

IHP news 874 : Apocalyptic messaging on World Health Day

(10 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,

Easter saw much needed peace messages from the pope and even more heart-warming ‘*We all just have one home*’ videos coming from Artemis II astronauts, yet on [World Health Day](#) (7 April) the current US president thought it appropriate to tweet an apocalyptic(/genocidal) threat against an entire civilization. Meanwhile, far away in Lyon, the [One Health Summit](#) was taking place, highlighting the ‘*interdependence of human, animal, plant and ecosystem health*’. Doubt Samuel [Huntington](#) had foreseen that scenario decades ago. Unbelievably revolting and scary times, even if ‘One Health’ is ostensibly “rising on the global health policy agenda”.

On a more positive note, last weekend, the [Chancery of the Accra Reset announced an 18-member High-level panel to reform global health governance](#), in a further effort to **reposition African and Global South voices at the centre of global health decision-making**.

Jean Kaseya (Africa CDC) clearly agreed, later this week in Lyon, tweeting: “*Today, I joined President @EmmanuelMacron, President @JDMahama, President Duma Gideon Boko (@duma_boko), and global health leaders with a clear message: **Africa’s sovereignty is not negotiable. We are turning a page. Africa will no longer be spoken for — we will speak with one voice through the African High-Level Ministerial Committee on the Reform of the Global Health Architecture** [which will have its inaugural meeting in the margins of the **World Health Summit Regional Meeting** end of April, in Nairobi]. ... **Africa will shape its own future.** At Africa CDC, we are working with AU Member States and partners to align financing, strengthen institutions, and ensure that the global health architecture reflects African priorities. **The next phase of global health must be built with Africa — not for Africa.**”*

Later this week, Kaseya also announced that Ghana’s “[President Mahama agreed to serve as Patron of the African High-Level Ministerial Committee on the Reform of the Global Health Architecture \(AHLMC\)](#). “*...Our discussions focused on advancing public health across Africa and **accelerating implementation of the Accra Reset through the Africa Health Security and Sovereignty (AHSS) Agenda.** ... I am pleased to announce that he will engage with Ministers during the inaugural meeting in Nairobi this April and will host the Committee in Accra in the coming months. This sends a strong signal: **Africa is organizing, aligning, and leading the reform of global health — on its own terms.**”*

That is all great news and indeed long overdue (even if Jean Kaseya’s middle name is ‘bullish’). With one caveat, perhaps: it’s more than time to **strengthen the structural input and real influence(/power) of the next generation** in all these [global health architecture/reform discussions, High-Level dialogues and ‘likeminded’ panels](#). After all, they are the ones who will, statistically, still

spend most time on this fragile planet of ours. Not [Peter Piot](#) , Michel Sidibé, [Christoph Benn](#) or even Bill Gates himself... Yes, some gatherings do [better](#) than others on this front (*like the one currently going on in Bangkok*), but by and large, there's much room for improvement. Gentle reminder: in the few remaining democracies on earth, people are actually allowed to vote from the age of 18. And run for a seat slightly after. (*and some of us also think an age limit for decision makers also makes total sense these days... #deepsigh*)

As for the **backdrop** of this global health ecosystem reform discussion: a recent **Afrobarometer publication** pointed out citizens in 38 African countries now [rank health as the top policy issue they want their governments to address](#) on average, as they are facing health systems 'in transition'....

We do leave you with some **uplifting news from the US** (*yes, that exists*). Earlier this week, **the [People's Health Platform](#)** was launched over there, highlighting "*the importance of ensuring healthcare for all, protecting and expanding sexual, reproductive, and gender-affirming healthcare, preparing for the climate crisis and the next pandemic, and taxing billionaires, among other tenets....*" While clearly focusing on the current public health and broader predicament in the US, the 10-point platform includes plenty of stuff with also broader global (health) appeal.

Starting with point 10 (*well, you know me*) :)

Enjoy your reading.

Kristof Decoster

Featured Article

The Communication Gap: Why Digital Health Governance in LMICs Needs a Strategic Shift

[Manu Gupta](#)

The global healthcare landscape is currently witnessing a digital renaissance. Across Low- and Middle-Income Countries (LMICs), the acceleration of telehealth, AI-enabled diagnostics, and national digital health missions—aligned with the [WHO Global Strategy on Digital Health 2020–2027](#)—promises a future where geography no longer dictates the quality of care.

However, beneath the veneer of high-tech progress lies a sobering reality. As we lean into the "digital first" era in countries like mine (India), we risk building sophisticated systems that many staff on the frontline find hard to navigate. With all the implications you can imagine for vulnerable populations (including those who are digitally excluded, linguistically marginalized, economically constrained, or culturally overlooked—and more in general, those who lack agency in shaping the tools, policies, and systems that govern their care).

If digital adoption continues to outpace digital and health literacy, as cautioned in the [OECD Health at a Glance 2025](#) projections, we aren't just “improving” systems. Unfortunately, we will also be creating new, invisible layers of exclusion.

The implementation gap is not merely a theoretical concern; it is a daily reality for healthcare professionals. During my work within a multispecialty hospital network in India, I witnessed firsthand the friction between advanced digital tools and clinical workflows....

- To continue the read, see IHP: [The Communication Gap: Why Digital Health Governance in LMICs Needs a Strategic Shift](#)

Highlights of the week

Structure of Highlights section

- World Health Day (7 April)
- One Health Summit (5-7 April, Lyon)
- Global Health Reform (& International Development cooperation reform)
- Coming up: World Bank/IMF Spring meetings
- More on Global Health Governance & Financing/Funding
- Bilateral health agreements & US global health strategy
- Trump 2.0
- PABS negotiations & more on PPPR
- UHC & PHC
- SRHR
- Commercial determinants of health
- Planetary Health
- Conflict/War & health
- Access to medicines, vaccines & other health technologies
- Some more reports
- Miscellaneous

World Health Day (7 April)

WHO – WHO calls for action: “Together for health. Stand with science.” to mark World Health Day

<https://www.who.int/news/item/06-04-2026-who-calls-for-action---together-for-health.-stand-with-science.--to-mark-world-health-day>

“The World Health Organization (WHO) today calls on people everywhere to renew their commitment to working together and supporting science as the twin engines driving better health, under the World Health Day 2026 theme: “Together for health. Stand with science.” The campaign marks the anniversary of WHO’s founding on 7 April 1948, launching a year-long public health campaign.”

“... In line with the World Health Day 2026 theme, **WHO and the G7 Presidency of France are convening a One Health Summit in Lyon, France, from 5–7 April**, bringing together Heads of State, scientists and community leaders to strengthen coordinated action. **WHO [will] host the Global Forum of its Collaborating Centres network from 7–9 April** with representatives from over 800 academic and research institutions from more than 80 countries. These Centres support WHO’s research, technical assistance and capacity-building work worldwide.”

These were indeed the **two major moments** anchoring this year’s World Health Day.

- For the **press release** of the latter, see **WHO - [First-ever WHO Forum unites 800+ Collaborating Centres for stronger scientific collaboration](#)**

One Health Summit (Lyon, France – 5 till 7 April)

[WHO](#);

Ahead of the summit, this was stated as the aim: “The **One Health Summit** [took] place in Lyon, France, with the **High-Level Summit on 7 April, coinciding with World Health Day. Hosted by the French Government as one of the flagship events of the G7 French Presidency**, the Summit convene[d] Heads of State and government, international organizations, scientists, civil society, youth and local actors to advance global action on One Health.”

“The Summit highlight[ed] the interdependence of human, animal, plant and ecosystem health, and the need for coordinated, science-based approaches to address shared health threats. It showcase(d) the Quadripartite partnership between, FAO, UNEP, WHO and WOA, as well as the role of the WHO Academy and WHO’s work across country, regional and global levels....”

“With **four main priorities**: (1) Strengthening the role of science, research, and innovation, along with their practical applications to improve everyday health outcomes, (2) Promoting action-oriented multilateralism and international partnerships as the most effective way to advance a coordinated and inclusive One Health approach, (3) Reinforcing public-private partnerships, recognizing that broad ownership of One Health challenges is essential to address shared risks, (4) Ensuring inclusive participation from civil society, local authorities, and youth as a foundation for collective action.”

WHO – WHO and France shift One Health vision to action with new high-impact initiatives

<https://www.who.int/news/item/07-04-2026-who-and-france-shift-one-health-vision-to-action-with-new-high-impact-initiatives>

Press release after the summit.

“On World Health Day, global leaders gathered in France for a milestone “One Health Summit”, where the World Health Organization (WHO) and partners announced a new wave of concrete actions to better protect people, animals and the planet from future health crises. Hosted by France, the Summit marks a major step forward in turning the One Health approach – which recognizes that human health, animal health and the environment are deeply connected – into real-world action. This year’s World Health Day theme, “Together for health. Stand with science,” set the tone for the announcements.”

“The outcomes of the Summit will inform ongoing international discussions – including the G7 – on preparedness and coordinated responses to health threats at the human, animal and ecosystem interface.....”

WHO announced **four major One Health actions**: Joining forces with global partners, WHO has outlined the following specific actions: **A new global network of institutions on One Health; Stronger science to guide global action; A new push to eliminate rabies by 2030; A unified strategy to tackle avian influenza threats...**

PS: **“WHO to lead global One Health coordination: WHO is also assuming the Chairmanship of the Quadripartite collaboration, taking on an enhanced leadership role for coordinated global action alongside FAO, WOA and UNEP. Under WHO’s Chairmanship, [the Quadripartite partnership will prioritize delivering measurable impact at the country level, streamlining governance, and aligning efforts around a focused set of high-impact priorities, while further strengthening advocacy, norm-setting and evidence generation.....”](#)**

HPW – Flurry of Pledges at G7 One Health Summit

<https://healthpolicy-watch.news/flurry-of-pledges-at-g7-one-health-summit/>

With more coverage and announcements from Lyon. **“The European Commission announced that it will contribute €700 million to the next funding cycle of the Global Fund to Fight AIDS, Tuberculosis and Malaria at the [G7 One Health Summit](#) in Lyon on Tuesday. This was one of several pledges made at the summit, as the World Bank, vaccine alliance Gavi, governments, philanthropies and private companies made commitments to improve the health of humans, animals and plants....”**

“The World Bank intends to invest \$750 million for One Health activities, its vice-president for development finance, Akihiko Nishio, told the summit. The Bank will also strengthen the One Health implementation of regional health programmes in West and Central Africa.....”

“Gavi executive director Dr Sania Nishtar told the summit she would ask her board to approve up to \$200 million for upstream support to boost African vaccine manufacturing at its July meeting.

Gavi has already pledged \$1 billion to the African Vaccine Manufacturing Accelerator (AVMA) to promote commercial vaccine manufacturing on the continent. **Gavi is also allocating \$380 million to a “resilience mechanism to ensure that immunisation is at the heart of the response to crises in fragile settings”, Nishtar added....”**

“Later in the summit, **the South African generic drug company, Aspen, announced that it intends to prequalify two childhood vaccines, the hexavalent and pneumococcal vaccines, and start to manufacture these for the continent by the end of the year.** Aspen’s Dr Stavros Nicolaou said that **his company would also start producing human insulin with Novo Nordisk by May** to address the “sinister” explosion of type 2 diabetes.....”

“... Wellcome Trust CEO John-Arne Røttingen reported on a declaration on One Health developed by philanthropy. This is based on three pillars, he added. The first is to sustain investment in product development. The second is applying a One Health lens on this, particularly in the context of climate change. Third, while philanthropies “are really proud to play a role in the system that’s dear to our heart... **our role is only catalytic, complementary and driving collaborations**”, said Røttingen....”

Africa CDC Secures Over US\$300 Million to Advance Africa’s Global Health Security Agenda at the Lyon One Health Summit in Lyon (France)

<https://africacdc.org/news-item/africa-cdc-secures-over-us300-million-to-advance-africas-global-health-security-agenda-at-the-lyon-one-health-summit-in-lyon-france/>

From the EU, Green Climate Fund, Global Fund & Pandemic Fund.

PS: “Africa CDC is proud to be a signatory to the “One Health & Beyond: Multi-stakeholder Declaration” that marks a critical step towards a coordinated global response to emerging health threats at the human-animal-environment interface, **alongside a broad coalition of countries and partners**, including Armenia, Botswana, Brazil, Cambodia, Cyprus, DRC, Egypt, France, Kenya, Mexico, Singapore, Thailand, Tunisia, United Arab Emirates, the WHO, FAO, and CGIAR.”

Global Agreement Announced at G7 One Health Summit to Accelerate Access to Diagnostics and Responses to Rising Health Threats

[Biomerieux](#);

“A coalition of more than 20 international partners announced the **Global One Health Diagnostics Access Compact (GO-Dx)** during the [G7 One Health Summit](#) in Lyon, France. This new initiative serves as a catalyst for international leaders across different sectors to advance progress toward expanding diagnostics access, enabling early detection and better surveillance, and improving response against existing and emerging threats across human, animal, and environmental health. By aligning efforts, this group aims to strengthen global preparedness through science based *One Health* solutions.... **GO-Dx Compact** marks a critical, multi-stakeholder step across the *One Health* interface toward prioritizing diagnostics access and innovation, bolstering surveillance, and driving antimicrobial stewardship through education and training. ...”

With 4 pillars. See also the [full press release](#).

Joint political declaration on the reform of the global health architecture ■

<https://www.elysee.fr/emmanuel-macron/2026/04/07/joint-political-declaration-on-the-reform-of-the-global-health-architecture>

Also published in Lyon by a number of heads of state and organisations – more or less in the framework of **France's G7 hosting**.

And some more links from Lyon:

- European [Commission announces new global health commitments at One Health Summit](#)

“The European Commission intends to pledge €700 million to the Global Fund to defeat HIV, tuberculosis and malaria. **It will also invest €46.5 million to strengthen health security in Africa and Europe with a focus on tackling antimicrobial resistance (AMR), and €50 million in research and development for AMR and neglected tropical diseases.** Commissioner for International Partnerships, Jozef **Síkela**, made these announcements at the [One Health Summit](#) taking place today in Lyon, France. ... **The announcements are within the scope of the new Global Health Resilience Initiative**, announced by President **von der Leyen** in the [2025 State of the Union address](#) and which is expected to be launched before the summer. The initiative will offer the opportunity to clearly set out EU priorities and define concrete avenues for effective and efficient action on Global Health.”

