

IHP news 875 : Game on

(17 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,

From what I could tell, White House and [GOP leaders](#) took up a new hobby this week - "popesplaining" - but no worries, unlike the Donald, [Vance](#) & co, IHP has no time for [sparring](#) with Leo XIV.

In this week's issue, we first focus on the **IMF/World Bank Spring meetings** (*with among others the new ['Water Forward' initiative](#) from the World Bank, part of its recent ["shift toward mission-driven development"](#)*). The meetings take place in 'polycrisis times on speed', but we're also in the midst of a [capitalist regime change](#) since a few years. In the margins of the meetings, there was also some [good news on the Lenacapavir roll-out](#) (at the CSIS Futures summit), and the [Future of Development Cooperation Coalition](#) met for the first time. Meanwhile, in the **WHO DG race** it seems **'the game is on'** (*with for example a rather important [visit of Tedros to Berlin](#) early this week*). The newsletter also features once again lots of publications and Comments related to the **changing global health architecture & reform**. The debate is slowly but steadily becoming less theoretical, and more operational.

Speaking of this ['system in transition'](#), we already want to flag here an important **Alliance-convened [Comment](#) in the *The Lancet*** that zooms in on the **global health research financing emergency**, arguing for earmarked domestic funds to inform health financing reforms. In the Comment, 20+ global health research leaders **warn that funding cuts are threatening national health research ecosystems**. As **Dr John-Arne Røttingen**, CEO of the Wellcome Trust and also a Comment co-author, put it: *"Health research financing is not just a technical issue – it is about power, priorities and participation in the global knowledge economy."* And so, *"... In response to this challenge, **the Alliance is launching a new programme of work focused on advancing domestic financing of health policy and systems research in LMICs**. This initiative will explore practical pathways for countries to mobilize and sustain funding for health policy and systems research and strengthen national research ecosystems."* Much needed indeed.

Last but not least, although physically incapable of ['beaming like Ursula when pleased about something'](#), we were also rather **happy about the ousting of Orban from power in Hungary**. Yes, the EU never ceases to disappoint on its lofty 'values', certainly the past years, but there's still much worth fighting for on this continent, as many people in Hungary (including many young people) showed us again. Let's hope their victory also inspires many other people and countries in the months to come, both in the EU and across the ocean. As this was just one defeat for the radical-right - it's far from 'game over' for them, unfortunately.

But maybe, just maybe, the '[Wind of change](#)' (*horrible song, I know:)* is starting to blow differently. If only because by now, citizens and voters have seen a few 'case studies' of what can actually happen when you hand the radical-right the reins of power.

Still, every setting and battle is different. But at the very least, after last weekend, it's game on now.

Enjoy your reading.

Kristof Decoster

Featured Articles

Can “America First” bring Burundians together?

Antea Paviotti

The introduction of the “America First” strategy in Burundi has not received much attention in Burundian media. Even media in exile, which are less concerned by Burundian authorities’ control and therefore freer to express themselves, did not raise questions around the recently signed [bilateral health cooperation MoU](#) between the US and the government of Burundi. Could this mean that the deal is perceived as not problematic, or even fully beneficial to Burundi, and could it therefore represent a topic that brings Burundians together?

It is hard to find a topic that does not become immediately politicised and divisive in Burundi, more than in other countries. However, the approval of the “America First” strategy, through the signing of the MoU last February 6th, did not seem to receive this treatment in Burundian media, despite it being an important political act of national and international concern. ...

- To continue the read, see IHP: [Can “America First” bring Burundians together?](#)

When the medicine runs out: AMR, antibiotic shortage, and the children being left behind

[Nida Afzal Hussain](#)

In 2024, a 25-month-old boy arrived at a hospital in Banjul, Gambia, with fever, seizures, and a bloodstream infection caused by *Enterobacter cloacae*, a bacterium that in previous generations might have been beaten with the standard antibiotics. This strain was multidrug-resistant, impervious to at least one agent in nine different antimicrobial groups. Laboratory testing identified two [antibiotics](#) that could have been effective and saved him. Neither was available. He died nine days after admission.

As distressing as this story is, it's not just a distant tragedy. ...

- To continue the read, see IHP - [When the medicine runs out: AMR, antibiotic shortage, and the children being left behind](#)

Highlights of the week

Structure of Highlights section

- Read of the week
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- UHC & PHC
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- Mental health
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- SRHR
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- Human Resources for Health
- Update on roll-out Lenacapavir
- More on Access to Medicines, Vaccines and other health technologies
- Conflict/War & Health
- Miscellaneous

Read of the week

The Management of Voice in Global Health: How global health learned to include and listen, without redistributing power

Habib Benzian & Fidel Strub; [Substack](#);

Absolute must-read, also with a view on the ongoing 'global health reform' discussions & processes.

"This essay is written from two vantage points. One traces the structure of global health systems and the institutional arrangements through which priorities are set, knowledge is validated, and

resources are allocated. The other draws on lived experience of navigating these same systems from the outside, and being invited into them only intermittently.”

“Fidel Strub, the guest co-author for this essay, is a noma survivor, advocate, and founder of Elysium. His work has helped bring noma into global policy discussions and public attention, including international recognition such as the TIME100 Health list. His experience reflects not only the realities of a neglected disease, but also the conditions under which lived experience is included, interpreted, and often excluded again in global health processes.

This essay brings these perspectives together. It reflects both how global health systems are designed, and how they are experienced.”

Spring meetings IMF/World Bank (13-18 April, Washington DC): Primers, reports & analysis *ahead* of the meetings

In a **first section** related to the Spring meetings, we provide some primers, reports & analyses published ahead of the meetings. The **second section** will focus on the Spring meetings itself (coverage/analysis).

Devex Pro Insider: Spring Meetings stress test amid Middle East shock

<https://www.devex.com/news/devex-pro-insider-spring-meetings-stress-test-amid-middle-east-shock-112221>

(gated) “Amid a war in the Middle East, **this year's World Bank-IMF Spring Meetings** feel less like a forum for big new ideas and more like a real-time stress test.”

“**The overarching backdrop is the shift to development finance** as donor foreign assistance undergoes a historic revision. **Will multilateral development banks step up?** It was the biggest question at last year’s World Bank-IMF [spring and annual meetings](#) as the traditional aid architecture crumbled. **Today, it’s still top of mind as everyone continues to sort through the wreckage of 2025 while also confronting stubborn challenges — unsustainable debt, fraying multilateralism, internal reforms — and fresh crises** — namely, the U.S. and Israeli war against Iran.”

“The **good news? The World Bank is well-capitalized and has myriad resources at its disposal to tackle these crises.** The bad news? It’s **unknown whether it has the willpower to deploy its financial firepower....**”

PS: “... My **main wish here, or aspiration for these institutions,** is that, frankly, they **take more risk and work in riskier countries,**” Clemence Landers (CGD) said. She added that the World Bank’s **tightly guarded AAA credit rating hampers its risk appetite....**

Devex – Special edition: Everything to know ahead of the World Bank-IMF Spring Meetings

<https://www.devex.com/news/special-edition-everything-to-know-ahead-of-the-world-bank-imf-spring-meetings-112254>

“How will multilateral institutions respond to a global economic shock amid ongoing reforms and political tensions?”

A few excerpts:

“In recent years, the World Bank has used the Spring Meetings and annual meetings to roll out big-ticket initiatives, often in partnership with others, aimed at tackling global challenges. Think [Mission 300](#) for electricity in Africa, health care for 1.5 billion people, and [AgriConnect](#) to accelerate investments in farming and agribusiness. **This week, the bank will launch Water Forward. The initiative is aimed at [strengthening global water security](#) and ramping up investments for water services, sanitation, and more....”**

- See also Devex: [The World Bank’s water shift](#) : “The **World Bank’s water shift**: The World Bank’s new water strategy shifts from infrastructure to systemwide management, but weak incentives and governance may limit its impact....”

Re the **debt crisis**: **“Beating a debt horse: At the risk of sounding like a broken record, don’t expect much on debt. ... What hasn’t changed: the cost of servicing debt for African countries has basically doubled, and new shocks keep hitting countries that already have very little fiscal space to maneuver. Debt will still be discussed, of course, but I’m told real progress may have to wait until next year because there is no clear political avenue for success. McNair tells me the U.K. is already looking ahead to its leadership of the Group of 20 largest economies next year, and how it could set up a modular debt response system that creates different responses for different countries depending on their needs and type of debt distress....”**

CGD - IMF-World Bank Spring Meetings 2026: What We’re Watching

R Glennerster et al ; <https://www.cgdev.org/blog/imf-world-bank-spring-meetings-2026-what-were-watching>

“...CGD experts share what they’re watching this week...”

“Balancing crisis response with long-term challenges; Will creditors step up for debt suspension? Food prices, food markets, and who pays the price; As aid collapses, Africa's \$4 trillion in domestic capital can't afford to sit idle; Navigating the 2026 G20 "gap year"? Will the IMF deliver for Africa? What the Ukraine financing deadlock means for developing countries...”

Devex – Why the World Bank's mission moment needs more than ambition

M Mazzucato et al ; <https://www.devex.com/news/why-the-world-bank-s-mission-moment-needs-more-than-ambition-112284>

“The World Bank’s shift toward mission-driven development signals real progress — but without deeper changes to how it finances, designs, and delivers, ambition risks falling short of impact.”

“This week, as policymakers, development practitioners, and finance ministers gather in Washington for the IMF–World Bank Spring Meetings, **the conversation about the future of development finance is shifting in important ways. The World Bank has begun to organize its work around missions, from delivering electricity to 300 million people across Africa — Mission 300 — to securing water access for hundreds of millions more.** At the same time, **the bank’s latest flagship report on industrial policy marks a significant departure from decades of skepticism about the role of governments in directing investment and shaping structural transformation.** These are welcome and meaningful steps....” But... (do read on)

- See also Devex - [Bjerde: World Bank tests crisis response amid overhaul, debt fears](#)

“... the World Bank is doubling down on a new operating model built around large, sector-wide initiatives designed to focus attention, crowd in private investment, and coordinate partners across the development system.”

“The latest example, launched this week, is **Water Forward**, [a global effort to tackle water insecurity](#) — which affects an estimated 4 billion people — by framing water not just as a basic need, but as an economic driver linked to growth, jobs, and resilience. The World Bank, along with partners, including a bevy of multilateral development banks, has said it would improve water security for 1 billion people by 2030. **Water Forward follows two other flagship initiatives: AgriConnect, which aims to boost jobs by investing in agribusiness, and Mission 300, which aims to bring electricity to 300 million people in sub-Saharan Africa by 2030.**”

“The approach marks a shift from traditional project-based financing toward platform-style programs that bundle public and private resources. Under the model, [countries develop “compacts”](#) that set out their own sector strategies and investment priorities, with the aim of attracting private capital alongside multilateral and philanthropic support. “The client is in fact in the driver’s seat,” said Bjerde, **describing the compacts as country-led strategies that translate global challenges into operational plans on the ground.”**

“Crucially, the bank is also seeking to position itself as a coordinator of a broader ecosystem — bringing together other multilateral development banks, private investors, and philanthropies around shared priorities....” “That outward-facing shift is being matched by internal reforms aimed at breaking down longstanding silos between the bank’s public and private arms...”

Guardian – Don’t mention the climate: Trump creates ‘beyond absurd’ situation at global finance talks

<https://www.theguardian.com/environment/2026/apr/13/dont-mention-the-climate-trump-creates-beyond-absurd-situation-at-global-finance-talks>

“Developing countries face possible shelving of crucial green action plan at IMF and World Bank spring meetings.”

“The International Monetary Fund (IMF) and the World Bank Group (WBG) spring meetings take place this week amid a fragile ceasefire in Iran and upended geopolitics. **One of the priorities was to**

forge a new **“climate change action plan” (CCAP)** for the world’s biggest provider of funds to developing countries, to replace the current strategy, which expires in June. Now, it looks like the new plan may be shelved, along with substantive discussion of the climate crisis....”

Guardian – Iran war could plunge 32 million into poverty, says United Nations

<https://www.theguardian.com/society/2026/apr/13/iran-conflict-poverty-united-nations-development-reverse>

“‘Development in reverse’ taking place involving rising energy and food costs and weaker economic growth.” Coverage of a new UNDP report.

“More than 32 million people worldwide could be plunged into poverty by the economic fallout from the Iran war, with developing countries expected to be hit hardest. In a report issued amid doubts over a fragile ceasefire, the United Nations Development Programme (UNDP) said the world was facing a “triple shock” involving energy, food and weaker economic growth. The agency tasked with tackling poverty said the conflict was reversing gains in international development, with the impact expected to be felt unevenly across regions.”

