371?via%3Dihub>

Findings & conclusion: **“All three partnerships ended with cessation of funding, and the magnitude of disruption was shaped by the exit strategy, program integration, and the scope of support.** Phased withdrawal by **Médecins Sans Frontières** still produced service shocks due to deep system embedding, while abrupt exits by **Plan Zimbabwe** and **Ark Zimbabwe** led to immediate losses of staff, commodities, and technical support. Across cases, outcomes were exacerbated by contextual fragility, dependency, rigid planning, and weak accountability mechanisms, including vague or inaccessible memoranda of agreement.”

**“Donor transitions in fragile systems are not mere events or funding terminations, but complex processes that often trigger systemic shocks, exposing deep dependencies, weak accountability, and limited adaptive and transformative capacities.** All stakeholders must therefore **treat withdrawal as a co-produced, negotiated transition embedded within complex systems, ensuring that responsibilities, resources, learning, and accountability are shared.** Otherwise, what is intended as supportive can become an additional stressor on already fragile systems.”

**SS&M - Factors influencing the allocation of United States' development assistance for health, 2000-2020**

Yan Hao et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626002881>

Among the findings:

**“... US DAH was positively associated with burden of infectious diseases, maternal and neonatal conditions, and nutritional deficiencies, but was not significantly related to non-communicable diseases and injuries.** Nursing and midwifery (per 10000) positively correlated with aid allocation, whereas other human resource variables showed no significant association with aid distribution. **Diplomatic distance** was negatively associated with US DAH, and **trade level** was positively associated with US DAH. **Corruption** was negatively associated with US DAH.... “

**“From 2016–2020, US DAH was negatively associated with conflict indicators. ... Low-income countries received the highest per-capita US DAH, but experienced the largest decline after 2016....”**

## UHC & PHC

### Lancet Regional Health Africa (Comment) - Revitalizing primary health care as a pathway to accelerate universal health coverage in Africa—a call for renewed action

Olushayo Oluseun Olu; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00014-3/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00014-3/fulltext)

“Several African countries continue to lag in their implementation of PHC and journey towards UHC. As of 2023, the average UHC service coverage index in sub-Saharan Africa was estimated at an average of 50, which is the lowest globally. This is marked with regional disparities, with some countries reporting as low as 26. The suboptimal performance of PHC and UHC in Africa is driven by multiple interrelated systemic constraints....

“... Despite these persistent systemic constraints, evidence from a few African countries suggests that effective PHC reform is achievable with sustained political commitment and strategic investment....

“Against this backdrop, there is an urgent need for African countries to harness the transformative potential of PHC to accelerate progress toward UHC ahead of the 2030 deadline for meeting the SDGs....”

With five suggestions.

“**In conclusion**, PHC remains central to accelerating progress toward UHC in Africa. Despite successive policy reforms since the 1978 Alma-Ata Declaration, implementation has been uneven and insufficient to achieve sustained, high-quality outcomes. The disconnect between policy commitments and operational delivery highlights the need for renewed and decisive action. **African governments, public health institutions, and development partners must revitalize, and adequately finance PHC as the cornerstone of equitable healthcare. The Lusaka Agenda and recently endorsed Accra Compact presents an opportunity to accelerate the implementation of PHC across the continent.**”

### BMJ GH - State capacity and health system financing: a cross-country analysis

S Mazumdar et al; <https://gh.bmj.com/content/11/3/e020101>

“Achieving universal health coverage (UHC) requires not only financial resources but also strong and capable states that can mobilise, allocate and effectively manage those resources. Although fiscal capacity is widely acknowledged as a key determinant of health systems financing, **state capacity is a broader, multidimensional construct that encompasses the administrative, legal and coercive functions of the state.**”

“**This study investigates how multiple dimensions of state capacity—bureaucratic quality, corruption, rule of law, military involvement in politics, government effectiveness, property rights and state fragility—are associated with key measures of health financing.** “

Among the findings: "... Consistent evidence of **higher bureaucratic quality, control of corruption, civilian control of governments and stable property rights** encouraging higher public spending on health and reducing out-of-pocket expenditure."