- WHO - [Joint Statement FAO/WHO/WOAH Joint One Health Learning Taskforce](#) : “a coordination mechanism **dedicated to strengthening One Health workforce capacity in support of effective One Health implementation** at global, regional, and national levels.”
- **All Africa** - [Ghana, France Partner to Transform Digital Health Infrastructure](#) “**French President Emmanuel Macron has announced Ghana as the inaugural beneficiary of France's National Health Platform.** The comprehensive digital framework is designed to establish secure, patient-centric health records, facilitate inter-professional messaging, and expand telemedicine infrastructure.”
- PS: and as a reminder, on the **One Health investment case** (via the **WB – 2022**) for PPR: [Prevent Rather than Fight the Next Pandemic with a One Health Approach: World Bank](#) “...The report estimates that prevention costs guided by a One Health approach – which would sustainably balance and optimize the health of people, animals, and ecosystems – would range from \$10.3 billion to \$11.5 billion per year, compared to the cost of managing pandemics which, according to the recent estimate by the G20 Joint Finance and Health Taskforce, amounts to about \$30.1 billion per year. “

Global Health Reform (& International Development cooperation reform)

Accra Reset announces 18-member high-level panel to reform global health governance

https://www.myjoyonline.com/accra-reset-announces-18-member-high-level-panel-to-reform-global-health-governance/#google_vignette

“The Chancery of the Accra Reset has **announced the formation of a high-level panel tasked with advancing reforms in global health architecture and governance**, as part of efforts to strengthen equity and sovereignty for countries in the Global South. “**The Accra Reset, an African health and**

economic sovereignty initiative championed by President John Mahama, is positioning the continent to play a more decisive role in shaping global health systems and policies....”

“The 18-member panel will be co-chaired by the former Director-General of UNAIDS, Peter Piot, Chair of the Kofi Annan Foundation, El Hadj As Sy, Brazil Minister of Health Nisia Trindade, and Indonesia Minister of Health Budi Gunadi Sadikin. The panel has been mandated to produce concrete, actionable proposals aimed at restructuring a global health system often criticised for treating Global South governments as passive participants rather than sovereign actors...”

“According to the Chancery, the panel’s work will be guided by a High-Level Consultative Group, which will create a structured engagement pathway with key institutions within the existing global health system.....”

“... The initiative signals a renewed push to reposition African and Global South voices at the centre of global health decision-making, with a focus on fairness, accountability, and shared responsibility.”

- For more, see the official **press statement**: [Accra Reset announces high-level panel on Global Health architecture and governance](#) (also with the **full list of names**)

- And a few links: [Africa CDC Appoints Benedict Oramah, Christoph Benn, Troy Fitrell, and Pierre Delsaux as Senior Advisors to accelerate the implementation of Africa Health Security and Sovereignty](#)

“The Africa Centres for Disease Control and Prevention is pleased to announce the appointment of Ambassador Troy Fitrell (USA) as Senior Advisor on International Cooperation, Ambassador Pierre Delsaux (Belgium) as Senior Advisor on Strategic Partnership, Dr. Christoph Benn (Germany) as Senior Advisor on Debt Swaps, and Professor Benedict Oramah (Nigeria) as Senior Advisor on Strategic Financing....”

Africa CDC - [Africa CDC Appoints His Excellency Prof. Yemi Osinbajo as Senior Strategic Advisor to the Director General](#)

UN News - UN80 Initiative enters ‘delivery phase’, as Member States review progress on key work areas

<https://news.un.org/en/story/2026/04/1167253>

“Top officials updated Member States Monday on selected proposals under the UN80 reform initiative, including an initial assessment of a possible merger between gender equality agency, UN Women, and the UN reproductive health agency, UNFPA, as well as updates on the technology and data tracks. “

“Guy Ryder, Under-Secretary-General for Policy, said the broader reform effort is now moving into a new stage. “We are now entering the delivery-focused phase of our work, building on the momentum generated by recent achievements”. “.... .. A consolidated report set to be published next month, he added, will set out “a clear and comprehensive overview of where we stand on each work package, and the pathways and timelines for their completion.”

PS: “Progress under the UN80 Initiative can be tracked through [a public dashboard](#), which provides an overview of actions, timelines and implementation across the system....”

- And via [Devex](#): “On Monday, the U.N. had an informal briefing with member states on reform. On the agenda: [the preliminary assessment on the proposal to merge U.N. Women and the U.N. Population Fund](#). **But countries had more questions than answers, arguing the document is short on details.** They asked: How exactly will the U.N. safeguard the mandates of the two agencies? What will a “composite entity” look like, from its structure to its governance? How are the two agencies’ executive boards involved in the process? How will it impact staff? What are its implications on the ground and in country offices? What other options or alternatives are on the table, besides a merger? And, when will the full assessment be made available?....”

“Several member states also felt the assessment lacked evidence – similar to the arguments rights advocates shared with me last week. A **representative from Uganda** said the assessment “appears to rely more on opinion than on robust evidence based analysis.” **South Africa**, meanwhile, argued that “without clear elaboration on the evidence that justifies the reasoning in the report, it is difficult to concur with its final conclusions” — which state a merger is “technically feasible” if done with “clearly defined safeguards.” ... **UNFPA Executive Director Diene Keita says the full assessment will be shared with member states “in the coming weeks.”**

TGH – Global Health Reform for Communities Beyond Institutions

E Fleutelot; <https://www.thinkglobalhealth.org/article/global-health-reform-for-communities-over-institutions>

(Recommended read) **“Much of global health progress has been driven by small teams**, writes the head of Expertise France’s major pandemics cluster.” Starting from “**Transforming the Global Health Ecosystem for a Healthier World in 2026**” (by M A Pate, D Kaberuka & P Piot). **“... The question, ... is not whether the global health ecosystem should be reformed—on that point the January 7 article is right—but how.** Institutional alignment and coordination matter, particularly in times of constrained resources, but they are not substitutes for **addressing demand, rights, workforce realities, and political economy.**”

A few excerpts:

“... In a context of funding cuts and heightened scrutiny, consolidation risks becoming less a carefully assessed strategy and more a convenient response to crisis, one shaped as much by power asymmetries as by evidence. Without transparent criteria and clarity on where the new architecture is negotiated, and who is invited to shape it, efforts to streamline the global health ecosystem risk reinforcing existing hierarchies rather than improving outcomes, especially if patients, communities, and frontline health workers remain largely excluded from these conversations.”

“... The Think Global Health article of January 7 suggests reducing the number of international health organizations through mergers or institutional integration, for example, by consolidating certain global health initiatives or integrating partnership mechanisms into larger multilateral structures. In practice, however, larger organizations often entail higher coordination costs and more complex governance arrangements, absorbing political and managerial energy that can come

at the expense of agility and innovation. **Scale, in itself, does not automatically produce effectiveness. By contrast, smaller or more specialized organizations have often been better positioned to experiment, adapt quickly, and respond to emerging challenges. Much of global health progress has been driven by small teams and community-based organizations inspired by what might be called realistic utopias, pragmatic yet ambitious efforts to overcome intellectual property barriers, expand access to treatment, or design services tailored to populations systematically left behind.** For example, for more than two decades, **the relatively small team behind Médecins Sans Frontières' Access Campaign** has played a major role in challenging intellectual property barriers and accelerating access to essential medicines in resource-limited countries. Treating consolidation as a technical fix rather than a political and organizational gamble risks overlooking these trade-offs....” **“Reform should therefore be judged not by how streamlined institutions appear on paper, but by how well they preserve the conditions that allow innovation and responsiveness to thrive where they matter most....”**

“... Another striking omission in many discussions on global health reform, including the noted Think Global Health article, is the **near absence of demand-side perspectives.** Proposals tend to focus on how health services and products are financed, delivered, and coordinated but to **pay little attention to how populations experience health systems or what they expect from them....**

Failure to address this is increasingly difficult to justify. In **many countries, particularly among younger generations, access to quality health services has become a visible social and political demand. ... Closely linked to this trend is the limited attention paid to human rights.** For decades, global health actors have acknowledged that legal, social, and political barriers—such as criminalization, stigma, discrimination, and exclusion—directly undermine access to prevention and care. Yet these structural barriers, including practices that deny access to evidence-based services such as safe abortion care or appropriate support for people who use drugs, remain marginal in reform discussions focused primarily on efficiency and alignment....”

“... The Missing Foundation: Human Resources for Health: Perhaps the most puzzling gap in current reform narratives concerns human resources for health. Although frequently acknowledged in principle, **the health workforce remains largely absent from concrete reform proposals and strategic priorities. ...The contrast is striking when compared with the growing emphasis on health products and technologies..”**

- Via [Devex](#): re MPP & the Pandemic Fund & global health reform

J Ravalo: “My colleagues and I have been reporting on changes and proposals to reform global health, including potential mergers between [United Nations](#) entities or multilateral funders. But **as it turns out, the idea isn't limited to big institutions. The Medicines Patent Pool**, the Geneva-based organization created more than a decade ago to help accelerate the introduction of patented medicines and make them more affordable in low- and middle-income countries, **also tried — unsuccessfully — to find another organization to merge with, Executive Director Charles Gore told me when I asked how MPP is positioning itself amid changes to and calls for reform in global health.** He said **the problem was finding another organization to match MPP's remit**, which now covers diagnostics and vaccines for a wide range of diseases, including noncommunicable diseases. But if a merger isn't in the cards, Charles said he **hopes they can find an organization to serve as a sort of “godparent”** for MPP, one that understands its work and can receive donor funds on its behalf. **By channeling funds through a godparent, donors can support MPP's activities without managing a separate grant.** Slashed official development assistance budgets, he said, mean fewer people in donor countries are also managing the grants — and **thus a preference from donors to**

channel their money through fewer organizations. In the past, he said an obvious choice would have been **Unitaid**. But MPP has evolved to focus on vaccines and noncommunicable diseases, which are outside of **Unitaid's** scope of work. Another option is **WHO**. But "WHO didn't want to have licenses with pharma on its books," he said. Plus, the U.N. agency already has a lot on its plate, along with a shrunken workforce and budget. Whether a godparent could be found in 2026 isn't clear. ..."

"I posed the same question to **Priya Basu, executive head of the Pandemic Fund**, which last week [announced a fourth call for proposals](#). Basu argued the Pandemic Fund isn't duplicating others' work, and instead **fills the need for pandemic prevention, preparedness, and response funding** in the wake of the COVID-19 pandemic. She noted the fund also continues to operate with a lean administrative budget and team of less than 20 staff. **As for the proposal made by Nigerian health minister Muhammad Ali Pate, former African Development Bank President Donald Kaberuka, and former UNAIDS Executive Director Peter Piot for the fund to integrate with Gavi, the Vaccine Alliance and the Global Fund, and operate under one holding company with one governance structure and secretariat:** "I would say that the risk of not having this kind of a dedicated institution [for PPR] is that you go back to the cycle of panic and neglect," she told me. **"At this point in the Pandemic Fund's life ... what we need to be held accountable for is producing results and impact on the ground."**

Lancet Comment – Transforming WHO: incremental reform is no longer sufficient

S Tang & M Merson ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00609-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00609-4/fulltext)

Authors are linked to **the Duke Global Health institute**.

"Today, WHO stands at a crossroads. The US Government has withdrawn its membership of WHO and, along with most European countries, has reduced funding for global health. Country health sovereignty is finally on the rise and requires a strong WHO enabler that reinforces this sovereignty. WHO is entering its first period of enforced contraction in decades. This creates a **rare opportunity for the organisation to improve its efficiency and effectiveness through far more extensive institutional reform rather than incremental change. We offer recommendations for such reform and identify potential barriers and challenges that must be overcome for their implementation."**

With three recommendations.

Lancet Editorial – The future of preconception health

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00707-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00707-5/fulltext)

Also with a view on the **post-2030 global health agenda**.

This week's Editorial concludes: "... **As the 2030 deadline for the UN Sustainable Development Goals (SDGs) approaches, it is time to ask what the priorities should be for the global sustainable development agenda. Although the current SDG framework has rightly prioritised ensuring universal access to sexual and reproductive health-care services, it has not systematically treated preconception health as a distinct, measurable domain. Preconception health should be taken far more seriously in the post-2030 agenda. Not only because it aligns with the SDG-era shift towards**

“survive, thrive, and transform”, but also because it exemplifies the direction in which global health thinking will need to move after 2030: further upstream, more preventive, and more attentive to how health and inequity are shaped by gender, across the life course, and between generations.”

CGD Note – A Clear Vision for Official Development Assistance: Purpose, Principles, and Priorities

M Ahmed et al ; <https://www.cgdev.org/publication/clear-vision-official-development-assistance-purpose-principles-and-priorities>

“This CGD note draws on a year-long consultation with senior colleagues from the Spanish Agency for International Development Cooperation (AECID), the French Development Agency (AFD), the Belgian Ministry of Foreign Affairs, the Norwegian Agency for Development Cooperation (Norad), the UK Foreign and Commonwealth Office (FCDO), and the Gates Foundation, as well as experts from both the global North and South. The note reflects insights from these discussions.”

The Note concludes: **“The time to reframe ODA is now:** International development cooperation is entering a period of profound change. Fiscal pressures, geopolitical competition, and growing demands to address global and national challenges are reshaping how governments allocate public resources abroad. Yet, these pressures don’t weaken the case for international cooperation; rather, they make clarity of purpose and discipline in the use of public resources more urgent....

“Governments invest public resources internationally for several reasons: to express solidarity with people facing hardship, to address global challenges that no country can solve alone, and to support partnerships that, at times, advance mutual interests. These motivations will continue to shape international engagement. But they do not determine how international public finance should be organised or what specific objectives it should serve. “ **“One of the greatest risks to effective international development cooperation is the erosion of clarity about its purpose.** When an expanding range of activities is labelled as development assistance, credibility is weakened and impact diluted. **A clearer distinction is needed between the different purposes international public finance should serve: core development investment, humanitarian response, and the financing of global public goods.** All are essential, but they pursue different objectives and should not be financed or evaluated as if they were the same.

“Within the broader financing landscape, ODA should remain focused on core development investment, consistent with its defining purpose of promoting the economic development and welfare of developing countries. Clarity of purpose must be matched by discipline in how ODA resources are used. This means directing concessional finance to where it adds the greatest value, aligning financing instruments with the nature of development challenges, and mobilising private investment only where it supports clearly defined development objectives. It also requires pragmatic choices about delivery channels, whether bilateral or multilateral, and partnerships grounded in transparency, country context, and support for nationally owned strategies.”

“Ultimately, sustaining political and public support for international development cooperation will depend on demonstrating that scarce concessional resources deliver the greatest possible development impact. At a time of fiscal pressure and expanding global demands, **clarity of purpose is not a technical issue; it is a political necessity.** Reaffirming the core role of ODA in financing development is therefore essential to ensuring that international development cooperation remains credible, effective, and sustainable.”

- Related CGD Brief: <https://www.cgdev.org/publication/clearer-case-aid> (by M Ahmed et al)

(must-read one pager) **“Drawing on a year-long consultation with senior development officials and with independent experts from across the global North and South, we have developed a clearer case for aid—focusing on official development assistance (ODA), a small but distinct part of development finance, defined by its purpose. It sets out why governments invest public money abroad, what aid should be used for, and how it can deliver the greatest impact.”**

- Finally, via [LinkedIn](#) – an **update on the Future of Development Coalition:**

“We are delighted to announce the Commissioners of the Future Of Development Cooperation Coalition. This is a group of leaders from across government, finance, the private sector, technology and civil society—brought together to help reimagine how development cooperation can evolve to meet the challenges and opportunities of the decades ahead.