“Alexander De Croo, administrator of the UNDP and former prime minister of Belgium, said: “A conflict like this is development in reverse. “ “Publishing its report as world leaders gather in Washington for the IMF’s spring meetings, the UNDP said a global response was required to support countries hardest hit by the economic fallout. It said targeted and temporary cash transfers were needed to protect the most vulnerable households in developing nations, at a cost of about \$6bn to neutralise the shocks for those falling below the poverty line. De Croo said international agencies and development banks could provide the financial support....”

Project Syndicate - Will the IMF Ever Learn?

T Kaldas; <https://www.project-syndicate.org/commentary/imf-spring-meetings-opportunity-to-reform-lending-practices-by-timothy-kaldas-2026-04>

“From austerity to taxation, the International Monetary Fund has consistently failed to incorporate its own findings into its lending programs. The Fund's once-a-decade Review of Program Design and Conditionality, which is now underway, offers a critical opportunity to change this.”

Also with application on Egypt.

Global Development Policy Center - Toward More Effective IMF Programs: Learning from the Evidence on Conditionality

T Hirschel-Burns et al ; <https://www.bu.edu/gdp/2026/04/09/toward-more-effective-imf-programs-learning-from-the-evidence-on-conditionality/>

“As the IMF reviews its design of programs and conditionalities, it is important to base this evaluation on the best available evidence. A new policy brief by Tim Hirschel-Burns and Marina Zucker-Marques summarizes evidence from 21 recent peer-reviewed academic studies and the IMF’s own research. Recognizing that IMF programs and external conditions have evolved over time,

they place stronger emphasis on recent research published between 2015 and 2025. **The authors focus on three main sets of questions. First, do programs help overcome the problems that led countries to seek financial assistance? Second, are there unintended consequences and negative spillovers from IMF programs that could be destructive of national prosperity? And third, is conditionality applied uniformly among IMF members, in line with the IMF’s commitment to neutrality?”**

Main findings:

- **IMF programs fall short of their stated goal of resolving countries’ balance-of-payments problems:** The literature suggests that IMF programs have improved their ability to increase growth but still underestimate the negative impacts of contractionary policies and struggle to change borrowing countries’ export structures.
- **IMF programs create collateral damage:** They are associated with increased poverty, inequality, neonatal mortality and deforestation.
- **IMF programs suffer from a lack of evenhandedness:** Countries aligned with Western shareholders are more likely to receive IMF loans with less stringent conditionalities.”

Oxfam – Wealth largely absent from IMF tax guidance, benefiting the rich

<https://www.oxfam.org/en/press-releases/wealth-largely-absent-imf-tax-guidance-benefiting-rich>

“Only 3 percent of the more than 1,000 tax recommendations made by the International Monetary Fund (IMF) to governments in recent years focus on taxing wealth and income from wealth, new analysis by Oxfam reveals ahead of the IMF and World Bank Spring Meetings in Washington, D.C.”

“Oxfam examined the IMF’s tax advice to 125 countries between 2022 and 2024. Despite the rapid growth of extreme wealth —billionaire wealth has surged by 81 percent since 2020— just 30 of 1,049 tax recommendations focus on net wealth taxes and the taxation of income from wealth, namely capital gains.....”

“... Oxfam’s analysis exposes two striking discrepancies in IMF guidance depending on a country’s income level. First, 52 percent of tax advice to high-income countries was progressive, while 59 percent of tax advice to low- and lower-middle-income countries was regressive. Second, while the IMF publicly acknowledges that tax policy is a critical tool for addressing inequality, it links its tax advice to inequality far more often for high-income countries (34 percent) than low- and lower-middle-income countries (8 percent).....”

CGD - Health Taxes and the IMF: Are Support and Reform Aligned?

S Gupta et al ; <https://www.cgdev.org/blog/health-taxes-and-imf-are-support-and-reform-aligned>

“... While health policy is not a core focus, the IMF advises member countries on raising domestic revenue in ways that are fair, efficient, and administratively feasible. As part of its tax policy guidance, it recommends health taxes—where appropriate—as a component of a balanced and well-functioning tax system. This advice is reflected in its three core activities: surveillance of member country policies, lending, and capacity development.”

“We previously discussed the [IMF’s surveillance advice on health taxes during 2010–2024](#) in detail. **This blog focuses instead on health taxes in IMF-supported lending arrangements and capacity development in tax design and administration during the same period. We find that these two activities differ markedly in their regional focus, and that conditionality in particular bears little relationship to countries’ estimated revenue potential. It appears that reform commitments are concentrated in lower-income countries, while technical support is more visible elsewhere.**”

Concluding (**bottom line**): “Health taxes remain one of the clearest opportunities for countries to raise revenue while improving public health. Yet **this analysis suggests that *how* these reforms are supported matters as much as *whether* they are adopted. The current pattern—where reform commitments are concentrated in lower-income countries, while technical support is more visible elsewhere—raises a practical concern: complex excise reforms may be pursued without commensurate design and implementation support.** Given the technical demands of these reforms, this gap could affect both their durability and effectiveness.”

“**Better alignment between IMF-supported reform commitments and capacity development could help close this gap. Strengthening support—particularly in countries undertaking reforms under IMF programs—would increase the likelihood that health taxes deliver sustained revenue gains and meaningful health outcomes.**”

IMF/WB Spring meetings: coverage & analysis

Devex Invested: Spring Meetings memo — corridors are hot, climate is not

<https://www.devex.com/news/devex-invested-spring-meetings-memo-corridors-are-hot-climate-is-not-112309>

Recommended overview of the Spring meetings’ main highlights & lowlights. “**Iran war fallout in Africa, no (fossil fuel) subsidy U-turns, and a big push on economic corridors.**”

On the latter: “**The Trump administration might be cold on African aid, but it’s certainly hot on African corridors.** These **large, cross-border infrastructure routes linking ports, rail, energy, and industrial zones** have become a priority for the U.S. government, **tied closely to critical minerals, supply chains, and its broader “trade, not aid” approach.** U.S. officials [said in February](#) that they’re seeking input on which cross-border project to back under a new U.S.-AU infrastructure working group....”

Re climate change: “**climate change felt far less central than in previous years. That shift comes at a consequential moment.** The World Bank’s **Climate Change Action Plan** — which has guided its work since 2021 — **is set to expire at the end of June** after a one-year extension. As my colleague Jesse Chase-Lubitz [has reported](#), there’s **growing pressure, particularly from the U.S., to scale back or scrap parts of it altogether. That pressure was made explicit yesterday.** In his public remarks, U.S. Treasury Secretary **Scott Bessent** [said he welcomed](#) the plan’s “long-overdue expiration” and **urged the World Bank to shift away from what he described as a “myopic focus on climate and financing volumes” toward “high-quality, durable projects” that better support growth and poverty reduction.** He also called for the bank to **abandon its 45% climate finance target**, arguing it is “distortionary” and undermines its effectiveness....”

- On the latter, see also **Climate Change News** - [US pressure puts World Bank's climate plan at risk](#)

“Closed-door talks over the World Bank’s climate agenda have stalled, as **the US pushes to scrap green targets and expand support for fossil fuels.**”

HPW - Africa’s Clean Cooking Gap Leaves 1 Billion Without Access

<https://healthpolicy-watch.news/africas-clean-cooking-gap-leaves-1-billion-without-access-world-bank-warns/>

“**Lack of access to clean cooking fuel and technologies has extensive impacts on health, environment, economy, and women’s equality**, say experts at the World Bank Group Spring Meeting.”

Update on where things stand on this issue. “**Since a pivotal 2024 summit, \$2.2 billion has been mobilised for clean cooking in Africa. Thirty countries have joined the initiative through national energy compacts** in a push to alleviate the one billion Africans who still lack access. With ministers of energy from around the world in attendance, **a World Bank Group (WBG) civil society event** at the yearly Spring Meetings **highlighted the urgent matter of a transition to clean cooking – placing the economic, health, environmental, and gender implications of unhealthy fuels and stoves on full display....**”

Guardian - Iran war escalation could trigger global recession, IMF warns

<https://www.theguardian.com/business/2026/apr/14/iran-war-global-recession-imf-uk-growth-forecasts-oil-prices>

“**A further escalation in the Iran war could trigger a global recession**, spiralling inflation and a sharp backlash in financial markets, **the International Monetary Fund has warned....**”

“...With the pressure on the global economy mounting, **the IMF set out three possible scenarios for the war in its World Economic Outlook (WEO)** – in which **even a short-lived conflict would dent growth and stoke inflation** relative to its previous forecasts made last autumn....”

A reference forecast, an adverse scenario, and a severe scenario.

Reuters - Middle East conflict and aid drop push more African nations to IMF

[Reuters](#);

“Foreign aid to sub-Saharan Africa fell sharply in 2025, worsening fiscal pressures; **27 of 45 sub-Saharan African countries now rely on IMF-supported programs**; IMF's Selassie optimistic about long-term regional growth potential.”

Reuters - 'Blend' countries pay billions extra as access to cheap multilateral loans narrows

[Reuters](#);

“Blend countries face higher costs due to limited MDB lending, report by ONE Data and Rockefeller Foundation finds; Donor aid cuts worsen funding gaps; Report urges expanding MDB capacity, faster loans, and safeguarding IDA funding.”

“Developing nations are paying tens of billions of dollars extra to fund infrastructure, education and health projects due to inadequate access to affordable loans from multilateral development banks (MDBs), a report showed on Tuesday. The study by ONE Data, the research and data arm of anti-poverty advocacy group ONE, and The Rockefeller Foundation looks at the rising cost of borrowing for low- and lower middle-income countries....”

“Facing the biggest squeeze are the ten so-called “blend” countries including Kenya, Ghana, Senegal and Bangladesh that straddle the gap between the poorest nations and wealthier developing economies. Blend countries are eligible to borrow from both the World Bank’s market-rate lending arm and its concessional lending arm. According to the research, blend countries could have saved up to \$20.8 billion over 2020-2024 had they been able to finance \$40.6 billion in sovereign bond issuance through cheaper MDB lending windows, the report found. However, they borrow at significantly higher costs from international bond markets, while concessional lending options remain limited in both volume and flexibility, the report said....”

- For the report, see [Priced out: The rising cost of borrowing for low- and lower-middle-income countries](#)

Devex – IMF urges sub-Saharan Africa to focus aid 'where impact is greatest'

<https://www.devex.com/news/imf-urges-sub-saharan-africa-to-focus-aid-where-impact-is-greatest-112294>

“International Monetary Fund officials say traditional aid cuts are forcing African governments to rethink their funding priorities, with fragile states under the most pressure.”

Devex - Developing nations launch a Borrowers’ Platform to tackle debt

<https://www.devex.com/news/developing-nations-launch-a-borrowers-platform-to-tackle-debt-112279>

“The platform is something of a **counterweight to the 70-year-old Paris Club**, a group that helps wealthy nations coordinate debt relief efforts across the world.”

“The Borrowers’ Platform was first announced at last year’s Fourth International Conference on Financing for Development in Spain — and over the last nine months, Egypt has pushed the vision forward as chair of a [seven-country](#) working group. ... Today, 28 countries have joined the platform, including the members of the effort’s working group: Egypt, Colombia, Honduras, the Maldives, Nepal, Pakistan, and Zambia. Pakistan is serving as the initiative’s vice-chair, and the U.N.

Trade and Development agency is providing technical and administrative support as its secretariat.”

- See also [Climate Change News - Broken debt system must be fixed to confront future climate shocks](#)

“New UN-supported forum **should challenge a global system that leaves many Global South nations with zero fiscal breathing space to navigate climate disasters and economic crises.**”

“**By organising the new borrowers’ forum, the Global South is signalling that the era of passive “standard-setting” by lenders is over. The ultimate goal for global civil society and debt justice movements is the establishment of a UN Debt Convention;** a democratic, binding and inclusive framework that governs both lenders and borrowers. This mechanism would ensure that debt restructuring and cancellation are sufficient to allow countries to fulfill their international human rights obligations and implement necessary climate actions....”

Devex – Long awaited loss and damage fund prepares to deliver

<https://www.devex.com/news/long-awaited-loss-and-damage-fund-prepares-to-deliver-112308>

(gated) “After years of negotiation, **the loss and damage fund is shifting into implementation with initial grants set to test whether it can deliver real support to climate-vulnerable countries.**”

... the **first funding approvals are expected as early as July....**”

Devex Pro – UNDP chief: We will have to do less with less

<https://www.devex.com/news/undp-chief-we-will-have-to-do-less-with-less-112302>

(gated) “**Alexander De Croo, administrator of the U.N. Development Programme,** says U.S. and other donor aid cuts reverse decades of anti-poverty gains.”