### **SSM Health Systems - Strengthening accountability in Strategic Health Purchasing arrangements for Primary Health Care in Uganda**

<https://www.sciencedirect.com/science/article/pii/S2949856226000395>

By B Namirembe, F Ssenooba et al.

### **Reuters – China launches long-term insurance system to alleviate aging challenges**

[Reuters:](#)

"China has announced the rollout of a long-term care insurance system, a move aimed at easing the burden on families caring for the rapidly growing elderly population, and bolstering the country's social safety net."

### **BMC Health Services research - The fiscal sustainability of Burkina Faso's free health care policy for maternal and child health: an analysis using the fiscal space diamond**

<https://link.springer.com/article/10.1186/s12913-026-14427-z>

by A Siri et al.

## **Pandemic preparedness & response/ Global Health Security**

### **Nature Health (Comment) – Human MERS-CoV cases are falling but pose an ongoing pandemic threat**

L Subissi, M Van Kerkhove et al; <https://www.nature.com/articles/s44360-026-00098-x>

"Human cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have declined in recent years, but continued surveillance and research is needed to understand this trend and mitigate future zoonotic threats."

### **Telegraph - UK to build new contact-tracing system and stockpile PPE under £1bn pandemic plan**

<https://www.telegraph.co.uk/global-health/science-and-disease/uk-to-build-new-contact-tracing-system-and-stockpile-ppe-un/>

“First new preparedness strategy since 2011 focuses on a range of threats and includes funding for a new ‘biosecurity hub’.”

## Planetary health

**Guardian - Epic river migrations of fish rapidly collapsing, UN report finds**

<https://www.theguardian.com/environment/2026/mar/24/epic-river-migrations-of-fish-rapidly-collapsing-un-report-finds>

“Vast journeys, among world’s great wonders, found to be under threat as freshwater fish populations crash by 81%.”

**The Conversation - Heatwaves will be worst for rural parts of Africa – new model shows tens of millions face dangerous warming by 2100**

O E Adeyeri; <https://theconversation.com/heatwaves-will-be-worst-for-rural-parts-of-africa-new-model-shows-tens-of-millions-face-dangerous-warming-by-2100-278570>

“...In our findings, Africa stood out immediately. Even before any future warming is accounted for, our model revealed that rural communities across Africa are already recording between 20 and 1,000 person-days of heatwave exposure per year. (A person-day measures total heat exposure by combining how many people are affected with how many days they experience a heatwave.) Urban African residents are recording fewer than 20 person-days per year.”

“Our projections show that the heat gap between urban and rural residents of Africa does not close. It grows. ... Under a future where countries take meaningful action on emissions, rural exposure in south-east Africa (which includes Tanzania, Malawi, Mozambique, Rwanda and Burundi) will reach over 200 million person-days by late century. Urban exposure in the same region will reach roughly 100 million person-days. This means that people in rural areas will be exposed to dangerous levels of heat nearly twice as much as urban dwellers. ...”

- And via Semafor: re a new study from Climate Impact lab: [Human Health: Measuring the impact of rising temperatures on mortality to target adaptation planning](#)

“At least 26 African countries will experience increases in temperature-related deaths due to climate change in 2050 compared to the 2001-2010 average, according to a new report. Burkina Faso, Mauritania, and Niger are among those that will see such deaths exceeding those from stroke, one of the top causes of death across the globe, research from the nonprofit group Climate Impact Lab found. It projected that parts of the Horn of Africa will also experience some of the largest increases in temperature-related mortality, including Djibouti, Somalia, and the lowlands of Ethiopia...”

- See also Bloomberg - [Future heat danger differs starkly for rich and poor countries](#)

“Lower-income countries will face 10 times as many heat-related deaths as high-income ones, researchers estimate.”

## Science (Policy Forum) – A global methane observation system to track climate feedbacks for verifiable climate impact

<https://www.science.org/doi/10.1126/science.aef0459>

“Methane measurements, **particularly of natural sources**, need to be expanded considerably.”

“...To inform any extension of the Global Methane Pledge (GMP) and other global initiatives, **we propose an integrated Global Ecosystem Methane–Observation System (GEM-OS).**”

## Ecological Economics - Tourism degrowth perspectives, drivers and policies. A systematic review

<https://www.sciencedirect.com/science/article/pii/S0921800926000662>

By F M. Osorio-Molina et al.