Co-chairs:

- Arancha Gonzalez Laya
- Prof. Yemi Osinbajo”

First meeting: **April 13, Washington DC** (i.e. during the IMF/World Bank Spring meetings)

Coming up: the World Bank/IMF Spring meetings (13-18 April, Washington DC)

Some reads & analyses ahead of the Spring meetings.

CGD - The World Bank’s Self-Inflicted Crisis

C Kenny et al; <https://www.cgdev.org/blog/world-banks-self-inflicted-crisis>

Blog published ahead of the WB (/IMF) Spring meetings (13-18 April).

“The World Bank and IMF Spring Meetings arrive at a moment of increasing global disorder. Both the Bank and the IMF have an important role in helping client countries deal with the associated crises. But the World Bank could play that role far better without the distractions of a **damaging internal reorganization that, at least to the outside world, is opaque as to purpose and details.....”**

Bretton Woods Observer – Spring 2026

https://www.brettonwoodsproject.org/wp-content/uploads/2026/04/bw_observer_spring_26_screen.pdf

Well worth scanning!

Check out among others:

- [Banga's decision to join US-led Board of Peace raises questions about World Bank's commitment to multilateralism](#)

“...Widespread concerns that Board may undermine UN's role and international law, with Bank's European member states by-and-large declining to join. **Civil society condemns Banga's involvement and Bank's role as trustee of Gaza Reconstruction and Development Fund.**”

- [BWP - From donor to investor: The dangers of the development paradigm shift](#)

“**Major donors try to detract attention from ODA cuts with new rhetoric. World Bank and IMF continue to present private capital mobilisation as 'win-win' and only alternative.** Reduced ODA and greater reliance on private finance risks deepening existing barriers to positive development outcomes.”

- [Challenging primacy of BWIs urgent as threats to UN and multilateralism deepen](#)
- [New report debunks World Bank and IMF's claims that universal social protection is unaffordable](#)

“**New report by Development Pathways and Act Church of Sweden** demonstrates the viability of locally financed and gradual provision of universal social protection. “

- [Britain as a global financial superpower: The UK's 2027 G20 Presidency is a historic opportunity to fix the system](#)

“**The UK has unique structural influence over debt law, tax secrecy and international financial institutions.** By championing reform at the G20, the UK could unlock development finance while reinforcing its own financial credibility and long-term prosperity.”

- [Global governance and development: Toward equitable burden sharing and agenda-setting](#) (by R De Negri)
- [Fuelling inequality: The gendered impacts of World Bank and IMF fuel subsidy removal](#)

“ BWP's new research provides evidence of the negative gendered impacts of fuel subsidy removal policies in Egypt, Kenya and Bangladesh....”

Project Syndicate –The IMF's Spring Meetings Must Deliver Three Reforms

Attiya Waris; <https://www.project-syndicate.org/commentary/imf-spring-meetings-must-reform-quotas-give-more-votes-to-developing-economies-by-attiya-waris-2026-04>

“**Kenya's recent decision to forgo funding from the International Monetary Fund illustrates the asymmetry at the heart of the multilateral financial architecture. As policymakers gather for the Spring Meetings, they have an opportunity to address these structural imbalances, starting with an overhaul of the IMF's quota system.**”

“In March, Kenya made a strategic push for economic self-determination when the Treasury [announced](#) that it did not need funding from the International Monetary Fund for the remainder of the fiscal year, which ends in June. Instead, the Kenyan government mobilized 588 billion shillings (\$4.5 billion) through the Kenya Pipeline Company’s initial public offering, a stake sale in Safaricom, and the issuance of new Eurobonds. That is roughly five times what the IMF would have offered in a single year.....”

Waris sees “... **the need for three reforms**. The first is a new quota formula that provides greater voting power to emerging and developing economies. Second, affected populations must be able to shape the structure of IMF programs, not merely be consulted after the terms are set. Lastly, there must be a shift from compliance-based to legitimacy-based fiscal governance. When program conditions fail to account for a country’s constitutional framework and political context, the problem is design, not compliance. A country’s fiscal framework must be treated as an expression of the compact between a government and its citizens, not as a technocratic checklist.”

And she concludes: **“Kenya’s decision to stand on its own feet is not a rejection of multilateralism. It shows what multilateralism should look like: a system in which countries participate as sovereign partners, not dependents. Although it may seem like a procedural exercise, the 17th General Review of Quotas is a test of whether the system can still reform itself.** Failure to achieve lasting reform by the extended deadline of 2028 would tell the world everything it needs to know about whose interests the architecture will continue to serve.”

CGD (blog) - Protection for the Most Vulnerable: Debt Shock Absorbers for Poor Countries

N Lee et al; <https://www.cgdev.org/blog/protection-most-vulnerable-debt-shock-absorbers-poor-countries>

- Linked to a [new CGD Policy paper - Better Debt Shock Absorbers for Poor Countries: A Proposal](#)

Proposal with **five features**.

More on Global Health Governance & Financing/Funding

HPW - China to Join WHO Executive Board – Among the Countries to Screen Candidates for Next Director General

<https://healthpolicy-watch.news/exclusive-china-on-next-who-executive-board/>

“Several WHO member states about to join the Executive Board have dubious human rights records, but they will shortlist Director General candidates at the Organization’s most consequential period in a generation.”

“...EB will select three DG candidates : So why does any of this matter? The countries entering the Executive Board in 2026 will screen the Director General (DG) candidates and narrow the field to

three finalists before the full WHA makes its final call in 2027. **That process begins this year. Any serious candidate already knows it.** [As Health Policy Watch reported in February](#), those with their eye on the top job are already touring capitals, working the conference circuit, and calling in favors – with exactly the countries now taking their seats on this board. They still need the golden ticket: a formal nomination from their own Ministry of Foreign Affairs, and that clock starts the moment Tedros issues his call for candidates, anticipated later this month....”

The article also has the **full overview of the EB countries** (including all the new ones), **per region**.

OECD – International aid fell sharply in 2025, says OECD

<https://www.oecd.org/en/about/news/press-releases/2026/04/international-aid-fell-sharply-in-2025-says-oecd.html>

“International aid from member countries and associates of the Development Assistance Committee (DAC) fell in 2025 by 23.1% in real terms compared to 2024, the largest annual drop in the history of official development assistance (ODA), according to preliminary data collected by the OECD.”

“This contraction brings ODA to levels last seen in 2015, when the 2030 Agenda for Sustainable Development was adopted. ODA by DAC member and associate countries amounted to **USD 174.3 billion in 2025**, representing **0.26% of these countries’ combined gross national income (GNI)**, down from USD 214.6 billion or 0.34% of GNI in 2024.”

“The five largest providers in 2025 were Germany (USD 29.1 billion), which has become the largest provider of ODA for the first time, followed by the United States (USD 29.0 billion), the United Kingdom (USD 17.2 billion), Japan (USD 16.2 billion), and France (USD 14.5 billion). This was the **first year on record in which the top five providers all reduced their ODA**, accounting for 95.7% of the total decline in ODA overall. ODA provided by the United States declined by 56.9%.”

“Eight out of the 34 DAC members maintained or increased their ODA, while four countries exceeded the United Nations’ target of 0.7% ODA to GNI: Denmark (0.72%), Luxembourg (0.99%), Norway (1.03%) and Sweden (0.85%)....”

- Great analysis via [Devex – ODA plummets by almost a quarter, driven by billions in US cuts](#)

“OECD data reveals a record drop in aid led by the United States, slashing core development funding and raising fears of deepening instability across the global south.”

UN News - Development finance gap risks reversing decades of progress

<https://news.un.org/en/story/2026/04/1167277>

“Global fragmentation, deepening geopolitical tensions and conflicts are putting decades of development progress at risk, the UN warned in a report published on Thursday - calling for stepping up investment to meet internationally agreed goals. [The 2026 Financing for Sustainable Development Report](#) assesses progress on [the Sevilla Commitment](#), a 2025 agreement that aims to secure **the \$4 trillion needed annually** to achieve the [Sustainable Development Goals](#) (SDGs) by the end of the decade. ...”

“While a massive scale-up investment is needed to deliver the goals within the next four years, **“regrettably, the financing gap is widening,”** said UN Under-Secretary-General for Economic and Social Affairs (DESA) Li Junhua. **Development aid is falling sharply as developing countries – particularly the poorest and most vulnerable – face rising costs from environmental degradation and climate impacts, high costs of capital and mounting debt pressure.** Among the report’s findings is that Official Development Assistance (ODA) dropped by 6 per cent in 2024 and by another 23 per cent the following year. Meanwhile, **debt servicing burdens have hit 20-year highs.** “

- See also the **press release** - [Fragmenting world worsens finance squeeze, reversing decades of progress on development, UN report warns](#)

“Development financing trends are going in the wrong direction, the United Nations warned today. In many areas, **progress has not only stalled but is reversing** due to weakened global collaboration, rising trade barriers, increased geopolitical tensions, repeated climate-related shocks, and an alarming assault on multilateralism....”

World Bank - Investing in Health: Pathways for a Fiscal Pivot

C Kurowski, D Evans et al ; <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099122225125512670>

“This paper examines how low- and lower middle-income countries (LLMICs) can expand government health spending to accelerate progress toward Universal Health Coverage and other health-related Sustainable Development Goals. Despite long-term gains, growth in government health spending has markedly slowed, and many LLMICs face tightening fiscal space, declining external support, and rising competition for public resources. **Pathways for a Fiscal Pivot sets out an agenda to expand government health spending across budget transfers, social contributions, and development assistance for health, combining political economy strategies with technical and operational measures to shape reforms, processes, and financing decisions.** The pathways draw on the literature, case studies, and extensive consultations with government representatives and other experts. Rather than a blueprint, they offer a starting point for debate on a fiscal pivot for investing in health.”

“The fiscal pivot pathways respond to the challenging fiscal realities and address the institutional, technical, and operational challenges that influence government health spending. Together, they set out an agenda of what countries can do and how to do it. **They comprise two components: political economy strategies that address institutional and political factors shaping reforms and financing decisions, and technical and operational measures that target policy design and implementation barriers to mobilizing government financing for health.”**

Africa CDC - Senior Appointments — Advancing Health Security, Systems Strengthening and Innovation

<https://africacdc.org/news-item/communique-senior-appointments-advancing-health-security-systems-strengthening-and-innovation/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) is pleased to announce the appointment of a new group of senior leaders to reinforce the institution’s capacity to deliver on its mandate and accelerate implementation of the Africa Health Security and Sovereignty Agenda.

The appointments **strengthen priority areas** across pooled procurement, immunization, pandemic prevention, preparedness and response, regional coordination, maternal and child health, and digital transformation. ...” Check out the new people.

TGH – Why Every Country Needs a Public Health Agency

[Chikwe Ihekweazu](https://www.thinkglobalhealth.org/article/why-every-country-needs-a-public-health-agency) and Garry Aslanyan; <https://www.thinkglobalhealth.org/article/why-every-country-needs-a-public-health-agency>

“The WHO's executive director of health emergencies outlines why more countries are launching national public health agencies.”

“Currently, 101 countries—about half the globe—have a national public health agency, according to an internal review done by the World Health Organization (WHO). In these countries, essential public health functions have been organized under a singular authority that's been given scientific independence, infrastructure, and resources. **Another 20 countries are in the process of establishing one. In countries without a central coordinating agency, public health functions such as surveillance, laboratory confirmation, and risk communications are typically scattered across government ministries, regional governments, and other agencies.** ... A national agency such as Ethiopia's makes it easier to create political accountability and the chains of command that spur public health action. **Fragmentation makes implementation less efficient and coordination more difficult. It complicates decision-making when every hour is critical...**”

PS: “The WHO has recently [published guidance](#) to support countries in the process of identifying capacities that public health agencies can lead or support...”

- Related read: [National public health institutes in Africa: a systematic review](#) (Feb 2026, BMC Public Health)

HPW – Drastic UK Aid Cuts Hit Fragile African Health Systems

<https://healthpolicy-watch.news/uk-aid-cuts-hit-african-health/>

See also Devex a few weeks ago. This article focuses, among others, on the situation in Kenya.

“frontline African health workers warn of a collapse in vital care. **The sudden UK aid cuts are turning unpaid community health promoters into “shock absorbers of a shrinking system,” an immense burden that is ultimately unsustainable,** warned Kristine Yakhama, a Kenya-based member of the [Action for Global Health steering committee](#), during an interview with *Health Policy Watch*...”

Excerpt: “British policymakers argue that these UK aid cuts will force national governments to finally [take ownership of their own domestic healthcare systems](#). Yet, **many heavily indebted nations are incapable of filling the financial voids left by retreating Western donors.** However, **instead of investing in clinics, the Kenyan government reportedly has to prioritise servicing its massive international debt,** persistently failing to meet [the Abuja Declaration](#) target of allocating 15% of the national budget to health. **According to Action for Global Health, high-income donor nations often promote domestic resource mobilisation to overcome aid dependency, yet unjust**

global debt arrangements severely restrict this required fiscal space. Rather than offering genuine financial relief, G20 nations push for transactional debt swaps tied to African minerals or nature reserves instead of health investments. Additionally, the International Monetary Fund (IMF) frequently imposes stringent economic conditions that often result in higher taxes, further squeezing impoverished citizens, warned Brenda Osoro, national coordinator for Fight Inequality Alliance Kenya, in a public statement in March....”

Tim Schwab – Buffett distances himself from growing Gates-Epstein scandal

<https://timschwab.substack.com/p/buffett-distances-himself-from-growing>

“Bill Gates's scandalous ties to pedophile Jeffrey Epstein have propelled a **wave of defections, as long-time supporters like Warren Buffett distance themselves from the embattled billionaire.**”

Habib Benzian - Everything Looks Fine

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

“How health systems erase problems by narrowing language.”

“There is a comforting assumption built into modern health systems: **if something matters or goes wrong, it will eventually show up in the data.** If a problem is serious enough, it will be named, measured, tracked, and debated. Absence, in this logic, is reassuring. **What cannot be seen must no longer be urgent.** That assumption is wrong. **What we are witnessing now, most clearly in the United States, is not a failure of evidence, nor a retreat from science. It is something more precise and more consequential: the deliberate narrowing of language as a mode of governance, narrowing what can be named in the first place....”**

Why Market Shaping in Global Health Works—but Reshapes Power and Leaves Systems Behind

E S K Besson; <https://www.linkedin.com/pulse/why-market-shaping-global-health-worksbut-reshapes-koum-besson-ja5fe/>

“This piece asks a central question: **can market-shaping institutions themselves become a form of market distortion—especially when governance power is asymmetrically located in the Global North?** It explores how **market shaping improves access but risks building dependency when systems are left behind**—and why a focus on prices and products may reproduce a new form of verticalism in global health markets.”

