

IHP news 873 : Easter

(3 April 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,

As Easter is fast approaching over here, I'll keep the intro short this week.

[Now that apparently 2-minute micro dramas \('duanju'\) are all the rage in China](#), with many people watching titles like *'Saved by the sexy cowboy'* on their smartphones, I'm sure you will be pleased that over here, my wife and I are still firmly hooked on K-Drama. Lately, we've been watching ['Can this love be translated?'](#). The concept is rock solid: it takes many, many episodes till the two protagonists, this time Joo Ho-jin and Cha Mu-hee (+ her zombie alter ego *Do Ra-mi*), finally get to kiss each other passionately (*K-drama kissing is a genre in itself*). Sometimes, in the few remaining episodes, things still go wrong for reasons only the scenario writers know. Not this time (*spoiler!*), though.

Anyway, just to let you know that like most of you, we also have a few [escapist strategies](#) for the evening, to try to forget - briefly – the current, increasingly ["zombie multilateralist" state of the world](#).

But back to Easter. Last week, Kamran Abbasi already zoomed in on the **religious determinants of health** in a [BMJ Editorial](#). He started his reflection from **Pope Leo** who recently [called universal health care a moral imperative](#) (*"health cannot be a luxury for the few"*). Sadly, these days, religious extremists are calling the shots in almost all world religions, certainly in political arenas – with the results we can all see on battlefields and [far beyond](#). And so I hope the **many moderates, present in all religions, will find a way to take the initiative back**. As unlike the extremists, they realize that human beings aren't all that different, and that what unites us is far more important than what differentiates us.

Enjoy your reading.

Kristof Decoster

Featured Article

When Seeds Carry Memory: On Indigenous Spirituality, Biodiversity Conservation, and Sustainable Food Systems in Wayanad

[Sabu K U](#)

“Because we offer food to our ancestral deities every year... that food must come from our land... it’s not optional, it’s our duty.”

says Ammukutty Amma, an elderly Kurichiya woman from the district of Wayanad, in Kerala (South India). For her, farming is not a matter of choice or livelihood alone, it is a moral commitment woven into ancestry, land, and spirit. In her world, seeds are not commodities to be bought and sold; they are living carriers of memory, obligation, and continuity.

The Kurichiya indigenous community in Kerala is known for its traditional wetland paddy cultivation, clan-based agrarian systems, and the rich agroecological knowledge adapted to the [Western Ghats](#) landscape. For them, each season of cultivation is also an act of remembrance, where specific crops must be grown, harvested, and offered to deities, ensuring that traditions remain alive through practice. This intimate connection between culture and cultivation forms the foundation of biodiversity conservation in Indigenous landscapes. Rituals demand diversity. Different crops, traditional rice varieties (tubers, millets, and greens) are not interchangeable: each has its place in ceremonies, food systems, and ecological cycles. As a result, conservation is not externally imposed but internally sustained. When communities protect their traditions, they simultaneously preserve a rich genetic reservoir of seeds adapted to local soils, climates, and cultural needs. Biodiversity, in this sense, is not an abstract environmental goal—it is a lived cultural necessity.

Yet, this delicate relationship between culture and ecology is under increasing strain....

- To continue the read, see IHP - [When Seeds Carry Memory: On Indigenous Spirituality, Biodiversity Conservation, and Sustainable Food Systems in Wayanad](#)

Highlights of the week

Structure of Highlights section

- Global Health reform & re-imagining
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- Trump 2.0
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- Conflict/War & Health
- Planetary Health
- Miscellaneous

Global Health reform & re-imagining

WHO - Have your say on transforming global health: Call for consultation

<https://www.who.int/news-room/articles-detail/have-your-say-on-transforming-global-health>

This call came out late last week.

“WHO has been requested by its Executive Board to convene relevant global health actors in the **design of a proposal on a joint process to support transformation of the global health architecture (GHA)**. [Reform of the global health architecture and the UN80 Initiative](#) ... To guide the design of the reform process, **WHO invites stakeholders to share their views, comments and suggestions on a draft “skeleton”**. Input should be grouped under these headings:

- purpose, scope and principles
- functional areas for the proposed workstreams
- proposed approach to coordination of the process
- anticipated timeline and phases
- stakeholder engagement strategy.

[Provide your input](#) : **All input must be received before 18 April 2026.**

Paper - Prosperity as Health—Recentring Care to Guide Health System Reform

<https://cusp.ac.uk/themes/health/wp45/>

By **Tim Jackson**. Need I say more?

“Health systems are struggling not because they are failing, but because they are being asked to manage illness generated elsewhere. Across advanced economies, rising chronic disease, early

onset multimorbidity and widening inequalities reflect the conditions in which health is produced, not simply the performance of healthcare.

This **paper (commissioned for Enlighten’s NHS 2048 initiative in Scotland)** argues that these pressures arise from a **deeper misalignment between a wealth-centred model of prosperity and the requirements of human health**. It explores how the social and material conditions of modern economies become biologically embodied over time, generating an unsustainable demand for healthcare. **In response, the paper proposes a reframing of prosperity as health** and offers a simple policy test to distinguish reforms that reduce future harm from those that merely seek to absorb it. **Recentring care as essential infrastructure** becomes key to aligning policy with long-term health outcomes.”

CGD (blog) - Is an IDA Health Window the Global Health Financing Solution?

P Baker; <https://www.cgdev.org/blog/ida-health-window-financing-solution-we-are-looking>

“Current reform processes have shied away from a precise prescription for a new financing mechanism. Without this there can be no progress. They have also neglected to fully consider the role of the multilateral development banks (MDBs). **Over the past six months, researchers at CGD have been exploring the future role of MDBs in health. Here, I summarise one of our key recommendations: that an IDA health window—open to MDB cofinancing—has great potential to resolve the challenges of the current architecture.** It could efficiently target scarce aid resources to the poorest countries and provide on-budget funding that respects calls for sovereignty whilst defragmenting financing and promoting impactful health systems. It could be delivered rapidly with minimal downsides, alongside IDA22 that will go into effect in mid-2028....”

Baker then points out **how an IDA health window could deliver on five key global health reform objectives.**

UN80 (Brief) – Preliminary Findings from the Strategic Merger Assessment of UNFPA and UN Women

[UN80](#);

“**Preliminary findings indicate that a merger is technically feasible under clearly defined safeguards and disciplined sequencing.** Among the structural approaches to a merger examined, the assessment identifies a **composite entity model as the most viable pathway to combine integration with continuity safeguards.** The purpose of this brief is to present the preliminary findings to support continued dialogue with Member States...”

- Coverage & analysis via Devex – [UNFPA–UN Women merger ‘technically feasible,’ according to UN80](#)

“The **five-page document tries to explain the rationale behind the merger proposal** in the current political and financial context, **its potential benefits and risks. But rights advocates say the U.N. needs to provide concrete evidence backing its arguments.**”

“A long-awaited assessment on the benefits of merging [UN Women](#) and the [United Nations Population Fund](#), or UNFPA, suggests that a merger “is technically feasible” if done with “clearly defined safeguards” in place. **But many advocates argue it says nothing new and lacks the evidence needed to support the U.N.’s proposal....”**

“The [findings](#) were published on Monday, March 30, in response to a request by member states under the UN80 initiative, the ambitious but controversial U.N. systemwide reform effort launched by Secretary-General António Guterres. It **also estimated transition costs of the merger to be in the range of \$56 million to \$110 million, with annual savings of \$32 million to \$38 million** as administrative and support functions across offices are consolidated....”

CGD – The New Compact in Action: What Would It Take to Align Aid and Domestic Health Financing?

A Demeshko, P Baker et al; <https://www.cgdev.org/blog/new-compact-action-what-it-would-take-align-aid-and-domestic-health-financing>

“A new [policy paper](#) by CGD looks at what reform of health aid could look like in practice—specifically, how a New Compact for health financing can move from principle to practice. Until now, the discussion about the New Compact has focused on [conceptual foundations](#), including implications for [donor priority-setting](#), a [case study in Ethiopia](#), and reforms for [Gavi](#). **The paper shifts the focus to the operational questions.** It further develops a locally-led, evidence-informed approach to empower countries to set their own health priorities, enabling sustainable domestic financing for essential services while consolidating aid into complementary support. **The paper examines how the New Compact could operate in practice at global and country levels, how it could emerge within different scenarios for global health reform, and what conditions and policy shifts may be needed for country adoption.”**

- Related [Policy paper – A New Compact for Health Financing: From Principle to Practice](#)

“This paper examines how the New Compact for health financing can be taken from principle to practice, both as a strategic guide for global reform and as a technical framework at the country-level. We analyse implications under three scenarios for global health architecture reform: **maintaining the status quo; donor policy shifts but no architectural reform; and a consolidated multilateral financing mechanism.** We draw on lessons from past global and country-level coordination efforts and assess opportunities for donor policy shifts to operationalise reforms aligned with a New Compact approach. A framework for country-level drivers for success is developed to guide transition plans. Taken together with ideas for action for donors and recipient countries, **this paper positions the New Compact as an approach for strengthening country ownership, improving allocation efficiency, and building more resilient health financing systems amid fiscal uncertainty.”**

Lancet Comment – Rethinking country classifications towards a more equitable global health future

E Charani et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00457-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00457-5/fulltext)

« **The World Bank classification of low-income, middle-income, and high-income country groups, that uses gross national income per capita, shapes financing, research priorities, and political narratives. Existing evidence suggests that income alone is a poor proxy for health needs, system capacity, and vulnerability, particularly where rising national wealth coexists with persistent poverty and high disease burden.** This gross national income-based classification that remains deeply embedded in global health governance obscures health system realities, masks inequities, and misdirects resources. In this system, low-income and middle-income countries (LMICs) are routinely treated as a homogeneous block, despite the fact that they represent nearly two-thirds of the world's countries and 84% of its population, the majority of whom are in middle-income countries (MICs). National averages conceal profound heterogeneity driven by intersecting inequalities related to gender, race, geography, age, migration status, and the environment. **These blind spots distort global priorities and systematically overlook vulnerable populations.**»

« **...Recent global health reforms increasingly acknowledge these failures. The Lusaka Agenda and related initiatives call for equity-focused metrics that better reflect disease burden, system capacity, and vulnerability....** ... **Income-based classifications continue to create systemic blind spots (panel). Challenges such as antimicrobial resistance, WASH inequities, and maternal mortality cannot be understood through income alone; they require multidimensional indicators of vulnerability and resilience.** These pitfalls have tangible consequences, reinforcing donor–recipient hierarchies and mischaracterising countries as either responsible stewards or problematic hotspots...»

Authors argue for a **multidimensional framework** instead.

And conclude: « **...In an era of recurrent pandemics, climate instability, and fragile health systems, reliance on income thresholds is no longer defensible.** Moving beyond income-based classification is not a technical adjustment but a normative shift, essential to expose hidden inequities and align global health action with lived reality. »

Latest PABS round (Geneva, 23-28 March) : Final analysis & more advocacy

WHO – WHO Member States agree to extend negotiations on key annex to the Pandemic Agreement

<https://www.who.int/news/item/28-03-2026-who-member-states-agree-to-extend-negotiations-on-key-annex-to-the-pandemic-agreement>

(28 March) Press statement after the latest round.

“**World Health Organization (WHO) Member States have agreed to extend negotiations on the Pathogen Access and Benefit Sharing (PABS) annex to the WHO Pandemic Agreement, with discussions to resume in late-April** ahead of its scheduled consideration by the World Health Assembly (WHA) in May. **The decision to continue negotiations from 27 April–1 May, with informal intersessional discussions taking place in advance,** reflects the commitment by WHO Member States to negotiate the PABS annex, a core component of the WHO Pandemic Agreement...”

GHF - Developing Countries: Unmoved; Developed Ones: Unyielding. PABS Negotiators Get a Week More To Grasp At Consensus.

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

Must-read analysis from 30 March. “The **negotiations on the Pathogen Access Benefit Sharing system at the WHO, is turning out to be a contest on "Who Blinks First"**. Neither sides have.”

A few excerpts:

“On fundamental matters, including how countries would access the information on pathogens, and what kinds of benefits would be obligated under the PABS system, **remain unsolved puzzles mired in many, but crucial technicalities**. There is **also a clear lack of firm political will**, which is a bedrock of such a mechanism, that is expected to make a real difference on the ground. **To be sure, countries remain committed to see this process to its logical conclusion to consensus, whether that will come to pass remains to be seen....”**

“In this story, we provide an overview on the process and the politics shaping these negotiations; a few key substantive elements; and potential indications on what is coming. We also discuss a hybrid approach to PABS, an informal proposal doing the rounds....”

“... An Additional Week, Or An Additional Year?

At the beginning of the week, few countries spoke about getting an additional year to conclude the PABS negotiations. By the end of the week though, a rough assessment, based on numerous interviews, suggests that more countries than before are veering towards an extension of the mandate of the IGWG beyond May 2026... .. Such a number could be a growing minority. **The majority appear to be keen on concluding this year as per original timeline.)**

“... However, many also believe that it is political will to find solutions, and not additional time that could help reach consensus. ... “

“Delegations have lots of questions on how to ratify the Pandemic Agreement, without the specifics of contractual obligations for participating manufacturers, the terms and conditions of entities, labs, and other users of information in the PABS system. And most of all, the specific benefits, and points of trigger of these commitments, during health emergencies, and not only during pandemics....”
” “ A swiftly changing geopolitical landscape; uncertainty and worsening crisis in the Middle East; a change in the leadership of the WHO with elections for the next DG; are all seen as factors that could close the window of opportunity in concluding these negotiations....”

“... A Hybrid Approach? The deliberations also saw the **emergence of a new, informal proposal on a hybrid approach to access pathogen information** that includes the different approaches that countries currently do not agree on....”

Politico – Pandemic deal hangs in the balance as countries deadlocked over vaccine details

<https://www.politico.eu/article/pandemic-deal-world-health-organization-vaccine-pathogen/>

(30 March) **“A standoff between lower- and higher-income countries over sharing pathogen samples and vaccines risks derailing the agreement.”** Well worth a read as well. Some excerpts:

“At the end of last week’s talks in Geneva, there remained a “wide gulf” between higher- and lower-income countries, with “very little” progress on the issues, one EU negotiator told POLITICO. ... Negotiators agreed to try to overcome the impasse with an extra meeting at the end of April — the last chance for a deal ahead of the May deadline. **But the official was not upbeat on the chances of the deal getting done in time for the World Health Organization’s annual assembly, which begins May 18.** “There is a small chance that we [will] get there if everyone gives their serious effort. However, it may be that we will need more time.” **Another EU official said the “whole week was a waste of time.” ...** “...As the May deadline nears, **one diplomat said another extension was “likely but the question is, if this is a forever extension or if there will be real intention and capacity to see it through.” ...**”

“...Negotiations are stuck on the same disagreements of principle between higher- and lower-income countries that first arose during talks over a waiver of intellectual property rights on Covid-19 vaccines. In the six years since, the underlying perspectives have barely shifted.”

“...But some still hope a deal can be reached. **Another developing country negotiator agreed the talks this week had yielded little tangible progress but said some momentum started to gather in the final days.** “It was the first time we really tried to work on language and you could hear more honest positions,” the negotiator said. **There were some constructive informal talks on Friday, on monetary contributions from industry to support the upkeep of the system, the same official added, while Nordic countries presented a sketch of a “hybrid” model to try to solve the impasse.**”

PS: **“James Love, director of NGO Knowledge Ecology International, said the talks were struggling because they were based on a “fundamentally flawed approach” linking the sharing of pathogen samples and data with the sharing of benefits.** A better idea would be to enforce the sharing of benefits from when a technology is patented, sold or published in academic research, and **put the burden of enforcement on countries rather than the WHO,** he said....”

TWN - WHO: Efforts Intensify to Find a Compromise Framework on PABS

Nithin Ramakrishnan - <https://www.twn.my/title2/health.info/2026/hi260305.htm>

Although published before the end of the latest round, also worth a read. **“As hope fades to find consensus on the negotiating text, WHO Member States moved away from the text-based negotiations on the Pathogen Access and Benefit Sharing (PABS) system to explore a possible compromise framework on the 5th day of the 6th meeting of the Intergovernmental Working Group (IGWG). “**

“The Co-Chairs suspended the evening drafting session and Member States organised informal discussions on a possible compromise framework for the PABS system of the WHO’s Pandemic Agreement (PA). This framework is then to provide a basis for the next round of negotiations.