## Lancet Planetary Health (Viewpoint) - Healthpunk: speculative methods for the future of planetary health

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00009-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00009-4/fulltext)

“Challenges in planetary health necessitate the use of science fiction and speculative futurisms as tools for transformative change. A critical gap, however, is the absence of a framework for activating science fiction and speculative futurisms to address crises of imagination that obstruct planetary health and impede the advancement of corresponding transformation. **We introduce healthpunk as an emerging science fiction and speculative futurisms framework that integrates speculative thinking with a focus on planetary health.**..”

## Covid

### SS&M - COVID-19 Vaccination Policies around the World: How Democracy Influenced Prioritisation Strategies

A Vaccaro et al; <https://www.sciencedirect.com/science/article/pii/S0277953626003060>

« Elderly and healthcare workers were highly prioritised in COVID-19 vaccine plans. **The level of detail in COVID-19 vaccine plans differed markedly between countries.** Vaccine uptake was higher in countries where vaccine plans were more granular. **Democracy is the key predictor of more granular COVID-19 vaccine strategies.** »

## Infectious diseases & NTDs

### Cidrap News - Less than 25% of lower-income nations meet measles elimination targets

<https://www.cidrap.umn.edu/measles/less-25-lower-income-nations-meet-measles-elimination-targets>

“A new analysis of measles vaccination trends finds that less than one-quarter of low- and middle-income countries (LMICs) currently meet measles elimination targets, leaving populations vulnerable to outbreaks, according to a **study** published in the *International Journal of Infectious Diseases*. As measles cases resurge worldwide, the findings highlight the persistent challenge of achieving and sustaining herd immunity. “

### Nature Health – Mapping the local effectiveness of mass drug administration for malaria using transportability methods

<https://www.nature.com/articles/s44360-026-00094-1>

Study in Senegal.

## AMR

### Health Affairs Scholar - Inclusion of antimicrobial resistance in a pandemic agreement: why it matters and what comes next?

Jesic Beckham , R Atun et al;

<https://academic.oup.com/healthaffairsscholar/article/4/3/qxag044/8502021>

“As AMR has been included in the recently adopted world's first pandemic agreement, we assessed the implications going forward for addressing AMR and meeting the UN General Assembly AMR targets.”

**Key messages:** “Positioning antimicrobial resistance within the pandemic agreement is a positive step, but more work is needed to inform implementation at the national level from a health systems perspective. Strengthening governance frameworks, fostering equity, and ensuring fair access to health resources are imperative, and there is consensus on the criticality of these dimensions. The lack of empirical data and analysis to substantiate positions highlights the need for monitoring and evaluation going forward.”

### Scientific American - Dangerous microbes could be getting a hidden boost from climate change

[https://www.scientificamerican.com/article/dangerous-microbes-may-be-hiding-in-drought-stricken-soils/?utm\\_campaign=sprinklr&utm\\_medium=social&utm\\_source=x&s=09](https://www.scientificamerican.com/article/dangerous-microbes-may-be-hiding-in-drought-stricken-soils/?utm_campaign=sprinklr&utm_medium=social&utm_source=x&s=09)

“Antibiotic-resistant bacteria are increasing, and a **new study finds that extreme weather may be juicing their rise.**”

“When we think of drought, we tend to think of consequences we can see—wildfires, hose bans, taps that run dry and crops that fail. But it **turns out drought can have a damaging effect even on the microscopic level by promoting dangerous antibiotic resistance in bacteria.** The finding is detailed in a **study published Monday in Nature Microbiology.** Researchers discovered **that drought conditions can boost both soil-dwelling and human-hosted bacteria’s ability to resist antibiotics.** And as rising global temperatures dry out more of the world, more people may be exposed to these treatment-immune pathogens....”

### **Global Health Action - Antibiotic overuse as a modifiable early-life risk factor for non-communicable diseases in sub-Saharan Africa**

<https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2646042>

By Michelle Leal et al.

## **NCDs**

### **SSM - Qualitative Research in Health : The emergence and incremental development of priority for noncommunicable diseases in Malawi between 1999 and 2024**

<https://www.sciencedirect.com/science/article/pii/S2667321526000478?via%3Dihub>

By L. Smith, Abigail Kazembe & Alison Mhazo.