See also the author on LinkedIn: “**Recent publications from actors such as Unitaid, the Clinton Health Access Initiative, Inc. and MedAccess have reinforced my belief that #effectiveness alone is not sufficient to understand the broader implications of how these approaches are designed and implemented.** As the global community increasingly recognizes how **#ownership, #sustainability, and #dependency are #interconnected,** it feels important to **look at solutions not only through what works—but through the lens of governance and authority....** ...At its core, market shaping is not only about prices, volumes, or supply chains. It is about **who organizes markets—and on whose behalf....”**

European Union (Capacity4Development) - Key results from TESS MAV+

https://capacity4dev.europa.eu/library/key-results-tess-mav_en

Background: “TESS MAV+ supports Team Europe in strengthening its partnership on health with Africa in line with the EU’s Global Gateway Strategy, serving as the secretariat for the Team Europe Initiative on the AU-EU Health Partnership.” Check out key results so far.

“Working behind the scenes, TESS MAV+ convenes a broad cross-section of European stakeholders and coordinates regular discussions between European, African and international actors, ensuring ongoing dialogue and alignment. While TESS MAV+ primarily focuses on supporting MAV+ in increasing manufacturing and access to health products in Africa, it has also been supporting the overarching AU-EU Health Partnership since 2025....”

PS: “The AU-EU Health Partnership mobilises more than 5 billion EUR across nearly 200 projects, with its local manufacturing and access portfolio accounting for more than EUR 1.9 billion across 80+ projects....”

Afro Barometer - PP101: Pressure points: Africa’s health systems amid global aid contraction

J Asunka et al; <https://www.afrobarometer.org/publication/pp101-pressure-points-africas-health-systems-amid-global-aid-contraction/>

“Citizens struggle to access services, call for universal coverage.”

“... Amid these dynamics in the health sector, we draw on Afrobarometer survey data to explore how ordinary Africans are experiencing their health systems in transition. ... Across 38 countries surveyed...Africans rank health as the top policy issue they want their govts to address, dislodging unemployment...7 in 10 say their govts should ensure all citizens have access to adequate health care even if that means they pay higher taxes.”

“In practice, persistent financing and delivery challenges in the health sector continue to impact citizens negatively. Most Africans say they worry about their ability to obtain and afford needed medical care. Among respondents who had contact with a public hospital or clinic in the past 12 months, many report difficulties accessing medical care and cite shortages of medical supplies, long wait times, and high costs. ... Taken together, these findings reveal a continent undergoing a profound recalibration...”

Bilateral health agreements & US Global Health Strategy

With also a few new bilateral health agreements announced (in Cambodia, Tajikistan) – see below.

And for the latest overview, via the KFF tracker (updated on 8 April): [KFF Tracker: America First MOU Bilateral Global Health Agreements](#) .

Reuters - US upends global supply program for malaria and HIV amid warnings of gaps

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-upends-global-supply-program-malaria-hiv-amid-warnings-gaps-2026-04-03/>

From late last week. **“US seeks to wind up health aid delivery mechanism from May 30; No clear replacement plan in place; State Department and sources warn of risks of rushed transition; Planned U.S. health pacts with African nations face hurdles; USAID had delivered \$5bn in supplies to 90 countries, mainly in Africa and Asia.”**

“The U.S. is upending the way it delivers medical supplies for diseases such as HIV and malaria to lower-income countries, according to seven sources and an internal email, risking a second dislocation of life-saving services in just over a year. The U.S. has until now managed its medical donations through the Global Health Supply Chain Program - Procurement and Supply Management - run by the private contractor Chemonics. From its establishment in 2016 to 2024, it delivered a total of more than \$5 billion of HIV and malaria products to 90 countries, mostly in sub-Saharan Africa and Asia...”

“...The U.S. State Department asked U.S. staff in 17 African countries and Haiti in an email on Tuesday to cease implementing the supply program by May 30. It said the contract with Chemonics was ending on September 30, in line with all USAID awards - although its official end date is in November.... The email, seen by Reuters and verified by two sources, also said there could be "immediate risks to service continuity if (the) transition is rushed or incomplete". It did not lay out a clear transition plan, instead asking each U.S. country office to set out how it would implement the handover, and to inform Washington of any risks or need for more time...”

PS: **“... Six sources said the U.S. was talking to the Global Fund to Fight AIDS, Tuberculosis and Malaria about using its supply platform to procure and deliver donations of global health products in future. The Global Fund, a Geneva-based health initiative, already manages the purchase and supply of around \$2 billion a year in health products for the three deadly infectious diseases, alongside partner organisations in the countries where it works. It also has an online procurement platform used by partners. Two of those sources said earlier discussions between the organisation and the U.S. government had focused on a November 2027 transition.....”**

- Related: [Emily Bass – Country Deadlines for Emergency Closeout of US Global Health Supply Chain](#)

“Seven countries reportedly on "immediate pause".”

““Emergency closeout planning” for the US Global Health Supply Chain Program - Procurement and Supply Management (GHSC-PSM), run by Chemonics International, has begun, according to an email sent by the Task Order 1 Director HIV/AIDS on Monday March 30 to recipients at Chemonics and the Bureau of Global Health Security and Diplomacy (GHSD) at the Department of State, including the Supply Chain Division Lead. The email, which I viewed and verified with two sources, refutes the State Department’s claim to Reuters, that GHSD had “not provided any technical direction to Chemonics to cease operations by May 30 or any other date.” Instead, the email

details lays out a reactive, improvised plan based on cash-flow juggling, and program halts in eight countries by April 30 2026, with an additional 13 in the months that follow.....”

“... The emergency close out will bring fresh chaos to health services and laboratories that have only recently and partially stabilized their HIV and malaria programs after the sudden destruction of USAID and long-standing US approaches to global health foreign aid last year..... It also complicates implementation of the America First Global Health Strategy. In the countries for which Memoranda of Understanding are available, five out of seven stipulate the use of a US procurement mechanism. Though GHSC-PSM was not named in any MoU, it was the only extant mechanism at the time of signing.....”

WP – Trump administration’s secrecy on health deals alarms experts, governments

[Washington Post](#);

“ To date, 28 deals have been negotiated with foreign governments, mostly throughout Africa. But in a break with precedent, the administration has refused to disclose their full terms publicly. The veil of secrecy has frustrated partner countries and angered transparency advocates, who worry that billions of dollars in U.S. funding - money that’s intended to help combat disease - is being leveraged by the Trump administration as it seeks controversial concessions on unrelated policies in return.”

“Public Citizen, a government watchdog group, has brought a lawsuit demanding access to some of the administration’s global health agreements, arguing that the State Department’s failure to produce the records in response to a Freedom of Information Act request is “unlawful.” The agreements’ public disclosure is essential “to understanding the new foreign aid structure” being built by the State Department and what the United States “expects, or extracts, in return,” said Peter Maybarduk, director of Public Citizen’s access to medicines group.”

“The State Department, which has led the overhaul of health-related foreign aid since last year’s dismantling of the U.S. Agency for International Development, said it does not comment on ongoing litigation but that it takes its transparency obligations “very seriously.” In a statement, the agency vowed to disclose the terms of its agreements “once negotiations with all partner governments are complete,” saying its approach is consistent with applicable law and intended to protect “sensitive” conversations....”

“... Public Citizen’s Maybarduk said that the strategy seems to be “divide and conquer the partners of the United States.” The Trump administration, he said, “is treating its negotiating partners as hostiles, and treating health aid a bit like conflict, as though every bit of U.S. negotiating advantage must be preserved through secrecy.”...”

“There have been five signed agreements publicly released by the U.S. government thus far, though it appears that was done accidentally. The documents - outlining deals with Kenya, Uganda, Mozambique, Nigeria and Ethiopia - were published on an obscure government website in March, but a few days later, the zip file that contained copies of the agreements’ text was deleted. It was later republished without those documents. The State Department, in its response to questions, said that the five agreements released on its website were posted in error. “We took them down

to treat all partner countries consistently and will repost them - along with the rest - once the full set of agreements is finalized. That is a process fix, not a cover-up," the agency said."

PS: "At least nine countries, including several with major HIV epidemics like Eswatini, have concurrently held negotiations with the Trump administration to receive third-country nationals deported from the United States."

Via Devex Check-up – Jean Kaseya’s view on the bilateral health agreements

[Devex](#);

"I asked Africa CDC’s chief, **Dr. Jean Kaseya** if he thinks countries are getting a good deal.

It’s not a simple answer, he responded. Some countries think they’ve negotiated a good deal. Others aren’t entirely comfortable with what they’ve signed. [Kenya is an example](#) where the Supreme Court weighed in after the agreement was signed, he said.

And there are those who don’t like what the State Department is offering and **want to ensure the agreement doesn’t impede upon their sovereignty**. This is the case of Zambia.

"This is why I cannot really say if it’s good or bad. **It’s mostly country-per-country**," he said.

He has heard, though, concerns around data and pathogen-sharing provisions. **Part of that is technical — countries want clarity on what data is being collected and how. But part of it is also emotional**, he said. Countries are wondering why they’re being asked to sign lengthy data agreements with the U.S., [some for 25 years](#), whereas the funding itself runs for only five years. That’s prompting some to slow things down. Namibia, for instance, is still negotiating and pushing for greater clarity on the data terms, Kaseya said.

"My advice to countries is: Follow your national laws, be led by national interest and sovereignty, and communicate," he said."

Carnegie – Kenya’s Health Deal Is a Stress Test for the America First Global Health Strategy

<https://carnegieendowment.org/china/research/2026/03/kenya-data-protection-america-first-global-health-strategy>

"U.S. agreements must contend with national data protection laws to make durable foreign policy instruments."

"The AFGHS bilateral agreements follow a standardized template. If weaknesses around health data governance and public consultation are embedded in that template, Kenya’s response may have a demonstration effect. Most other African countries that have signed the agreements also have [data protection laws](#), meaning similar legal tensions could emerge elsewhere..."

Amfar (Policy report) – Unmeasurable and unaccountable: HIV Metrics, Targets, and Accountability in Global Health MOUs

<https://www.amfar.org/wp-content/uploads/2026/04/Unmeasurable-and-Unaccountable.pdf>

“... We engaged in this **analysis to determine whether the HIV targets in the seven released MOUs have been set with the requisite care and precision that should be expected of the tens of billions of taxpayer dollars allocated to them. They have not.** Both the **outcome and process metrics in the MOUs suffer from at least four fundamental flaws** that ultimately undermine accountability and oversight: The outcome metrics established cannot be assessed at the level of precision expected in the MOUs... The process metrics are internally inconsistent, incoherent, and actively work against each other as a mechanism for accountability... the process metrics and performance provisions of the MOUs are ambiguous in terms of what direction they are even meant to be assessed.... The transition to country data systems and the confidentiality provisions of the MOUs are designed to prohibit independent or external oversight of the MOUs or programmatic performance...”

With a number of **recommendations.**

US State Department - Charting a New Phase of Trump Administration’s America First Global Health Strategy in Asia, Beginning with Cambodia

<https://www.state.gov/releases/office-of-the-spokesperson/2026/04/charting-a-new-phase-of-trump-administrations-america-first-global-health-strategy-in-asia-beginning-with-cambodia/>

“**On April 2, the United States signed a bilateral health cooperation Memorandum of Understanding (MOU) with the Royal Government of Cambodia through the Trump Administration’s America First Global Health Strategy (AFGHS).** This landmark five-year MOU is the **first to be signed through the Trump Administration’s AFGHS in Asia,** and advances shared global health goals, such as preventing the spread of infectious diseases like HIV/AIDS, malaria, and tuberculosis.”

“Working with Congress, the **Department of State intends to provide more than \$30.8 million to strengthen and sustain Cambodian infectious disease prevention and response capabilities and accurately identify pathogens of epidemic and pandemic potential before they spread internationally.** Through the bilateral health MOU, **the Royal Government of Cambodia has committed to increasing its own domestic expenditures by more than \$5.3 million,** assuming greater ownership of their commodity chains while continuing to rollout new innovative diagnostics, vaccines, drugs, and other life-saving interventions. **The jointly decided \$36.1 million bilateral health MOU also includes \$5 million in global health security funding to bolster and sustain a robust network of laboratories and aims to achieve malaria elimination in Cambodia,** ultimately strengthening independent, locally led Cambodian leadership over its national health system. “

- And from later this week: [Broadening the Trump Administration’s America First Global Health Engagement In South and Central Asia](#)

“**On April 6, the United States signed a bilateral health cooperation Memorandum of Understanding (MOU) with the Republic of Tajikistan** under the Trump Administration’s America First Global Health Strategy (AFGHS). **This breakthrough MOU marks the first bilateral health cooperation signed in the South and Central Asia region** and aims to protect Americans from infectious disease threats while strengthening U.S.-Tajikistan relations.”

Devex – US deputy secretary of state stresses reciprocity in foreign aid

<https://www.devex.com/news/us-deputy-secretary-of-state-stresses-reciprocity-in-foreign-aid-112251>

“We’re not going to be granting any privileges or benefits to any country that doesn’t grant them back to us,” said Christopher Landau, speaking in Washington D.C. on Thursday.”

Trump 2.0

CGD (blog) - The Washington Post’s Optimistic Read on Aid Cuts Doesn’t Hold Up

C Kenny; <https://www.cgdev.org/blog/washington-posts-optimistic-read-aid-cuts-doesnt-hold>

Recommended overall analysis, also on the health impact of the aid cuts (and why so far apocalyptic scenarios haven’t materialized).

Devex – Trump's budget request calls for 30% cut to foreign affairs spending

<https://www.devex.com/news/trump-s-budget-request-calls-for-30-cut-to-foreign-affairs-spending-112217>

(3 April) **“Global health, humanitarian assistance, food aid and international organizations are all targeted for cuts, with the America First Opportunity Fund and support for critical minerals on the rise.”**

« U.S. President Donald Trump is seeking a 30% cut to the foreign affairs budget, as he looks to dramatically increase defense spending, according to a preliminary fiscal year 2027 budget request that he sent to Congress on Friday. The [request](#) includes \$35.6 billion for the [State Department](#) and other international programs, down about \$15.5 billion from what Congress approved for fiscal year 2026, which ends Sept. 30. **Many of the proposed cuts are to foreign assistance programs, including \$4.3 billion less for global health and \$2 billion less in humanitarian assistance.**”

PS: **“The president’s request seems a bit at odds with some of what the administration has articulated to date about its plans for U.S. foreign aid,** said Tom Hart, president and CEO of [InterAction](#), an alliance of NGOs and partners working on global development and humanitarian assistance. “The request is both disappointing and sort of confusing or contradictory with what I understand the administration is trying to do,” he told Devex. “They’ve been clear that they want to focus more assistance on saving lives, and yet they have severely slashed two of the accounts that directly do that — global health and humanitarian assistance.” ...”