“An informal meeting was organised in a smaller room in the evening of 27 March, which according to some delegates is a positive start, and according to some others an attempt to see if developing countries can be forced to agree to a compromise formula based on fresh conceptual discussions,

rather than based on Article 12 of the PA. According to a few developing country delegates **the idea to hold such a session has come up due to the opposition from a several developed countries to hold another round of negotiations based on the current on-screen text. These developed countries have informally conveyed their disinterest to hold another round based the current text and stated that a framework containing consensus on the outcomes is necessary to continue the negotiations.....”**

“... .. The **informal discussion was attended by the WHO Secretariat** including the Director General Dr Tedros Adhanom Ghebreyesus.”

“According to sources, **there is a two-column working document prepared for discussing a compromise framework**; the first column discusses access-related obligations and second column discusses benefit sharing obligations. Interestingly the table only shows there is convergence on paragraph 6 of Article 12, but there is no convergence on Paragraphs 7 and 8 of Article 12. However, sources state that no consensus has been reached on critical issues including benefit sharing commitments during a public health emergency of international concern (PHEIC)....”

PS: “... it's **clear that there are no compromises made by developed countries, other than leaving benefit sharing obligations not only to future negotiations by the COP but also to open-ended bilateral negotiations between WHO and recipients of PABS resources. The WHO Secretariat, certain member states and non-state actors are also aligning with the EU and G6 proposals** and are seen to be approaching developing countries to accept a model where contentious issues will be further subjected to the COP negotiations....” “ **Accepting the G6/EU model means the PABS system will not be operational when the PA enters into force and it will be subjected to further negotiations in successive COPs. The entire IGWG Bureau text and secretariat documents circulated prior to IGWG6 backed this model of postponing operationalization of the PABS system.**”

Geneva Health Files – Civil Society Organizations Ratchet Up the Pressure in The Negotiations of the Pathogen Access Benefit Sharing System

<https://newsletter.genevahealthfiles.com/civil-society-organizations-ratchet-up-the-pressure-in-the-negotiations-of-the-pathogen-access-benefit-sharing-system/?ref=geneva-health-files-newsletter>

(analysis from **March 27**) “ In this edition, **we give you a flavor of the sustained advocacy by CSOs and the diversity of advice from relevant stakeholders** on complex topics that define the terrain of these negotiations....”

“A section of relevant stakeholders, some civil society organizations, and other experts believe that user registration is important in tracking how pathogen information is accessed, and traced. And, as a result, how obligations on benefits are framed. There are also practitioners and other experts who are relevant stakeholders who have a diametrically opposite view and insist that access to information should be frictionless, and any tracking of information has to be done downstream. there are concerns that imposing conditionalities on the access to information would slow down research and development....”

Council Co-Chairs call for PABS deal that ensures access to medicines during a pandemic emergency

<https://www.inequalitycouncil.org/council-co-chairs-call-for-pabs-deal-that-ensures-access-to-medicines-during-a-pandemic-emergency/>

Important High-Level advocacy. **“Not sensible or safe to rely on companies voluntarily sharing technology, warn Stiglitz, Geingos and Marmot, as world leaders debate how to overcome pandemics.”**

“Reflecting on the discussions on the annexe on Pathogen Access and Benefit Sharing (PABS) currently being debated, **the Co-Chairs of the Global Council on Inequality, AIDS and Pandemics have called on negotiators to agree a deal that will ensure that in a pandemic emergency medicines get to people across the world at scale without delay.** “Leaders should agree to automatically waive global intellectual property rules on pandemic technology when a pandemic is declared,” advised Joseph Stiglitz, Monica Geingos and Michael Marmot.”

... **“Leaders should agree to automatically waive global intellectual property rules on pandemic technology when a pandemic is declared. For the long-term, leaders also need to build an R&D model that treats pandemic health technology as public goods....”**

Coming up soon: World Health Day (7 April)

<https://www.who.int/campaigns/world-health-day/2026>

- For key messages: <https://www.who.int/campaigns/world-health-day/2026/key-messages>

WHO Bulletin – Editorial ahead of World Health Day

Meg Doherty, Dr Tedros et al; [Editorial: WHO Collaborating Centres: a global scientific network](#)

In the Editorial, **“Meg Doherty et al. detail the history and contributions of WHO’s collaborating centres.”**

“Every year on 7 April, the world celebrates World Health Day, commemorating the date the Constitution of the World Health Organization (WHO)² entered into force in 1948. This year, WHO has chosen the theme “Together for health. Stand with science” to highlight the role of science-led innovations in improving global public health and to reinforce evidence-driven action in a multilateral world.”

“... In 1949, the Second World Health Assembly adopted a policy that has been consistently applied since, stating that WHO should not establish its own research institutions but support, coordinate and use the work of existing institutions around the world. This approach was the framework for what years later became the WHO Collaborating Centres....”

“... On World Health Day, WHO will convene its collaborating centres to celebrate their achievements and forge a path for greater and stronger collaboration at the first Global Forum of WHO Collaborating Centres. This collaborative model has stood the test of time for nearly 80 years. In a time of political instability, changing global health architecture, reduced health funding and an erosion of confidence in science, WHO will continue to rely on the WHO Collaborating Centres. ...”

- Scheduled for 7-9 April in Lyon, France: [Global Forum of WHO Collaborating Centres: collaborating for a healthier future](#)

“With the theme “Collaborating for a Healthier Future”, the **First Global Forum of WHO Collaborating Centres (WHOCC)** will bring together global experts from hundreds of institutions designated as WHO Collaborating Centres across more than 80 countries, alongside WHO leadership and technical focal points to strengthen scientific and technical collaboration in support of the Fourteenth General programme of Work (GPW 14) and WHO’s commitment to Health for All. Organized by WHO and **held in the sidelines of the One Health Summit 2026**, hosted by the Government of France, the Forum will provide a platform for dialogue, reflection, and forward-looking collaboration.”

BMJ – Safeguarding evidence for health in the face of political pressure

K Buse et al; <https://www.bmj.com/content/393/bmj.s628>

“Science is not only being challenged but reshaped in ways that undermine how evidence informs health policy, requiring a shift from advocacy to institutional safeguards, argue Kent Buse and colleagues.”

“The **theme of World Health Day 2026**, on 7 April, is “**Together for health. Stand with science.**” It marks the beginning of a year long campaign “celebrating the power of scientific collaboration to protect the health of people, animals, plants, and the planet...”

With 5/6 suggestions for our dire times.

And concluding: “**If we are to “stand with science,” we must stand up for the systems that make science usable:** transparent evidence trails, protected data, independent regulators, and accountable platforms...”

IMNHC Nairobi: Final coverage & analysis

Africa Health Watch – IMNHC 2026 ends with call for more ‘Accountability and Collective Action’ for Mothers and Newborns

[Africa Health Watch](#);

“As the [International Maternal and Newborn Health Conference 2026 \(IMNHC\)](#) drew to a close in Nairobi, **the four-day conference highlighted that progress will not be measured by commitments made but by lives saved.** At the closing plenary, conversations emphasised that **the future of**

maternal and newborn health depends on collective action, accountable systems, and financing tied to measurable results.”

Devex@IMNC2026: Special issue on IMNHC

[Devex](#);

Some excerpts:

“Dr. Jean Kaseya, director-general of [Africa CDC](#) ... headlined this year’s conference. **One solution at the top of his mind is oxytocin** — considered the **first line of defense** against post-partum hemorrhage. **One thing that frustrates him? It’s not manufactured in Africa.** “Many women in Africa don’t have access to that,” he said. “We need to also manufacture that so that we can cut the price.”...”

“This **theme** echoed throughout the conference: **Most deaths can be prevented with low-cost interventions that already exist....**”

“...**Making the money count:** Amid the drastic aid cuts, **maternal, newborn, and child health donor funding was reduced** by an estimated 58% in South Sudan last year, 55% in Kenya, and 52% in Uganda, according to a 10-country analysis by [PATH](#). Cuts led to supply disruptions of essential medicines, workforce shortages, and disrupted community outreach. ...”

“The **new U.S. bilateral agreements are expected to include maternal and child health funding, but not every country is signing on,** and many **questions remain around the rollout.** Given the bleak realities, **countries must prioritize maternal and newborn interventions that work for their own contexts,** experts in Nairobi said.....”

“In Nairobi, **several financing options for commodities access were highlighted:...**”

“... **One innovation countries are preparing to roll out is the vaccine to prevent respiratory syncytial virus, or RSV,** which affects **almost all babies.** Having the infection early in life can lead to long-term respiratory consequences. The vaccine is administered to mothers to pass along immunity to newborns. It’s shown success in high-income countries, but the greatest burden of RSV mortality is in Africa. **Not a single low- or lower-middle-income country has introduced this vaccine, but Gavi, the Vaccine Alliance is gearing up to support its introduction.** Fifty-six countries are eligible to apply for support to introduce new vaccines. **But this vaccine is within Gavi’s “discretionary” programs, so countries will decide if it’s a priority. And rollout is expected to start in 2028.....**”

“... **The ‘slow lane’ toward scale:** **E U Hodges,** assistant director of programs at Duke’s Global Health Innovation Center, told me her research showed **some maternal and child health products take nearly 30 years to launch and scale in low- and middle-income countries, with the median timeframe being 17.5 years.** **Maternal child health products,** in particular, **were slower to scale than products for infectious diseases and neglected tropical diseases,** she said. That’s why **local manufacturing and pooled procurement dominated many conversations this week, as ways to strengthen supply and stabilize prices.** This includes the development of **the Africa CDC’s Africa Pooled Procurement Mechanism.** Kaseya told me that in recent months, **Dr. Mariatou Tala**

Jallow joined his team to serve as the new director of this continental pooled procurement mechanism.....”

Devex Pro - GFF to launch family planning, maternal, child commodity finance program

<https://www.devex.com/news/gff-to-launch-family-planning-maternal-child-commodity-finance-program-112158>

(gated) **“The Global Financing Facility is planning to launch a new financing program for family planning, and maternal and child health commodities at the bank’s Spring Meetings next month. It previewed how it is expected to work this week in Nairobi.”**

“The World Bank’s [Global Financing Facility](#) is planning to launch a new financing program for family planning and maternal and child health commodities at the bank’s Spring Meetings next month. **The matching program will also include financing for addressing bottlenecks that impact last-mile access, affordability, and quality. Every \$3 of domestic resources will be matched with \$1 of grant financing** — a relatively high leverage ratio — to incentivize increased domestic spending on commodities and the systems around them. The financing program is in its final stages of development and doesn’t have a formal name yet. But **Edward Llewellyn, GFF senior commodities and supply chain specialist, gave a preview at the [International Maternal Newborn Health Conference](#) this week in Nairobi. The program is expected to be launched as part of GFF’s broader 2026–2030 strategy and investment round. ...”**

- Related Brief: Financing Alliance for Health - [Gender-Transformative Health Financing: Achieving RMNCH Outcomes in Africa](#)

Science – ‘We’re failing newborns’: The global push to reduce infant deaths is losing steam

<https://www.science.org/content/article/we-re-failing-newborns-global-push-reduce-infant-deaths-losing-steam>

“In 2015, as part of its Sustainable Development Goals (SDGs), the United Nations set an ambitious target for the world: Bring down neonatal deaths to 12 per 1000 live births or fewer by 2030. But with only 4 years to go, more than 60 countries are well off track. In Kenya, for example, neonatal mortality, defined as a baby dying within the first month of life, has declined by just one death per 1000 live births—from 22 to 21—since 2014. “We’re failing newborns,” says Joy Lawn, a neonatal clinician and professor at the London School of Hygiene & Tropical Medicine (LSHTM).”

“Last week, policymakers, researchers, and advocates gathered here at the International Maternal Newborn Health Conference to discuss why progress has slowed down, especially in Africa, which has about 1.1 million newborn deaths annually, and how to get it back on track. Fixes as simple as better training and record-keeping can help, studies presented at the meeting show. But money and political will are often lacking. The dramatic cuts in global health aid, including the dismantling of the U.S. Agency for International Development, may undo progress made over the past 2 decades....”

PS: **“Newborn health has long been underfunded compared with maternal and reproductive health, says Alice Tarus, a health economist and Ph.D. student at LSHTM who researches the cost of newborn care in African countries: “The assumption has been when you fund maternal health, by extension, you’ve already covered the baby, which is not true,” she says. And things got a lot worse last year. A December 2025 [report](#) from the global health nonprofit PATH estimated that donor aid for maternal, newborn, and child health fell by 49% in 2025, from \$1.66 billion to about \$850 million. The report forecasts up to 8 million additional child deaths and more than 1 million maternal deaths by 2040 if the money isn’t replaced. Tarus says African governments must increase domestic budgets for newborn care, in part because it’s in their own interest: “Investing in newborn care is both a moral and economic imperative.”**

More on SRHR

Chapter by Seye Abimbola - Unawareness, or What We Do Not (Want to) Know

<https://www.taylorfrancis.com/chapters/oa-edit/10.4324/9781003540755-15/unawareness-want-know-seye-abimbola>

Open-access chapter from the book “Epidemiological Obfuscation”.

“Why do researchers do empirical social research that they have reason to know not to do? Why do they sometimes pose research questions that sidestep what they (ought to) know about context and complexity or time and place? This chapter presents an analysis of publications from and about one such apparent research project; a prominent study (a randomised controlled trial of an intervention to improve safe childbirth in Uttar Pradesh, India), which was published in a prominent academic journal (New England Journal of Medicine), and which informed a prominent policy call (to move all childbirths around the world to hospitals). The analysis suggests a twofold hypothesis: first, motivated unawareness (things they know but act as if they do not know, given their discipline or career incentives); second, genuine unawareness (things they do not know because they were educated or socialised by their discipline or career to not know or seek to know). The chapter concludes with a call for radical transparency: researchers should systematically work through their (un)awareness of context and complexity and of time and place and should openly declare how they did so for each research project before (as part of its justification), during, and after the project.”

PS: relevant read, far beyond SRHR...

Lancet – Offline: The scandal of missing mothers

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00646-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00646-X/fulltext)

Horton on the global scandal of missing mothers. “...missing because of entirely preventable deaths during pregnancy and childbirth. “

“The latest report of trends in maternal mortality, from the Global Burden of Disease collaborators, was published last week in The Lancet Obstetrics, Gynaecology, and Women’s Health. Although declines in maternal deaths might seem impressive—absolute numbers of

maternal deaths fell from 423 000 in 1990 to 240 000 in 2023, a 43% reduction—these figures conceal a far darker story....”

Quote: “...**The five countries with the highest absolute numbers of maternal deaths in 2023 were: Nigeria (32 900); India (24 700); DR Congo (22 300); Ethiopia (11 900); and Pakistan (10 300).** These five countries are responsible for over two-fifths of maternal deaths worldwide. **Surely national, regional, and global institutions should be holding the leaders of these countries accountable for their terrifying failure to protect the lives of their mothers. Where is the voice of WHO, the Africa Centres for Disease Control and Prevention, or the political leaders of these countries? The truth is that there is no accountability. Leaders operate with impunity.** And should you imagine that high numbers of maternal deaths are confined to sub-Saharan Africa, think again. Indonesia, 8710 maternal deaths in 2023. Bangladesh, 7520 maternal deaths. Philippines, 2000 maternal deaths. Brazil, 1790 maternal deaths. And, outrageously, the USA, 1230 maternal deaths. ...”

Plos GPH –The intergenerational legacies of research disinvestment, aid retrenchment and transactional compacts on global women’s health

R C Keynejad et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006110>

“...In this Essay, we outline the foreseeable, intergenerational harms of defunding initiatives which promote and enhance the health and safety of women everywhere or tie their funding to agendas which would erode women’s reproductive autonomy....”

US Global Health strategy & bilateral health agreements

As a reminder: **implementation of MoUs was expected to start on 1 April....**

Zambia Monitor - CSOs reiterate concerns over proposed \$1 billion US health aid, say deal could undermine Zambia

[Zambia Monitor](#);

“ A coalition of Civil Society Organizations (CSOs) has cautioned that the proposed US\$1 billion United States health aid agreement could undermine Zambia’s interests if signed without full public disclosure, broad consultation, and parliamentary oversight....”