### **Nature Africa - Can gene therapy transform sickle cell survival in Africa?**

<https://www.nature.com/articles/d44148-026-00067-2>

« **Gene-editing breakthroughs** are bringing curative therapies closer to reality. **The challenge now is ensuring African health systems are ready to deliver them.**”

### **Lancet Regional Health – Application and implications of new global definitions of obesity: a cross-sectional study of South African women**

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00022-2/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00022-2/fulltext)

B J Odayar et al.

## **Plos GPH – An analysis of global legislation and regulation related to drowning prevention**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005337>

By Ryan Essex et al.

## **IHME (Health Data) – The average age of death from ischemic heart disease varies by nearly 30 years globally. New findings show which countries perform best.**

<https://www.healthdata.org/news-events/insights-blog/acting-data/average-age-death-ischemic-heart-disease-varies-nearly-30>

“Around the world, the average age at death from ischemic heart disease varies widely, ranging from age 57 to 85.....”

## **Nature Health - The global burden of hypertension preventable by urban greenness**

J Wu et al; <https://www.nature.com/articles/s44360-026-00090-5>

With an estimate that **11.7 %** of global hypertension is preventable through increasing urban greenness.

## **Social & commercial determinants of health**

### **Globalization & Health - Canadian mines, global issues: examining health impacts, demanding action**

D L Spitzer, R Labonté et al ; <https://link.springer.com/article/10.1186/s12992-026-01204-0>

Check out the findings. Focusing on three cases.

### **Lancet Public Health (Comment) - The coming of age of food tax policy evaluations**

M Roche et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00050-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00050-2/fulltext)

Linked to a new study. « Unhealthy diets are a leading cause of growing rates of obesity and non-communicable diseases. **Fiscal policies are increasingly recognised as an integral component of a comprehensive approach to improve population diets, as recommended by WHO. In The Lancet Public Health, a new study by Tazman Davies and colleagues offers evidence on the potential effects of fiscal policies to promote healthier diets, and their cost-effectiveness. Using a multicohort, multistate lifetable model, the authors estimate substantial health and economic gains, and favourable equity effects, from a 20% tax applied to unhealthy discretionary foods,**

including sugar-sweetened beverages, confectionery and snack foods, biscuits and pastries, ice cream, and processed meats. **The study is part of a growing stream of evaluations relying on simulation models to estimate effects that are difficult to observe empirically...**

### **BMJ Feature - No and low alcohol drinks may encourage teens to start drinking, researchers warn**

<https://www.bmj.com/content/392/bmj.s393>

“The rise of “nolo” drinks has sparked a **debate about whether they really are a harmless alternative for teenagers—or a slippery slope.** Zoe Cunniffe reports.”

### **Plos GPH – Economic and econometric methods to measure the illicit tobacco trade: A scoping review**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006118>

By Pyi Pyi Phyo et al.

## **Mental health & psycho-social wellbeing**

### **The Conversation - A connection to nature fuels well-being worldwide, according to a study of 38,000 people**

<https://theconversation.com/a-connection-to-nature-fuels-well-being-worldwide-according-to-a-study-of-38-000-people-276572>

“As **environmental psychologists** based in the U.S. and in Germany, we were **part of a team of more than 100 researchers who set out to examine this phenomenon on a global scale and determine how consistent it is around the world.** Across countries as diverse as Brazil, Japan, Nigeria, Germany and Indonesia, we saw a clear pattern: **People who felt more connected to nature also reported higher well-being...**”

“... Researchers who study people’s relationship with the natural world often use the term “**nature connectedness.**” This phrase doesn’t simply mean going hiking or visiting a park. Nature connectedness refers to the extent to which people see nature as part of who they are – whether they feel an emotional bond with the natural world and experience a sense of oneness with it...”

### **SS&M - Religious disparities in mental health: a systematic review and conceptual framework**

J Lee et al ; <https://www.sciencedirect.com/science/article/pii/S0277953626003138>

“Religious minority status is an important social determinant of mental health. Where compared, religious minorities have worse mental health than majorities....”