Donors Kickstart GFF Investment Round with More than USD 800 Million to Accelerate Reductions in Maternal and Child Deaths

<https://mailchi.mp/worldbank/donors-kickstart-gff-investment-round-with-more-than-usd-800-million?e=af9a938937>

“New commitments mark a strong start — with **more than 80 percent raised towards the 2026 goal.**”

“These pledges **mark the beginning of the GFF’s new investment round,** **Through 2026–2030, the GFF intends to expand its operations from 36 to 50 countries with the highest maternal and child mortality, and is projected to leverage USD 12.5 billion in WBG financing, USD 17.8 billion in partner resources, and USD 21.4 billion in domestic resources to scale high-impact health interventions. These efforts will contribute to the WBG’s goal of reaching 1.5 billion people with quality, affordable health services by 2030. ...**”

PMNCH – World Bank Spring Meetings 2026 Messaging Framework Protecting Financing for Women, Children and Adolescents: A Fiscal and Political Choice

<https://pmnch.who.int/docs/librariesprovider9/meeting-reports/world-bank-spring-meetings-2026-messaging-framework--.pdf>

Two-pager. With **two-pronged approach**: Prong 1: Protect and expand domestic financing for WCAH; Prong 2: Protect and redirect external and multilateral financing.

And a link:

- [CGD note – Still Missing at the Top: Women and Senior Leadership in the International Financial Institutions](#) ((by E Kandpal et al)

“In a 2023 [working paper](#), we documented how women remained quite underrepresented in senior leadership roles across the international financial institutions (IFIs), despite decades of stated commitments to gender equality. **This note revisits and updates that analysis using newly compiled data through 2025**, drawing on expanded and revised leadership rosters across major multilateral development banks and international financial institutions. **The updated figures show that while women’s representation has improved in some institutions—largely the regional banks—progress remains uneven and fragile, with persistent gaps at the very top of global economic decision-making—and strikingly, some evidence of backsliding at the International Monetary Fund and the World Bank.**”

Global Health reform & reimagining (+ post-2030)

Health governance dispatch – newsletter issue 15 April

David Clarke; <https://www.linkedin.com/pulse/health-governance-dispatch-week-15-april-2026-david-clarke-4xae/>

“**Global health is entering a new phase.** Across this week’s developments, **three dynamics** are converging: **power is being renegotiated** across states, institutions, and regions; **resources are contracting** faster and deeper than expected; and **system design is lagging behind both**. None of these is new individually. Together, they are reshaping the operating logic of global health governance....

Re 1. **Power: the Lyon Declaration and the Accra Reset**

“**Two developments this week signal that architecture reform has moved from expert debate into formal political negotiation.** ... Taken together, these developments point to a **redistribution of agenda-setting authority: from expert communities to political actors, and from concentrated agendas to more plural ones.**”

Re 2. **Scarcity: the ODA collapse, now confirmed and worse than modelled**

“... In an expanding system, governance is about coordination. In a contracting system, it becomes about **allocation, prioritisation, and trade-offs** — who decides what gets funded and what does not, which populations are prioritised, which institutions adapt and which become marginal. Scarcity does not just reduce resources. It sharpens power and exposes weaknesses in decision-making frameworks.”

Re 3. Design: a system built for a different world

The deeper issue is that the current global health architecture was not designed for this combination of distributed authority and sustained scarcity. Its core features — fragmented institutional mandates, vertical funding streams, diffuse accountability arrangements — reflect a different era. Under current conditions, they are becoming constraints.

Clarke concludes: “**The Lyon Declaration, the Accra Reset Panel, the ODA collapse, the South Asian PPP evidence — these are not separate stories. They describe a system in transition:** power becoming more distributed and contested, scarcity becoming structural rather than cyclical, and design emerging as the limiting factor on performance....”

Infographic on global health reform processes (& threats) (by the Partnership for International Politics and Diplomacy for health)

See [A Nordström on LinkedIn:](#)

“We are in a period of heightened global health reform momentum — but **navigating the landscape of initiatives, processes, and proposals can be overwhelming.**”

To help, we've created this **infographic summarising:**

The structural drivers behind current reform discussions; Key milestones in the reform timeline, from the Gavi Leap and Accra Reset to the emerging WHO-hosted process; The threats that could prevent meaningful change.

2026 is a critical year. The opportunity exists, but so do the risks of inaction.”

Passblue - Merging of UN Gender Entities Moves Ahead Despite Doubts and Risks

<https://passblue.com/2026/04/08/merging-of-un-gender-entities-moves-ahead-despite-doubts-and-risks/>

“**The push to consolidate the two United Nations’ agencies dedicated to women’s rights and reproductive health has produced a formal path for their merger.**”

“**An initial assessment done under the UN80 Initiative, the systemwide reform plan to make the world body nimble, proposed merging UN Women and the United Nations Population Fund (UNFPA) as a “composite entity.”** That means the two organizations will be brought together under a single governance structure while maintaining their separate mandates. **The document, published on March 30, is the first to lay out a concrete model for the proposed merger** since it was announced in early 2025 as part of UN Secretary-General António Guterres’s UN80 plan....”

PS: “The merger reflects just how precarious it is for gender programs at the UN to remain viable as the US government under President Trump continues to mount unrelenting opposition against sexual health and reproductive rights. In addition to withdrawing from UNFPA, PassBlue reported how the US pushed to reinterpret gender as a term strictly referring to men and women, during the annual women’s rights conference in March. **Additionally, some Asian and African countries want the agencies’ mandates to align more with their national interests.** This dynamic, experts say, would reopen opportunities for countries with restrictive gender policies to renegotiate agreed terms....”

- Related: via **Development Today: [Sweden: Hard-won gender and sexual reproductive health mandates could be wiped out by merging UNFPA and UN Women](#)**

(gated) (by **A D Usher**) “As discussion about a proposed merger of the two UN entities drags on, **Sweden has emerged as an outspoken critic of the process, calling for an evidence-based review that weighs risks and benefits rather than a fait accompli.** “We should have a proper assessment before we take a decision,” Ambassador Andreas von Uexkull says to *Development Today*.”

Devex – A new coalition maps development cooperation for a ‘hostile’ world

<https://www.devex.com/news/a-new-coalition-maps-development-cooperation-for-a-hostile-world-112306>

“The **Future of Development Cooperation Coalition** held its **first meeting on the sidelines of the World Bank-International Monetary Fund Spring Meetings** in Washington, D.C.”

“**Development cooperation must be fundamentally rethought for a harsher, more fragmented world order,** according to senior global leaders who have formed a new coalition to do just that.”

“**Traditional models of foreign assistance are under strain** as official development assistance declines and geopolitical competition intensifies, they said. **That’s why they formed the Future of Development Cooperation Coalition,** an independent initiative bringing together leaders from government, civil society, academia, philanthropy, and the private sector. The **coalition’s starting point is recognizing that the world has become “more hostile, more power-driven, more unstable, less predictable,”** and that the **traditional, top-down aid paradigm cannot meet today’s challenges,** said the coalition’s co-chair Arancha González at Devex’s Capital Summit during the World Bank-International Monetary Fund Spring Meetings in Washington, D.C....”

Daniel Reidpath - A New Global Health Architecture: Maximising Health Returns

<https://www.papyruswalk.com/2026/04/a-new-global-health-architecture-maximising-health-returns/>

Reidpath concludes: “.... **The convergence of fiscal pressure, institutional reform, and financial innovation creates a significant opportunity to re-engineer the global health architecture around principles of equity, efficiency, alignment, and sustainability.** Through the structuring of **Population Equity Units,** the deployment of the **Health Returns Value Index,** and the **gradual mobilisation of capital markets,** it is **possible to construct Health Equity Portfolios that are resilient, adaptive, and performance-oriented.** Such an approach ensures that, even under conditions of constrained financing, health systems can continue to deliver measurable value at scale for national governments. **Health system sustainability is preserved through disciplined alignment of investment with demonstrable population value.**”

Africa.com (Opinion) - Beyond Aid: Why Africa Must Move Into A Post-Dependency Era

By Dr. Olive Shisana & Mr. Elhadj As Sy; <https://africa.com/beyond-aid-why-africa-must-move-into-a-post-dependency-era/>

“... as revealed during the [Global Health Reform – Africa Regional Dialogue](#) [by Amref Health Africa together with Wellcome] Africa does not suffer from a financing deficit as much as from a **political economy shortfall**. Aid dependency is simply a symptom. The core problem is the continent’s limited agency in shaping the global rules, priorities, and governance structures that determine health outcomes.”

“This conclusion emerged consistently during consultations across all five regions of Africa. Participants were clear that Africa’s health future cannot be anchored in aid-dependent models that weaken sovereignty, fragment national priorities, and dilute the continent’s political influence. Reform, they argued, must begin with a shift in power, not merely a change in funding flows....”

BMJ Editorial – What the UK nature security assessment means for global public health

L Willetts, R van de Pas et al; <https://www.bmj.com/content/393/bmj.s632>

“Countries that invest in protecting ecosystems are best placed to tackle threats to health.”
“The national security assessment on global biodiversity loss by the UK Department for Environment, Food, and Rural Affairs (Defra) is a landmark environmental action that matters for planetary health, human health, and health institutions worldwide. It concludes that ecosystem collapse as soon as 2030 is highly likely to drive human and international security risks and that all countries are exposed to risks from biodiversity loss within and beyond their borders....”

“... The current scope and practice of health security is too limited to tackle ecosystem collapse at national, regional, or global scales. A role for ecology in health security dialogues, definitions, decisions, and financing is overdue, and institutions should move to structurally address One Health (an integrated, unifying approach aimed at balancing health of people, animals, and ecosystems) and planetary health risks in the same platform and in national health security plans....”

“By putting ecological security into practice, the UK invites reflection on whether the operational definition of health set out in the World Health Organization’s constitution — which does not include the natural environment—is fit for purpose. Since 2020, nature security has topped the World Economic Forum annual global risks report. Indigenous scholars recently advised adapting the 80 year old definition of health to one framed on planetary health, which makes sense if nature is understood as the foundation for health, wellbeing, and human security. “

“Regional perspectives on human and nature security also need to be kept in mind. Half the countries in the growing BRICS economic bloc of Global South and Middle East nations are categorised as megadiverse in terms of biodiversity (Brazil, China, India, Indonesia, and South Africa). A group of megadiverse countries (akin to BRICS+), routinely and increasingly negotiate as a bloc regarding the use of their natural resources in biodiversity related and trade

agreements, and collectively set health priorities. Similarly, the African Union, which represents 1.5 billion people, centred water resources in the continent's 2026 agenda and 2063 goals....

"... The global public health community should respond to the UK assessment with a few key actions. ..."

PS: **"In 2027 global discussions will begin formalising preparation for a post-2030 global development agenda.** The UK assessment's findings provide an initial compass to navigate potential new pathways to this work and **prioritise a collective planetary health security approach...."**

- And via Devex - [The ODA identity crisis](#)

"... The last time OECD counted, there were 19 different efforts underway to reposition, reinvent, or reimagine global development, according to [Development Assistance Committee](#) Chair Carsten Staur."

"Next month in Paris, the OECD's Future of Development Co-operation conference will try to "create some collective whole out of all the different thought processes and discussion processes underway," cfr Staur **"He says the DAC remains the place where that "collective discussion" among donors can happen. But is the U.S. government — which accounts for three-quarters of last year's ODA plummet — still an active participant in those conversations? "I have a meeting with the State Department this afternoon" ..."**

WHO DG race

HPW – WHO Director General in Germany for Series of High Level Meetings – What's At Stake?

<https://healthpolicy-watch.news/who-director-general-in-germany-for-series-of-high-level-meetings-whats-at-stake/>

Must-read. **"As WHO Director General Dr Tedros Adhanom Ghebreyesus visits Germany, a high stakes week for Germany's future role in the World Health Organization agency may be unfolding in Berlin. "** Some excerpts:

"On Monday, Tedros began a two-day high-level visit to Germany at the invitation of the World Health Summit where he has served as a patron. The visit also reportedly includes meetings requested by Tedros with Minister of Foreign Affairs Johann Wadephul, Minister of Health Nina Warken, and Berlin Mayor Kai Wegner as well as members of Germany's Bundestag, or Parliament. **Germany's Chancellor Friedrich Merz, meanwhile, declined a request from the Director-General to convene a meeting,** *Health Policy Watch* learned. **The question is this: what exactly is Tedros doing in Berlin, and why is he prioritizing bilaterals with German ministers a month before the World Health Assembly?** According to a WHO spokesperson, the answer is simple: he is in Berlin **"at the invitation" of the World Health Summit. ..."**

“... However, diplomatic sources told *Health Policy Watch* that the meetings have less to do with the World Health Summit and more to do with the pending loss of German voluntary donations to WHO – as well as Germany’s positioning in the upcoming race for WHO Director General. “

“... Following the US withdrawal from the WHO, Germany has emerged as the Organization’s largest member state donor. But it is reportedly cutting back its voluntary contributions in both 2026 and 2027 and it is unclear whether it will come through with all of [the \\$262.2 million in funding](#) pledged at the World Health Summit in October 2024 for the years 2025-2028. Since that 2024 commitment, only \$67.7 million has been delivered. The remaining \$200 million pledged remains in question. ...” “ Germany’s plans to halve its annual funding for the Berlin-based [WHO Hub for Pandemic and Epidemic Intelligence](#) from €30 million to €15 million, were [reported by Health Policy Watch](#) in January....”