- Meanwhile, in the US - via Devex: [Ethically indefensible](#) (from last week)

“About 90 organizations have called on U.S. Secretary of State Marco Rubio to clarify and publicly reject any attempts by the State Department to withhold HIV and other lifesaving aid to Zambia as a means to pressure the country into signing a critical minerals deal with the U.S. government.”

“We urge you to immediately clarify that the U.S. will not resort to this abhorrent tactic,” they write [in a letter](#), adding that an estimated **1.3 million** Zambians rely on the **U.S. global AIDS initiative PEPFAR’s support** to access HIV treatments, and tens of thousands more benefit from U.S. support in combating malaria and tuberculosis in the country.

ORF – Critical Minerals, Pathogen Data, and the New Turn in US Global Health Engagement

L Ramakrishnan; <https://www.orfonline.org/expert-speak/critical-minerals-pathogen-data-and-the-new-turn-in-us-global-health-engagement>

“As the US ties global health cooperation to strategic interests such as data and critical minerals, African countries are pushing back to secure more equitable and sustainable terms.” Not that much new in this analysis, but a good overview nevertheless.

Devex – Faster, bigger, riskier: The new era of US foreign aid

D Kalie et al ; <https://www.devex.com/news/faster-bigger-riskier-the-new-era-of-us-foreign-aid-112157>

(Deborah Kalie served as a public health adviser at USAID’s Global Health Bureau from 2007 to 2025 with a focus on government-to-government partnerships and local capacity building in HIV/AIDS”

“The U.S. is moving billions in aid directly into the hands of partner governments. While this is potentially good news, it is doing so faster with less support systems than ever before. **We have written a guide to inform those involved.”** **With three key takeaways** for current and future decision-makers of the new U.S. government aid system.

TGH - The Expanded Global Gag Rule and the Case for Regional Solidarity

J Oga & M Mulumba; <https://www.thinkglobalhealth.org/article/the-expanded-global-gag-rule-and-the-case-for-regional-solidarity>

Important analysis. **“The anti-abortion policy undermines organizing principles, rooted in ubuntu, that keep African health systems coherent under stress.”**

Excerpts: **“... Diversity, equity, and inclusion (DEI), read through an African lens, is not anchored in donor slogans or ideological exports. It is contemporary vocabulary for normative commitments long embedded in African law and practice, often articulated as ubuntu: communal accountability and a duty of solidarity across peoples and states.** Ubuntu—also expressed as boho, unhu, or utu and meaning that **a person is a person through other persons**—is rooted in the Bantu-speaking civilizations across sub-Saharan Africa and reflected in precolonial traditions of communal governance, collective stewardship, and restorative justice.....”

“This principle in African health systems centers inclusion not as a fashionable complement, but as the operational meaning of relational personhood and shared obligation. Equity is the practical form of dignity in contexts where vulnerability is produced through poverty, coercion, and exclusion. **Diversity** is an acknowledgment that communities are never singular and that justice fails the moment health systems define some lives as less worthy of protection....”

“This is the frame within which the expanded Global Gag Rule should be read. It is not only a funding restriction but also an attempt to criminalize the organizing principles that keep African health systems coherent under stress. When policy targets what U.S. actors "label gender ideology

and DEI," it strikes at ubuntu-based governance itself: community accountability, inclusive service delivery, and equity-oriented prioritization. The policy, therefore, **becomes a question of sovereignty.** It asks whether African institutions will govern health through Africa's normative and legal order, anchored in ubuntu and regional human rights duties, or be compelled to reorganize themselves to pass foreign ideological tests.....”

“... The expanded Global Gag Rule threatens not only the continuation of donor funding but also the organizational infrastructure that enabled these gains. By prohibiting DEI programming, the policy dismantles the communal accountability structures, inclusive governance mechanisms, and equity-oriented service delivery models that made reproductive justice advances possible....”

“... **In effect, the policy functions as a coercive test of African public health governance, demanding compliance not only in spending, but also in organizational design, partnerships, and public reasoning. It is an attempt to govern African health systems through grant-based leverage.** This is a strategic miscalculation. It assumes that Africa can be negotiated with as fragmented recipients, that institutions can be isolated and disciplined, one grant at a time. That assumption needs to be overturned. **If external conditionality now targets the foundational principles of equity, communal accountability, and participatory governance through which African states design, finance, and deliver health systems, then Africa needs to respond at the same level. That response is regional solidarity,** not as fragmented accommodation, but **as a necessary counterweight.**

The expansion of the Global Gag Rule is precisely why Africa should consolidate through pooled financing, joint procurement of reproductive commodities, and coordinated legal and diplomatic positioning....”

KFF – U.S. Global Health Country-Level Funding Tracker

<https://www.kff.org/global-health-policy/u-s-global-health-country-level-funding-tracker/>

(27 March)

Resource. “This tracker provides U.S. global health funding data by program area and country. It includes Congressionally appropriated (planned) **funding amounts from FY 2006 – FY 2023**, as well as obligations and disbursements from FY 2006 – FY 2025 (FY 2025 data are partially reported)...”

PS: **companion tracker** - [U.S. Global Health Budget Tracker](#)

Trump 2.0

Science - Is Trump killing the heralded U.S. effort to help the world battle HIV?

<https://www.science.org/content/article/trump-killing-heralded-u-s-effort-help-world-battle-hiv>

“The Department of State hasn’t given the Centers for Disease Control and Prevention all the money it needs to keep vital AIDS relief programs operating.”

“... **“PEPFAR is seriously at risk,”** says **KJ Seung**, a clinician at Brigham and Women’s Hospital who is a **co-author of a recent analysis, “Is PEPFAR about to run out of money?”** posted at the Health Security Policy Academy. **Seung**, who previously worked at nongovernmental organizations (NGOs) that helped run PEPFAR’s programs around the world, **contends that the CDC budget shortfall is**

part of a larger problem that includes lost staffing and Trump's effort to use HIV assistance as a bargaining chip with other countries. PEPFAR, Seung and global health analyst Vincent Lin of the nonprofit Partners In Health assert, **could die by June. "[T]he program is being slowly starved, through budgetary choke points and administrative fiat rather than any open legislative decision,"** they write."

".. The State Department so far has only transferred about \$640 million of PEPFAR's funds—about half this year's budget—to CDC, and sources say it has told CDC to use reserve agency funds to sustain the program through 30 June. Worries are growing inside and outside CDC that the agency will never see the rest of the congressionally approved PEPFAR money. The middle of the fiscal year is 1 April, and Seung says "it's ridiculous" to think any MOU agreements will lead new money to start flowing to countries by then. "We're not even close to that," he says...."

Stat - 7 big challenges for the next CDC director

H Branswell; <https://www.statnews.com/2026/03/30/cdc-director-nominee-faces-problems-beyond-senate-confirmation/>

"Staff distrust, vaccine policy fights, and more obstacles await the incoming agency head."

Also including: "Repairing the agency's tattered credibility"

And "Restore sightlines on what's happening globally: Infectious diseases don't give a hoot about borders — a lesson the world should have learned by now, after the massive West African Ebola outbreak in 2014-2016 or the Covid pandemic, or the global spread of mpox. **Knowing what's happening elsewhere — learning about problems as they emerge, before they become catastrophes — is a key job for a national public health agency, especially for the CDC..** But Havers, Houry, and Jernigan, among others, are very worried that the **U.S. withdrawal from the WHO and from international aid is limiting the country's capacity to keep on top of disease threats.** "I think that's a huge concern," said Havers, who spent substantial time in China during the start of the H7N9 bird flu outbreak. "There's always a threat of novel pathogens emerging, and with the withdrawal from the WHO, I think CDC has reduced visibility in that space."

Guardian – Amnesty International warns Fifa World Cup risks becoming 'stage for repression'

<https://www.theguardian.com/football/2026/mar/30/fifa-world-cup-amnesty-international-donald-trump-ice-human-rights>

"Amnesty International has warned that the World Cup, spread across three North American countries, risks becoming a "stage for repression". The human rights organisation published a report on Monday – "[Humanity Must Win](#)" – calling on Fifa and the host countries, the US, Canada and Mexico, to take urgent action to protect fans, players and other communities. ... **Amnesty described the US as facing a "human rights emergency" under the Donald Trump administration, marked by mass deportations, arbitrary arrests and what it called "paramilitary-style" Immigration and Customs Enforcement (ICE) operations.** The acting director of ICE said last month the agency would be "a key part of the overall security apparatus for the World Cup"..."

More on Global Health Governance & Finance/Funding

Guardian –UN’s landmark slavery ruling energises African Union’s fight for reparations

Eromo Egbejulein Abidjan; <https://www.theguardian.com/news/2026/mar/27/un-slavery-ruling-african-union-reparations-slavery-analysis>

“ UN votes to describe slave trade as ‘gravest crime against humanity’ .”

“Despite resistance from states who had role in chattel slavery, many feel this is an idea whose time has come...”

“All eyes will now be on the African Union, which has called 2026-36 its “decade of reparations” and named Mahama as its reparations’ champion, to find creative ways to extract reparatory justice even in the face of stonewalling from the west....”

“... Already, an African Union committee of experts is working on a framework for reparatory justice and engaging descendants of enslaved people all over the world....”

APA news - Tangier hosts flagship Africa forum on sustainable health financing

[APA news](#)

On the **high-level forum on sustainable health financing** held in Tangier on Wednesday.

“According to an official statement, the event brought together African ministers of finance and health, as well as representatives from international organisations and technical and financial partners. Organised under the high patronage of King Mohammed VI and in partnership with the United Nations Economic Commission for Africa (ECA), the forum was part of the 58th session of the Conference of African Ministers of Finance, Planning, and Economic Development.”

“In his address, Minister Tehraoui emphasised the need to treat health as a strategic investment rather than merely a public expenditure. “The real question is no longer whether we can invest in health, but whether we can afford not to,” he said, underlining the central role of resilient health systems in Africa’s economic and social stability....”

“The Chairperson underscored that linking budget reform, innovative financing, digital governance, and regional integration can unlock a new paradigm. The AU’s Africa CDC and AfCFTA are central to this transformation, strengthening preparedness, reducing costs, and advancing pharmaceutical and vaccine sovereignty....”

African Business - Africa turns to philanthropists to fill gaps in health funding

<https://african.business/2026/04/trade-investment/africa-turns-to-philanthropists-to-fill-gaps-in-health-funding>

“Wealthy donors are being urged to step up in the wake of huge cuts to official development assistance, writes Lennox Yieke.”

Re the work of the Rockefeller Foundation in Africa (first), then Gates Foundation, ... **Excerpts:**

“Gates announced last year that the foundation will spend down its endowment by 2045 as part of his commitment to “give away virtually all my wealth”. **Over the next two decades, the foundation expects to deploy a record \$200bn, with the bulk of this earmarked for Africa. Most of the funds spent in Africa will target healthcare,** with Gates pledging to work alongside governments that “prioritise the health and wellbeing of their citizens”. “Our foundation has an increasing commitment to Africa. Our first African office was here in Ethiopia about 13 years ago. Now we have offices in South Africa, Kenya, Nigeria and Senegal,” Gates told African leaders during a visit to Addis Ababa in June last year.”

“Primary healthcare is set to anchor the foundation’s work in Africa over the next two decades. “Investing in primary healthcare has the greatest impact on health and wellbeing,” Gates said. The foundation **will also prioritise data systems and digital health tools such as AI-driven health services.** Gates noted that in countries such as Rwanda AI adoption in healthcare delivery is already showing early signs of success.”

PS: “... **In recent years there has been a notable increase in the number of foundations linked to African corporates, with healthcare routinely featuring as a top priority. Safaricom Foundation in Kenya,** for example, invests heavily in maternal health, community clinics, and mobile health initiatives. The **Dangote Foundation in Nigeria** has made major investments in polio eradication, primary care, and nutrition.....”

The analysis concludes, though: “ **While philanthropy will continue to play a vital role in African healthcare, particularly in the absence of foreign aid, domestic resource mobilisation and service delivery is likely to play a determining role** in the success or failure of Africa’s health response.”

Fund Africa CDC from within—and hold it accountable: A call from a firm believer in its promise.

L Engelbert Bain; <https://www.linkedin.com/pulse/fund-africa-cdc-from-withinand-hold-accountable-call-engelbert-bain-3tutf/>

“institutions that matter must be examined seriously—not to weaken them, but to strengthen them. Africa CDC is indispensable. **The question is not whether Africa should invest in it, but how to invest better, more strategically, and with clearer accountability so that its promise is fully realized.”**

“With **sustained domestic investment** (Most importantly from African Union States), empowered leadership, trust and transparency, Africa CDC can - will - should deliver on its mandate.....

Concluding: **“African philanthropy and public-private partnerships must step up.** Africa CDC is uniquely positioned to be empowered to lead on this agenda. With a clear mandate, Africa CDC can deliver—but only if we **fund it from within and hold it accountable.** Holding Africa CDC to high standards is not criticism—it is belief in its future.”

HPW - Two-Speed Multilateralism: Breaking the Deadlock on Climate and Health

<https://healthpolicy-watch.news/two-speed-multilateralism-debate/>

Coverage of an interesting Graduate institute webinar from Monday.

“From [stalled Pathogen Access and Benefit Sharing \(PABS\) negotiations](#) to failing consensus in global climate policies, [United Nations structures face a profound crisis](#). Diplomats are currently being forced to explore alternative governance models to bridge the disconnect between sluggish, power-driven diplomacy and the rapid, equitable action required in health and climate crises. This institutional rupture and the resulting emergence of two-speed multilateralism took centre stage during a critical panel [hosted by the Global Health Centre in Geneva](#) on 30 March.....”

“... **There was clear unity among the expert panellists** – ranging from global health researchers and climate adaptation advisors to international diplomats – **that when traditional, consensus-based multilateralism stagnates, the international community must pragmatically turn to alternative, faster diplomatic channels**. This “**two-speed multilateralism**” combines the universal legitimacy of consensus-based UN negotiations with the rapid implementation capabilities of smaller, highly ambitious “coalitions of the willing”, aiming at preventing single nations from vetoing desperately needed progress on environmental and public health protections.....”

PS: “**WHO support for two-speed approach**: Notably, the WHO voiced clear support for this parallel approach. “If a certain subset of parties or countries can take a part of the agenda that moves things in a positive way, then you know that has to be supported,” said **Dr Diarmid Campbell-Lendrum, WHO head of the climate change, energy and air quality**. He noted that the health gains from reducing air pollution would effectively cover the costs of transitioning away from fossil fuels, making a compelling, evidence-based case for this accelerated track. **This decisive backing for initiatives outside the formal UN architecture is unusual for an agency traditionally restrained by universal consensus. However, in private discussions following the event, experts observed that the WHO is navigating new political dynamics.** Following the US exit, the institution may be experiencing reduced diplomatic pressure, inadvertently allowing it to embrace more pragmatic, parallel agreements without its usual hesitation....”

Plos GPH - Aligning action across major infectious diseases in a dynamic global health landscape

N Ford et al; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006237>

“**In July 2025, WHO merged its Department of HIV, Viral Hepatitis and STIs with the Global Programme on Tuberculosis and Lung Health, creating a new structure – the Department of HIV, TB, Hepatitis and STIs.** Although this decision was driven by unprecedented financial shortfalls, there is a **strong underlying rationale**, creating opportunities to identify synergies and efficiencies without losing the gains made in recent years. HIV, TB, Hepatitis and STIs account for around 3.5 million deaths each year...”

CGD (blog) - The G20 Should Pay for Results—Not Promises—To Spur Health and Climate Innovation

R Glennerster et al ; <https://www.cgdev.org/blog/g20-should-pay-results-not-promises-spur-health-and-climate-innovation>

“The G20 has prioritized [addressing antimicrobial resistance, scaling up investment in pandemic preparedness](#), and has committed to [net-zero emissions by mid-century](#). Pull mechanisms can help deliver on these commitments by **creating credible market incentives for the diagnostics (AMR), broad-spectrum antivirals (PPR), and other tools** that these declarations call for.....”