## Sexual & Reproductive health rights

### BMJ GH - US Presidential Party switches are mirrored in global maternal mortality

S Bhalotra et al; <https://gh.bmj.com/content/11/3/e020223>

With data for the period 1985–2023.

Findings: “... Countries heavily reliant on US aid see a 10.5% increase in maternal mortality following a switch from a Democratic to a Republican administration—about 44.7 additional deaths per 100 000 live births. This mortality increase erodes one-fifth of the decline in global maternal mortality decline achieved since 1985....”

“An increase in the maternal mortality ratio is seen in each of the country regions. Although Africa experiences the largest impact in absolute terms, the percentage impact is greatest in Latin America (16%), followed by Asia (15%) and Africa (7%).”

### BMJ GH - The richness of urban health realities lost in measurement monocultures

<https://gh.bmj.com/content/11/3/e023241>

By J Molenaar, L Benova, S Abimbola & P M Macharia.

## Neonatal and child health

### Lancet - Progress towards the WHO Global Initiative for Childhood Cancer target of 60% 5-year survival for all childhood cancers combined, 1990–2019 (CONCORD-4): a Cancer Survival Index derived for 68 countries by analysis of individual records for 613 021 children from 307 population-based cancer registries

C Allemani et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00189-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00189-3/fulltext)

« CONCORD is a global public health programme for long-term surveillance of population-based cancer survival. The first three cycles of this programme focused primarily on adults. In CONCORD-4, for the first time, we also included all cancers in children. The WHO Global Initiative for Childhood Cancer (GICC), published in 2018, set a target for 5-year survival for all childhood cancers

**combined, worldwide, to reach 60% by 2030.** We designed the protocol for CONCORD-4 to assess progress towards this target in as many countries as possible....”

Authors constructed a **Cancer Survival Index (CSI)** as a weighted average. Check out the findings.

**Interpretation of the findings:** “The CSI will facilitate monitoring of real-world progress towards the GICC target for childhood cancer survival. The CSI that includes all childhood cancers is a better indicator than the CSI based on the six WHO tracer cancers, especially for lower-middle-income countries, where diagnostic facilities are often inadequate, and the need to improve survival is even more urgent. WHO should devote even greater efforts to increase the coverage of population-based cancer registries worldwide and to facilitate data sharing for international research. **In most high-income and upper-middle-income countries, impressive trends in survival for all childhood cancers combined since 1990 have already exceeded the GICC target for 2030, suggesting that a more ambitious target could be set. In low-income countries and lower-middle-income countries, where 60% of the world's children live, late presentation, abandonment of treatment, and suboptimal health-care systems are major contributors to poor survival. »**

- Related [Lancet Comment: Monitoring progress in global childhood cancer survival](#) (by T Kutluk)

“In The Lancet, Claudia Allemani and colleagues present a comprehensive analysis addressing the question of how progress in childhood cancer outcomes can be measured and compared across diverse health-care settings worldwide. To evaluate progress towards the WHO GICC target of achieving 60% 5-year survival for all childhood cancers combined globally, **they introduce a simple summary measure, the Cancer Survival Index (CSI). This index represents the 5-year net survival for all childhood cancers combined in each country, calculated as a weighted average of survival estimates by age, sex, and cancer type.....”**

## Adolescent health

### Lancet Regional Health Africa - Safe spaces for adolescent girls: a panacea or platform?

Lauren Rumble et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00017-9/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00017-9/fulltext)

“**“Safe spaces” are an increasingly utilised approach for reaching adolescent girls in Africa.** Typically delivered through structured group sessions led by trained women mentors in community or school-adjacent settings, **they aim to build trusted relationships, life skills, agency, and, sometimes, link girls to education, health, and economic opportunities.** Their appeal reflects both the limited availability of supportive, girl-centred spaces and the perceived advantages of a relatively low-cost, flexible model feasible across diverse contexts.”

“**In a world of constrained financing, pressure is mounting to identify impact and value for money at scale.** The question is no longer whether safe spaces have value—they do—but **whether they can deliver meaningful, cost-effective impact at scale, with sufficient quality and intensity, and in ways that reflect the heterogeneity of adolescent girls’ lives.”** “ Across settings, evidence suggests that

well-implemented safe spaces with robust life skills components can strengthen girls' social assets, peer networks, self-efficacy, and agency...”