“Another likely issue in bilateral discussions is the election campaign for the next WHO Director General. ... Two influential German health policy actors have been eyeing the race, as reported in February [by Health Policy Watch and German media](#) outlets. Those include former German Health Minister Karl Lauterbach and Paul Zubeil, deputy director general of European and International Health Politics in the German Ministry.”

“... Within German political circles, there is a debate underway, however, about how the country should position itself in the DG race. “German opinion on whether there should be a candidate [for WHO DG] is highly disputed inside and outside of ministries. German foreign policy might just have other problems right now than running a [WHO] campaign,” said one expert on the European arena. In what are likely to be Tedros’ final strategic engagements with Germany before the race begins, he is understood to be encouraging his counterparts in Berlin not to enter the contest and [instead back allied candidates](#), according to WHO sources. Tedros’ own personal preferences in the race, while the subject of informal speculation, have yet to emerge. ...

(unlike France – where there might be three nominees) “... whether by design or by drift, Germany risks being edged out of both the WHO Executive Board and the broader WHO leadership conversation, critics say. ...”

PS: “Decisive moment in Berlin vis a vis Washington DC? Financial considerations aside, relations between Germany and Washington are at one of their lowest points in decades, with US President Donald Trump repeatedly attacking his European allies over defense, trade, and alignment with US priorities. At the same time, [Merz has warned of a deep rift between Europe and the US](#), while still insisting that transatlantic cooperation must be preserved. That is exactly where the WHO race becomes more than a health decision. It becomes a diplomatic lever. At a time when Washington is increasingly transactional and relationship-driven, Berlin putting forward a credible nominee could signal alignment, rather than distance, some sources who spoke with *Health Policy Watch*, asserted. Said one, “It could demonstrate that Germany is willing to lead where it matters, to reset the course of WHO and do so in a way that keeps the US anchored in global institutions rather than drifting further away.” ...”

Stat - A top WHO official confronts Iran war fallout, and weighs bid for an even bigger role

[Stat](#);

“Hanan Balkhy is seen as a possible candidate to become the agency’s next director-general.”

“Balkhy is the director of the World Health Organization’s Eastern Mediterranean region... .. In a recent interview with STAT, Balkhy spoke of her thinking about entering the race, the conundrum Washington will pose for people vying to be the next director-general, and the challenges her organization, known in the WHO world as EMRO, is facing because of the war in Iran and beyond. “

“Some background on Balkhy first. She is a pediatrician from Saudi Arabia who studied at King Abdulaziz University before doing a pediatric residency at Massachusetts General Hospital and a pediatric infectious diseases fellowship at the Cleveland Clinic Foundation and Case Western Reserve University. Prior to being elected EMRO regional director in early 2024, she served as the WHO’s assistant director-general for antimicrobial resistance for about five years. ...”

More on global health governance & financing/funding

Lancet (Comment) – Tackling the global health research financing emergency to sustain national health research ecosystems

Kumanan Rasanathan et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00657-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00657-4/fulltext)

Alliance-convened Comment. Via LinkedIn:

“A new Comment in The Lancet, co-authored by Alliance Executive Director Kumanan Rasanathan and 21 colleagues from across Africa, Asia, Europe, the Middle East and North America, argues that while debate focuses on what spending cuts mean for health services, another serious casualty is being overlooked: the national research institutions that countries depend on to generate their own health evidence. The problem is not simply the current cuts. Most countries have chronically underinvested in health research for decades, and many rely heavily on short-term, project-based external funding that fails to sustain the core infrastructure, regulatory systems and research careers needed to keep institutions viable. The Comment calls for investment across the full spectrum of health research – from implementation and policy research serving immediate national priorities, to longer-term biomedical and life science work – and for international partners to shift from project-based to long-term institutional funding.”

« This Comment coincides with the Alliance launching a new programme of work on health research financing, supporting countries and partners to track and strengthen domestic investment in research....”

A few more quotes:

“Few LMICs have met the target adopted by WHO member states in 2005 for countries to spend at least the equivalent of 2% of health expenditures on “essential national health research”. Given that global health expenditure is almost 10% of global gross domestic product (GDP), this target requires an average of almost 0.2% of GDP on health research. Over half of countries, mostly LMICs, spend less than 0.05% of GDP on health research....”

“...Countries such as China, India, and South Africa¹⁶ show that greater domestic investment is possible, recognising that health research is not an end in itself, but rather a driver of social and economic progress....”

Authors conclude: “LMICs face major obstacles to realising the potential to advance health research in their countries due to fiscal crises, inadequate public infrastructure (including for AI), insufficient workforce, and structural inequities in access to global public goods, including for intellectual property. **LMICs can use the current moves towards health sovereignty to overcome these challenges through prioritising health research funding as a key social and economic investment, building out digital public infrastructure and regulatory capacity to enable leapfrogging, stabilising their existing research workforce, and collaborating on regional and global platforms to pool knowledge, share resources, and shape markets.**”

Lancet – Offline: Reinvigorating One Health—merci!

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00741-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00741-5/fulltext)

Horton comes back on the **One Health summit** from last week in Lyon. Includes a rather ‘rosy’ view of Macron, in my opinion.

“... Despite being at the centre of Europe's debate about the war waged by America and Israel against Iran and Lebanon, and on the eve of the release of two French hostages held in Iran for almost 4 years, **Macron came to Lyon to open the Summit and give his personal support to One Health in a post-pandemic world.** The moment was a milestone in the recent history of global health....” “The gathering was **a surprising and glorious celebration of multilateralism.....**”

“... I asked France's Ambassador for Global Health, Anne-Claire Amprou, why France had expended political capital on One Health and whether the Summit would have any lasting effect. She said that President Macron had an intense personal commitment to these issues (he grew up in a family of doctors). **He would make One Health an important part of France's G7 leadership this year.** Would it be fanciful to hope that the meeting in Lyon could do for One Health in 2026 what Alma-Ata did for Health for All in 1978? Perhaps. But France's leadership could trigger the beginning of a renaissance in political commitment, partnership, and science-based decision making for health. And, just possibly, it could be one of President Macron's most important legacies.”

- Related: **Lancet World Report – [Lyon commitments aim to advance One Health](#)**

“French President Emmanuel Macron promises action on One Health, with **a suite of pledges announced at the ninth One Health Summit.** Faith McLellan reports from Lyon.”

Quote: “...The **commitments by France and others were generally welcomed.** “It's important that **One Health has been put so visibly on the G7 Agenda at a time when global health is otherwise being weakened, as well as highlighting the importance of WHO and its work**”, said Ilona Kickbusch (Graduate Institute, Geneva, Switzerland). “This meeting **positioned One Health as a priority strategy to deal with many of our most challenging health issues.**””

Devex Pro - Global Fund cuts signal sharper shift toward poorest countries

<https://www.devex.com/news/global-fund-cuts-signal-sharper-shift-toward-poorest-countries-112285>

(gated) **“The majority of the countries with the biggest cuts are also transitioning out of Global Fund support in the coming years, which would mean the fund’s resources will be more focused on the lowest-income countries in the future.”**

“As the global health funding landscape shrinks, countries eligible for support from [The Global Fund to Fight AIDS, Tuberculosis, and Malaria](#) are facing decreased allocations for the next three years, with the **steepest cuts falling mainly on upper-middle-income countries already on the path out of support from the multilateral funder**. Among the **10 hardest-hit countries**, the cuts range from 46% in Thailand to as much as 79% in Armenia. **Nine out of the 10 countries are also scheduled to transition out of Global Fund support in the coming years** — signaling that more of the fund’s resources will go toward the lowest-income countries in the future.”

“But some lower-middle-income countries are also seeing significant reductions in allocation. India is getting \$300 million, 40% less than the \$500 million it was allocated in the last grant cycle....”

Geneva Health Files - What PAHO's Decision on the Status of Measles in the Americas, Reveals About Oversight of Powerful States?

<https://newsletter.genevahealthfiles.com/what-pahos-decision-on-the-status-of-measles-in-the-americas-reveals-about-oversight-of-powerful-states/?ref=geneva-health-files-newsletter>

“Anne Jomard, discusses a recent decision by PAHO relating to the status of Measles in the Americas region. But this is not only about immunization. It examines wider implications: what it means for countries to be a part of regional organizations such as the PAHO, even as they choose to withdraw from the WHO. Jomard raises a pertinent question: **“what are the limits of independent oversight within a regional health architecture when the dominant funder exits the global body but retains influence over the regional one.”** To be sure, PAHO's decision does not, by itself, constitute evidence of political interference, but the author argues that **“it creates conditions in which the perception of deference is difficult to avoid, even when the technical justifications are real”**.

“The decision by the Pan American Health Organization (PAHO) to postpone its review of the United States' measles elimination status—from April to November 2026 — raises the question of whether an international health body can maintain independent, rigorous oversight of a powerful member state.....”

Euractiv – EU's global health push faces early doubts over funding and direction

<https://www.euractiv.com/news/eus-global-health-push-faces-early-doubts-over-funding-and-direction/>

(gated) **“Industry and global health groups have just a month to provide feedback.”**

Lancet Regional Health Europe (Editorial) - Humanity first, not country first

[https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(26\)00076-1/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(26)00076-1/fulltext)

Editorial re a “... **fundamental question: should geopolitical decisions be guided by the personal interests of leaders, national interest, and geopolitical rivalry or the protection of humanity at large?**”

“The escalation of conflict across multiple regions reflects a **deeper shift in global politics towards a country-first approach**, in which power politics and strategic competition shape decision making with little regard for human consequences. When this approach dominates global affairs, the protection of human life, health systems, and civilian wellbeing becomes inconsequential. **To reverse this trend, a different guiding principle is needed: a humanity-first approach.**”

“**Putting humanity first does not mean ignoring national security or political realities. Rather, recognising that the protection of human life and wellbeing needs to remain the guiding principle of national decision making.** This approach prioritises the protection of civilians, safeguards health systems and humanitarian workers, and upholds international law, including the Geneva Conventions which require the protection of civilians and civilian infrastructure during conflict and the principles of the UN Charter that restrict the use of force between states....”

Lancet Comment – Global health and the politics of contempt

A Smith et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00643-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00643-4/fulltext)

“**The escalating conflict in the Middle East, entrenched democratic backsliding, and the deliberate unravelling of multilateralism are symptomatic of a crisis of political impunity that jeopardises civil society and collective wellbeing.** At a time when thoughtful responses to complex geopolitical challenges are urgently needed, **performative cruelty and unchecked abuses of power are increasingly defining political leadership, fracturing the cooperative values that underpin global health.** “

“**Effective governance remains a key determinant of health, yet it is facing mounting threats, particularly in political systems that reward aversive personality traits....**”

“... **These dynamics are being compounded by empathic deficits and ethical breaches in the highest offices**, which can shift perceptions of acceptable conduct through social learning, moral desensitisation, and trickle-down behavioural cues... .. **This erosion of norms is destabilising the rules-based order, with pernicious effects that transcend borders.** States once at the forefront of the rules-based order are now flouting international law and abdicating hard-won commitments without consequence, empowering opportunistic actors to do the same. ...”

Authors conclude: “... **In an era of anti-globalism and emboldened authoritarianism, political leaders are attacking these foundations and are celebrated by their supporters for doing so, with each norm violation lowering the threshold for the next.** ... What is already being lost will take generations to rebuild. As projected surges in HIV, tuberculosis, and maternal mortality in lower-income countries exemplify, susceptible populations will disproportionately feel the burden. **The global health community should name this politics of contempt for what it is, redouble efforts**

towards justice and accountability, and reject the false neutrality of silence in the face of impunity.”

Africa CDC Welcomes AU Recognition of Director General Dr Jean Kaseya for Exceptional Achievement

<https://africacdc.org/news-item/africa-cdc-welcomes-au-recognition-of-director-general-dr-jean-kaseyas-outstanding-exceptional-achievement/>

“ Africa CDC welcomes the recognition of its Director General, H.E. Dr Jean Kaseya, by the AU Commission Chairperson, on behalf of African Heads of State and Government, for his exceptional leadership and achievements in advancing Africa’s health security.”