“... The budget includes \$5.1 billion for global health, a \$4.3 billion cut from what Congress approved in 2026. “The President’s new vision of bilateral health assistance eliminates bloated Beltway Bandit contracts, does more with fewer dollars, and transitions recipient countries to self-reliance,” the **budget request says.** It also proposes some specific changes to U.S. global health spending, including eliminating disease-specific accounts and focusing on new bilateral agreements with countries in an effort to “improve efficiency, cut red tape, and dismantle the bloated ecosystem

of foreign assistance profiteers.” **The budget request includes language to prohibit funding for abortion and unfettered access to birth control, and eliminates funding for circumcision as well as LGBTQ services.** It does so to “better focus funds on life-saving assistance,” it says.”

PS: “The [Council for Global Equality](#) said in a statement that the administration is seeking to codify its **Promoting Human Flourishing in Foreign Assistance Policy, or expanded global gag rules**, which bar U.S. foreign aid funding from going to organizations that fund or even address abortion, diversity, or what it calls the administration calls “gender ideology.” The group warned that doing so would cost lives and discriminate against those who most need services.”

PS: “...The request includes a **\$2.7 billion reduction to international organizations and the United Nations**, including the [World Health Organization](#), the U.N. regular budget, and the peacekeeping budget...”

- Related: [KFF – Global Health Funding in the FY 2027 President’s Budget Request](#) (6 April) (full breakdown)

U.S. Global Health Spending Watch: A public dashboard tracking how the U.S. government obligates and spends global health funds

<https://globalhealthwatch.org/?section=blog>

New resource.

NYT – Trump’s foreign aid overhaul sent millions more dollars to US based contractors

<https://www.nytimes.com/2026/04/06/health/trump-foreign-aid.html>

“While organisations in the developing world were nearly shut out, **the big aid agencies DOGE had called wasteful received huge infusions of cash**, a new analysis found.” That is, **Chemonics, FHI 360 and Jhpiego...**

“The **new analysis, by a team of researchers from the Health Security Policy Academy**, offers insight into the scope of disruption last year, which was felt in drug shortages, fired health workers and missed rounds of malaria prevention and vaccinations.... **“They did the exact opposite of what they said they were going to do,”** said Dr. KJ Seung, a physician in the Division of Global Health Equity at Mass General Brigham, and a member of the team that conducted [the funding analysis for the academy](#), a policy think tank affiliated with the medical center.”

Guardian – US accused of pressuring Latin America to cut ties with Cuban doctors program

https://www.theguardian.com/world/2026/apr/09/us-cuban-doctors-program?CMP=Share_iOSApp_Other

“Cuba accuses US of ‘extorting’ countries in pushing them to axe deals with Havana to send doctors on medical missions.”

“**Cuba’s** foreign minister has accused the United States of “extorting” Latin American countries by putting pressure on them to cancel **decades-old deals** with Havana for the supply of doctors. Bruno Rodríguez said the United States was trying to “strangle” the economy of the communist island, which earns billions from its foreign medical missions, after several countries stopped deploying Cuban doctors. ... **Guatemala, Honduras, Jamaica and Guyana have all terminated their agreements with Cuba**, which is teetering on the edge of economic collapse, partly due to a US energy blockade.”

Guardian – Public health takes center stage in US midterm campaigns: ‘It’s already been politicized’

<https://www.theguardian.com/us-news/2026/apr/06/public-health-in-midterm-election-campaign>

“Some candidates are making public health a central part of their midterm campaigns amid Trump’s war on science.”

“As public health has become increasingly politicized in the US, with a particularly chaotic year under the **Trump administration**, some political candidates are pushing back by making public health a central part of their campaigns – and the grassroots organization Defend Public Health has ideas about how to do it. On Monday, the group launched guiding principles for campaigns to prioritize public health, called the **People’s Health Platform**, highlighting the importance of ensuring healthcare for all, protecting and expanding sexual, reproductive, and gender-affirming healthcare, preparing for the climate crisis and the next pandemic, and taxing billionaires, among other tenets....”

“...**Guaranteeing universal access to healthcare is the first item** on the Defend Public Health platform. Jacobs noted to the Guardian that “by the end” of her career, she “realized that the most important thing to public health is to ensure that everybody has access to healthcare above everything else”. **Other suggestions include restoring funding for scientific research, ending attacks on contraception, abortion, and gender-affirming care, fighting against health inequality, and rejoining international health bodies like the World Health Organization.**

- For the full platform, see [The People's Health Platform](#)

PABS negotiations & more on PPPR

Geneva Health Files - Health as a Strategic Leverage: Navigating Chokepoints with Diplomacy

I Kickbusch; <https://newsletter.genevahealthfiles.com/health-as-a-strategic-leverage-navigating-chokepoints-with-diplomacy-guest-essay/?ref=geneva-health-files-newsletter>

Must-read. “...Clear-eyed analysis from leading global health scholar, Ilona Kickbusch, who discusses opportunities for health diplomacy within the rubric of the on-going negotiations on the Pathogen Access Benefit Sharing (PABS) System at the World Health Organization. She argues that health has long been used as a leverage in international relations. And raises an urgent question on whether health actors will develop the strategic literacy to respond intelligently. In this essay, Kickbusch draws upon the past as a guide, and refers to the challenges in the future, to map leverages in the present...” On ‘chokepoint diplomacy’ and much more. A few excerpts:

“For decades, global health has positioned itself as above geopolitics — a humanitarian domain governed by solidarity, science, and the shared imperative to protect human life. That self-image was always partially fiction, health has long been a bargaining chip in international relations. What has changed is the sophistication with which political actors play that game, and the reluctance of global health institutions to acknowledge it.” “... Economic warfare moves to the center of geopolitical competition — weaponizing supply chains, financial systems, and technology monopolies. Yet global health governance is not prepared for this shift and remains organized around norms of universalism that powerful states have shown no intention of reciprocating....”

“... Powerful countries treat global health commitments as discretionary and show no interest in maintaining health related obligations as they bomb health centers and bloc humanitarian corridors; as they refrain from fulfilling binding transparency obligations in outbreak notification or as they pursue bilateral pathogen-sharing contracts that fragment multilateral architectures. These must be recognized as what they are: **strategies by powerful actors to use health as leverage and let others be bound by universalist norms. ...**”

“The concept of the *chokepoint* can offer a clarifying framework. A parallel instrument for health data governance — one that conditions market access on binding equity commitments — would operate on the same logic. The pharmaceutical company that refuses PABS obligations would face restricted access to European procurement, public research infrastructure, or regulatory fast-tracking. Irresponsibility becomes costly not through moral suasion but through the deliberate construction of structural penalties that change the calculus. **Creating those conditions requires health diplomats to think like trade negotiators and security analysts: to map dependencies, identify leverage points, and build coalitions capable of collective action at the chokepoint rather than managing consequences downstream. ...**”

Kickbusch discerns “... **one side holding every structural chokepoint — manufacturing capacity, intellectual property regimes, distribution networks, sequencing infrastructure —** while the other side holds genuine leverage but has no institutional architecture to deploy it collectively. ...” **None has yet made the explicit connection to chokepoint diplomacy as a strategic framework — the recognition that the solution requires not better norms, but structural conditionality organized around the assets that data-providing countries actually control. “**

PS: Kickbusch focuses towards the end of the essay on **the EU**. Even making the link between pandemic preparedness and semiconductor policy.

WHO - R&D roadmaps for pathogen families to reduce uncertainty about the next pandemic and boost coordinated global R&D preparedness

<https://www.who.int/news/item/07-04-2026-r-d-roadmaps-for-pathogen-families-to-reduce-uncertainty-about-the-next-pandemic-and-boost-coordinated-global-r-d-preparedness>

“In support of efforts to have safe and effective diagnostics, treatments and vaccines ready for distribution before the next pandemic strikes, **WHO launched today, together with partners, research and development roadmaps for 10 groups of viruses and bacteria.**

The roadmaps were launched at an event, co-hosted by ANRS Emerging Infectious Diseases, the Coalition for Epidemic Preparedness Innovations (CEPI), the World Health Organization (WHO), and partners held during the One Health Summit in Lyon, France. “

“The event highlighted how a One Health and Pathogen Family-based approach can strengthen epidemic and pandemic preparedness, including through WHO’s Collaborative Open Research Consortia (CORCs), which bring together global research communities around priority viral families and core bacterial threats.”

Accelerating Action for Pandemic Preparedness in 2026: Joint Statement by IPPS, CEPI, FIND and DNDi

<https://ippsecretariat.org/news/accelerating-action-for-pandemic-preparedness-in-2026-joint-statement-by-ipp-cepifind-and-dndi/>

(2 April) Joint statement by the 100 Days Mission partners.

“We're calling for action across six priority areas, from reaffirming the 100 Days Mission as the unifying global goal, to establishing a Therapeutics Development Coalition to address the therapeutics pipeline gap.” “It starts this week at the One Health Summit in Lyon...”

“Member States have a critical opportunity in 2026 to strengthen readiness for future health threats at global, regional, and national levels. Partners of the 100 Days Mission (100DM) reaffirm our shared commitment to reducing the impact of future health emergencies by accelerating the discovery, development, and delivery of diagnostics, therapeutics, and vaccines (DTV) within the first 100 days of an outbreak.... We call on Member States to use the major political moments of 2026 to adopt a focused set of commitments that will: strengthen a reformed global health architecture that is more equitable, resilient, cohesive, and sustainable; enable more efficient use of resources; build resilient health systems; and accelerate development of, and equitable access to, DTVs....”

Plos GPH – Rebalancing power in infectious disease modelling: Toward inclusive and contextual approaches

J M Aheto, J Nonvignon et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006220>

“Why now? A critical time for global health equity: Over the past several decades, infectious disease modelling has become a central tool in global health decision-making, shaping financing decisions, vaccination strategies, and disease control policies; for measles alone, our review identified over 400 modelling studies published since 2000. However, many of the modelling analyses that have guided these decisions originate in high-income countries (HICs), even when they intend to inform policy in low- and middle-income countries (LMICs). With the rapid expansion of Large Language Model (LLM)-enabled modelling, concerns are intensified about

analyses produced without adequate contextual understanding. Models developed at a distance can rely on assumptions that fail to reflect local epidemiology or realities, carrying real-world consequences for feasibility, equity, and impact....” **“LLMs, machine learning and other Artificial Intelligence (AI) tools are increasingly being applied in infectious disease modelling,** offering rapid data processing and automated model generation—though this is an emerging area, their outputs still require careful validation and contextual interpretation. **However, this raises an important question: if anyone can now generate a model using AI, how do we ensure ethics, relevance and local ownership?** a roadmap created by Chen et al. highlights that **equitable adoption of LLMs in LMICs requires attention to five dimensions—People, Products, Platforms, Processes, and Policies—to avoid reinforcing existing disparities and ensure inclusivity in global health modelling...**”

“... We present a case study of the Measles Analytics Hub (MAH), an initiative built around locally-owned models co-created with in-country experts and global partners to ensure contextual relevance and equity. The MAH, which was established at the end of 2024, **exemplifies how modelling can reflect the principles of equity, inclusion, and shared ownership. Funded by the Gates Foundation,** the MAH **fosters collaboration across its network of members in >50 countries, including high burden countries such as India, Indonesia, Ethiopia, Nigeria, and the Democratic Republic of Congo.** Local leadership is embedded in the governance structure rather than being merely symbolic. ...”

El Pais - Richard Hatchett, epidemiologist: ‘The risk of a pandemic is greater today than it was in 2019’

<https://english.elpais.com/science-tech/2026-04-01/richard-hatchett-epidemiologist-the-risk-of-a-pandemic-is-greater-today-than-it-was-in-2019.html>

“The head of the Coalition for Epidemic Preparedness Innovations warns of the dangers of artificial intelligence and biodesign to global health, and advocates for dialogue with those who are wary of vaccines...”

UHC & PHC

Lancet (Letter) – War economies and collapsing health systems

Alhadi Khogali et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00544-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00544-1/fulltext)

“Every 1% increase in military spending drives a 0-62% reduction in public health spending. This trade-off is **more intense in low-income countries, where a 1% increase in military spending results in a 0-962% drop in health spending.** As global defence budgets surge to historical highs amid escalating conflicts in the Middle East, Ukraine, and beyond, this is not an abstract equation; it is a daily reality for the one in six people worldwide now living under active conflict. **Evidence from 1990 to 2017 links conflict to an estimated 29-4 million excess deaths from indirect causes alone, such as disrupted health services. These costs occur through specific and compounding means: ...** “First, through direct destruction... ... Second, through supply chain collapse... ... The final way these costs are incurred is through economic warfare (ie, sanctions). ...”

“... Universal health coverage (UHC) frameworks remain largely blind to this reality. UHC indices measure coverage and financial protection against baselines that assume functioning economies. However, conflict-affected countries are penalised in these metrics for the direct fiscal consequences of war economics (appendix), as countries with higher conflict indices have greater reductions in health spending compared with countries not affected by war.... .. Peace is essential for UHC. UHC should be maintained during periods of conflict, as this is when demand for medical services increases exponentially. Furthermore, we argue that sanctions and blockages should be recognised as quantifiable social determinants of health. Health facilities must be protected, and access to humanitarian supplies must not be impeded. Health cannot—and should not—be overlooked in the economies of war.”

HP&P - Primary health care-oriented reforms: the political economy dynamics underlying health-system shifts across nine countries

A Kalita, F Khalid et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag042/8626274?searchresult=1>

“Using evidence from nine countries (Democratic Republic of Congo, Dominica, Egypt, Kazakhstan, Kenya, New Zealand, Thailand, Tunisia, and Uruguay), we analyze the political economy dynamics that emerged during implementation of primary health care (PHC)-oriented reforms. Across these cases, we identify 10 recurring health-system “shifts” toward stronger PHC orientation, which serve as a descriptive framework for examining the political economy challenges reformers faced and the strategies they used to navigate them....”

SRHR

UN News – From misdiagnosis to medical bias: Why women are living longer but not better

UN Women ; <https://news.un.org/en/story/2026/04/1167259>

“For 25 years, the world has made significant progress in advancing women’s right to health, particularly in sexual and reproductive care. Women are living longer than ever before – but they are not living better.”

“Across the world, UN data shows, women are still less likely to be taken seriously, accurately diagnosed, or appropriately treated. From misdiagnosis to entrenched medical bias, gaps in healthcare systems continue to affect women’s health, safety and quality of life... Women are more likely to have their pain dismissed, their symptoms misread and their conditions diagnosed too late. According to gender equality agency, UN Women, this reflects a “medical system historically designed without women in mind”. From the tools used in examinations to the data that shapes diagnosis and treatment, these gaps are embedded in healthcare systems, with real consequences....”

With 6 uncomfortable truths.

Commercial Determinants of Health

Obesity Reviews - The Role of Physical Activity in the Prevention and Management of Obesity: A Position Statement From the World Obesity Federation

Z Gowers, K Buse et al; <https://onlinelibrary.wiley.com/doi/10.1111/obr.70103>

“This position statement is intended to synthesize and interpret current consensus and salient developments regarding the relationship between obesity and physical activity. It draws from the latest evidence and guidelines to update and share the World Obesity Federation's stance with policymakers, healthcare professionals, public health stakeholders, and civil society organizations. This statement identifies the critical role of physical activity in the prevention and management of obesity, highlights the lived experience of people with obesity, summarizes global recommendations, and considers the emerging connections between obesity, climate change, and physical activity.”