“ ... **Crucially, safe spaces cannot substitute structural change.** While gains in girls' confidence and agency, alongside shifts in community norms, can increase acceptance of girls' rights and voice, these changes alone cannot keep girls in school or create viable economic alternatives to child marriage. **Linking safe spaces to stronger education systems, adolescent-responsive health services, social protection, and market-relevant livelihoods pathways is therefore central to achieving lasting impact at scale. In short, safe spaces should be understood primarily as platforms for reaching and supporting girls, not as comprehensive solutions in themselves..”**

### Lancet Regional Health Africa - Forced evictions: development-induced displacement and the sexual and reproductive rights of African girls

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00026-X/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00026-X/fulltext)

By Tayechalem Moges et al.

## Human resources for health

### Tweet by Jean Kaseya

“Africa faces a shortage of 5–6 million health workers. Clinics are closing, medicines remain out of reach, and outbreaks continue to spread across borders. If we do not act now, we risk reversing two decades of progress. **We must rebuild our health workforce**, protect essential services, and secure sustainable financing for Africa’s health future.....”

- And via [Global Health Unfiltered](#):

### “Uganda Announces Massive Recruitment Plan to Address Health Worker Shortage”

“The government of Uganda has unveiled a 132,000,000,000.00 UGX (34,984,910.40 USD) plan to recruit nearly 17000 health workers. This initiative seeks to alleviate the pressure on overstretched staff and reduce the distance patients travel for care.... While the investment is substantial officials note that the national health ambitions remain at risk without sustained investment in the medical workforce to combat burnout which rose from 32% in 2018 to 46% in 2022.”

## Migration & Health

### Lancet Regional Health Africa - Strengthening the health of African populations on the move within the continent

Charles Agyemang et al ; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00012-X/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00012-X/fulltext)

With four suggestions.

## AI & health

### Lancet Regional Health Africa - Artificial intelligence for public health in Africa: moving beyond pilots to public value

Yusuff Adebayo Adebisi et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00016-7/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00016-7/fulltext)

“The central question is not whether AI can be introduced into African health systems, but whether it can be governed to generate durable public value without widening inequities, reinforcing external dependence, or reproducing extractive data practices.”

“In such contexts, success is shaped less by algorithmic sophistication than by governance, ethics, integration, sustainability, and equity. A useful framing is public value: the contribution of technology to population health outcomes, system efficiency, equity, and institutional capacity, including the ability to govern, adapt, and hold actors accountable. Africa Centres for Disease Control and Prevention (Africa CDC) has framed digital transformation as a continental priority, emphasising harmonised data governance and legal foundations. These foundations become more, not less, important in the AI era. Against this backdrop, two divergent trajectories are possible: a high-risk pathway of fragmented, pilot-driven adoption, or a governance-anchored pathway that produces equitable and durable public health value...”

## Papers & reports

### HP&P - Towards a common lexicon in gender analysis for health programs and policies

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag040/8542010?searchresult=1>

by R Morgan et al.

### Global Health Policy Lab (report) - Health Policy Trend Report 2026

[Global Health Policy lab](#) ;

“Health systems globally face multiple and overlapping challenges that complicate evidence-based policymaking. The Health Policy Trend Report 2026, developed by the Global Health Policy Lab (GHPL) in partnership with the African Population and Health Research Center (APHRC) and the UNITE Parliamentarians Network for Global Health (UNITE), identifies the most persistent barriers to effective health policymaking and outlines practical, evidence-informed solutions. The report draws on a global survey of policymakers across 49 countries (conducted in collaboration

with Nature Research Intelligence (NRI)), complemented by research evidence and solutions in action case studies...”

“... Across regions and settings, **three interlinked challenges consistently emerge**: Short-termism and political pressure; Stretched resources and limited access to best practices; Limitations in expertise and use of evidence.”

“Evidence shows that electoral cycles and short-term incentives lead to underinvestment in prevention and delayed responses to emerging threats. Resource constraints, limited technical capacity, and weak research–policy engagement contribute to the persistent ‘know–do gap.’ ...”