Stop TB Partnership and UNOPS - The TB Community Must Demand Better

https://stoptbpartnership.substack.com/p/the-stop-tb-partnership-has-lost?utm_campaign=post-expanded-share&utm_medium=web&triedRedirect=true

“The UNOPS Stop TB Partnership can no longer credibly claim moral authority while serious, long-standing concerns about governance, accountability, and financial management remain unaddressed....”

Devex Pro – AfDB, Gates propose boosting government liquidity for health products

<https://www.devex.com/news/afdb-gates-propose-boosting-government-liquidity-for-health-products-112160>

(gated) “The African Development Bank, in partnership with the Gates Foundation, has previewed a proposed plan for a new financing facility for health commodities on the African continent.”

“The African Development Bank plans to partner with the Gates Foundation to increase access to affordable loans for countries to buy essential health commodities in a timely way. They are planning to pilot the Africa Medicines and Equipment Facility, or AMEF, this year in two countries. AMEF is being developed as a liquidity and execution platform that uses the bank’s balance-sheet strength and catalytic partner support to help countries procure medicines and medical equipment earlier, more predictably, and on better terms — and built into its design are affordability incentives tied to stronger procurement performance. **The Gates Foundation has proposed a \$200 million contribution to AMEF, but this funding is contingent on completing the facility design and getting the necessary approvals....”**

CNBC - Epstein files: Buffett says he hasn’t talked to Bill Gates ‘since the whole thing was unveiled’

<https://www.cnbc.com/2026/03/31/warren-buffett-bill-gates-epstein.html>

“Warren Buffett said he has not spoken to Bill Gates “since the whole thing” with the Jeffrey Epstein files “was unveiled.” “I don’t want to be in a position where I know things ... to be called as a witness,” Buffett said.....”

ODI- The IMF's Resilience and Sustainability Facility: underused and under fire

J Pudussery et al ; <https://odi.org/en/insights/the-imfs-resilience-and-sustainability-facility-underused-and-under-fire/>

“the IMF is significantly downgrading its expectations for financing from the Resilience and Sustainability Facility (RSF).”

“The RSF has faced criticism from the current US administration and others who argue that the IMF is exceeding its mandate by venturing into long-term lending to address climate resilience and pandemic preparedness. We argue, however, that most RSF reform measures lie squarely within the IMF’s core expertise, notably fiscal policy and public financial management. The RSF can thus be seen less as a case of mission creep than an extension of the IMF’s existing toolkit to help countries adapt their polices and systems to build resilience to critical long-term challenges. Where RSF programmes have gone off-track, this is largely due to challenges with overall IMF support, not the RSF in particular....”

PS: **“There are only four RMs on pandemic preparedness, all in Jordan’s RSF arrangement. These focus on establishing systems for emergency health financing, including defining and mandating an emergency-ready health benefit package, clarifying and codifying the arrangements for financing in public health emergencies and creating systems for monitoring and reporting emergency health spending. They demonstrate how IMF expertise in fiscal policy and PFM can support reforms to build resilience to pandemic threats, and the types of reforms that could be usefully included in other arrangements....”**

Nature Health – A healthy population is a strategic advantage

Hans Kluge; <https://www.nature.com/articles/s44360-026-00110-4>

“Health underpins defence planning, demographic strategy and economic reform.”

Habib Benzian - Part III: Why We Keep Declaring Things

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

Part 3 in the series on global health diplomacy. **“On the rituals, limits and unexpected value of global consensus texts.”**

“... what these texts really are. A declaration is never simply a set of commitments. It is the negotiated expression of what the system is willing to acknowledge at a given moment. It captures the convergence of interests, constraints and political appetites that have, for a brief time, aligned just enough to allow a statement of collective intent. Its authority stems not from enforcement power but from its ability to stabilise that narrow intersection of agreement.”

“... The recent near miss of the UN declaration on noncommunicable diseases underscores this dynamic. Even in failure, the process revealed the contours of the political moment. It showed which areas had traction, which were fragile, which were contested and which were stalled by forces far beyond the health sector. The episode did not diminish the value of declarations. It clarified it. ... “

“... This incremental logic **also explains why declarations named after cities continue to proliferate. They provide the scaffolding upon which more ambitious shifts can be built.** They keep the conversation moving. They prevent regression. **They offer advocates a foothold and governments a reference point.** They are not the instruments that deliver change but the instruments that make change politically legible.”

“... In **the end, we keep declaring things because declarations turn scattered intentions into shared reference points.** They stabilise the possible, they extend the boundaries of agreement, and they leave behind a trace that others can build on. “

Debt crisis/reform, Global Tax Justice & related issues

The Conversation - Iran war: what African countries can do to get through the crisis and emerge in a better place

D Bradlow; <https://theconversation.com/iran-war-what-african-countries-can-do-to-get-through-the-crisis-and-emerge-in-a-better-place-279689>

“How should Africa respond? African countries cannot avoid being harmed by the current Gulf war. Nevertheless, **based on my work in international economic law and global economic governance, I think there are two lessons that, if followed, can help the continent emerge from the crisis in a better place.....”**

“The focus of Africa’s efforts in the short term must be on minimising the negative effects of the war and on managing the state’s external debts in the most sustainable and effective way.....”
Check out what Bradlow suggests in the short term.

Also with a number of **medium term objectives.**

UN News - Developing countries are being priced out, in struggle for affordable finance

<https://news.un.org/en/story/2026/03/1167219>

Re the opening of an ECOSOC special meeting in Credit ratings. **“Developing countries are being priced out of the affordable finance they desperately need for sustainable development, with sovereign credit ratings often overstating risk and overlooking long-term economic potential, the UN said on Monday.”**

“A credit rating is an assessment of how likely a borrower, such as a government, is to repay its debt on time and in full. For sovereign states, ratings influence how much countries pay to borrow in international markets: the lower the rating, the higher the perceived risk and usually the higher the interest costs.”

“The current system too often relies on “outdated and incomplete information”, leaving countries unfairly penalised in global capital markets, the deputy UN chief Amina Mohammed told the

opening of the UN's Economic and Social Council, ECOSOC, Special Meeting on Credit Ratings, delivering remarks on behalf of Secretary-General António Guterres. "Adequate and timely finance is the fuel that drives sustainable development," the Deputy Secretary-General said, warning that "today that fuel is running perilously low, and it's getting more costly." **She pointed to nearly \$1.4 trillion in annual debt servicing costs across developing countries**, while more than 3.4 billion people live in countries that spend more on debt interest payments than on health or education."

"... Ms. Mohammed also linked the credit ratings debate to wider efforts to reform the global debt architecture and pointed to new steps aimed at giving developing countries a stronger voice in debt discussions. These include a borrowers' platform, work on principles for responsible sovereign borrowing and lending, and a UN-led process bringing together debtor and creditor countries, private creditors, international financial institutions, academics and civil society. She also cited the **planned African Credit Rating Agency** as an example of efforts to improve data, transparency and risk assessment."

"Ms. Mohammed urged a major shift in how sovereign ratings are designed, arguing that assessments should capture not only vulnerability, but also opportunity.... .. "It's time to turn credit ratings from barriers into contributors to long-term finance and sustainable development," Ms. Mohammed said, urging a new approach that helps developing countries secure the financing they need."

Guardian - Global super-rich may have hidden \$3.55tn from tax officials, says Oxfam

<https://www.theguardian.com/world/2026/apr/02/global-super-rich-hidden-355trn-from-tax-officials-oxfam>

"Charity calls for a levy on the very richest and the closing of tax loopholes in its report on offshore wealth."

"The global super-rich may have as much as \$3.55tn hidden away from tax authorities, according to estimates by **Oxfam**. The charity renewed its call for a wealth levy and urged governments to close tax loopholes as it published its latest analysis of the scale of offshore holdings."

"Building on the work of academics including the French economist Gabriel Zucman and the EU Tax Observatory, Oxfam said **total wealth held offshore had increased significantly, to \$13.25tn (£10tn) in 2023 – the latest year for which estimates were available**. The share of these secretive holdings hidden from tax authorities has fallen sharply since the introduction in 2016 of a new system of automatic information exchange between jurisdictions. But Oxfam estimates that **perhaps \$3.55tn is still shielded from tax – worth more than 3% of global GDP**. Estimates from previous research suggest 80% of this wealth, or more than \$2.84tn, is likely to be owned by the richest 0.1% of households. That would mean **this tiny group hold untaxed assets equivalent to the total wealth of the poorest half of the global population**."

"The research was released to mark 10 years from the publication of **the Panama Papers**, an investigation which exposed the inner workings of tax havens...."

PS: "Oxfam is part of a global campaign to mobilise calls for a global progressive wealth tax, including through negotiations at the UN on a framework for tax cooperation. It also called for

countries in the global south to be included in the Common Reporting Standard – the system that allows for information exchange between jurisdictions....”

More on PPPR & Health Emergencies

Devex Pro – Pandemic Fund targets 15 countries in revamped funding round

<https://www.devex.com/news/pandemic-fund-targets-15-countries-in-revamped-funding-round-112206>

(gated) “**Priya Basu**, who heads the Pandemic Fund Secretariat, told Devex the **fund will waive cash coinvestment requirements for some of the countries that are heavily indebted or at risk of debt distress.**”

“**The Pandemic Fund launched its [fourth call for proposals](#) on April 1, but this particular round will work differently.** Instead of a wide, open competition, **the call targets 15 countries that have the highest pandemic risk and capacity needs, but have never received a single country grant from the multilateral funder.** The countries include **Afghanistan, Benin, the Central African Republic, the Republic of Congo, Eritrea, Guinea, Haiti, Liberia, Madagascar, Mali, Mozambique, Niger, Nigeria, Sudan, and Uganda.** Up to \$244 million will be available in total, with each country assigned a preset allocation or a maximum amount it can request. Countries will also have a full year to work on proposals....”

“**Priya Basu**, who heads the Pandemic Fund Secretariat, told Devex that the countries will receive some support to ensure they’re able to submit a “high-quality proposal” for the projects they wish to be funded. **The fund will also help match countries with external partners to help them cofinance the projects.** There’s also scope for resubmissions of proposals.....”

Lancet Regional Health Africa - Decentralizing testing capacity of mpox in Africa: a narrative review

Y S Atrah, J Kaseya et al ; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00027-1/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00027-1/fulltext)

“**Decentralized diagnostics are essential for the timely detection and control of mpox outbreaks. Burundi and the Democratic Republic of Congo (DRC)** transitioned from centralized testing to decentralized models using GeneXpert platforms, mobile labs, and real-time feedback systems. ... “

“ The mpox epidemic accelerated reforms, including continental guidelines for laboratory decentralization and the launch of a new initiative to expand testing, training, and local manufacturing. **This article describes the mpox laboratory decentralization efforts, achievements, lessons, and best practices across Africa....”**

WHO - Framework for health emergency preparedness and response capabilities for national public health agencies

<https://pandemichub.who.int/publications/i/item/framework-for-health-emergency-preparedness-and-response-capabilities-for-national-public-health-agencies>

“The Framework for Health Emergency Preparedness and Response (EPR) Capabilities for National Public Health Agencies (NPHAs) provides comprehensive guidance to help countries strengthen the institutions that lead and coordinate public health emergency functions. Developed through an extensive global consultation with over 120 countries and partner organizations, the framework responds to Member States’ request for clearer articulation of the essential roles NPHAs can play in preventing, preparing for, and responding to health emergencies.”

“Building on lessons from COVID-19 and other crises, as well as global instruments such as the amended International Health Regulations (2005, 2024) and the WHO Pandemic Agreement (2025), **the framework defines 12 core capabilities grouped into foundational and technical domains. Foundational capabilities** include legal authority, evidence generation and use for policy, and secure and flexible financing. **Technical capabilities** cover coordination, emergency management, workforce development, surveillance and intelligence, laboratory and diagnostic systems, risk communication and community engagement, public health and social measures, clinical care guidance, and countermeasure research and deployment.”

Nature Africa (News) – African initiative targets faster detection of disease outbreaks

<https://www.nature.com/articles/d44148-026-00076-1>

“Seven countries test collaborative surveillance model to improve early detection and response.”

“The **effort, which includes Ethiopia, Kenya, Mozambique, Nigeria, Senegal and Tanzania**, focuses on strengthening coordination and data sharing as disease outbreaks continue to rise across the continent. It is designed to complement existing surveillance systems.... .. The US\$2.2-million initiative, supported by Project ECHO at the University of New Mexico Health Sciences Center and funded by the Gates Foundation, was **announced at the Eastern Africa Regional Global Health Security Summit 2026 in Nairobi, Kenya.**”

“Each participating country will implement collaborative surveillance through its Ministry of Health and National Public Health Institute, setting national priorities within a shared framework....

HIV prevention

UNAIDS - New Access Framework for the new era of HIV prevention calls for scaled-up investments, expanded choice and sustainability to achieve 2030 targets

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/march/20260331_2030_prevention_access_framework

“With 1.3 million new HIV infections per year in both 2023 and 2024, the world remains off-track to end the pandemic. Yet, global HIV prevention targets are achievable. At the end of 2024, five countries—Lesotho, Malawi, Nepal, Rwanda and Zimbabwe—had achieved a 75% reduction in new HIV infections compared to 2010. New targets for 2030, co-developed with countries and communities, have informed the new [Global AIDS Strategy 2026-2031](#). **The Global HIV Prevention Coalition (GPC)**, which was established in 2017 to strengthen and sustain political and financial commitment to primary prevention, has used these targets and the Strategy to **develop the [HIV Prevention 2030 Global Access Framework](#)**.”

“... **The Access Framework outlines how, by 2030, countries can ensure that 90% of people in need of prevention services have access and that 90% of people living with HIV are virally suppressed. This, in combination, would lead to a 90% reduction in new HIV infections globally.** ... This 2030 Prevention access framework **focuses on one of those top-line targets, which covers primary prevention and requires that 90% of people in need of HIV prevention are using effective prevention options by 2030. This target is disaggregated into 15 second-line prevention targets for specific populations and programmes.**”

“The 2030 Prevention Access Framework presents in greater detail the milestones and actions for achieving these targets—all of which are **grounded in the three priorities of the Global AIDS Strategy: country-led, resilient and sustainable HIV responses; people-focused services, and community leadership.**”

Stat - Doctors Without Borders calls Gilead ‘unconscionable’ for refusing to sell HIV prevention drug to organization

<https://www.statnews.com/pharmalot/2026/03/30/doctors-without-borders-calls-gilead-unconscionable-refuse-sell-hiv-drug/>

“The nonprofit says allocation from The Global Fund is capped and demand ‘far exceeds’ supply.”

“In the latest dustup over a [groundbreaking HIV prevention medicine](#), **Doctors Without Borders has harshly criticized the manufacturer for refusing to sell its treatment directly to humanitarian organizations.** The move came **after months of talks in which Doctors Without Borders asked Gilead Sciences for a “limited” supply of lenacapavir.** The drug has been in demand after studies showed a single set of injections every six months can offer virtually complete protection from infection, a form of prevention known as preexposure prophylaxis, or PrEP.”

“The organization currently obtains lenacapavir through The Global Fund to Fight AIDS, Tuberculosis and Malaria, a worldwide partnership of governments, civil society groups, and the private sector that, in late 2024, reached a deal with the company to distribute lenacapavir to 2 million people in low- and middle-income countries.”

- For more, see [MSF – MSF wants to buy groundbreaking HIV prevention drug. Why won't Gilead sell?](#)

“Despite Gilead’s public claims that it can expand production of lenacapavir to meet needs, the company has refused requests from MSF to purchase a limited supply for use in our programmes. So far, only a handful of countries of the 18 eligible under the Gilead and Global Fund agreement, have received doses of lenacapavir, while millions of people remain at high risk of HIV acquisition worldwide. Gilead has directed MSF to source doses through the Global Fund, even though their supply is fixed and insufficient – enough for up to 2 million people over 3 years, which is well below the global need. Furthermore, some countries where MSF works are not eligible to receive doses through the Global Fund due to restrictions put in place by Gilead....”

- Check out also the related [\(recommended\) thread on Bluesky by Melissa Barber](#)

Guardian - ‘No more than a drop in the ocean’: this drug could end new HIV infections in Eswatini – why isn’t there enough?