“... The World Obesity Federation (World Obesity) seeks to shift the narrative from individual blame and responsibility. Dietary and physical activity behaviors are strongly influenced by commercial, societal and environmental determinants, including structural inequities, that limit access to healthy food and safe and supportive spaces for physical activity. The systemic drivers of obesity and physical inactivity are the starting point for this position statement....”

Cfr Kent Buse on LinkedIn:

“If we take that seriously, then the implication is clear: We need a more political approach to physical activity. One that: confronts vested interests; prioritises regulation, not just programmes; invests in public space, active transport, and inclusive environments; addresses inequities in who has access to safe and supportive opportunities to be active.”

BMJ – Health partnerships risk legitimising harmful industries

<https://www.bmj.com/content/393/bmj.s629>

“The Pan American Health Organization’s partnership with Ferrero is yet another example of questionable corporate tactics, write Simon Barquera, Angela Carriedo, and Kent Buse.”

“The Pan American Health Organization (PAHO) recently announced a three year framework agreement with the Ferrero Group to support health initiatives and immunisation services in vulnerable communities across Latin America. While strengthening vaccination coverage is an undeniable health priority, achieving this through an institutional partnership with a transnational ultraprocessed food corporation is highly inappropriate. This PAHO-Ferrero partnership highlights a systemic vulnerability to industry influence in global health governance and represents a troubling contradiction in international public health leadership.”

“After considerable push back, PAHO recently dissolved the partnership and publicly responded to civil society organisations and academics who raised concerns about a partnership with a corporation which has in the past used corporate political activities to negatively influence public health policies in Latin America... .. This partnership was symptomatic of a broader global trend

of corporations “health-washing” their reputations. Globally, transnational corporations are increasingly using initiatives to secure privileged positions in policy dialogues and formulation. For example, the World Food Programme, the United Nation’s lead agency on hunger, lists partnerships with major ultraprocessed food corporations such as PepsiCo, Mars, and Yum! brands to tackle hunger and malnutrition. **Such alliances primarily serve as reputation management strategies for corporations. By associating with respected UN agencies, transnational companies attempt to legitimise their position as responsible social actors....”**

Authors conclude: “... **We strongly suggest that PAHO establishes definitive boundaries against corporate health-washing and urge WHO to update FENSA with more robust safeguards on engaging with ultraprocessed food corporations** to protect its technical independence, ethical standards, and crucial role in defending health in Latin America.”

Planetary Health

Lancet – Life at the water's edge: a *Lancet* Commission on sea-level rise, health, and justice

C Figueres et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00257-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00257-6/fulltext)

“**The Lancet Commission on sea-level rise, health, and justice...** will analyse how sea-level rise reshapes health and wellbeing and deepens injustice, proposing actionable responses for governments, communities, and global institutions....”

- Related: [Guardian - World held hostage by reliance on fossil fuels, Christiana Figueres warns – and climate health impacts are ‘mother of all injustices’](#)

“**Former UN climate chief to co-chair Lancet Commission** examining how sea-level rise is reshaping health, wellbeing and inequality.”

“Christiana Figueres, an international climate negotiator who helped deliver the Paris agreement signed in 2016, made the comments as she was **announced on Wednesday as co-chair of a Lancet Commission examining how sea-level rise is reshaping health, wellbeing and inequality....** This commission will examine legal frameworks to hold countries accountable for the health harms of sea-level rise. It will report by September 2027.”

CEPA - Evaluation of the implementation and achievements of the ATACH 2024-2028 strategy and 2.0 structure: Alliance for Transformative Action on Climate and Health (ATACH)

https://www.atachcommunity.com/fileadmin/user_upload/ATACH_Evaluation_Final_Report_11.02_1.pdf

Evaluation from early February by the Cambridge Economic Policy Associates Ltd (CEPA).

“CEPA was appointed by the Secretariat of the Alliance for Transformative Action on Climate and Health (ATACH) to conduct a joint evaluation of the first year of ATACH’s 2024-2028 strategy and the performance of its new governance and operating model, which began implementation in 2025. ATACH was established in June 2022 to realise the ambition set at the 26th Conference of the Parties (COP26) to build climate resilient and sustainable health systems. As of the end of 2025, ATACH had over 200 members comprising 103 country and areas members and 108 partners....”

Check out the findings.

Including eg: **“ATACH has catalysed significant global achievements on climate change and health (CCH) and is widely viewed by members as a credible, high-value partnership. Members report that to date, ATACH has most significantly advanced priorities in: (i) advocacy, agenda-setting and commitment mobilisation; (ii) partnership-building and alignment; (iii) knowledge generation and sharing. By contrast, progress has been slower in supporting country implementation and access to financing, areas that members see as increasingly urgent in a constrained financing and fast-evolving global context.”**

Guardian - A new economic superpower could spark a global retreat from fossil fuels

Mark Hertsgaard and Kyle Pope; [Guardian](#);

“Eighty-five countries have sought a roadmap to phasing out fossil fuels. A conference this month offers hope they could unite.”

“Many of those governments will gather in Colombia on 28-29 April for a conference to begin a global transition away from oil, gas and coal. Critically, the [First International Conference on the Just Transition Away from Fossil Fuels](#) will not be governed by UN rules, which require consensus, but by majority rule, thus preventing a handful of countries from sabotaging progress as petrostates did at Cop30. What’s more, the underlying terrain of this conference will no longer be principally politics, but economics: not the words that canny negotiators can keep in or out of a diplomatic text, but the implacable market forces that shape the world economy, including the potential emergence of a de facto economic superpower....”

“The conference is co-sponsored by Colombia and the Netherland The secret weapon of the “coalition of the willing” gathering in Colombia is its potential to function as an economic superpower. At least 85 countries at Cop30 backed developing a roadmap to phase out fossil fuels...”

“...The goal of the conference is to agree on “actionable solutions” that follow-up meetings can refine so governments around the world can implement them. One area of focus will be how to phase out the \$7tn a year governments spend subsidizing fossil fuels – but to do so without punishing communities, workers and tax bases that rely on such subsidies....”

Guardian - ‘Non-survivable’: heatwaves are already breaching human limits, with worse to come, study finds

<https://www.theguardian.com/environment/2026/apr/08/extreme-weather-heatwaves-breaching-human-survival-limits-study-finds>

Cfr a new study in Nature Communications. “Analysis of six extreme heatwaves found that when temperature and humidity were accounted for, all were potentially deadly for older people.”

“Extreme heat is already creating “non-survivable” conditions for humans in heatwaves that have killed thousands and likely many more, according to new research that warns people are more susceptible to rising temperatures than first thought. Scientists re-examined six extreme heatwaves between 2003 and 2024 and found that when temperature, humidity and the body’s ability to stay cool were accounted for, all were potentially deadly for older people. “

“The absolute limit for humans to survive had been assumed to be a six-hour exposure to a wet bulb temperature of 35C – a measure that accounts for temperature and humidity but has rarely been observed on the planet at that level. Heatwaves in Mecca (Saudi Arabia, 2024), Bangkok (Thailand, 2024), Phoenix (United States, 2023), Mount Isa (Australia, 2019), Larkana (Pakistan, 2015) and Seville (Spain, 2003) had seen thousands of deaths despite none approaching that wet bulb limit, the research found.”

Conflict/War & Health

HPW - World Health Organization Contractor Killed in Gaza by Israeli Fire in Murky Circumstances

<https://healthpolicy-watch.news/world-health-organization-contractor-killed-in-gaza-by-israeli-fire-in-murky-circumstances/>

“The World Health Organization said it was “investigating” the circumstances around the Israeli shooting of a WHO contractor driving a vehicle in the southern Gaza city of Khan Yunis on Monday. Speaking at a UN press briefing in Geneva on Tuesday, a WHO spokesperson refused to confirm or deny Israeli military claims that the vehicle had been unmarked when it was targeted by nearby soldiers. ... “WHO is devastated to confirm that a person contracted to provide services to the organization in Gaza was killed yesterday during a security incident,” said WHO Director General Dr Tedros Adhanom Ghebreyesus [in an X post, on Monday](#). “

HPW - Generations of Damage: WHO Warns of Middle East Health Collapse Amid Funding Shortfall

<https://healthpolicy-watch.news/massive-funds-shortfall-to-address-war-related-health-crises-in-middle-east/>

“The World Health Organization (WHO) has only mobilised 37% of the funds it needs for the Eastern Mediterranean Region (EMRO) amid a “deteriorating health situation”, regional director Dr Hanan Balkhy told a media briefing on Wednesday.”

“Welcoming the two-week ceasefire between Iran and the United States-Israel, Balkhy called for the “permanent cessation of hostilities”, warning that **the damage from the regional wars would take generations to address**. She also called for the ceasefire to apply to Lebanon, which Israel claims is not covered. **Fourteen countries in EMRO are affected by wars**, and over 4.3 million people have been displaced as a result. **The damage in the region ranges from physical and psychological**

trauma to destroyed health facilities, and missed targets on maternal and child health and non-communicable diseases (NCDs), she explained.”

Lancet World Report – Iranian health facilities come under attack amid mounting obstacles to care

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00708-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00708-7/fulltext)

“Attacks on hospitals and a communications blackout in Iran threaten access to essential care and complicate the humanitarian response. Sharmila Devi reports.”

Lancet Letter – Cancer, climate change, fossil fuels, and war: a call for action

Nancy Krieger; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00592-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00592-1/fulltext)

“There is scant focus on who is accountable for climate change and its myriad adverse effects, including for cancer control across the cancer continuum. The connections could not be made clearer than by the current debacle of raging warfare in the Middle East. News accounts are full of reports of black rain, laden with carcinogens, falling upon Tehran and other areas in Iran, and caused by the bombing of oil depots, with the resulting environmental pollution posing immediate risks to health and for generations to come. Threats of oil spills in the Straits of Hormuz due to ships being bombed or destroyed by mines augur enduring environmental damage to ecosystems and heightened risks of cancer... “The **common thread is control of fossil fuels and power**, both literal and political. Yet **literature on climate change and cancer has barely broached this topic....”**

“... The time is now for any and all concerned about risk of cancer, whether researchers, clinicians, patients, or affected family members, **to take action to mitigate the risk of environmental and multi-generational carcinogenic debacle in the Middle East**—and link this to the broader risks of climate change literally fuelled by fossil fuels...”

Climate Change News (Comment) - Carbon accounting can help tackle the hidden emissions of war

<https://www.climatechangenews.com/2026/04/06/carbon-accounting-can-help-tackle-the-hidden-emissions-of-war/>

“The climate cost of war is not hypothetical. It is **measurable, material and increasingly unavoidable.**”

Access to medicines, vaccines & other health technologies

Stat (Opinion)- Subscription pricing could expand access to HIV prevention breakthrough while controlling costs

M Rose et al; <https://www.statnews.com/2026/04/03/lenacapavir-subscription-pricing-model-hiv-prevention/>

“The ‘Netflix model’ has worked for hepatitis C treatment and can work for lenacapavir.”

« ... The need for subscription pricing for lenacapavir is made clear looking back upon the implementation challenges faced by two other recent infectious disease breakthroughs, cabotegravir PrEP and hepatitis C antivirals....”

Re the Netflix model (for Hepatitis C treatment): **« ... Louisiana, Washington state, and Australia opted for a more innovative strategy. They implemented subscription pricing in which government insurers paid manufacturers a fixed fee in exchange for unlimited access to the drugs. The structure was aptly nicknamed the “Netflix model.”** Like the streaming service that revolutionized how the world watches movies, insurers negotiated a subscription payment to manufacturers in exchange for unlimited access to the cure. Because pricing is divorced from manufacturing costs, manufacturers can maintain profits while insurers pay a stable, predictable amount and per-patient costs fall. Analyses show the experiment **succeeded at expanding access and controlling costs without bankrupting health systems or pharmaceutical firms....”**

Euractiv – ‘Turning point’ for global pharma trade, industry warns after Trump tariff decision

<https://www.euractiv.com/news/turning-point-for-global-pharma-trade-industry-warns-after-trump-tariff-decision/>

“Tariffs risk disrupting supply and access to medicines.”

“After Trump announced tariffs on imports of innovative drugs, industry experts warn the move marks a major shift in how medicines are treated in global trade, with far-reaching consequences.”

“It is now official: the supply of medicines has been deemed a security issue by Trump, who set tariffs of 15% for patented medicines from Europe and some other countries, and up to 100% on products from elsewhere. The measures follow a Section 232 investigation that frames pharmaceutical supply as a national security issue. For analysts, this signals a departure from traditional trade logic. “It is a fundamental shift in how pharma and biotech are discussed, that the US administration sees pharma and biotech as a sector that is of importance for national security”, says Diederik Stadij, healthcare expert from the Dutch banking group ING. He told Euractiv this is not just about reducing dependency on supply chains. These are heavily intertwined and, particularly for generics – which are exempt from the tariffs – production is unlikely to shift to the US anytime soon. Instead, he sees a global race to lead in life sciences innovation, especially in biotech, where AI could play a pivotal role in discovering new pharmaceuticals. “Biotech has now

become a sector of national security because both the US and China believe that AI is a must-win battle going forward.”...

- Related: [HPW – Small Companies to Bear Brunt of Trump’s 100% Medicine Tariff](#)

“Smaller pharmaceutical companies and those outside countries with trade deals with the US will bear the brunt of President Donald Trump’s 100% tariff on imported patented pharmaceuticals and their active ingredients announced last week.”

“The tariff will be imposed on large companies 120 days from the announcement, and in 180 days for smaller ones. Pharmaceutical companies from the European Union, Japan, the Republic of Korea, Switzerland and Liechtenstein will pay a 10% tariff and UK pharma companies are exempt from tariffs, thanks to earlier deals with the US. Meanwhile, 16 big pharma companies, including Pfizer, Novo Nordisk, Eli Lilly and Johnson & Johnson, will also escape the 100% tariff as they reached “onshoring agreements” with the US Department of Commerce last year. Some of these companies also entered into “Most Favored Nation (MFN) pricing agreements with the US Department of Health and Human Services (HHS)”. Companies that have both onshoring and MFN agreements will pay no tariffs, while those with onshoring agreements only face a 20% tariff. **However, commentators warn that many smaller pharma companies don’t have the flexibility or capital to make such deals.....**”

Stat - Merck’s experimental HIV prevention pill could be made for less than \$5 a year, researchers say

<https://www.statnews.com/pharmalot/2026/04/07/merck-experimental-hiv-prevention-pill-made-for-five-dollars-year/>

“Advocates argue Merck should license its drug so poor countries gain easy access.”

“An experimental HIV prevention pill being developed by Merck could be mass produced for less than \$5 per patient a year according to a new analysis. Advocates argue the low cost means the company should find it easier to license the drug so that low- and middle-income countries can gain easy access...”