“This recognition reflects a period of institutional transformation and measurable delivery since Dr Kaseya assumed office in 2023, as Africa CDC strengthened operational performance, expanded direct program management, and accelerated support to African Union Member States across health security, emergency preparedness, research, and outbreak response....”

Devex (Opinion)- Germany becomes top aid donor; now it must step up on global policy reform

Bodo Ellmers; [Devex](#);

“Germany has become the world’s largest aid donor — but its rise, driven by global cuts rather than strategy, exposes a gap between financial weight and policy leadership.”

Eg re the debt crisis.

Devex Pro - Malawi’s revenue push exposes Africa’s wider struggle with corruption

<https://www.devex.com/news/malawi-s-revenue-push-exposes-africa-s-wider-struggle-with-corruption-112180>

(gated) “Malawi is ramping up revenue collection to offset aid cuts. But analysts warn corruption could undermine the effort — a challenge seen across Africa, which loses over \$580 billion annually to financial leakages.”

“Malawi’s government is increasing revenue collection to counter aid cuts. But analysts warn the strategy is unlikely to stabilize the economy without tackling systemic corruption. The country’s 2026-2027 budget is set at MWK 10.9 trillion (\$6.26 billion), up from MWK 8.07 trillion the previous year, offering some optimism for economic recovery. Still, analysts question whether boosting revenue — including through higher taxes, automation of public fees, and the establishment of a sovereign wealth fund and commodity market exchange — without addressing long-standing leakages, can steady the struggling economy.”

“Mavuto Bamusi, a Malawian political and economic analyst, told Devex that **efforts to expand revenue streams will fall short unless the government addresses entrenched corruption and financial mismanagement.....**”

The Bureau of Investigative Journalism - A dodgy drug-maker and corporate perks: how UK health aid is really being spent

<https://www.thebureauinvestigates.com/stories/2026-04-09/dodgy-drug-makers-and-corporate-perks-how-uk-health-aid-is-really-being-spent>

“**British International Investment** has funnelled millions in public aid money to scandal-ridden companies.”

“Millions in UK aid is **bankrolling companies linked to scandals such as contaminated medicines**; The investments should be improving access to good healthcare in India, where millions cannot afford it. These taxpayer-funded investments count as part of the UK’s shrinking aid budget – this money needs to be carefully spent”

Re the **British International Investment (BII)**. “... millions of pounds in UK health aid managed by BII has been funnelled to deeply questionable companies, including one that made contaminated cancer medicine and another that provides corporate healthcare to billion-dollar businesses....”

New Humanitarian - Where aid is going: self-interest over need

I Loy; <https://www.thenewhumanitarian.org/maps-and-graphics/2026/04/10/what-latest-oecd-numbers-tell-us-about-future-aid>

“**In a more transactional world, donor governments are prioritising national interests and geopolitical strategy over need in their aid budgets.** “

“Countries like the UK, the US, Sweden, and Germany (now the top donor among DAC countries, according to the ODA stats) are **more explicitly cutting aid funding to areas where their strategic interests are seen to be lower**. Some are intentionally linking the cuts to boosted military spending....”

“**...Aid is at a crossroads: The numbers reinforce what humanitarians already know: Foreign aid from the typical donors is falling. But there’s a deeper question beneath the stats: Is development cooperation dead?...** “

“**...Staur of the OECD says countries need to find a new narrative for ODA.** Assistance saw a **similar drop in the 1990s** – though spread over several years – where countries had to “reinvent a new rationale” for their foreign aid after the Cold War, Staur said. **Countries are at a similar pivot point today.** “In the **past 30 years, ODA has been very much aligned to globalisation**, to the global economy, to free trade, to a growth-based rationale for investment and job creation,” he said. **Today, aid exists amid an explicitly transactional environment.** “We’re looking at different rules for the global economy to work, and where ODA would need to find its feet in that changed global environment,” Staur said....”

PPPR & GHS

TWN - WHO: IGWG6 suspended, EU and other developed countries refused to accept equitable PABS System

N Ramakrishnan; <https://www.twn.my/title2/health.info/2026/hi260401.htm>

(13 April). Recommended analysis, coming back on the latest PABS negotiation round.

“The sixth meeting of the Intergovernmental Working Group (IGWG6) was suspended due to the refusal of the European Union and other developed countries to accept proposals for a fair and equitable Pathogen Access and Benefit Sharing (PABS) system. The Working Group tasked to develop the PABS Annex to WHO’s Pandemic Agreement adopted last year, took place at the WHO Headquarters in Geneva, in a hybrid mode, on 23 to 28 March 2026.....”

Some excerpts:

PS: **“A Key Reason for the Deadlock: Legal Uncertainty on Access to VTDs:** As explained by a developing country delegate, to outside observers, **the negotiations may appear highly technical and complex, needing more time to conclude.** It talks about issues such as WHO coordination of laboratories, databases, pathogen sharing, and real-time production etc. **However, at their core lies a simple question that is fundamentally political: Will there be legal certainty for equitable access to VTDs to prevent and respond to health emergencies? As long as this question is answered with a positive affirmation the success of IGWG can be declared at WHA79.** However, the Global North positions, especially that of the G6, EU, Norway, Switzerland, and Australia are not providing this confidence to the developing countries. (G6 is G7 without the United States which has left the WHO – Canada, France, Germany, Italy, Japan, and the United Kingdom.)”

“Developing countries reported three key challenges that undermine the demand for legal certainty in the PABS negotiations. First, developed countries expect developing countries to share pathogen samples and sequence information freely, while deferring benefit-sharing to future negotiations between WHO and pharmaceutical manufacturers. **Second,** they seek to avoid contractually enforceable legal obligations for recipients of PABS materials and sequence information including laboratories, databases and academic researchers regarding the use of PABS resources adding to the legal uncertainty of waiting for WHO to conclude contracts with manufacturers. **Third,** the WHO Secretariat and IGWG Bureau propose adopting a “skeleton” PABS Annex, with critical elements such as PABS contracts to be negotiated later by the Conference of Parties to the Pandemic Agreement after it enters into force.”

“... As noted by Norway during the opening of IGWG6, the expectation of the Global North is that developing countries should share pathogens now and rely on a WHO mandate to later negotiate benefit-sharing arrangements with pharmaceutical companies which have accessed and utilized PABS resources, i.e. make the manufacturers a participant accessing the PABS resources with no obligations attached. This approach directly contradicts the principle of legal certainty embedded in Article 12 of the Pandemic Agreement. It is from this conception of delinked access and benefit sharing, the rest of contentious issues of PABS system emerge, in particular with respect to accountability and transparency of the system, and the functions and obligations of the databases and laboratories.....”

GAVI – Evaluation of the COVAX Facility, COVAX Advance Market Commitment (AMC) and COVAX pillar delivery efforts

<https://www.gavi.org/about-us/our-impact/evaluation-studies/covax-facility-covax-amc-covax-pillar-delivery-efforts>

Background: “Gavi, the Vaccine Alliance appointed [RTI International](#) in consortium with [Itad](#) and [Genesis Analytics](#) to conduct an evaluation of the COVAX Facility, Gavi COVAX Advance Market Commitment (AMC) and COVAX pillar delivery efforts. The evaluation was conducted over the period 2024–2025.”

“The evaluation builds on the first two years of the COVAX Facility and Gavi COVAX AMC (2020–2021), which were evaluated through the [COVAX Facility and AMC Formative Review and Baseline Study \(2023\)](#). Importantly, this is **the first formal joint evaluation by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance (Gavi), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO); and includes country perspectives**, which are crucial for understanding the extent to which COVAX addressed country needs, to inform recommendations to improve effectiveness of future responses.”

“**The evaluation yielded several key lessons**, for example: achieving equity requires action both between and within countries. Additionally, having the right mix of agencies – including national and subnational governments, and civil society organisations (CSOs) – along with appropriate functions, skills and competencies, is critical for an end-to-end approach. This includes effective coordination for vaccine product development, to secure supply and to provide delivery support...”

With also **4 priority recommendations**.

Tech Policy Press - The World Has Arms Control Regimes, But AI Companies Are Not Answering to Them

<https://www.techpolicy.press/the-world-has-arms-control-regimes-but-ai-companies-are-not-answering-to-them/>

“Frontier AI companies are hiring chemical and biological weapons experts to prevent destructive misuse of their platforms, but these mitigation systems have no external oversight — leaving critical risk governance subject to the whims of the companies and market forces, writes Javid Iqbal Sofi.”

NPR – How bad for humans is wildlife trade? A new study has answers

<https://www.npr.org/2026/04/09/nx-s1-5776668/wildlife-trade-pathogens-spillover>

“... "There's been a consensus for a long time that the wildlife trade is a risk to human health," says [Colin Carlson](#), a **disease ecologist at Yale University**. "But a lot of what we know is from anecdotes." That patchy view makes it hard to understand how risky the wildlife trade is compared to other causes of the uptick of infectious diseases, says Carlson, like climate change or deforestation. While it makes sense that traded species would infect humans more often than non-traded species, scientists couldn't definitively answer the question without more data. Now, Carlson and his colleagues offer an answer. **Traded mammals are about 1.5 times as likely to be sources of human diseases than non-traded animals, the researchers report**

in *Science*. Crucially, the longer humans have been interacting with a species, the more viruses we have in common — especially when dealing with illegal animals and live markets....”

- For the *Science* study, see : [Wildlife trade drives animal-to-human pathogen transmission over 40 years](#) “The authors estimate that traded wildlife species share **one additional pathogen with humans for every decade in the global wildlife market.**”

Nature (News) – Viruses allegedly stolen from high-security lab cause stir in Brazil

<https://www.nature.com/articles/d41586-026-01211-6>

“The missing samples — reported to include chikungunya and dengue viruses — have been recovered, but **questions linger over motive.**”

Nature Health (Comment) – PREZODE: a global co-designed collaboration for preventing zoonotic emergence

<https://www.nature.com/articles/s44360-026-00103-3>

“**PREZODE is a global One Health initiative**, involving scientists, communities, governments and practitioners, **to prevent zoonotic epidemics and pandemics.**”

“... The **PREZODE (preventing zoonotic disease emergence) global One Health initiative** has developed a strategic agenda through a large-scale co-construction process involving scientists, communities, governments and practitioners. **This agenda provides a roadmap for operationalizing upstream prevention....**”

“... This Comment summarizes **key knowledge gaps and operational priorities for effective prevention of emerging zoonotic infectious diseases within a One Health framework.** “

US Global health strategy & bilateral health agreements

Via [HPW](#): “... by the end of the US fiscal year on 30 September, the US wants implementation agreements with all those countries with bilateral compacts ...” (cfr quote State department official)

Devex (Opinion) – Without strategy, US support for global health workers won’t go far

J Meline; <https://www.devex.com/news/without-strategy-us-support-for-global-health-workers-won-t-go-far-112245>

“The U.S. has been the backbone of the global health workforce for decades. But without a clear strategy — and with looming funding cuts — that support risks unraveling. What’s at stake goes far beyond aid.”

“The “[America First Global Health Strategy](#)” rightly frames front-line health workers not only as essential to containing infectious disease threats, but also to strengthening partner-country resilience in ways that advance American security and economic interests. **However, the U.S. is proposing precipitous funding cliffs of 90% or more for the health workforce within as little as three years.** With a projected shortfall of [11 million health workers](#) by 2030, this policy gap is a danger to us all. **While a bipartisan health act was introduced last month that would help address this, that is only the first step in ensuring the U.S. continues its leading role in bolstering health at home and globally.....”**

Re the latter: “... [H.R. 8011](#), the newly introduced bipartisan [SECURE Health Act](#), proposes a **government-wide global health workforce strategy**, along with improved interagency coordination and reporting mechanisms to help address many of these challenges.....”

Devex - Lewin denies shutdown of global health supply chain

<https://www.devex.com/news/lewin-denies-shutdown-of-global-health-supply-chain-112293>

“The senior State Department official in charge of U.S. foreign assistance said recent reports that the Global Health Supply Chain — Procurement Supply Management project will be shut down at the end of May are “not true.” “

“... The Global Health Supply Chain — Procurement Supply Management project, or GHSC-PSM, is a holdover from the [U.S. Agency for International Development](#). It coordinates a multibillion-dollar effort to purchase and distribute lifesaving global health commodities for diseases such as HIV, tuberculosis, and malaria in countries around the world. It **has been led by U.S.-based contractor [Chemonics International](#) since 2016** and is one of the most closely watched projects in the history of U.S. foreign aid.”

“... On Tuesday, Lewin insisted that the State Department is looking at options to restructure its global health supply chain support “thoughtfully over the next few months,” but said it was “not true” that the U.S. government would stop placing orders through the current project by May 30.