<https://www.theguardian.com/global-development/2026/apr/02/scarcity-hiv-prevention-drug-lenacapavir-hampers-rollout-eswatini>

“The southern Africa country has the world’s highest prevalence of HIV but the amount of lenacapavir reaching it is too small to reach all those at risk.”

“The Global Fund to Fight HIV, Tuberculosis and Malaria is providing the country with 6,000 doses in 2026; 4,200 have arrived so far, with the remainder due in April. A further US government-funded shipment is expected later this year....”

“In the US, lenacapavir costs \$28,218 a year per patient. Agreements with the Global Fund mean that poorer countries such as Eswatini are paying about \$60 a person per year. Generic versions are expected to become available at \$40 a year from 2027 and in time, it could be made for \$25 a year, given sufficient demand, according to researchers....”

“In some countries, US funding for lenacapavir is also being tied to controversial new bilateral agreements....”

“Eswatini is the only country in Africa to have met stringent HIV treatment targets, and Mark Edington, the head of grant management at the Global Fund, says “the world of HIV desperately needs a success story”. This year, he admits, the limited volumes of lenacapavir will probably not result in a significant difference in infection rates. But if, once generics are available, “we’re not seeing it by the end of 2027-28, then we need to ask ourselves what’s happening” ...”

Lancet GH Comment – The lenacapavir paradox: why a promising prevention tool raises difficult questions about African HIV response priorities

R Granich ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00033-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00033-1/fulltext)

Must-read.

“African countries are facing a lenacapavir roll-out, while HIV epidemics remain incompletely controlled, with approximately 5·8 million people living with HIV not virally suppressed and health systems facing increasing fiscal and operational pressure. Decisions taken now will shape the trajectory of treatment scale up, viral suppression, and epidemic control for the coming decade. Despite the challenging context, the dominant framing of the discussion in the scientific literature emphasises lenacapavir access and implementation feasibility, with little attention to how the lenacapavir roll-out interacts with unresolved treatment gaps, constrained budgets, and competing health-system priorities....”

“... Despite the severity of challenges, robust discussion of how lenacapavir should be prioritised within a finite global HIV response remains notably sparse in the scientific literature. **The literature largely treats prevention expansion as equally important and additive rather than competitive for finite resources, personnel, and political attention.** This intellectual blind spot contrasts with both the need to prioritise expanding and sustaining treatment for decades and the lacklustre oral PrEP experience in Africa. These analytical gaps are especially consequential amid sharp HIV financing contractions.”

PS: **“...the limited attention to these issues raises questions about the conditions under which policy debates occur. Resource allocation discussions are particularly constrained when they involve interventions strongly supported by major donors. Asymmetrical donor–recipient relationships often mean that funders can question priorities in public, whereas programme staff and African officials cannot.** When external funders offer new interventions as aid packages, sometimes at the presidential level, recipient countries might have little ability to decline without jeopardising broader relationships or future grant renewals. **Efforts to involve African colleagues with direct HIV programme experience in developing this Comment resulted in substantive engagement during private discussions, but named authorship proved difficult. This pattern suggests that publicly questioning wide adoption of lenacapavir-based PrEP could carry professional risk.** The absence of African voices might reflect realistic assessments of career consequences in settings where donor funding, consulting opportunities, research grants, and institutional relationships depend on alignment with funder priorities....”

“... These observations do not diminish the scientific or public health importance of lenacapavir. Rather, **they underscore the need for comprehensive, context-specific analysis before implementation as African governments are making consequential resource allocation decisions across treatment scale up, prevention expansion, and health-system strengthening.....”**

Lancet GH – Inequities in HIV prevention: strategic access and equity in injectable PrEP distribution

C L Anyikwa et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00049-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00049-5/fulltext)

“... In the context of lenacapavir, the collective action problem concerns whether governments and manufacturers will participate in coordinated pooled procurement and equitable licensing arrangements or instead pursue unilateral strategies such as exclusive bilateral purchasing or market segmentation to maximise short-term national or corporate advantage. The Prisoner's Dilemma as a non-cooperative game theory, can be loosely used in explaining these dynamics but does not itself offer a path toward resolving them...”

“... Governments might publicly endorse equitable access while privately prioritising domestic supply or exclusive agreements. In such settings, cooperation is fragile and rational actors could continue to defect if they believe others will do the same. The dilemma, therefore, reflects a failure of credible commitment rather than a lack of dialogue.....” “ Cooperation yields mutual benefit, whereas unilateral defection maximises individual gain at the cost of the other party. If both parties defect, outcomes are worse for all involved than if both had cooperated. This possibility reflects what the Lancet Commission on Investing in health termed the “middle-income dilemma,” whereby these countries are neither wealthy enough to pay the prices high-income countries afford nor included in donor-supported programmes.....”

“These dynamics are further complicated by reductions in US Government funding for global HIV programmes and uncertainties surrounding WHO guidance and procurement support, which limit coordinated responses and exacerbate access gaps. Understanding this strategic logic emphasises the need for mechanisms that align incentives, such as pooled procurement...”

“... Drawing on existing models from regional and global health supply chains, this framework would offer a pathway for building a stable coalition capable of securing reliable and equitable access to lenacapavir. Options include existing mechanisms like the Pan American Health Organization Strategic Fund, the Global Fund, or UNAIDS-led initiatives. To address US Government funding gaps and WHO uncertainties, the secretariat could rely on a coalition of regional governments, philanthropic funders, appropriate market designs and international development banks to provide predictable financing and technical support....”

NCDs

Africa CDC – Africa CDC Rolls Out Continental SPARK-NCDs Programme as Noncommunicable Diseases Rise Across Africa

<https://africacdc.org/news-item/africa-cdc-rolls-out-continental-spark-ncds-programme-as-noncommunicable-diseases-rise-across-africa/>

“Nearly 2 million Africans die prematurely each year from complications related to hypertension and diabetes alone, and only an estimated 10–20% of those living with these conditions receive regular care. In response Africa CDC has launched a major continental initiative to strengthen surveillance, improve integrated care, and transform the continent’s response to non-communicable diseases.”

“The SPARK–NCD Programme (Strengthening Public Health Surveillance and Resilient Knowledge for Non-Communicable Diseases in Africa) was officially launched in Zanzibar in collaboration with African Union Member States and partners. It is Africa CDC’s flagship initiative to strengthen

surveillance systems, enhance NCD data generation, build workforce capacity, and advance integrated, people-centred care across Africa....”

“Delivered through existing national platforms, including the Field Epidemiology Training Programme (FETP) Frontline platform, **the initiative is designed to embed NCD intelligence within health systems that countries already own and operate, building capacity from within rather than creating parallel structures....”**

Guardian - Vaping likely to cause lung and oral cancer, Australian researchers find in new review of evidence

<https://www.theguardian.com/australia-news/2026/mar/31/vaping-lung-cancer-risk>

“There is no doubt that the cells and tissues of the oral cavity, the mouth and the lungs are altered by inhalation from e-cigarettes,’ academic says.”

“Vaping is likely to cause lung and oral cancer, researchers have found, as they urged [regulators](#) to act now rather than wait decades for a definitive level of risk. **Cancer researchers led by the University of New South Wales in Sydney** analysed reviews of evidence from animal studies, human case reports and laboratory research published between 2017 and 2025, in one of the most detailed assessments to date of whether nicotine e-cigarettes could cause cancer.”

“There are **early warning signs in the body strongly linked to cancer risk, including DNA damage and inflammation**, co-author Adjunct Prof Bernard Stewart said. The review, [published in the journal Carcinogenesis on Tuesday](#), found vaping is associated with these pre-carcinogenic changes....”

- See also [HPW – Biggest review to date finds vaping likely to cause cancer.](#)

New Lancet studies on childhood cancer

- Lancet - [Global burden of cancer in children and adolescents aged 0–19 years, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023](#) (GBD 2023 Childhood Cancer Collaborators)
- 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](#) (by C Allemani et al)

On the first, via an **IHME news release**: [Childhood cancer is a substantial contributor to global childhood mortality and global cancer burden](#)

“Findings show it’s the eighth leading cause of childhood deaths globally, more than measles, tuberculosis, and HIV/AIDS.

- While mortality has declined globally, children in low- and middle-income countries (LMICs) face the most severe consequences from cancer.

- Since 1990, new cases were relatively unchanged, and deaths decreased by 27%. However, the majority of childhood cancer burden in 2023 was in LMICs, with 85% of new cases and 94% of deaths.
- The WHO Western Pacific Region and African Region had the greatest numbers of cases in 2023, while the WHO African Region had the most deaths, which increased almost 56% from 1990 to 2023.
- During the same period, age-standardized mortality rates decreased globally and in all WHO world regions, with the most notable declines in high- and high-middle socio-demographic settings.
- In 2023, the WHO African and Eastern Mediterranean Regions were estimated to have the highest age-standardized mortality rates for childhood cancer.
- The cancer types with the greatest burden globally in 2023 were leukemias, brain/central nervous system cancers, and non-Hodgkin lymphoma.”

Related Lancet Editorial: [Childhood cancer: progress, but not enough](#)

“According to the [CONCORD-4 study](#), published in *The Lancet*, many countries are on track not just to achieve, but to surpass, the 2018 WHO Global Initiative for Childhood Cancer target of 60% survival at 5 years for all childhood cancers by 2030. Yet this achievement masks data gaps and **deep disparities in cancer care worldwide, with children in the poorest countries likely to face far lower survival rates....”**

Related Lancet Comment: [Childhood cancer: an equity test for global health](#)

CGD (blog) - Why Health Taxes Alone Won't Fix Malnutrition in Poor Countries

E Kandpal; <https://www.cgdev.org/blog/why-health-taxes-alone-wont-fix-malnutrition-poor-countries>

“Health taxes on sugar seem to have [captured the zeitgeist](#): [Mexico's soda tax](#), the [UK's sugar levy](#), [South Africa's Health Promotion Levy](#), [a sugar tax in the Philippines](#), and so on. The evidence on these [policies](#) suggests real [benefits](#): (1) reduced consumption of sugary drinks, (2) measurable revenue for governments, and, (3) in theory, a nudge toward healthier choices. **But the conversation is increasingly moving past sugar with increasing calls for [health taxes](#) on so-called [ultra-processed foods](#).** Wealthier countries, including [Denmark](#) and [Hungary](#), have imposed such taxes and **increasingly, low- and middle-income countries (LMICs) like [Colombia and Mexico](#) are trying them out.** The 2025 [Economic Survey of India](#) called for an across-the-board tax on ultra-processed foods....”

“But in my view, this discourse often skips past two critical questions: what exactly are you taxing—[“ultra-processed foods” can mean many different things](#)—and what alternatives are available, particularly in low- and middle-income settings? In this blog, I focus on this second question....”

“... the **central problem** I see with **health taxes as an instrument of nutrition policy LMICs: the food environment is broken and health taxes cannot be sufficiently targeted to fix it....”**

“... **Sequencing matters**: This makes **health taxes in high-burden LMIC contexts potentially regressive** not only in the economic sense of taking a larger share of income from the poor, but

regressive in nutritional terms, hitting hardest precisely where there is limited capacity to substitute. And those who are least able to respond to the price signal are likely the very populations at greatest risk of the intergenerational nutritional damage I described earlier. None of this means governments should ignore the health costs of ultra-processed food consumption. But **the sequencing has to be right. Governments must first make healthy food as available, affordable, and convenient—this means investing in cold chains, market infrastructure, fortification, and targeted subsidies for nutritious foods in underserved areas. Then, price signals have something to nudge people toward.** Tax the bad by all means, but only after you have built the conditions under which the tax can actually work.”

Social, Commercial and Political Determinants of Health

Eurohealth – Tackling political and commercial determinants of health through policy and governance

S Galea, I Kickbusch et al; <https://eurohealthobservatory.who.int/publications/i/tackling-political-and-commercial-determinants-of-health-through-policy-and-governance>

Part of a [special issue of Eurohealth](#), which accompanied the 18th European Public Health (EPH) Conference in Helsinki.

“Global health, including human and planetary health, is increasingly shaped by political, commercial, and geopolitical forces that determine who benefits from policy, markets, and cooperation. Once viewed as a shared human concern, health now reflects power dynamics and structural inequities. Political determinants shape governance and participation; **commercial ones** reflect corporate influence; and **geopolitical determinants** embed these within global power structures. Together, these interactions exploit fragmented governance, fuel health nationalism, and deepen inequities. **Addressing this landscape demands transformative governance: transparent yet strategic leadership, well-being-focused economics, accountability, informed public engagement and interdisciplinary leadership through effective public health diplomacy.”**

Concluding: **“Tackling the political and commercial determinants of health is no longer a technocratic exercise; it has become a geopolitical imperative.** Vaccine distribution, control of medical supply chains, and health data ownership **now reflect strategic competition among global powers.** Advancing health equity now requires diplomatic engagement and strategic alignment across rival blocs. Health must be recast as a domain for cooperation rather than confrontation. Health has historically been, and can be again, a shared interest capable of tempering rivalry. Doing so, however, demands confronting global power structures: the political systems shaping policy, the commercial interests driving production and consumption, and the geopolitical alignments determining who benefits from global interdependence. **Re-anchoring health as a public good in a fractured world requires intentional collaboration, not neutrality.”**

Lancet (Letter) - The public health response to the Epstein files

Nicholas Peoples et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00545-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00545-3/fulltext)

“In 2019, revelations that American financier Jeffrey Epstein had orchestrated a powerful international network for human trafficking and sexual exploitation shocked the conscience of global society. As the Epstein Files Transparency Act, signed into law in the USA in November, 2025, directs the release of previously classified investigative records, this troubling picture continues to intensify. However, beyond the particulars of any individual case, these disclosures illuminate a **broader and more uncomfortable truth: human trafficking is a global public health crisis in which trafficking networks themselves function as structural determinants of health.**”

“The **International Labour Organization estimates that 6.3 million people were trafficked for sexual exploitation in 2021** **When trafficking is framed through a public health lens, it clarifies the responsibilities of governments and health systems to protect their populations.** Transparency and accountability can function as a meaningful prevention measure to exploitation in a world previously lacking in both. **History shows that health institutions can catalyze accountability during public health crises.** Clinicians and researchers helped expose the harms of tobacco and pressed governments to confront the HIV/AIDS epidemic. **The same leadership is now needed to confront trafficking as a structural public health crisis.**

BMJ – Religious determinants of health and foreign aid cuts: no thank you for your inattention

K Abbasi; [BMJ](#);

Concluding: “All of this, as we sit between **the end of Ramadan and the beginning of Passover and Easter**, serves to **remind us of our neglect of the religious determinants of health**. A helping hand to provide better health for poor and disadvantaged people, as the Pope rightly identifies, is a common theme among religions and a duty in our just pursuit of social peace.”

Nature Medicine - Quality health information for all is a fundamental determinant of health

L Gostin et al; <https://www.nature.com/articles/s41591-026-04320-x>

“As co-chairs of the **Nature Medicine Commission on Quality Health Information for All**, we argue that **accurate, evidence-informed information is a major health determinant....**”

Digital health & AI

TGH – Why India's Digital Governance Model Matters for Global Health

I Kickbusch et al; <https://www.thinkglobalhealth.org/article/why-indias-digital-governance-model-matters-for-global-health>

“**India's distinct approach to digital and AI governance centers on shared public infrastructure.**”

“... **global debates on the subject remain dominated by three competing visions: rights-based regulation in the European Union, market-led innovation in the United States, and state-centric**

techno-nationalism in China. These models shape how health data is regulated, how digital health markets evolve, and how AI is deployed in clinical and public health settings. However, no vision fully addresses fully the structural challenge of delivering equitable, large-scale, and financially sustainable digital health systems. **India's approach constitutes a fourth paradigm of digital governance, particularly for global health.** Over the past decade, India has developed a distinct approach to digital and AI governance centered on population-scale public infrastructure. This model integrates digital identity, payments, authentication, and data-sharing into welfare and health systems. It now underpins insurance enrollment, provider payments, disease surveillance, telemedicine, and pharmaceutical supply chains for hundreds of millions of people.”