“The pill, dubbed MK 8527, is currently undergoing a pair of late-stage clinical trials that are expected to determine whether the medicine can lower HIV transmission when given to people at high risk of infection. The **results are due in the latter half of 2027**, according to separate postings on ClinicalTrials.gov...”

HPW -War in Iran Threatens Helium Supplies for the World’s MRI Machines

<https://healthpolicy-watch.news/war-in-iran-threatens-helium-supplies-for-the-worlds-mri-machines/>

“The gas that keeps hospital MRI scanners running has been caught in the crossfire of the war in Iran, raising the prospect of diagnostic delays, rising costs and rationing of one of modern medicine’s most important imaging tools.”

“Roughly a quarter of all helium consumed worldwide goes toward cooling the superconducting magnets inside MRI scanners. While helium is the second most abundant element in the universe, on Earth, it is found only in trace quantities within certain natural gas deposits. It cannot be synthesised and requires highly advanced equipment to transport, making its supply chain so shaky that the global current helium shortage is the fifth in the past two decades....”

PS: **“Helium is essential for the chip industry, which, propelled by the AI boom, is one of the most powerful forces in the global economy, underpinning the titans from Nvidia to Google, OpenAI, Meta and Oracle, buoying over a third of the United States GDP. It is also critical to drones, rockets, and all kinds of semiconductors underpinning everything with a microchip in it: cars, weapons, fridges, laptops, phones, and more. Hospitals, already operating on regulated pricing and thin margins, cannot outbid that kind of purchasing power. In this shortage, medical uses risk being an afterthought....”**

“The medical world has known this for some time. After five helium shortages in 20 years, researchers and MRI manufacturers have been racing to build scanners that do not depend on the gas at all. However, the vast majority of the world’s MRI fleet still runs on technology that needs helium....”

Devex – AI is reshaping drug development — but who will benefit?

<https://www.devex.com/news/ai-is-reshaping-drug-development-but-who-will-benefit-112237>

“AI is accelerating drug discovery and reshaping pharma’s R&D — but gains in productivity may not translate into broader access to medicines.” Analysis.

Devex Pro – Why NCD drug licensing lags behind

<https://www.devex.com/news/why-ncd-drug-licensing-lags-behind-112229>

(gated) **“Medicines Patent Pool Executive Director Charles Gore tells Devex that one of his priorities in his last year on the job is to get a license for GLP-1 therapies. But he admits that expanding MPP’s portfolio of drugs for NCDs has been a challenge.”**

Devex Pro - The Global Fund veteran building Africa CDC's pooled procurement platform

<https://www.devex.com/news/the-global-fund-veteran-building-africa-cdc-s-pooled-procurement-platform-112165>

(gated) **“Africa CDC tapped heavy hitter Mariatou Tala Jallow to build up its African Pooled Procurement Mechanism. In her previous job, she built the pooled procurement mechanism for the Global Fund from the ground up.”**

“ The effort — the African Pooled Procurement Mechanism, or APPM — is moving beyond its initial 10-country pilot [and into something much bigger](#): a continent-wide platform. And Jallow is tasked with leading that transition....” “The [Africa Centres for Disease Control and Prevention](#) is being selective, zeroing in on products where traditional markets consistently fall short — think insulin

for diabetes and treatments for sickle cell disease. The final list is still being shaped in conversations with countries, but APPM does have a shortlist of diseases and product categories, and some tenders are already out the door....”

“**There’s also a bigger play here. Beyond getting medicines where they’re needed, APPM is designed to give Africa’s still-fragile pharmaceutical manufacturing sector a boost.** It will give preference to African-made products and **use the platform as a market-shaping tool** — a way to hopefully encourage manufacturers to feel confident about investments made in increasing their production levels....”

- And a link: [The TRIPS non-violation moratorium has expired: What happened in Yaoundé, and what comes next](#) (by D G Gervais)

Some more reports

Corruption in health systems: context, incentives and the political economy of reform - A synthesis of research by the Anti-Corruption Evidence programme

A Hudson; <https://ace.soas.ac.uk/wp-content/uploads/2026/03/ACE-HealthSynthesisPaper-2026-Final.pdf>

PS: “The **Anti-Corruption Evidence (ACE) initiative** is funded by the UK Foreign, Commonwealth & Development Office (FCDO)’s Research and Evidence Directorate (2015–2027)...”

“**This report synthesises 40 research papers** funded by the United Kingdom’s Foreign, Commonwealth and Development Office (FCDO) through its AntiCorruption Evidence initiative – specifically through the SOAS Anti-Corruption Evidence research consortium (SOAS-ACE) and the Governance and Integrity AntiCorruption Evidence programme (GI-ACE). **The papers address health sector corruption in Bangladesh, Nigeria, Tanzania, Uganda and wider regional contexts, spanning four thematic areas: beyond ‘Good Governance’, health worker absenteeism, informal payments, and pharmaceutical procurement and pricing....”**

Then coming up with an analytical framework.

ILO - ILO calls for stronger social protection for a changing world of work

<https://www.ilo.org/resource/news/ilo-calls-stronger-social-protection-changing-world-work?s=09>

“**A new ILO report calls on Member States to reinforce social protection systems in response to evolving labour markets.** Drawing on country experiences, it offers policy recommendations to ensure that all workers — across all types of employment — are protected against social risks and able to navigate profound labour market transformations.”

Quote: “**...Strengthening social protection systems is no longer optional — it is essential.** We need systems that reach everyone, provide adequate protection, and are financed in a fair and sustainable

way. This is the foundation for resilience, social justice, and a just transition in the changing world of work.”

MSF Access - Shifting Global Health R&D Funding: Opportunities in a Changing Landscape

<https://msfaccess.org/shifting-global-health-rd-funding-opportunities-changing-landscape>

“Recent funding constraints for biomedical research in Africa have highlighted the urgent need to build a more sustainable and equitable research and development (R&D) ecosystem on the continent. **On 19 February 2026, MSF Access convened a panel of leading experts to examine the broader implications of declining R&D investment and the emerging opportunities within a shifting global health landscape.**”

“This report compiles and organises the insights shared during the webinar, drawing directly from speakers’ contributions to present the main barriers (4) and proposed ways forward for stronger and more equitable R&D partnerships across the continent. It also includes a dedicated section highlighting Africa’s roles in tuberculosis (TB) vaccine research as an example, and a **call to action toward a coherent and equitable R&D future for Africa.**”

Miscellaneous

Guardian – Sluts, simps and body shaming: the rise of Africa’s manosphere

<https://www.theguardian.com/global-development/2026/apr/07/african-manosphere-misogyny-social-media>

“Experts have been alarmed at the growth of deep misogyny dressed up as self-help on social media. **We profile seven men from across the continent who are gaining traction...**”

“The manosphere is a loose network of communities that claim to address men’s struggles such as dating and fitness, but often promote harmful misogynistic attitudes. Sunita Caminha, who leads UN Women on ending violence against women and girls in east and southern Africa, first **started noticing its presence in Africa about five years ago, and believes it is on the rise.** “Research and data that keeps coming out is very consistent [in] showing this **is an alarming issue** in different countries and contexts across the continent.” **Awino Okech, a professor of feminist and security studies at Soas University of London, also started noticing harmful digital content expanding about five years ago, but says falsehoods peddled against women in Africa predate the proliferation now online.** “The **ideas that shape the manosphere are linked to those of men’s rights organisations like Maendeleo ya Wanaume.** Its big argument was that men and boys were being left behind as a result of all of the investments that had been made around girls’ and women’s rights.” This view – know as the **red pill theory** – has been amplified by the manosphere, framing men as the victims of a society distorted by feminism. The men who populate the manosphere have made it their mission to redress the balance – through domination and intimidation...”

Guardian – ‘We fear the epidemic will return’: Senegal’s harsh anti-gay law puts decades of HIV progress in jeopardy

<https://www.theguardian.com/global-development/2026/apr/07/senegal-harsh-anti-gay-law-hiv-progress>

“Arrest toll mounts and gay men flee the country as new, harsher legislation cracks down on ‘promotion’ of homosexuality.”

- Related: [Guardian – What’s behind the worrying rise in anti-LGBTQ+ laws across Africa?](#)

“Rooted in colonialism, legislation backed by governments eager for popularity is obstructing real progress for queer minorities.”

Global health governance & Governance of Health

CGD – Stress-Tested by War: Modernizing IMF Support in a Volatile World

By Mary Svenstrup; <https://www.cgdev.org/blog/stress-tested-war-modernizing-imf-support-volatile-world>

“Last week, the IMF [published](#) a blog post with its first assessment of the economic fallout from the Iran war. The blog post carries immense institutional weight—co-authored by all the Fund’s area department directors, the chief economist, and the heads of monetary/capital markets and fiscal affairs. Despite the heavy-hitting byline, **the blog post leaves me with two overarching questions: First, is IMF surveillance agile and forward-looking enough to respond to today’s economic shocks?... Second, given the exceptional nature of this shock, what should the Fund do beyond regular business to support at-risk countries?...**” With some recommendations.

Devex - How UK aid spending fell sharply in 2025

<https://www.devex.com/news/how-uk-aid-spending-fell-sharply-in-2025-112246>

“The United Kingdom slashed aid by more than £1 billion last year — **a steeper drop than anticipated.**”

Policy & Society - The rise of Big Tech as super policy entrepreneurs

Shaleen Khana et al; <https://academic.oup.com/policyandsociety/advance-article/doi/10.1093/polsoc/puag005/8540594?searchresult=1>

“We utilize Kingdon’s concept of the policy entrepreneur, alongside the broader policy entrepreneurship literature, to examine Big Tech’s expanding role in the policy process. We conceptualize the **super policy entrepreneurs** as an ideal type capturing a distinctive configuration of roles across streams, stages, and subsystems, and analyses Big Tech as an empirical approximation of this ideal. **We argue that Big Tech displays three distinguishing features: they are**

prominent entrepreneurs across all streams in the multiple streams framework; they exert influence across all stages of the policy cycle; and they operate across multiple policy subsystems and the broader policy universe, thereby able to influence cross-sectoral and transboundary policies. Together, these features enable Big Tech to emerge as *super policy entrepreneurs*, commanding unprecedented levels of influence in the policy process...”

Fiocruz redesignated as a WHO collaborating center in global health diplomacy and South-South cooperation

<https://fiocruz.br/en/news/2026/03/fiocruz-redesignated-who-collaborating-center-global-health-diplomacy-and-south-south>

(27 March).

Global health financing

Devex Opinion - Not all global health spending is aid — and that matters

T Cernuschi ; <https://www.devex.com/news/not-all-global-health-spending-is-aid-and-that-matters-112233>

« Confusing different global health activities is muddying the waters for future funding.”

« .. In my view, **this debate would benefit from distinguishing three major categories of global health activities, each with its own justification and policy logic: collective action functions, humanitarian relief, and development aid.** Without separating these categories, debates about global health funding — and development cooperation more broadly — quickly become confused....”

« ... **Collective action mechanisms are indispensable.** They stop us from doing too much of a harmful practice, make us do what we would otherwise avoid, help us act in a coordinated way, and allow us to act at scale. We all benefit. **Humanitarian assistance remains ethically nonnegotiable.** When people face conflict, disaster, or epidemic, immediate relief is a moral responsibility. **Development aid, however, deserves a much more honest debate.** Despite decades of effort and constant policy reframing, it largely continues to resemble a “white man’s burden” — where best development intentions fail. The reasons it persists? Domestic political signaling, foreign policy influence, moral comfort, and institutional inertia. ...”

« **If current funding pressures force us to rethink priorities — and if development aid operates at the margins — then the question is not how much we spend, but more fundamentally whether development aid should remain at the center of our thinking at all.**”

Plos GPH - Inequalities in financial burden of tuberculosis among affected families across 19 low- and middle-income countries

Gilbert Eshun et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006172>

“Inequalities were assessed by drug resistance status, comparing drug-susceptible TB (DS-TB) and drug-resistant TB (DR-TB), using four summary measures...”

“The average percentage of TB-affected families experiencing catastrophic costs due to TB ranged from 19.2% in Lesotho to 80% in Zimbabwe. In 10 of the 19 countries, over half of TB-affected families faced catastrophic costs. When disaggregated, all countries reported higher catastrophic costs among DR-TB-affected families, except Burkina Faso. ...”

“... The study showed substantial inequalities in the financial burden of TB on families across 19 LMICs, with DR-TB-affected families facing higher risks of catastrophic health cost than DS-TB families. There is an urgent need for targeted financial protection interventions, integrated within broader UHC strategies, to ensure that no TB-affected family is left behind....”

UHC & PHC

Plos Med - The benefits of investments to combat HIV, tuberculosis, and malaria for primary healthcare from 2000 to 2023: An economic modeling analysis

Jiaying Stephanie Su et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005036>

“Global investments to combat HIV, tuberculosis, and malaria (HTM) have delivered substantial health gains and may have reduced the burden placed by these diseases on the routine health system. We estimated the reduction in primary healthcare (PHC) utilization resulting from the scale-up of HTM services over 2000–2023 in 108 low- and middle-income countries.”

Among the findings: **“... Investments in HIV, TB, and malaria services were estimated to have averted 6.9 billion primary healthcare outpatient visits, 3.9 billion hospital bed-days over 2000–2023, equivalent to US\$135 billion in averted costs. The largest effects were observed in low-income countries and in the sub-Saharan Africa region.”**

Pandemic preparedness & response/ Global Health Security

Plos GPH - H5N1: How prepared are the US and UK for a pandemic?

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006068>

By Samuel Read, Devi Sridhar.

Nature – Evolution of pandemic cholera at its global source

A Barton; <https://www.nature.com/articles/s41586-026-10340->

[x?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=61186894](https://www.nature.com/articles/s41586-026-10340-x?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=61186894)

“The seventh pandemic of cholera, caused by the seventh pandemic El Tor lineage of *Vibrio cholerae*, was previously shown to have emanated in three global waves from the Bay of Bengal, bordering Bangladesh and India. However, the respective roles of the Ganges Delta and Basin regions in seeding these global pandemic waves were not known. Here we show that, although transmission events occur between Bangladesh and India, *V. cholerae* in the two countries has largely evolved separately over the past 20 years, apparently constrained by national borders rather than by hydrological features, such as the Ganges Delta and Basin. Evolution within Bangladesh was distinct from that seen in India, involving rapid gain and loss of genes and mobile genetic elements, particularly those involved in phage defence... Here we show that **the Ganges Basin, falling across Bangladesh and Northern India, rather than the Ganges Delta, probably acts as a global launch pad for pandemic disease.** This shifts our understanding of Bangladesh as the purported global source of cholera and **underscores the potential role of phage in controlling spread of lineages within the current seventh pandemic.**”

Planetary health

Review of International Political Economy - The battle for plastic hegemony: the petrochemical historical bloc and the UN Global Plastics Treaty

Jack Taggart et al; <https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2642934>

« Going beyond firm and industry-level accounts, **we introduce the concept of a ‘petrochemical historical bloc’** to better capture the **diverse alliances of state, corporate, financial, and civic actors that collectively sustain what we term ‘plastic hegemony’**. The latter refers to the continued production and use of plastics, and also the structural, discursive, and institutional arrangements that normalize and defend plastic dependence while marginalizing and co-opting alternatives. **Empirically, we analyze how this bloc has sought to shape negotiations over a UN Global Plastics Treaty through corporate-led multistakeholder partnerships.** These initiatives promote a narrow vision of the circular economy centered on waste management, individual responsibility, and the financialization of plastic waste, thereby deflecting attention away from ‘upstream’ policies and caps on production...”