“This is something that’s going to take a few months [or] a year to get done, and we’re going to do it disease by disease, country by country,” he said. He did not explain why internal State Department emails suggested a more urgent timeline. **While the transition timeline remains uncertain, the ultimate goal of restructuring the global health supply chain model is not. “We’re going to be working more with a different sort of supply chain architecture,”** Lewin said. Part of that plan seems to **entail a new division of responsibilities.** “Right now, we pay for a contractor to do everything, from purchasing the orders to getting it around the country. There are many steps in that chain where the country, in order for them to become self-reliant, needs more ownership,” he said.... **He said that the pooled procurement platform — known as [wambo.org](#) — developed by the [Global Fund to Fight AIDS, Tuberculosis, and Malaria](#) could play a bigger role in country-level commodity purchasing. But when it comes to in-country distribution, Lewin said that national ministries should be responsible “to the greatest extent possible.”...**”

CGD (blog) - Who Is Getting New US Foreign Assistance Contracts and Awards?

C Kenny; <https://www.cgdev.org/blog/who-getting-new-us-foreign-assistance-contracts-and-awards>

“... looking at the first 14 months of foreign assistance under the administration to see what has happened with new contracts and awards in particular, as an early indication of how it plans to spend somewhat less foreign assistance with a fraction of the staffing capacity. That early picture suggests one surprising element: a heavier reliance on international organizations to deliver aid....”

“... The largest assistance awards are to international organizations, mostly for humanitarian assistance... The top 10 awards by value total \$2.84 billion—about 85 percent of all assistance awards (Table 2). All are to international organizations, including the largest two covering the new flexible funding agreement for humanitarian support with the UN Office for the Coordination of Humanitarian Affairs (UNOCHA). About 85 percent of that total went to the UN Office for the Coordination of Humanitarian Affairs, the Global Fund, and the International Organization for Migration.....”

“...It is worth noting that three awards made between February 20–25, 2026 to UNOCHA and the Global Fund account for more than \$2 billion, reflecting a rapid acceleration after a year with almost no sizeable new awards reported. That suggests we are in the very early days of any new model, and warrants caution in drawing any strong conclusions. ”

Kenny concludes: **“Combined with a new approach to global health that emphasizes agreements with countries and a continued decline in contracting capacity, this pattern may signal a shift toward fewer, larger agreements with international organizations and partner countries and away from smaller agreements and contracts with US firms and nonprofits. That’s mostly a good thing in and of itself—but it will take a lot more carefully designed agreements under this new model to sustain even just the lifesaving activities backed by US foreign assistance, let alone start to reconstruct the rest of the program.”**

HPW - Call for US Congressional Oversight on Bilateral Health Agreements

<https://healthpolicy-watch.news/call-for-us-congressional-oversight-on-bilateral-health-agreements/>

“The US Congress needs to exercise oversight over the bilateral global health agreements that the United States has reached with 30 low- and middle-income countries, relative to the 2025 congressional budget, as they represent a decrease of around a third in allocated spending. Mark Lagon of the Friends of the Global Fight against AIDS, TB and Malaria, told this to a meeting on financing health equity and security, organised by the AIDS Healthcare Foundation in Washington DC on Tuesday.”

PS: **“... Sven Clement, chair of the Board of the [Parliamentary Network on the World Bank and IMF](#), said that the [United Nations had reported](#) two weeks ago that only four countries are on track to spend 0.7% of their Gross National Income (GNI) on ODA spending in their budgets.... ... Clement said that NATO countries are now on track to spend 5% of GDP on defence, yet “spending for health is something that should fall under resilience spending, the 1.5% that we’re currently looking at NATO”. “If you don’t have a healthy population, you can’t be resilient against external**

shocks. **So first of all, we don't necessarily need to reprioritise. We just need to be very intelligent in how we account for different kinds of spending,**" he added."

Friends of the Global Fight against HIV/TB & malaria - Sustaining progress against AIDS, tuberculosis and malaria as countries transition to growing self-reliance

https://www.theglobalfight.org/wp-content/uploads/2026/04/260414-Transition-Report_v5-Digital.pdf

(14 April) "This brief examines the challenges and opportunities in the rapid shift from donor to national financing in the fight against AIDS, TB and malaria. It looks at plans for aid transition, several policy and implementation issues for Congress to consider, and recommendations for Congressional oversight. (See recommendations on page 17.)"

Trump 2.0

NYT - Trump to Nominate Doctor Who Has Publicly Supported Vaccines as C.D.C. Director

<https://www.nytimes.com/2026/04/16/health/erica-schwartz-cdc-director-trump.html>

"Dr. Erica Schwartz is seen as a highly qualified traditional choice and tapping her is the **strongest signal yet that the administration is veering away from vaccine scepticism in this election year.**"

HPW - Trump's 2027 Budget Deepens Cuts to Global and Domestic Health

<https://healthpolicy-watch.news/ttrump-2027-budget-extends-us-global-and-domestic-health-cuts/>

With some more info on, and analysis of Trump's 2027 budget plans (see also last week's IHP news).

"... US President Donald Trump wants to eliminate \$4.3 billion from the US government's global health budget, including all funding for the Pan-American Health Organization (PAHO), the World Health Organization's (WHO) regional organisation for the Americas....."

"... No money for 'corrupt' PAHO: When Trump announced that the US would leave the WHO on his first day in office in January 2025, he made no mention of PAHO, and US officials have continued to interact with the other 34 member states in the regional body. However, the US has not paid its membership fees (called assessed contributions) to PAHO since 2024, and owes the body over \$134 million. **In his latest budget ask, Trump describes the WHO and PAHO as "corrupt organizations [that] have shown no independence from inappropriate political influences, such as when the WHO aided in the COVID-19 coverup."...."**

PS: **"Included in the State Department Budget is \$5.1 billion to "execute" its America First Global Health Strategy (AFGHS), the bilateral Memorandums of Understanding (MOUs) with individual countries. By 10 April, the State Department had signed 30 bilateral global health agreements. The**

latest is with the Philippines, signed on 9 April (no details available, including the amount involved). ...”

- See also a [CGD \(blog\) - Deep Cuts, New Directions? Trump’s FY27 Budget and the Future of US Foreign Assistance](#) (J Estes et al)

More analysis.

Including: **“While the White House request eschews funding lines for individual disease areas and health challenges, it touts plans for America First Global Health Strategy investments across HIV/AIDS, maternal and child health, tuberculosis, malaria, and global health security. The Global Fund receives a promise of support without a specified commitment figure, but other major health multilaterals—the World Bank-hosted Pandemic Fund, the Coalition for Epidemic Preparedness Innovations, and Gavi—appear to be left out.** The State Department’s Congressional Budget Justification stipulates that any resources for Gavi would be “contingent on the organization making necessary reforms and meeting certain benchmarks on vaccine safety.” ...”

Whistleblower says Trump officials thought USAID did 'just abortions,' asked for 'Barney-style' slides before gutting agency, per new book

<https://www.thehandbasket.co/p/trump-usaid-abortions-barney-nicholas-enrich-into-the-wood-chipper-book-exclusive>

“Read an exclusive excerpt from Nicholas Enrich's (book) "Into the Wood Chipper".”

- See also [Devex – Former USAID health chief documents agency’s turbulent end in new book](#)

“Nicholas Enrich — former top global health official at USAID turned whistleblower — details the internal chaos that ensued during the rapid destruction of the agency in the months following U.S. President Donald Trump's inauguration.”

Devex – Scoop: US to UN, global aid has failed to improve lives of poor

<https://www.devex.com/news/scoop-us-to-un-global-aid-has-failed-to-improve-lives-of-poor-112291>

“The Trump administration invites the government to join the pro-free-market Trade Over Aid caucus.”

“The Trump administration is poised to unveil later this month a new global trade initiative aimed at scaling back the obligation of high-income countries to spend tens of billions of dollars each year in foreign aid, according to a copy of an internal U.S. diplomatic note, which was obtained by Devex. The U.S. Mission to the United Nations has circulated its so-called Trade Over Aid initiative to U.N. member states, inviting them to sign a declaration of principles and to join a Trade Over Aid Caucus. It presents a sharp-tongue attack against the value of global charity, alongside a frothy paean to the virtues of the free market....”

PS: **“... some observers and delegates expressed concern that the U.S. framing of the new initiative presents trade and aid as an either/or proposition, rather than complementary parts of a broader strategy to achieve a range of U.N. Development goals. It remains unclear**

how many governments will sign up for the initiative, with one diplomat predicting it was **unlikely to secure backing from key Western donors, particularly in Western Europe....”**

The initiative has **five principles**.

UHC & PHC

Mexico’s Socialist President to Roll Out Universal Healthcare For 120 million people.

<https://novaramedia.com/2026/04/10/mexicos-socialist-president-to-roll-out-universal-healthcare/>

“Mexico’s 120 million citizens will begin to enjoy free, universal access to healthcare from next year, following a decree by socialist president Claudia Sheinbaum. The landmark policy will unify a fragmented and unequal system that has left many unable to receive care at certain hospitals and clinics, forcing them instead to use only what their insurance provider covers.”

“...The first phase of the new universal system will begin on 13 April, with citizens aged 85 and older eligible to register for the ID needed to access care. From January 2027, healthcare institutions will start working together to bridge gaps in access to care....”

Ghana Health Service – President Mahama launches free PHC initiative

<https://ghs.gov.gh/news-and-events/president-mahama-launches-free-primary-health-care-initiative->

(15 April). **“The President of the (Ghana) Republic, H.E. John Dramani Mahama, has officially launched the much-anticipated Free Primary Health Care (FPHC) initiative at Dodowa in the Shai Osudoku District of the Greater Accra Region, marking a significant milestone in Ghana’s journey towards achieving Universal Health Coverage (UHC).... Under the initiative, the President announced that every Ghanaian would be entitled to one basic health screening annually, while clarifying that the Free Primary Health Care initiative is designed to complement, not replace, the National Health Insurance Scheme.”**

“He further highlighted additional components of the programme, including intensified public education on healthy lifestyles, deployment of trained volunteers to support service delivery at health kiosks, and the introduction of home visits to enhance community-level care. The President announced that the initiative will commence in 150 districts, particularly in underserved areas, with a nationwide rollout expected to be completed by 2028...”

The Conversation - Would you save more lives or more years of life? A global study reveals how people really think

L Roope; <https://theconversation.com/would-you-save-more-lives-or-more-years-of-life-a-global-study-reveals-how-people-really-think-280338>

“Imagine a stark choice. You can save one person who is likely to live another 30 years. Or you can save several people who may each live another ten years. **Should we prioritise saving more lives – or more years of life? This kind of trade-off sits at the heart of how health systems make decisions.** Yet do people actually agree with that principle? **A new international study – based on what people told us during the COVID pandemic – suggests the answer is more complicated than this simple trade-off suggests.**”

The author concludes: “... **Our study shows that people do not see these decisions in simple mathematical terms. When faced with real trade-offs, they weigh lives, years and social context together.** Ultimately, that may be a more realistic reflection of the ethical complexity at the heart of healthcare....”

NCDs

Guardian – Almost 2bn to be affected by metabolic liver disease by 2050, study suggests

<https://www.theguardian.com/society/2026/apr/13/almost-2bn-to-be-affected-by-metabolic-liver-disease-by-2050-study-suggests>

“MASLD affects one in six people now and is projected to rise because of population growth, obesity and high blood sugar.”

“**Metabolic dysfunction-associated steatotic liver disease (MASLD)**, previously known as **non-alcoholic fatty liver disease (NAFLD)**, is **one of the most prevalent and rapidly growing liver conditions globally, according to the research.** There are now 1.3 billion people worldwide living with MASLD, the latest estimates suggest, a 143% increase in just three decades. About one in six people – 16% – are affected.... The findings, from the global burden of diseases, injuries, and risk factors study (GBD), **were published in the Lancet Gastroenterology & Hepatology journal.**”

“**The condition’s prevalence is projected to climb even higher, primarily driven by global population growth in combination with changes in lifestyle, such as rising obesity and high blood sugar levels....**”

PS: “**Some regions, including north Africa and the Middle East, had disproportionately higher rates of MASLD compared with other regions.** But there have been sharp increases in numbers of people affected in countries across the world.”

“... **The study also found that although more people were developing the disease, the overall impact on health – measured in years lost because of illness or death – was stable.** That suggested that advances in treatment and care were helping people live longer and healthier, and that the increase in the number of cases was mostly happening in the early stages of the disease. **However, the growing number of cases still means that many people are at risk of developing serious complications such as liver cirrhosis or cancer in the future.**”

“MASLD is often linked to being overweight and can usually be treated with lifestyle changes....”