“**India's approach constitutes a fourth paradigm of digital governance, particularly for global health. It demonstrates how AI and digital systems can be aligned with universal health coverage while strengthening capacity for administration and innovation. Its implications extend well beyond low- and middle-income countries (LMICs), offering lessons for health systems struggling with fragmentation and platform dependence.**”

Access to Medicines, Vaccines & other health technologies

Devex - Health orgs warn of ‘dangerous’ supply shortages amid Middle East crisis

<https://www.devex.com/news/health-orgs-warn-of-dangerous-supply-shortages-amid-middle-east-crisis-112192>

(must-read) “**The global health sector is warning that Israel and the United States’ war against Iran is creating major supply route disruptions for critical humanitarian supplies, including life-saving health products.**”

“**Organizations in the global health sector** — including [UNICEF](#), the [Africa Centres for Disease for Control and Prevention](#), the United Nations Population Fund, or [UNFPA](#), and the [International Rescue Committee](#) — are worried about the delivery of lifesaving products, and ensuring there’s affordable fuel to power medical equipment....”

PS: Africa CDC’s Kaseya emphasized this is a “wake-up call” for Africa to accelerate local pharmaceutical manufacturing.

HPW - New Open Source AI Platform Aims to Accelerate Malaria Drug Discovery

<https://healthpolicy-watch.news/new-open-source-ai-platform-aims-to-accelerate-malaria-drug-discovery/>

“**Scientists working on new malaria drugs now have access to an open-access artificial intelligence (AI)-powered platform aimed at accelerating drug discovery, thanks to a partnership between [Medicines for Malaria Venture \(MMV\)](#) and [deepmirror.](#)”**

“**[Drug Design for Global Health \(dd4gh\)](#)** uses “both predictive and generative AI to give researchers, especially those in the most resource-limited settings, access to cutting-edge technology that would

otherwise be out of reach”, according to a media release from MMV. The dd4gh platform was developed using input gathered during co-creation workshops in Ghana and Switzerland with global drug discovery researchers. ...”

Lancet World Report – Are India and China ready for a “chaotic surge” of generic obesity drugs?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00649-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00649-5/fulltext)

“As patents on semaglutide expire, manufacturers are poised to introduce cheaper generic versions of blockbuster drugs, with far-reaching effects on the obesity crisis. Megan Tatum reports.”

“With the expiration on March 20 of Novo Nordisk's patent on semaglutide in India and China—the molecule underpinning its behemoth brands Ozempic and Wegovy—a **race began among domestic pharmaceutical firms to bring cheaper, generic GLP-1 receptor agonist alternatives to market.** Less than 24 h after the expiration of the patent, Hyderabad-based Dr Reddy's Laboratories had unveiled Obeda, what it claimed was India's first Drugs Controller General of India (DCGI)-approved semaglutide injection for type 2 diabetes. **By March 23, a further seven Indian pharmaceutical firms had launched their own semaglutides,** some costing up to 80% less than Novo Nordisk's Ozempic. **China meanwhile is thought to have more than ten companies,** including CSPC Pharmaceutical Group and Huisheng Biopharmaceutical, **developing their own generic versions.** Clarivate's Life Sciences & Healthcare division told *The Lancet* it expects Hangzhou Jiuyuan Gene Engineering (Huadong Medicine) to be first across the line, having filed a New Drug Application (NDA) for its brand Jiyoutai in April, 2024....”

“Experts tell *The Lancet* the anticipated surge in generic or off-patent alternatives from domestic manufacturers in China and India is likely to provide a welcome boost to the affordability and availability of the drug for the management of obesity and type 2 diabetes, conditions prevalent in both Asian countries. However, there are also concerns that the influx could raise new safety concerns, fuelling the off-label use of semaglutides, and putting users at considerable risk....”

Journal of Pharmaceutical Policy and practice: From supply to strategy: leveraging central medical stores experiences and information for health system strengthening

M-Belen Tarrafeta-Sayas et al ;

<https://www.tandfonline.com/doi/full/10.1080/20523211.2026.2649302#abstract>

“The availability and affordability of essential medicines and other health products are critical to building resilient health systems and achieving Universal Health Coverage (UHC). **In many Francophone African countries, Central Medical Stores (CMS) play a key role in procuring and distributing medicines for the public sector.** As such, they generate first-hand data and knowledge on availability, pricing, and the performance of national supply chains. **This Comment argues that CMS should be recognised not only as technical providers, but as strategic partners in national pharmaceutical policy and health system governance....”**

IJME - The quality challenge for generic medicines in India: An industrial policy-sensitive perspective

Dinesh Kumar Abrol, Rollins John, Nidhi Singh; <https://ijme.in/articles/the-quality-challenge-for-generic-medicines-in-india-an-industrial-policy-sensitive-perspective/?galley=html>

“This article provides an industrial policy-sensitive understanding of the problem of quality of Indian generic medicines supplied both to the domestic market and to weakly regulated markets in Asia, Africa, and South America. Most of these medicines come from micro, small and medium enterprises (MSME). While all drugs manufactured in the country must comply with standards under the revised Schedule M of the Drugs and Cosmetics Act, 1945, the deadline for MSMEs’ compliance has been extended repeatedly, and even as of March 2026, drugs are manufactured in the country in two categories of manufacturing facilities — one compliant with the revised standards and another non-compliant with the revised standards.”

“While double standards are unacceptable, the policy discourse on medicine quality focuses entirely on uniformity of standards, and their regulation, without setting an industrial policy-sensitive context for the reasons for poor quality, and for developing an appropriate response. **We argue that the problem of medicine quality is closely connected to the structural changes in the industry after India signed the Agreement on Trade Related Aspects of Intellectual Property Rights. Large-scale enterprises depend on MSMEs — many of which are poorly equipped — for supplying branded generic medicines in the domestic market and poorly regulated markets abroad.** Further, a sharp decline in the indigenous manufacture of raw materials and active pharmaceutical ingredients has left the industry vulnerable, because of its dependence on China for the import of these materials.”

Reuters – Cholera aid for African countries stalled by Iran conflict

[Reuters:](#)

“Cholera supplies stuck in Dubai due to Iran conflict; Stocks needed for higher-risk rainy season in parts of Africa; Air freight rates soar 70% amid Strait of Hormuz closure...”

“Emergency cholera medical supplies for several African countries have become stuck in a logistical quagmire caused by the Iran war, aid officials told Reuters, raising concerns about preparations ahead of the high-risk rainy season...” “The **stocks stranded in Dubai warehouses are contingency supplies placed in cholera-prone countries** including Chad and Sudan ahead of the rainy months starting from May to curb any future outbreak of the fast-spreading, potentially fatal diarrhoeal disease. ... Both the World Health Organization and the International Federation of the Red Cross and Red Crescent Societies told Reuters that some of their African cholera supplies were stuck in a Dubai backlog. **They are trying to either fly them out - at 70% above the normal rate - or buy replacements.**

Guardian – UK ‘weeks away’ from medicine shortages if Iran war continues, experts say

<https://www.theguardian.com/business/2026/mar/28/uk-weeks-away-medicine-shortages-iran-war-impacts-experts-warn>

“Concern that supply chain disruption could hit health essentials – and prices – from painkillers to cancer treatment.”

The Wire – Who is Afraid of Non Violation Complaints?

K M Gopakumar; <https://thewire.in/trade/who-is-afraid-of-non-violation-complaints>

Analysis (and worry) published ahead of the end of MC14 (WTO). (29 March) “WTO members have long recognised this danger, maintaining a moratorium on TRIPS non-violation complaints since the Agreement’s inception and renewing it at subsequent ministerials. It expires when MC14 concludes on March 29.”

“Developing countries' ability to issue compulsory licenses for generics is now under serious threat. The non-violation complaints moratorium expires today & without it, countries can be challenged at the WTO for using rights TRIPS grants them.... The timing could hardly be worse for developing countries. Official development aid is in retreat with the US pulling out of the WHO, where it was the single largest donor, and is cutting funding to GAVI, the vaccine alliance that has immunised more than a billion children in the world’s poorest countries. In this environment, the **ability to use TRIPS flexibilities, from compulsory licences on medicines to agricultural inputs to educational materials, is not a luxury. It is a lifeline....”**

- PS: update (30 March) [MC14 Collapses as U.S. Strategy Derails Yaoundé Negotiations](#)
- And overall analysis on MC 14 outcomes via [IISD Insight - World Trade Organization 14th Ministerial Conference Outcomes: Small wins, progress on reform, and digital trade as deal-breaker](#) (March 30) Including on the **IP rights moratoria**.

“Another issue, quickly linked to the e-commerce moratorium, was **a moratorium on non-violation complaints (NVCs) under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement.** NVCs are complaints that may be brought against a member even where the member is acting legally under WTO rules, but nullifies or impairs expected trade benefits for another member. The NVC clause prevents these kinds of complaints from being brought. **Early in the conference, some developing countries linked the timelines of the two moratoria, so that if they were obliged to agree to a longer e-commerce moratorium, they would also get a longer TRIPS NVC moratorium. In the end, neither were agreed....”**

- And a link: [HPW - Argentina Has Revoked Key Patentability Guidelines, Threatening Citizens' Access to Affordable Medicine](#)

“Argentina took a step backwards last month when it revoked key guidelines that defined what could – and could not – be patented in its pharmaceutical sector. **For more than a decade, Argentina’s patentability guidelines have helped prevent pharmaceutical monopolies,** enabling timely competition to enter the market, lowering prices of medical tools, and improving people’s access to treatment. **These guidelines were fully in line with the World Trade Organization’s (WTO) TRIPS Agreement, which allows countries to define patentability standards as based on public health needs. However, Argentina’s recent shift risks undermining access to medical tools by opening the door to broader, unwarranted monopolies....”**

Conflict/War & health

Devex - WHO senior official warns of unseen health threats amid Middle East war

<https://www.devex.com/news/who-senior-official-warns-of-unseen-health-threats-amid-middle-east-war-112203>

“WHO is working with regional health ministries on surveillance and identifying intervention priorities, including how it can support countries in the event of water contamination risks from attacks on desalination plants.” View from Dr. Hanan Balkhy, WHO’s regional director for Eastern Mediterranean.

TGH – How the Iran War Is Straining Humanitarian Aid, in Three Charts

A Krugman; <https://www.thinkglobalhealth.org/article/how-the-iran-war-is-straining-humanitarian-aid-in-three-charts>

“Aid organizations face meandering shipping routes and soaring fuel costs beyond the price of gasoline.”

People’s Health Dispatch – Israeli attacks on Lebanon’s health system are a “health catastrophe,” health movement warns

<https://peoplesdispatch.org/2026/03/25/israeli-attacks-on-lebanons-health-system-are-a-health-catastrophe-health-movement-warns/?ref=peoples-health-dispatch.ghost.io>

“Israeli attacks on Lebanon’s health system echo systematic destruction of healthcare in Gaza, health activists and experts warn.”

Planetary Health

Devex - Green Climate Fund to expand into regional hubs, from Amman to Nairobi

<https://www.devex.com/news/green-climate-fund-to-expand-into-regional-hubs-from-amman-to-nairobi-112185>

“In an interview with Devex, **GCF Executive Director Mafalda Duarte** details a long-awaited **regional rollout that will bring the fund closer to the countries it serves.**”

- See also [Climate Change News – Green Climate Fund picks locations for five developing country hubs](#)

“The UN’s climate fund says **new offices will boost developing nations’ access to climate finance** as board accredits first Palestinian entity for direct access to funds. “

Climate Change News – Major oil producers among 46 nations joining fossil fuel phase-out summit

<https://www.climatechangenews.com/2026/03/31/major-oil-producers-among-46-nations-joining-fossil-fuel-phase-out-summit/>

“Canada, Australia, Brazil and Norway are set to attend the Santa Marta summit, but the world’s biggest fossil fuel producers are missing from the list.”

Climate Change News - Funding gap threatens next round of IPCC climate science reports, chair warns

<https://www.climatechangenews.com/2026/04/01/funding-gap-threatens-next-round-of-ipcc-climate-science-reports-chair-warns/>

“The latest IPCC session in Bangkok was clouded by persistent differences over when its flagship reports should be published and concern over cost-cutting proposals.”

- See also [Carbon Brief - IPCC: ‘Frustrating and disappointing’ meeting leaves AR7 timeline in deadlock](#)

Miscellaneous

LSTM - World-first discovery of noma-linked bacteria opens path to early diagnosis and prevention

<https://lstm.ac.uk/news/world-first-discovery-of-noma-linked-bacteria-opens-path-to-early-diagnosis-and-prevention/>

“Researchers at Liverpool School of Tropical Medicine (LSTM) have identified a bacterium strongly associated with noma disease, marking a major step towards earlier diagnosis and more effective treatment.”

“In a new study published in *PLOS Neglected Tropical Diseases*, a research team from LSTM, working with partners at the University of Liverpool, Médecins Sans Frontières and the Noma Children’s Hospital, Sokoto, Nigeria, used metagenomic sequencing and machine learning algorithms to analyse saliva samples from children with acute noma. **They uncovered a previously undescribed species of Treponema bacteria, which may be responsible for the disease....**”

Guardian – Urgent action needed to prevent surge in digital violence in Africa, experts say

<https://www.theguardian.com/global-development/2026/mar/30/urgent-action-needed-to-prevent-surge-in-digital-violence-in-africa-experts-say>

“A huge rise in internet users under the age of 30 has fuelled an increase in online violence against women and girls with devastating real-life effects, activists say.”

“... Activists and lawyers in **Africa** are calling for urgent action to protect women, girls and boys as digital violence surges across the continent. A massive rise in internet users, coupled with **huge numbers of people aged under 30**, has fuelled an increase in gendered online violence across the continent, according to experts, by giving perpetrators new tools to control and silence women and girls, and influence boys.”

By the **Sexual Violence Research Initiative**, a global network looking at violence against women.

Global health events

Alliance for HPSR - Better questions, better health: rethinking research systems of knowledge production

<https://ahpsr.who.int/newsroom/news/item/31-03-2026-better-questions-better-health-rethinking-research-systems-of-knowledge-production>

Coverage of the launch of a new multi-year initiative, **Better ways of knowing**.

“Co-led by the Alliance and the Washington University School of Public Health and supported by the Robert Wood Johnson Foundation, this new initiative brings together researchers, community actors, funders and practitioners to examine critically how knowledge hierarchies influence whose questions are asked, whose realities are recognized, whose expertise is used, and how this shapes efforts to improve health inequities. As part of this initiative, the [Alliance is focused on supporting civil society, social movements and community organizations in countries around the world to take leadership in generating knowledge on effective action to address health inequities](#). “

“Teams will apply health policy and systems research to capture community-led, disruptive, and innovative strategies addressing social determinants of health, and profile these insights and learning to help shape and create better ways of knowing reframing efforts to develop clearer messaging that resonates beyond public health and academic communities...”

Global health governance & Governance of Health

UN News – UN General Assembly adopts landmark resolution to strengthen the work of the UN system

<https://news.un.org/en/story/2026/03/1167232>

“The United Nations General Assembly on Tuesday adopted a landmark [resolution](#) to strengthen how UN mandates - the decisions taken by Member States that guide the Organisation’s work - are created, implemented and reviewed across the system. “

“The move marks a major milestone under the **UN80 Initiative**, a system-wide reform effort to make the UN more effective, coherent and better equipped to deliver results in a changing world. “

“The resolution introduces, for the first time, a more structured approach across the full mandate lifecycle - from design to implementation and review. In practice, this means:...

“· Clearer and more focused mandates, supported by better information for decision-making from the outset; · Stronger and more coordinated implementation, with improved use of data, more user-oriented reporting and more effective use of resources; · More systematic review of results, helping ensure mandates remain relevant and deliver impact, reinforcing a culture of continuous improvement, grounded in evidence, accountability and results. · Increased transparency through improved digital tools, including through an expanded UN Mandate Registry, giving Member States more consolidated and comparable information on mandates, resources and results.”

“The resolution is intended to make it easier for Member States to navigate an increasingly complex mandate landscape, while helping the United Nations reduce duplication, fragmentation and inefficiency.”