Nature Health – Global health benefits and cost-effectiveness of indoor air purification to mitigate PM2.5 from wildfire smoke

D Han et al ; <https://www.nature.com/articles/s44360-026-00105-1>

“**Air purification could avert 60 million disability-adjusted life years (DALYs) from wildfire-related fine particulate matter (PM2.5) and 2.2 billion DALYs from all-source PM2.5 globally, according to a global assessment integrating health gains and economic feasibility.**”

Covid

FT – Long Covid to cost OECD economies up to \$135bn a year

<https://www.ft.com/content/de4463af-093e-43e2-a928-c41429bccde8>

“New research predicts impact of lower productivity and workers quitting because of long-term illness after Covid-19.”

See also **BMJ** - [Long covid’s £8bn bill: OECD report warns pandemic continues to cast a “long shadow”](#) (yes, the math sounds slightly different, but that’s due to the direct resp indirect cost)

- Related: **Science Politics** - [What Long COVID Reveals About Fragmented Care](#) (by Rosemary Morgan et al)

Mpox

AP – Congo says its mpox outbreak is over after 2 years and more than 2,200 suspected deaths

<https://apnews.com/article/mpox-disease-health-congo-africa-outbreak-f1219ae63e5675aa74d1202e21b9035b>

(2 April) “Congo on Thursday declared the end of a two-year outbreak of [the mpox disease](#) that’s believed to have caused more than 2,200 deaths in the country. Health Minister Roger Kamba told journalists that the government had made the determination that the outbreak was over and no longer a national emergency....”

Infectious diseases & NTDs

Independent – Climate change will push venomous snakes towards highly populated coastlines, study finds

<https://www.independent.co.uk/climate-change/news/venomous-snakes-climate-change-b2950023.html>

“Researchers say snake populations will broadly move towards higher latitudes and heavily populated areas as rising temperatures make their current habitats less suitable.” Cfr a new **study in PLOS Neglected Tropical Diseases**.

Plos Med - Urban and rural prevalence of tuberculosis in low- and middle-income countries: A systematic review and meta-analysis

S A Mortazavi et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004779>

“Between 2000 and 2024, TB epidemics have become increasingly urbanised, both in proportional and absolute terms, although with considerable variation in timing across countries and regions. Public health approaches tailored to urban and rural TB epidemiology and demography will be required to end TB.”

NCDs

Plos Med – Are ultra-processed foods too tasty? Toward a metabolic framework for diet and obesity

David S. Ludwig ; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005025>

“A recent lawsuit against “hyper-palatable” ultra-processed foods has amplified controversies over its effects on obesity-related chronic disease. Addressing this public health crisis requires a new framework, centered on the metabolic effects of food.”

- And a link: **The Conversation - [Kidney disease is growing in Africa: big new study casts light on genetic risk factors](#)**

Mental health & psycho-social wellbeing

Lancet (Letter) – Sound mind, sound place: ibasho and post-disaster mental health

H Tamune et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00546-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00546-5/fulltext)

« Although mental health responses after disaster often begin with symptom checklists, triage, and specialist treatment, evidence from Japan shows that this approach is necessary but not sufficient. After the Great East Japan Earthquake in 2011, disaster-related deaths were time-dependent, with nearly half occurring within 1 month and 78% within 3 months. **However, mental health needs often persist much longer in affected populations.** Although acute mental health assessment matters, long-term recovery also depends on whether people can continue to live safely, sustain relationships, and recover social roles after displacement. In Japan, the concept of ibasho, a community-led place that embeds people within larger social networks and meaningful roles, can help with this recovery....”

« The Sphere concept provides a humanitarian framework for ibasho by setting out common principles and minimum requirements for survival with dignity, including the essential services and coordinated support needed after disaster...”

Sexual & Reproductive health rights

Plos GPH – Reporting maternal deaths in Anglophone West Africa: A media content analysis of articles published online between 2015 and 2025

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006254>

By Kiran Roy, et al.

Adolescent health

Plan International (report) - Real Choices, Real Lives

<https://plan-international.org/publications/real-choices-real-lives-final-report/>

“For 18 years, Plan International’s Real Choices, Real Lives study followed 142 girls across 9 countries to understand how poverty, gender expectations and global pressures shaped their lives.” Check out the findings: **some progress, but fragile progress.**

“The research, which gathered data annually from both the girls and their caregivers, offers the chance to look closely at the progress made and the challenges faced at different stages of their lives. The girls taking part in the study come from the lowest socioeconomic backgrounds and from nine different countries: **Benin, Brazil, Cambodia, Dominican Republic, El Salvador, the Philippines, Togo, Uganda and Vietnam...**”

Also with sections on health & wellbeing, and SRHR.

Access to medicines & health technology

The Conversation – Nigeria imports 70% of its medicines – why local manufacturing doesn’t meet demand

E Kofon; <https://theconversation.com/nigeria-imports-70-of-its-medicines-why-local-manufacturing-doesnt-meet-demand-276616>

“Nigeria imports at least **70% of its medicines**. This is striking for a country of over **230 million people** and at least **120 active pharmaceutical manufacturers**. Domestic manufacturing is largely concentrated in lower-end medicines that require relatively simple production processes. The more complex and higher-value pharmaceutical products continue to be imported...”

“**This pattern has persisted for decades. It reflects two things.** First is the limited impact of policies aimed at reducing import dependence. The other is the entrenched interests across pharmaceutical companies. An incentive structure that favours imports over local production.

I recently completed my **doctorate studies focusing on the political economy of pharmaceutical manufacturing in Nigeria, with comparisons to Uganda, Bangladesh and India**. My research looked at **how the industry had evolved and analysed how the distribution of organisational power and manufacturing capabilities has made it difficult for reforms to work**. I found that policy interventions have largely failed because weak institutions cannot influence manufacturers to expand their production capabilities. The **biggest obstacles stem from how power and benefits are distributed across political, bureaucratic and pharmaceutical actors.**”

TMIH - Global Donor Fatigue and Its Impact on Vaccination Coverage in Africa: Challenges and the Path Forward

Michael Sarfo et al; <https://onlinelibrary.wiley.com/doi/10.1111/tmi.70139>

“As donor priorities shift due to competing global crises and economic pressures, **African countries face growing challenges in sustaining immunisation programmes and maintaining coverage gains without stronger domestic financing mechanisms.** The **sustainability of immunisation programmes in Africa is currently at a crossroads** due to heavy reliance on declining donor support. Emerging donor fatigue has **already resulted in financing shortfalls, disrupted cold chain systems and the resurgence of previously controlled diseases.** While donor contributions have been instrumental in maintaining national programmes to date, proactive efforts are now required to prevent the reversal of decades of progress in child survival. **Ultimately, transitioning toward greater reliance on homegrown funding sources including domestic revenue generation, social enterprises and national health financing mechanisms is the only viable pathway to sustain resilient immunisation coverage across the continent.** »

Euractiv – Pharmaceutical logistics in demand as war rattles supply chains

<https://www.euractiv.com/news/pharmaceutical-logistics-in-demand-as-war-rattles-supply-chains/>

“The global pharmaceutical market could exceed 2.3 trillion euros by 2030.”

« According to healthcare data analytics firm Iqvia, the global pharmaceutical market could exceed 2.3 trillion euros by 2030, driven by the United States as well as major emerging markets.....”

Lancet Haematology - WHO resolution pushes for global equity in haemophilia care

E Nakkazi; [https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026\(26\)00074-8/abstract](https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026(26)00074-8/abstract)

“WHO has adopted a resolution to advance health equity for people with haemophilia and other bleeding disorders. Led by Armenia and co-sponsored by 12 countries across Europe, Asia, Africa, and the Americas, **the resolution was approved by the WHO Executive Board (EB158) meeting on Feb 3, 2026, and aims to improve access to care and treatment worldwide.** Armen Melkonyan, Head of International Relations at the Ministry of Health in Armenia, presented the resolution, which seeks to establish an international framework to improve care and treatment for people with haemophilia and other bleeding disorders.”

Conflict/War & Health

Stat Opinion – The Pasteur Institute of Iran illustrates important truths about global public health

C Chatterjee et al ; <https://www.statnews.com/2026/04/09/pasteur-institute-iran-history-global-health/>

The authors conclude: “...If there is a hook in the events unfolding in Tehran, it is this: War may command attention, but welfare is built in laboratories. The global history of Pasteur Institutes demonstrates that investments in science, when sustained across political regimes and geopolitical tensions, generate some of the highest social returns imaginable. In a fractured world, preserving and strengthening such networks is not merely a technical choice. It is an economic and moral imperative.”

Migration & Health

International Journal of Health Planning and Management - From Parallel Provision to Health System Integration: Exploring the Trajectory and Contextual Drivers of the Healthcare Response for Refugees in Six Low- and Middle-Income Countries

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/hpm.70071>

By Maria Paola Bertone et al.

AI & health

Lancet Primary Care – AI themed issue

[https://www.thelancet.com/journals/lanprc/issue/vol2no3/PIIS3050-5143\(26\)X2003-9?dgcid=bluesky_organic_globalhealth_lanprc](https://www.thelancet.com/journals/lanprc/issue/vol2no3/PIIS3050-5143(26)X2003-9?dgcid=bluesky_organic_globalhealth_lanprc)

“Exploring the growing role of AI in primary care—from chatbots to glaucoma screening—alongside key considerations on regulation, patient safety, and more.”

IHP – The AI revolution in African healthcare: Are we building castles on sand?

<https://www.internationalhealthpolicies.org/featured-article/the-ai-revolution-in-african-healthcare-are-we-building-castles-on-sand/>

New blog by Veronica Namaganda.

Papers & reports

Lancet Regional Health Africa – April issue

[https://www.thelancet.com/issue/S3050-5011\(26\)X2002-8](https://www.thelancet.com/issue/S3050-5011(26)X2002-8)

Includes the Editorial - [From burden to leadership: renewing the fight against malaria in Africa](#) (ahead of World Malaria Day, 25 April).

Globalization & Health - An account of health systems resilience to emergencies in Africa: a scoping review

M Ankomah et al; <https://link.springer.com/article/10.1186/s12992-026-01209-9>

“This review emphasises the need for equitable, inclusive, and coherent strategies to strengthen resilient health systems in Africa. It calls for a shift from reactive, fragmented approaches to a long-term system-wide transformation grounded in inclusive governance, equitable social protection, robust digital health systems, a sustainable workforce, integrated and trusted community engagement, and adaptive physical infrastructure. Importantly, the review affirms that addressing deep-seated political, structural, and social inequities is crucial to ensuring resilience does not become an empty concept.”

SS&M - Tuition-Free Lower Secondary Education and Women’s Healthcare Decision-making in Sub-Saharan Africa

Bijetri Bose, J Heymann et al;

<https://www.sciencedirect.com/science/article/pii/S0277953626003217>

“... Women exposed to free education were more likely to have say in health decisions. Tuition-free education policies are an important investment for advancing health.”

Health Policy (special issue) - Health System Sustainability and Resilience

<https://www.sciencedirect.com/special-issue/106LW75S7NM>

“Health systems must continue to meet population health needs in the face of rising costs, ageing populations, and growing expectations, while also withstanding the shocks that inevitably disrupt them. How to pursue both objectives simultaneously is among the most pressing questions in health policy. This special issue brings together contributions that examine this challenge through various lenses, from analytical and measurement questions to governance and crisis response, drawing on evidence from health systems across a wide range of contexts and income levels. The issue offers insights on the valuation of resilience investments, the use and limitations of common performance metrics, prospective approaches to stress-testing health systems, and the compounding effects of sequential and long-term pressures on system capacity and financial protection. By addressing key gaps and highlighting future research priorities, this collection aims to advance the evidence base for building health systems that are both sustainable and resilient.”

- Start with the [Editorial - Health System Sustainability and Resilience: Navigating Perpetual Tensions?](#)
- Including also: [A method for testing health system resilience: Development, application and lessons learned](#)

HP&P - The pervasiveness of racism in healthcare facilities in Latin America: A scoping review Open Access

Arachu Castro et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag050/8637863?searchresult=1>

« Racism in healthcare facilities across Latin America systematically affects Indigenous, Afrodescendant, and migrant populations....”

SSM-Health Systems – A liminal health system: Exploring the resilience strategies of healthcare providers and communities along the Thailand-Myanmar border

L DiStefano et al

<https://www.sciencedirect.com/science/article/pii/S2949856226000437?via%3Dihub#ab0010>

“Amidst conflict and instability, an ecosystem of health services has emerged along the Thailand-Myanmar border. **The cross-border health system functions in a liminal space, navigated by both local service providers and community members.** Unique strategies and capacities that underlie the resilience of this system are described.”

Blogs & op-eds

Speaking of Medicine -From metrics to meaning: using performance pathways to make health system performance assessment speak for policy

D Rajan & N Shuftan; <https://speakingofmedicine.plos.org/2026/04/06/from-metrics-to-meaning-using-performance-pathways-to-make-health-system-performance-assessment-speak-for-policy/>

“Health system performance assessment (HSPA) has long relied on quantitative indicators to describe how health systems function and whether they meet goals. While such metrics are essential, they **often provide only a partial picture**: they can reveal what is happening but far less about why performance looks the way it does or how it might be improved. As health challenges persist—ranging from demographic change and chronic disease to strained public health cooperation—**there is an increasing need for approaches connecting data to the underlying mechanisms shaping health system performance.**”

“To address this, **we propose an approach combining quantitative indicators with structured qualitative insights to build performance pathways.** These pathways make the **connections between system functions, sub-functions and health system objectives explicit**, enabling clearer understanding of relationships between inputs, processes, outputs and outcomes. They bring qualitative depth to quantitative trends, allowing analysts and policymakers to move from measurement to actionable explanation....”

Tweets (via X & Bluesky)

Sridhar Venkatapuram

“If you haven’t noticed, all the health news critical of the US govt is being published outside the US in a UK medical journal. can you think of why?”

Institut Pasteur de Dakar

“A major breakthrough for public health in Africa, the Institut Pasteur de Dakar has developed the world’s first rapid diagnostic test for measles. The SURUA Measles IgM test is an innovation that enables fast and reliable detection at the point of care, allowing for a more effective response to a highly contagious disease that still causes serious complications in children. ... Following a successful independent evaluation led by the World Health Organization (WHO), the SURUA Measles IgM test has reached a historic milestone as the **first rapid test recommended for use within the Global Measles and Rubella Laboratory Network (GMRLN)....**”