Mental Health

Devex - Investing in mental health is key for economic resilience, experts say

<https://www.devex.com/news/investing-in-mental-health-is-key-for-economic-resilience-experts-say-112305>

“Countries should invest in citizens’ mental health the same way they invest in economic infrastructure, experts said on a panel during the World Bank-IMF Spring Meetings.”

“Countries facing economic shocks can only move toward true recovery if the world “treats mental health not as a humanitarian expense, but as recovery infrastructure.” This is a lesson learned by **Olga Yudina, founder of UA Mental Help Foundation**, which supports Ukrainians exposed to conflict. And what applies in Ukraine also applies elsewhere as the world grapples with the shocks of the U.S.-Israel war on Iran, experts said.”

“Mental health “needs to be built into the system architecture from the start — planned, funded, and maintained like roads or hospitals ... the countries that get this right will see faster recovery, higher workforce participation and more stable communities,” Yudina told Devex following a **panel on mental health** on Tuesday during the [World Bank](#) and [International Monetary Fund](#) Spring Meetings in Washington, D.C.”

Also re **Rwanda**.

Health Research Policy & Systems – Political economy of adolescent mental health and well-being globally

O Biermann et al ; <https://link.springer.com/article/10.1186/s12961-026-01477-2>

“... We identify four themes which shape the global prioritization of AMH. First, prevailing interpersonal and institutional stigma and discrimination directed against adolescents with mental health problems hamper attention to AMH. Second, limited data on the burden of mental health problems and evidence of what works have led to the perception among decision-makers that AMH is an intractable problem. Third, diverse ways of framing AMH are often viewed as a sign of weak alignment rather than as opportunities for coalition-building. Fourth, a wide variety and increasing number of stakeholders are involved in AMH, while the stakeholder landscape remains fragmented, inhibiting coalition-building for AMH.”

Conclusions: **“To overcome the barriers that currently impede the prioritization of AMH, we recommend** that (1) stakeholders conduct an adolescent-led consultative process to develop an “umbrella framing”, supported by common metrics, (2) advocates use existing global platforms to shape the political priority for AMH, (3) decision-makers, funders and research partners invest in meaningful engagement of adolescents (with lived experience), researchers and implementing partners (4) identify a leadership, governance and accountability structure for a global coalition that could transform AMH and (5) conduct context-specific analyses to inform coalition-building nationally....”

Commercial Determinants of Health

Lancet Planetary Health – The imperative to counter fossil fuel industry disinformation for public health

S Narayan et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00008-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00008-2/fulltext)

“... Fossil fuel interests seem to have been actively spreading doubt about the role their industries play in intensifying extreme weather by pushing misleading narratives and downplaying the link between fossil fuel emissions and climate change.” “Disinformation campaigns are life-threatening and pose a grave danger to both public health and the global climate. **The tactics used mirror those used by the tobacco industry, which, for decades, spread doubt about the harmful effects of smoking.**” “...Disinformation campaigns surrounding the Los Angeles fires are the latest examples of how fossil fuel interests manipulate discourse to avoid accountability, making the imperative to counter this deceit a matter of both climate justice and public health protection.....”

Authors conclude: “...lessons from the past offer a clear path forward: transparency, accountability, and unwavering commitment to public health are key to overcoming the disinformation and securing a healthier and just future.”

SRHR

Lancet Editorial – Abortion: the possibilities of progress

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00753-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00753-1/fulltext)

This week’s Lancet Editorial. “**Women's bodily autonomy and health, particularly with regard to abortion, are under attack. The politicisation of women's bodies and choices is part of a wider attempt to roll back human rights and freedoms of women and marginalised groups.** Political parties with [regressive ideologies](#), rising across the world, are [finding common cause](#) with anti-gender religious groups. Transnational anti-gender movements have become professionalised and influence national and international agendas. [Overseas aid](#) has become a bargaining chip for abortion and gender rights, with dire consequences to sexual and reproductive health. Access to reproductive health information is being restricted by [tech corporations](#), while misinformation is left to proliferate. **These trends might prompt despair, but they should not obfuscate the incredible longer-term gains in abortion rights and connected health improvements of the past 60 years, nor the possibility of further ensuring legal, free, and safe abortion for all....”**

The Editorial concludes: “...These gains should serve as reasons for hope, even amid deeply concerning political and ideological currents. Decades of advances have been made in improving both access to abortion and women's health—through social justice movements, through scientific research and advocacy, and through upholding and defending the right to health for all. **These advances have not always been linear. But despite the setbacks, there is a possibility of progress again.**”

Lancet Letter - The permission gap and moral velocity

A Murabit; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00593-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00593-3/fulltext)

“When I started practising medicine in Libya, I learned something we do not teach in medical school: **health access and interventions mean nothing if the community has not authorised a woman to use them.** That is what drove me to **create Voice of Libyan Women and build a faith-aligned movement.**”

“2.1 billion people live in fragile contexts and **in 2023, 37 countries in conflict or fragility accounted for 61% of all maternal deaths despite just 25% of global births.** Over 16 years, across northeast Nigeria, northern Pakistan, and southern Somalia, I have watched health infrastructure collapse in conflict and, with it, the community systems that held families together. Then, in places where health infrastructure survived, I watched women stay away because no one with authority in their lives had told them they were allowed. The maternal mortality ratio in conflict-affected countries is five times that of stable ones. **That gap, between a service existing and a community feeling permitted to use it, is the permission gap.** The concept applies wherever public systems meet private authority: in education, in justice, in economic inclusion. But maternal health offers the most lethal illustration because it sits at the intersection of public service delivery and the regulation of private life, where the gap is widest and where it kills fastest.”

“... **How quickly that gap closes depends on moral velocity, or how fast social permission for a service travels through a community.** When moral velocity is high, people use what is available. When it is low, a clinic sits half-empty for years and parents reject routine vaccinations. In fragile contexts, traditional and faith leaders move moral velocity most reliably; they shape beliefs and norms, legitimise interventions, and reach people formal systems cannot.”

“**Global health financing has not caught up. Budgets—philanthropic and sovereign—pour money into infrastructure and commodities on the assumption that if you build it, they will come. They will not.** Many fragile states have faith-rooted populations, and the moral frameworks that govern health-seeking behaviour in those communities are inseparable from belief—which matters when you are designing and delivering solutions. **I conceived and built the first Muslim philanthropic collaborative for maternal and child health, For Mama (now Every Pregnancy);** it raised US\$125 million in three Ramadans because the moral architecture belongs to the community, not to a donor framework grafted onto it. The For Mama model demonstrates that when solutions and capital originate within the community they serve, they reach women faster and survive the funding cycles that fragment external aid. **Closing the permission gap requires treating faith leaders as technical partners and measuring the distance between service availability and social authorisation at the household level. Every fragility index in use today measures what governments build. None measure what communities authorise,** or what the women who hold those communities together are resourced to deliver, and the mortality data for mothers suggest we are already counting the consequence.”

HPW - Digital Tools Can Transform Maternal and Child Health – But Access Barriers Need to be Addressed

L Kpoto (MoH Liberia) & R Khosla; <https://healthpolicy-watch.news/digital-tools-can-transform-maternal-and-child-health/>

“As **governments gather this week for the [59th Session of the Commission on Population and Development](#)**, there is an opportunity to refocus attention on what will determine progress in the years ahead. ... **This year’s emphasis on technology** is both timely and necessary, but **it must be anchored in a broader commitment to equity, financing, and access to quality care, particularly for women, children, and adolescents....**

“... Across the [Global Leaders Network for Women’s, Children’s and Adolescents’ Health countries](#), digital tools are already improving access to information, strengthening referral systems, and supporting frontline health workers. ...”

SSM Health systems – Transitions in childbirth care provision: Understanding the rapid rise in institutional delivery in 21 countries of sub-Saharan Africa and the implications for future strategies

<https://www.sciencedirect.com/science/article/pii/S2949856226000401>

By A K. Blanchard et al (**The Countdown to 2030 MNH Study Collaboration**) .

Planetary Health

Frontiers in Science - Nature Positive: why protecting intact nature comes first—and what success could look like

H Locke, J Rockström et al; <https://www.frontiersin.org/journals/science/article-hubs/nature-positive-earth-system-stability/explainer>

“**The Earth system is becoming less stable**, in part because nature is declining rapidly. Current conservation and sustainability efforts risk falling short if they ignore the degradation of large-scale processes that sustain ecosystems. In **their Frontiers in Science lead article, Locke et al. argue that nature loss must be halted now and reversed by 2030 through a global goal they call Nature Positive**. This requires protecting remaining intact ecosystems and natural processes, alongside urgent action to restore degraded areas.”

“They **assess how well the Kunming–Montreal Global Biodiversity Framework (GBF) supports this goal and identify key gaps**—especially around large-scale natural processes such as hydrology and migration. They **also argue that Nature Positive is an economic and financial issue**, because current incentives can favor activities that degrade nature.”

- Related **tweet by J Rockström**: “**There is no pathway to climate stability or sustainable development without keeping nature intact**. By 2030, we must halt the loss of remaining intact biomes while reversing extinction risks and scaling up restoration. “

Bangkok Post - Cooling centres get the thumbs up

<https://www.bangkokpost.com/thailand/general/3235543/cooling-centres-get-the-thumbs-up>

“Facilities praised for accessibility and location.”

“As temperatures surge across Bangkok, stepping indoors is no longer a matter of comfort but, for many, a necessity. In response, **the Bangkok Metropolitan Administration (BMA) has rolled out hundreds of free "BKK Cooling Centres"**, converting public venues into air-conditioned refuges across the capital as part of a broader push to mitigate extreme heat.....”

Guardian – Critical Atlantic current significantly more likely to collapse than thought

<https://www.theguardian.com/environment/2026/apr/15/critical-atlantic-current-significantly-more-likely-to-collapse-than-thought>

“Scientists say finding is ‘very concerning’ as collapse would be catastrophic for Europe, Africa and the Americas.”

“The critical Atlantic current system appears significantly more likely to collapse than previously thought after new research found that climate models predicting the biggest slowdown are the most realistic “

“**Rahmstorf (Potsdam institute)**, who has studied the Amoc for 35 years, has said a **collapse must be avoided “at all costs”**. “I argued this when we thought the chance of an Amoc shutdown was maybe 5%, and even then we were saying that risk is too high, given the massive impacts. Now it looks like it’s more than 50%.....”

The new research was [published in the journal Science Advances](#).

Climate Change News – GEF raises \$3.9bn ahead of funding deadline, \$1bn below previous budget

<https://www.climatechangenews.com/2026/04/10/gef-raises-3bn-funding-deadline-1bn-below-previous-budget-nature-environment-finance/>

(gated) “Amid aid cuts, **donor governments pledge less nature and climate funding to the Global Environment Facility (GEF)**, with the four-year package to be finalised in late May”

- And a link, via Devex: [MDB climate finance at a glance](#)

“**New data from Publish What You Fund** shows multilateral development bank climate finance data between 2021–2024. It shows that **the majority of climate finance went to mitigation** in 2024 — \$54.9 billion — while **much less went to adaptation** — \$8.939 billion....”

“By **climate finance** commitments, **France topped the charts**, followed closely by Spain...”

Human resources for Health

The Conversation –Africa is losing health workers when it can least afford to – a pattern rooted in colonial history

D Sims; [The Conversation](#);

“This pattern is often described as “brain drain”, explained by “push” factors (low pay, poor working conditions) and “pull” factors (better salaries and opportunities abroad). I am interested in this topic as an international worker: a South African health education researcher working in the UK, where I train healthcare workers and research workforce issues. In a recent paper I argue that this explanation is incomplete. The “push-pull” framing misses a crucial point: the flow of health workers is not random. It consistently moves from poorer countries to richer ones – a pattern that tracks closely along lines drawn by colonial history. The term “brain drain” suggests a natural, almost inevitable flow of talent. But **health worker migration is not neutral or equal; it is shaped by history, economics and power.”**

I argue that the pattern isn’t just “brain drain” driven by individual choice. Rather, it’s part of a deeper, unequal global system shaped by colonial legacies – with major implications for health, education and workforce policy.

“This shifts the conversation away from blaming individual doctors and nurses for leaving, and towards the systems that shape those choices in the first place....”