- See also IISD - [UNGA Strengthens Mandate Creation, Implementation, and Review](#)
- Related: [Global Governance Institute - The UN80 Initiative as a Productive Failure: Between Geopolitical Disruptions and Organizational Path Dependency](#) (b R Patz)

The IMF, the World Bank and the Price of Power: Why Global Governance Is Rigged Against the Poor

Duncan Green; <https://blogs.lse.ac.uk/activism-influence-change/2026/04/01/the-imf-the-world-bank-and-the-price-of-power-why-global-governance-is-rigged-against-the-poor/>

*“A **new paper by Paula Druschke and Gastón Nievas** shows that the international institutions supposedly designed to help developing countries are systematically tilted against them — and that this isn’t an accident of history. It’s baked into the architecture.”* Re their **Global Inequality Lab working paper**.

Devex - UK development minister: Campaign groups ‘wrong’ on Africa aid cuts

<https://www.devex.com/news/uk-development-minister-campaign-groups-wrong-on-africa-aid-cuts-112174>

“Jenny Chapman told the ONE Campaign to “play fair” in assessing U.K. aid cuts, but the group said it stands by its analysis.”

“ The United Kingdom’s international development minister pushed back against criticism that the country’s aid cuts will hit Africa hardest this week, telling lawmakers that NGOs are “wrong” to focus on shrinking bilateral funding and ignore multilateral investments. Giving evidence to the U.K. Parliament’s International Development Committee Tuesday, just days after the U.K. government [set out its aid priorities for the next three years](#), Jenny Chapman disputed an analysis [by the ONE Campaign](#) that bilateral aid to Africa will fall by 56% by 2028–29.”

“Also on the panel alongside Chapman were U.K. Foreign Secretary Yvette Cooper; Melinda Bohannon, director-general for global issues at the [Foreign, Commonwealth & Development Office](#);

and Nick Dyer, second permanent undersecretary at FCDO. Dyer said the **U.K. was directing an additional “£1 billion plus” per year to Africa through multilateral development banks....”**

“...At the hearing, Cooper pointed to three “central” funding streams for Africa — streams administered directly by FCDO rather than specific country offices: bilateral aid, a £650 million contribution to the [African Development Bank](#), and £2 billion for the World Bank’s [International Development Association](#), around 75% of which she said would be spent in Africa. At the same time, she confirmed that bilateral development funding to the continent will fall to £677 million by 2028–29 — which she linked in part to decisions to protect funding for Ukraine, the Palestinian territories, and Sudan....”

“Ian Mitchell, a senior fellow at the [Center for Global Development](#), told Devex that he was initially disappointed by the cuts to bilateral aid for Africa but that he accepted that one of the reasons the decision was taken was to focus on multilateral banks. ...”

- And a link: CGD - [Big Increases in Aid for the UK’s Overseas Territories, with Deep Cuts Elsewhere](#)

“In this blog, we focus on the biggest winners from the recent FCDO allocation: the British Overseas Territories, islands which are largely self-governing but remain under UK sovereignty. This tiny group of islands—whose ODA-eligible population could fit into a small sports stadium—has received a 41 percent increase relative to the latest available year’s data, and are set to receive eye-watering amounts of ODA per person. We set out how this compares to other groups and why the UK prioritises these islands. We argue that ending aid programmes in countries with entrenched poverty and at the same time increasing aid to these comparatively wealthy islands is indefensible....”

Review of International Political Economy - Institutional layering as (counter-) hegemonic strategy: unpacking China’s global development initiative

J Taggart et al ; <https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2646945>

« The People’s Republic of China has recently announced several global governance initiatives, with the Global Development Initiative (GDI) at the forefront. Launched in 2021, the GDI is simultaneously embedded within United Nations (UN) frameworks surrounding the Sustainable Development Goals and supposed to advance ‘true multilateralism’ aligned with China’s broader vision for world order. In doing so, the GDI complicates both ‘status quo’ and ‘revisionist’ interpretations of China’s engagement with global governance, alongside efforts to refine this binary. Bridging historical institutionalism and Neo-Gramscian political economy, we argue that the GDI constitutes a form of ‘institutional layering’ that serves as a component of a broader counter-hegemonic strategy: Rather than displacing existing frameworks, China seeks to embed new practices, principles, and alliances within them to advance its material, ideational, and organizational interests. We demonstrate how the GDI functions as a low-cost, low-risk component of a ‘war of position’ that leverages UN legitimacy while incrementally contesting liberal norms and assess its transformative potential for altering the nature of global (development) governance. »

Development Policy Review - Pathways to gender-transformative women's health aid: Comparative evidence from five donors

Yoorim Bang et al; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.70065>

“This study examines how gender-transformative approaches are operationalized within women's health ODA and asks two questions: how do women's health ODA projects integrate gender-transformative principles in practice, and what combinations of institutional, programmatic and participatory features are associated with improved women's health outcomes?”

“The study analyses 100 completed women's health ODA projects funded by five bilateral donors (Australia, Germany, Sweden, the United Kingdom, and the United States).....”

European Journal of Public Health – Supplement : Co-benefits of Health

https://academic.oup.com/eurpub/issue/36/Supplement_2?login=false

- Start with the **Editorial** : [Co-benefits of health: from evidence to governance, politics and advocacy](#) (by Charlotte Marchandise, Scott Greer et al)

“From the foundational texts of public health, like Alma-Ata’s call for ‘Health for All’ and Ottawa’s Charter for Health Promotion, it has been clear that public health is everyone’s business. These landmark declarations recognized that health extends far beyond healthcare systems, demanding action across all sectors of society. Health represents a common good fundamental to Europe’s security, prosperity and democratic resilience. Yet recent crises, from the pandemic to geopolitical instabilities, have exposed both the profound interdependence between health and other policy domains and the persistent fragility of governance arrangements meant to operationalize this foundational understanding. The contributions assembled in this special issue illuminate not merely the available policy options, but the critical strategic choices Europe confronts in bridging the enduring gap between public health principles and practice....”

“... In an era of polycrisis, where health, climate, economic, and geopolitical challenges intersect and amplify each other, the imperative for collective action becomes even more pronounced. This context transforms public health from a primarily social concern into a security imperative. Resilience, preparedness, and security now dominate geopolitical agendas, and public health sits at their intersection. A population’s health determines its capacity to withstand shocks, from pandemics to supply chain disruptions. Health systems’ resilience becomes national resilience. The ability to respond rapidly to health emergencies translates directly into economic stability and social cohesion.....”

“The contributions to this issue collectively suggest three strategic imperatives for Europe: **Reframe health as investment**, recognizing it as a driver of equity, prosperity, and institutional trust rather than merely a budgetary obligation. **Institutionalize intersectoral governance**, this occurs when collaboration is embedded in laws, structures, budgets, data systems, routines, and organizational culture. This allows joint work to continue even when leaders change. **Strengthen collective action for public health**, building broad coalitions through meaningful stakeholder engagement, ensuring that diverse sectors and civil society unite in defending and advancing public health in an era of intersecting challenges....”

CGD – What Will It Take for Development Agencies to Stay Effective in a Changing Landscape?

R Calleja et al; <https://www.cgdev.org/blog/what-will-it-take-development-agencies-stay-effective-changing-landscape>

“In a [new paper](#), we explore the challenges and characteristics of long-term agency effectiveness in a changing development landscape, drawing on interviews with officials from four bilateral development agencies: France’s Agence Française de Développement (AFD), the Korea International Cooperation Agency (KOICA), New Zealand’s Ministry of Foreign Affairs and Trade (NZ MFAT), and the Norwegian Agency for Development Cooperation (Norad). By focusing on the internal processes, structures, and capabilities needed to deliver on shifting demands, our research moves beyond the international development effectiveness principles outlined in the [Busan Agreement](#)—which our [previous work showed](#) are often no longer top of mind, not least due to implementation difficulties. Instead, **we probe how organizational processes and factors support or undermine effective practice**. Ultimately, we find that being effective in the future will require agencies to grapple with **four key questions that clarify their purpose, offer, willingness to partner, and ability to communicate impact...**”

- The related CGD Policy paper: [What Will It Mean for Development Agencies to Be Effective in the Years Ahead?](#)

Global health financing

Devex - Is development finance failing? And how do we fix it?

<https://www.devex.com/news/is-development-finance-failing-and-how-do-we-fix-it-112156>

“A new Devex survey of more than 500 development professionals finds low confidence in the global finance system and broad agreement on what needs to change. The data points to **blended finance, AI, and domestic resources**.”

“A [new Devex survey](#) of more than 500 development professionals paints a **stark picture of the global finance system: low confidence, a widening funding gap, and no single fix in sight**. The financing gap for the Sustainable Development Goals now stands at an estimated \$4 trillion annually, up 60% from the 2015 estimate. Against that backdrop, **83% of respondents expect the gap to grow further over the next decade. Only 6% describe today's global development finance landscape as "very effective."** More than a third consider it somewhat or very ineffective.

“**What is driving the dysfunction? Respondents were clear: growing geopolitical tensions and fragmentation** were identified as the most damaging trend by 60% of respondents. **Declining ODA** came second, cited by nearly half. **Limited coordination across development finance institutions** followed close behind...”

ODI (Research report) - Reforming multilateral development banks: perspectives from client countries

A Prizzon et al ; <https://odi.org/en/publications/reforming-multilateral-development-banks-perspectives-from-client-countries/>

Drawing on nearly 650 government and MDB officials.

“This report arrives at a moment of significantly reduced aid budgets, escalating financing needs, rising sovereign debt, geopolitical tensions and a fragmented development finance landscape. **Since the first MDB client survey in 2021, successive G20 presidencies and MDB shareholders have launched multiple reform initiatives. This study takes stock of their effects - from the perspective of the countries these institutions exist to serve.**” “The analysis covers financing, policy advice, technical assistance, development effectiveness, inter-MDB coordination, project pipeline quality and project-cycle speed.”

Check out the [Executive summary](#).

The Conversation - Development finance in Africa: economist explains how private savings could be unlocked

<https://theconversation.com/development-finance-in-africa-economist-explains-how-private-savings-could-be-unlocked-277204>

“Africa holds abundant private savings, but much of it remains informal. As a result, its contribution to development **financing is limited.**”

“**Researcher Florian Léon is one of the authors of a recent report on the potential of the “Caisse de dépôt” model** – a financial management framework designed for long-term investment that bridges the gap between public funds and economic development. We asked him **how this kind of public savings and investment fund could capture and channel these resources into productive investment, alongside development banks.** He outlines the **institutional barriers, the reforms needed, and the paths forward for mobilising both local and diaspora savings.**”

UHC & PHC

Plos GPH - Health technology assessment system in Tanzania: Is it a championing system or still a system lagging behind?

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004863>

By M Mrisho et al.

Pandemic preparedness & response/ Global Health Security

GAVI – Meningitis deaths above 250,000 worldwide in 2023 despite decades of progress, study finds

<https://www.gavi.org/vaccineswork/meningitis-deaths-above-250000-worldwide-2023-despite-decades-progress-study-finds>

“Children under five and countries in the African meningitis belt continue to bear the greatest burden.”

“In 2023, meningitis caused around 259,000 deaths and 2.5 million cases worldwide, with more than a third of deaths in children under five, according to a new Lancet study. The burden of disease remained **disproportionately high in low-income countries, particularly in the African meningitis belt**, where Nigeria, Chad and Niger recorded the highest death and infection rates. Streptococcus pneumoniae, Neisseria meningitidis, non-polio enteroviruses and other viruses were the leading causes of death, while non-polio enteroviruses caused the most cases.”

“More than a quarter of a million people died from meningitis in 2023, according to the most comprehensive global analysis to date. The study, published in *The Lancet Neurology* as part of the Global Burden of Disease (GBD) 2023 project, estimates that 259,000 people died from meningitis last year, while 2.5 million fell ill. Children under five accounted for over a third of those deaths....”

BMJ - MERS imported to France: a wake-up call to revamp preparedness, control, and research

<https://www.bmj.com/content/392/bmj.s597>

“The reports of two imported cases of Middle East respiratory syndrome (MERS) in France in December 2025, along with the 14 cases reported in Saudi Arabia earlier in 2025, are reminders of the need to keep MERS under scrutiny....”

“... European countries and other countries rich in resources will often have a low clinical suspicion for MERS, but should consider the possibility of MERS cases in travellers (and their close contacts) returning from countries with camel populations ”

“ ... From a research perspective, two of the three candidate MERS-CoV human vaccines in development have entered clinical trials. A MERS-CoV virus isolate was also added to the WHO BioHub System in 2025, further facilitating research efforts. **In addition to trials on human vaccines, research investment should go into developing a MERS-CoV vaccine for animals.** Work on an inactivated rabies virus vectored MERS-CoV vaccine for camels is promising. Accelerating the development of a camel vaccine is a key pathway to deter zoonotic spillovers in slaughterhouses, markets, and camel husbandry programmes. ... **“Hear camel, think MERS”** is a message that doctors and public health officials around the world must heed.”

Lancet Regional Health Americas (Health Policy) - Modernizing public health surveillance for global health security leveraging AI

[https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(26\)00082-7/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(26)00082-7/fulltext)

By Kehinde O. Ogunyem et al.

Plos GPH – Reporting trends and seasonality in the World Health Organization's Disease Outbreak News (DONs) across 1996–2023

K Quah et al; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004876>

Concluding: « ...As a collection of press releases which are selectively published by the WHO, the DON is not a complete representation of global disease outbreaks, and researchers should be aware of these reporting patterns and biases when using the DONs in outbreak surveillance and global health research.”

Planetary health

Plos Med (Perspective) – The future of medicine in a One Health world

J L Gittleman; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005042>

“Integrating environmental subfields into medicine with One Health Practitioners.”

“Long recognized as a breakthrough approach, **One Health** has been slow and piecemeal to infiltrate medical fields. **Growing evidence suggests that it’s time for change by taking on a new patient—the environment.**”

“... below I outline recommendations for how a One Health approach can be facilitated, including through the engagement of “One Health Practitioners” (OHPs)....”

ODI (Expert Comment) - The COP30 goal to 'triple adaptation finance by 2035'

S Wubet; <https://odi.org/en/insights/the-cop30-goal-to-triple-adaptation-finance-by-2035/>

“**COP30's mutirão decision called on countries to 'triple adaptation finance by 2035'**. While this outcome brings much needed hope to the international climate community and signals strong ambition around adaptation, **the text was ambiguous. Language like ‘calls for efforts’ to triple adaptation finance and developed countries being 'urged' to increase the ‘trajectory’ of their provision make delivering this goal in practice unclear.** Our **Finance Working Group** experts have been analysing the text and the current state of adaptation finance to better understand how this goal could be achieved.”

Carbon Brief – Analysis: UK is ‘halving’ its climate finance for developing countries

<https://www.carbonbrief.org/analysis-uk-is-halving-its-climate-finance-for-developing-countries/>

“**The UK is roughly halving the climate aid it allocates to developing countries, when accounting changes and inflation are factored in, according to new analysis by Carbon Brief.**”

Nature Medicine - An atlas to navigate environmental factors and health

<https://www.nature.com/articles/s41591-026-04286-w>

“We have **systematically mapped the exposome onto health and disease risk** to replace pervasive fragmented research. Although exposure associations are modest, these reproducible patterns reflect how our surroundings can affect our bodies and collectively shape our health. **Our atlas provides a blueprint for integrating and evaluating environmental factors into precision medicine.**”

Mpox

Science - These small African antelopes may help mpox spread

<https://www.science.org/content/article/these-small-african-antelopes-may-help-mpox-spread>

“Researchers find evidence that **duikers (i.e. small antelopes)**, hunted and eaten across sub-Saharan Africa, can harbor the deadly virus.”

Infectious diseases & NTDs

Nature Medicine (News) - Hope for control of a centuries-old epidemic

<https://www.nature.com/articles/d41591-026-00019-1>

“After decades of stagnation, a renewed push in tuberculosis research is expanding the drug and vaccine pipeline to bring one of humanity’s oldest and deadliest infectious diseases under control.”

International Journal for Equity in Health - Negating neglect: social scientific contributions on Neglected Tropical Diseases and global health

<https://link.springer.com/article/10.1186/s12939-026-02824-z>

“**Global health actors, institutions, and communities are trying to respond to the unprecedented U.S. development aid cuts and the “America First” strategy to global health that focuses largely on HIV/AIDS, tuberculosis, malaria, polio, and global health security.** Amid this normalized neglect of people and health issues, **we argue that a social scientific lens is increasingly necessary to understand and improve conditions associated with Neglected Tropical Diseases throughout the world.** “

“... Based on a review of social scientific research on Neglected Tropical Diseases, as well as other primary and secondary sources, **this paper explores macro, meso, and micro themes ripe for social scientific research, including:** 1) the social construction of disease categories; 2) the politics of agenda-setting and governance in the global health field; 3) political, economic, and commercial

determinants of health and disease; 4) tensions between global disease initiatives and community realities; and 5) neglected disease treatment access and illness experiences....”

AMR

Cidrap News - Use of newer antibiotics for challenging infections is rising, but no improvement seen in death rates

<https://www.cidrap.umn.edu/antimicrobial-stewardship/use-newer-antibiotics-challenging-infections-rising-no-improvement-seen>

“A new **study** suggests that newer antibiotics designed for some of the most drug-resistant bacterial infections are being used more frequently but aren’t making a dent in survival rates.”

“The **study**, published in *The Lancet Infectious Diseases*, found that, among patients hospitalized with a difficult-to-treat (DTR) gram-negative bacterial infections, **initial treatment with one of six antibiotics approved in recent years rose by nearly 300% from 2016 to 2023. But there was no observed reduction in mortality among the patients.** Furthermore, over the entire study period, more than three-quarters of patients with DTR infections received initial treatment with discordant antibiotics—defined as antibiotics that either weren’t active against the pathogen or to which the pathogen was actively resistant. **The authors of the National Institutes of Health (NIH)-funded study say the findings suggest that new antibiotics alone aren’t enough to improve survival in patients with highly resistant infections.**”

NCDs

Stat – Proposed ‘preclinical obesity’ diagnosis ignites global debate among experts

<https://www.statnews.com/2026/04/02/bmi-new-obesity-definition-endocrine-society-debate/>

(gated) “Endocrine Society says new framework mishandles diabetes and could delay care.”

Guardian – ‘Prosthetics aren’t made for people like us’: the brothers creating innovative artificial limbs for Africans

<https://www.theguardian.com/global-development/2026/mar/30/prosthetics-brothers-creating-innovative-artificial-limbs-for-africans>

“According to the **Global Health Observatory’s 2022 report on assistive technology**, nine out of 10 people worldwide who need assistive devices such as prosthetics, wheelchairs or hearing aids **do not have access to them.** The situation is especially difficult in low- and middle-income countries...”

“... **Local manufacturing offers a promising alternative, enabling customisation** to the climate, work environment and lifestyle of local communities....”

PS: “... For researchers such as Layton, **the rise of African innovation marks a broader shift in global health technology.** “Traditionally, advances have flowed from high-income to low-income countries,” she says. “Now the **trend is reversing, as innovations emerge from countries that must think creatively under constraints.**” These constraints, she says, can spur creativity. “Where systems have failed, people tend to be more innovative and flexible in the technologies they develop.” She adds: “**The effects could reach the global prosthetics industry. If this technology can be produced more cheaply without sacrificing quality or functionality, its market could extend beyond Africa to the world.**”...”

Nature Medicine - Global, regional and national burden of ischemic heart disease attributable to suboptimal diet, 1990–2023: a Global Burden of Disease study

[Nature Medicine;](#)

“GBD analysis found that in 2023, **suboptimal diet was responsible for 4 million deaths** and 97 million morbidity burdens from ischemic heart disease.”

Social & commercial determinants of health

South Centre & F-E Stiftung (report) - "The UN Treaty on Business and Human Rights: Regulating Corporate Power in the Era of Deregulation".

<https://www.southcentre.int/wp-content/uploads/2026/03/The-UN-Treaty-on-Business-and-Human-Rights.pdf>

“**As we move toward the 12th Session of the OEIGWG in October 2026,** the global community faces a choice between fragmented regimes and a rules-based international system. Despite a worrying trend of regulatory backsliding in some regions, **the momentum from the 11th Session has shifted negotiations into a decisive phase....**”

Key Focus Areas of the Paper: - **The "Boomerang Effect":** How corporate impunity now threatens the sovereignty and legal stability of developed and developing nations alike. - **Correcting ISDS:** Utilising the Legally Binding Instrument (LBI) to prevent "regulatory chill" and ensure human rights take primacy over trade and investment agreements. - **The Human Rights Economy:** Reframing accountability not as a burden, but as a prerequisite for fair competition and market stability. ...”

Mental health & psycho-social wellbeing

Conflict & Health - Interventions addressing mental health in conflict-affected settings: A literature review

<https://link.springer.com/article/10.1186/s13031-025-00746-1>

By N Falkboll et al.

Lancet Primary Care – Scaling depression and PTSD care in primary care across LMICs: beyond feasibility to implementation and choice

Y J Lee et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00021-X/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00021-X/fulltext)

Comment linked to a new study (re Kenya) in the Lancet Primary Care.

Sexual & Reproductive health rights

Devex – Did badly designed aid rules lead to a rise in child marriage?

<https://www.devex.com/news/did-badly-designed-aid-rules-lead-to-a-rise-in-child-marriage-112152>

“Observers say that **in Yemen**, aid rules that distribute aid by households have encouraged recipients to create more households by marrying off their daughters while they are still girls.”

Access to medicines & health technology

Guardian – Trump threatens 100% tariff on US drug makers that don’t strike deals to lower prices

<https://www.theguardian.com/us-news/2026/apr/02/trump-100-tariff-us-pharmaceutical-drug-makers>

“New tax will hit **branded drugs and active ingredients** while exempting generics for at least one year.” “Donald Trump is **threatening 100% tariffs on pharmaceutical companies that have not struck deals to lower US drug prices....**”

- See also Stat+ [Trump announces 100% tariffs on brand-name drugs, with plenty of carveouts](#)

HP&P – Managing Public-Private Partnerships for Health Diagnostics: Challenges and Strategies

S Bennett et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag041/8552548?searchresult=1>

“This paper draws upon a process evaluation of a **public-private partnership (PPP) for diagnostics in three Sub-Saharan African countries, Ethiopia, Ghana and Kenya**. The study sought to identify challenges in managing health PPP projects and potential solutions...”

Human resources for health

Brot für die Welt (Report) – Global Gaps: how Germany is externalizing its shortage of Health Care Workers

https://www.brot-fuer-die-welt.de/fileadmin/mediapool/downloads/fachpublikationen/analyse/Analysis_115_Global_Gaps_en.pdf

Analysis. “This commissioned research examines the migration and international recruitment of health professionals from Colombia and Brazil, aiming to inform public policy in both source and destination countries.....”

Decolonize Global Health

BMJ GH - How do global health research actors conceptualise inclusion in response to decolonisation calls? A scoping review

<https://gh.bmj.com/content/11/3/e019194>

by C Ewuoso et al.

Plos GPH – Implementation research can enhance health research systems and reduce dependency on external aid

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006144>

By C Chunda-Lyoka et al.

Conflict & Health

SSM Health Systems - The role of non-state actors in health system resilience: exploring and developing their capacities in fragile and shock-prone settings

<https://www.sciencedirect.com/science/article/pii/S2949856226000413>

By S Witter et al.

AI & health

Devex - Can aid organizations use AI-generated imagery ethically?

<https://www.devex.com/news/can-aid-organizations-use-ai-generated-imagery-ethically-112147>

“With global development organizations facing budget cuts, AI images are an easy way to cut costs — but there are pitfalls.”

Lancet Comment – Targeted advertising in generative artificial intelligence chatbots: a new public health risk

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00464-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00464-2/fulltext)

By K Backholer et al.

Miscellaneous

MPPN - Is Aid Reaching the Poorest? Using the Global MPI to reassess ODA priorities

<https://www.mppn.org/is-aid-reaching-the-poorest-using-the-global-mpi-to-reassess-oda-priorities/>

“Analysis [from the OECD](#) shows that in 2023 the share of global ODA directed toward the core elements of the Multi-Dimensional Poverty Index (MPI) — health, education and living standards — declined to its lowest level since 2010 (28%) and that “contexts and regions with high rates of multi-dimensional poverty are increasingly being left behind.”

“In this interview with Dimensions, **Julie Seghers** (Team Lead) and **Danielle Mallon** (Junior Data and Policy Analyst) from the Organisation for Economic Co-operation and Development (OECD)’s Development Co-operation Directorate **explain how the OECD is using the Global Multidimensional Poverty Index (MPI) as an analytical framework to assess how Official Development Assistance (ODA) is allocated.** Their analysis sheds light on whether development finance is truly aligned with multidimensional poverty reduction.....”

“Trends in total ODA reveal that contexts and regions with high rates of multidimensional poverty are increasingly being left behind.”

Papers & reports

WHO Bulletin (April issue)

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+4%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+4%5BIssue%5D)

For the editorial, see the Highlights section.

- Including among others: [A call for inclusion of arthroplasty as essential surgery](#)

“In 2015, the World Health Assembly and the *Lancet* Commission on Global Surgery affirmed the need for equitable access to essential surgical care. Additionally, the World Bank’s Disease Control Priorities project identified **44 essential surgical procedures for health-care systems in low- and middle-income countries**. These procedures address the global burden of disease, are cost-effective and are feasible to implement in resource-constrained settings. **Notably, arthroplasty, specifically, hip and knee replacements, was excluded. A decade later, this omission warrants reconsideration.** With improved control of communicable diseases, **musculoskeletal conditions are now the second leading cause of years lived with disability globally, disproportionately affecting populations of low- and middle-income countries. Arthroplasty meets all the criteria for an essential surgical procedure:....** ... As life expectancy and the noncommunicable disease burden increase, **functional mobility interventions and pain relief will become a public health priority. Integrating arthroplasty into national surgical plans is essential** to build resilient surgical systems that respond to evolving demographic and epidemiological trends. **We call for the formal recognition of arthroplasty as an essential surgical procedure** and for investment in workforce training, supply-chain infrastructure and funding models to meet unmet global surgical needs....”

WHO Bulletin – Data gaps affecting health-related sustainable development goal indicators

K Adib et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294190.pdf?sfvrsn=b35128cb_3

Findings: “We observed pronounced data gaps and inconsistencies across WHO regions and over time. **At the target level, about one third of targets (8 out of 27) had over 90% missing data points, while 41 of 43 indicators had more than 90% missing data in 2024, compared with 11 indicators in 2019.** At least one form of disaggregation was present in 72% of indicators, yet missing data did not vary significantly by disaggregation level. **Across regions, the number of indicators with over 90% missing data ranged from 12 to 16. Methodological differences also influenced data availability: indicators relying on estimates had substantially higher coverage than those based solely on empirical data; 49% relied on estimates, 35% on empirical data and 16% on a combination of both.”**

Conclusion “This study underscores critical limitations in the availability, timeliness and consistency of health-related SDG data across WHO regions, highlighting the need for strengthened data systems to support the monitoring of global health progress.””

International Journal for Equity in Health - WHO launches global network of institutes to strengthen capacity for health inequality monitoring

Health Inequality Monitoring network; <https://link.springer.com/article/10.1186/s12939-026-02780-8>

“This article introduces the global WHO-managed Health Inequality Monitoring Network, which is dedicated to strengthening and expanding health inequality monitoring practices at global, regional and country levels. Launched in 2025, the Health Inequality Monitoring Network consists of 12 inaugural institutional members, represented by over 140 affiliated individuals spanning all world regions. The Network aims to: strengthen capacities for health inequality monitoring; generate and disseminate evidence on health inequalities; and develop health inequality monitoring tools, resources and best practices. This article details the rationale for establishing the Network, as well as its current activities, anticipated impacts and future development.”

IDS - Tackling political exclusion is central to saving democracy, report finds

<https://www.ids.ac.uk/news/tackling-political-exclusion-is-central-to-saving-democracy-report-finds/>

“Urgent steps need to be taken to rebuild the relationship between citizens and state to stem the decline of democracy globally, a new [IDS report](#) warns.”

“The authors argue there is an urgent need to rethink democracy by centring people, power, and inequality, and **put forward eight building blocks** to strengthen democracy and resist democratic decline. “

“The eight building blocks put forward here suggest ways in which policymakers and other actors can work to support democratic changes within regimes of different hues. They include building and strengthening: • active citizenship; • informal mobilisation; • digital agency; • civil society organisations; • de-polarisation; • accountability mechanisms; • political participation through informal institutions; • more effective donor support.”

Plos GPH – Redefining social medicine from Latin America: Historical foundations and contemporary directions

F Ortega et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006213>

“This article examines the contemporary meaning of social medicine, a field marked by its porous boundaries, plurality, and contestation. Rather than offering a fixed definition, we trace its shifting forms across time, geography, and politics, positioning it as a “boundary object” that adapts to diverse contexts while retaining a minimal common identity. Comparative discussion with medical anthropology, social studies of medicine, global health, underscores social medicine’s distinct focus on structural determinants, inequities, and justice. **We propose three elements that could be the basic common elements of social medicine, drawing on foundational tenets of Latin American Social Medicine for this classification: 1) political commitment to social justice, 2) the central role of social sciences, and 3) participatory methodologies rooted in community participation.** We highlight how these elements informed transformative reforms while also noting how

institutionalization sometimes diluted revolutionary impulses into bureaucratic logics. **Finally, we analyze how these basic common elements of social medicine identified through the Latin American case are manifested in other historical currents within the field and in contemporary expressions of “protest medicine”.**

JCPH – Is there a place for hope in the imagined future of public health? A commentary building on Freire’s sociology of hope.

P Ward et al; <https://journalhosting.ucalgary.ca/index.php/jcph/article/view/81658>

“By examining hope through a sociological lens, this commentary frames hope as a critical sociopolitical tool for public health to address structural inequalities and foster healthier communities. We draw on Paolo Freire’s pedagogies of oppression and hope, since they provide a ‘praxis of hope’. We explore the concept of hope – explaining what it is, to then consider what it enables – conveying the ways hope is imperative to human flourishing and imperative in the imagined future of public health. We present a case for public health engagement in developing ‘hope-based’ practices and policies which means working with communities to identify the factors acting as oppressive forces and then, through critical consciousness development, working towards overcoming these in a move towards hope (and health).”

MIT (open access book) - The Handbook of Social Protection: Evidence and New Directions for Low- and Middle-Income Countries

<https://direct.mit.edu/books/oa-edited-volume/6103/The-Handbook-of-Social-ProtectionEvidence-and-New>

Edited by R Hanna et al.

BMJ Injury Prevention - Prioritising burn prevention within Sustainable Development Goals

V Keshri; <https://injuryprevention.bmj.com/content/early/2026/03/30/ip-2025-046024?rss=1>

Via LinkedIn (author): “...In this paper, I argue that: We must reinterpret existing SDG targets through a burn prevention lens. Maps how existing SDG targets already align with burn prevention, care, and rehabilitation. Proposes burn-specific reinterpretations of SDG indicators.”

PS: **“Burn injury remains a neglected global public health challenge, disproportionately affecting the poor, marginalised populations, children and women.** While prevention and improved health system responsiveness have led to a significant reduction in burn mortality and disability in high-income countries, outcomes remain poor in many low- and middle-income countries. ...”

Blog of the week

Speaking of Medicine – Diplomacy is not peripheral to public health—it is how public health gets done

K Bunka; <https://speakingofmedicine.plos.org/2026/04/02/diplomacy-is-not-peripheral-to-public-health-it-is-how-public-health-gets-done/>

By a **Canadian diplomat**. Warmly recommended, this blog. **“As a career diplomat with an educational background in international public health, I have come to see diplomacy not as an optional skill, but as a foundational one for global or public health practitioners.** It can be learned, refined, and practiced—and in today’s world of fraying multilateralism, it is indispensable....”

Tweets (via X & Bluesky)

Africa CDC

[“Addis Ababa Named Host of CPHIA 2026](#), Strengthening Africa’s Public Health Leadership: Addis Ababa has been **selected to host the 5th International Conference on Public Health in Africa (CPHIA)**. Dr Jean Kaseya made the announcement following discussions with H.E. Ambassador Berhanu Tsegaye and the Government of Ethiopia....”

Jean Kaseya

“40% of health resources in Africa are lost to inefficiency and poor governance. Fixing this could unlock billions for health — without asking for one more dollar. That was at the heart of my message today at the **High-Level Forum on Sustainable Health Financing in Tangier....”**