Update on roll-out Lenacapavir

Global Fund – U.S. and Global Fund Expand Commitment to Long-Acting HIV Prevention as Country Rollout of Lenacapavir Accelerates

<https://www.theglobalfund.org/en/updates/2026/2026-04-14-us-global-fund-expand-commitment-long-acting-hiv-prevention-country-rollout-lenacapavir-accelerates/>

(14 April) Press release. **“The United States and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) today announced an expanded commitment to scale up access to long-acting lenacapavir (LEN) for HIV pre-exposure prophylaxis (PrEP), aiming to reach an additional 1 million people over the next three years. Building on the original commitment, this brings the total joint ambition to 3 million people reached with LEN through 2028.”**

“...This new milestone comes as countries begin rolling out LEN, marking a major step toward expanding access to a new generation of HIV prevention tools. Initial deliveries have reached nine African countries: Eswatini, Kenya, Lesotho, Mozambique, Nigeria, South Africa, Uganda, Zambia and Zimbabwe. As of today, Eswatini, Kenya, Lesotho, Nigeria, Zambia, and Zimbabwe have started their rollouts of LEN with the other early adopters commencing soon. Early program data indicate that uptake is particularly strong among priority populations, including pregnant and breastfeeding women, adolescent girls and young women, and people accessing PrEP for the first time – highlighting LEN’s potential to reach those not previously accessing prevention. ...”

“Building on this momentum, the Global Fund has also extended support for LEN PrEP introduction to 12 additional countries: Benin, Botswana, Dominican Republic, Fiji, Georgia, Haiti, Honduras, Indonesia, Morocco, Papua New Guinea, Rwanda and Thailand – reflecting strong and growing global demand for long-acting HIV prevention options.”

“Gilead Sciences has granted voluntary licenses to several manufacturers to produce generic versions of LEN, helping to pave the way for expanded and more affordable supply....”

HPW – One Million More People to Get HIV ‘Miracle’ Drug Lenacapavir as US, Global Fund Expand Access

<https://healthpolicy-watch.news/one-million-more-people-to-get-hiv-miracle-drug-lenacapavir/>

More coverage & analysis, on the **CSIS webinar where the announcement was made**. Some excerpts:

“... Global Fund executive director Peter Sands added that “the experience we’ve got so far suggests that, if we really want to make the most of this, we have to go bigger and we have to go faster””

“Meanwhile, Lewin (US State Department) said that the US would “be willing to fund additional doses as we get that manufacturing capacity ramped up,” adding that “we’d like to see countries fund doses.” ...”

“... Since last November, some 135,000 doses of lenacapavir have been delivered to nine African countries: Eswatini, Kenya, Lesotho, Mozambique, Nigeria, South Africa, Uganda, Zambia and Zimbabwe.... Twelve additional countries – Benin, Botswana, Dominican Republic, Fiji, Georgia, Haiti, Honduras, Indonesia, Morocco, Papua New Guinea, Rwanda and Thailand – will also receive the medicine soon.... “We’ve taken a deliberate decision to focus on the places where it can have the most impact,” said Sands, adding that the aim is to reach 24 countries by the end of 2027 ...”

“... Gilead CEO Daniel O’Day told the meeting that, within two weeks of getting the clinical trial results for lenacapavir, his company had “signed voluntary licences with six generic manufacturers, royalty-free with no obligation to us” and completed all the technology transfer in two weeks. “We have 1.3 million new cases of HIV every year, the vast majority in sub-Saharan Africa, and 41 million people are living with HIV,” said O’Day. “We have to bend the arc of those 1.3 million [new cases] to get to a stage where this disease is now under control.” The first generics are due to become available from mid-2027....”

“... Lewin said that the bilateral Memorandums of Understanding (MOU) the US had signed with various countries enabled the US to work directly with health ministries in those countries to prepare for lenacapavir....” “ The US has signed 30 bilateral MOUs so far and, while it might sign a further 10, 85% of the budget has already been allocated, said Lewin.”

“.... However, Sands said that getting lenacapavir to those most at risk of HIV involved both community organisations and governments: “We are very much engaged with community-led organisations, and this is an important part of how we maximise the impact of lenacapavir....”

“... Meanwhile, Lewin said that by the end of the US fiscal year on 30 September, the US wants implementation agreements with all those countries with bilateral compacts. By then, these countries “will all be onboarded onto new mechanisms that align with the commitments and focuses in the America First Global Health Strategy,” said Lewin.....”

- See also [Science News – Rollout of powerful new HIV prevention tool in lower income countries gets a boost](#) “Global Fund and U.S. government plan to make injectable lenacapavir available to 3 million people by 2028.”

A few more excerpts: “... HIV activists have sharply criticized Gilead for excluding many middle-income countries from purchasing the generic product, including Brazil, which participated in the clinical trials that led to its approval. And Doctors Without Borders **has complained** that Gilead has refused to sell the drug for use in its medical operations, many of them in humanitarian emergencies. The moderator of today’s panel, CSIS’s Katherine Bliss, also noted there have been “concerns expressed” that the partnership between the U.S. government and the Global Fund has placed an emphasis on preventing HIV transmission to pregnant and breastfeeding people—who can infect their babies—with no mention of other high-risk groups, such as men who have sex with men and people who inject drugs.....”

- And via Devex – [US and Global Fund ramp up support for HIV prevention jab](#)

“The idea is to ensure that we get a seamless kind of introduction of generic products to complement the branded products as quickly as we can,” said Peter Sands, the Global Fund’s executive director, speaking from the CSIS stage. ...”

“... Sands said that would happen by mid-2027 — but according to the [AIDS Vaccine Advocacy Coalition’s Mitchell Warren](#), it’s something that cannot come fast enough. His organization is one of several supporting the State Department’s rollout of lenacapavir across Africa, and in each of those countries, Warren said demand far exceeds supply. “[Lenacapavir] is literally flying off the shelf,” said Warren, who spoke to Devex from South Africa. “There are limited supplies at launch, and all of these supplies are being taken up in a very rapid fashion.” The urgency, he said, underscores a larger gap between what’s planned and what’s needed. Expanding the target from 2 million to 3 million people over three years is a positive step, Warren added — but it still falls short. Warren instead urged the State Department and Global Fund to aim to reach 4 million people within two years, adding that more than 5 million people per year must be reached to have a meaningful impact, build a sustainable market, and drive down prices....”

“... By the end of the year, Lewin expects 40 countries to sign global health agreements with the State Department. But even so, Warren added, lenacapavir is rolling out 15 months after USAID cuts roiled the world of global health — straining, stretching, and destabilizing the systems that deliver HIV services around the globe. “I worry we are building lenacapavir programs on a foundation of sand,” said Warren. “We have our greatest scientific opportunity for prevention ever, and we are building it on a foundation that could have been rock solid — and now it is shaky at best. “

- See also AVAC: “... the [global PrEP data that AVAC tracks](#) shows that this is not yet in line with what the market can bear and what is needed for impact. Ultimately, LEN must reach more than five million people per year to have real impact, build a sustainable market, and drive prices down even further,” AVAC’s [Mitchell Warren said in a statement](#). “

- And via [UNAIDS - UNAIDS welcomes expanded rollout of HIV prevention medicine and calls for urgent action to ensure equitable and affordable global access](#)

“UNAIDS encourages all countries to continue this momentum to scale up HIV prevention efforts - at least 20 million people need to be accessing antiretroviral-based prevention by 2030 to end AIDS as a public health threat as outlined in the Global AIDS Strategy 2026-2031 and global targets for 2030. “

“...UNAIDS urges immediate acceleration of technology transfer, clear production timelines, and expansion of licensing to additional manufacturers—particularly in Africa—to ensure sustainable and affordable supply at scale....”

More on Access to medicines, vaccines & other health technologies

WHO Afro – Nearly 20 million lives saved in Africa through measles vaccinations

<https://www.afro.who.int/news/nearly-20-million-lives-saved-africa-through-measles-vaccinations>

“Nearly 20 million measles-related deaths have been averted in Africa since 2000 thanks to increasing vaccination coverage, according to the first-ever detailed analysis of immunization targets on the continent. [The analysis](#), by World Health Organization (WHO) in the African region, and Gavi, the Vaccine Alliance, also found that alongside the 19.5 million measles deaths averted, more than 500 million children in Africa have been protected through routine immunization between 2000 and 2024. ... “... However, the Region remains off track to meet 2030 targets...”

- For the **full publication**: [Towards Immunization Agenda 2030 targets - Two decades of immunization efforts in the WHO African Region.](#)
- And via **AP** - [WHO says vaccinations save millions in Africa, but US aid cuts and Iran war threaten progress](#) (with coverage of the **online press briefing**)

“Vaccines against [malaria](#), a disease that kills more than 400,000 people annually, most of them children under five in Africa, **are now being introduced in 25 countries**. **Mohamed Janabi, the WHO regional director for Africa**, called that “a major scientific and public health breakthrough” during an **online press briefing.**”

“But he also warned that “**progress is uneven and in some places really slowing,**” after [the COVID-19 pandemic](#) increased the number of children who have never received a single vaccine. **Ten countries account for 80% of children who haven’t received any vaccine in the region**, he said, describing it as “a **profound equity issue.**”...”

GAVI – Lower-income countries investing record amount in immunisation programmes

<https://www.gavi.org/news/media-room/lower-income-countries-investing-record-amount-immunisation-programmes>

“Against a backdrop of aid cuts, lower-income countries contributed a record US\$ 302 million towards Gavi-supported vaccines for 2025. Over the last five years, countries have mobilised US\$ 1.1 billion for immunisation, matching the total raised over the previous 13 years combined.”

ICIJ - How Merck turned its wonder drug into a blockbuster — and priced out cancer patients worldwide

<https://www.icij.org/investigations/cancer-calculus/merck-keytruda-cancer-drug-price/>

“The pharmaceutical giant has **built a fortress of patents, traded in secrecy and relentlessly lobbied** to guard its revenue kingpin Keytruda.”

New hard-hitting investigation by the **International Consortium of Investigative Journalists**.

“An investigation by the International Consortium of Investigative Journalists reveals how one of the world’s largest drugmakers deployed tactics to both inflate the volume of prescriptions and keep the price high through lobbying and by seeking to delay cheaper versions of the drug from reaching hundreds of thousands of cancer patients in the coming years. This is playing out as governments around the world **spend growing amounts on Keytruda**, with steep prices straining government budgets, even in wealthy countries. **List prices range** from about \$80,000 for a year’s treatment in Germany to \$208,000 in the U.S., \$93,000 in Lebanon to about \$130,000 in Colombia, \$65,000 in South Africa to \$116,000 in Croatia...”

South Centre (Research paper) – Access to Medicines and Intellectual Property: taking advantage of TRIPS flexibilities for post-COVID-19 resilience in Africa

Ismaelline Eba Nguema; <https://www.southcentre.int/research-paper-233-14-april-2026/>

“The call by India and South Africa for the provisional lifting of patents on pharmaceutical products has had the merit of putting the issue of access to medicines and public health back on the agenda. However, the difficulty of reconciling access to medicines and intellectual property has many factors which cannot be reduced solely to the commitments of WTO member states. A more in-depth analysis reveals the intrinsic limitations of some of its members. These include **the weakness of the legislative and regulatory framework in some countries, such as those on the African continent**. Consequently, **the aim of this article is to demonstrate that effective use of the flexibilities in the TRIPS Agreement is only possible if African countries equip themselves with an appropriate legal framework, in addition to the judicial institutions that are supposed to guarantee the effectiveness of the standards adopted**. ... (the) method led us to conclude that the compatibility between access to medicines and intellectual property is caught between human rights and economic interests. However, **for the TRIPS flexibilities to be fully utilized by African countries, they would benefit from reforming their legal frameworks to take advantage of the flexibilities in the TRIPS Agreement**.”

Bureau of Investigative Journalism - Inside the £64bn pharma deal that could cost more lives than Covid

<https://www.thebureauinvestigates.com/stories/2026-04-13/inside-the-64bn-pharma-deal-that-could-cost-more-lives-than-covid>

“With the NHS on its knees, the UK has struck a secretive new drugs deal. But how was it made – and what will it really cost? **New UK–US pharma deal will mean that NHS pays pharma companies more for their medicines.** Hundreds of thousands of deaths are predicted over 10 years due to money being diverted from other healthcare. Government’s claims about the value of the deal are dwarfed by experts’ calculations of its true cost.”

Conflict/War & health

Guardian - Anger at ‘bloody unacceptable’ efforts to end Sudan’s war as conflict enters fourth year

<https://www.theguardian.com/global-development/2026/apr/14/no-end-sudan-war-conflict-third-anniversary>

“A top UN official has criticised lack of global urgency as reports confirm the world’s largest humanitarian crisis is worsening.”

And via HPW - [Sudan’s Catastrophic Civil War Enters Fourth Year](#)

- See also [WHO – After three years of conflict, Sudan faces a deeper health crisis](#)

“Three years of war in Sudan have created the **world’s largest humanitarian and displacement crisis, with devastating consequences for people’s health....**” Read what it entails.

Project Syndicate – Why Development Doesn’t Prevent War

R Arezki; <https://www.project-syndicate.org/commentary/new-conflicts-underscore-limitations-of-prevailing-development-model-by-rabah-arezki-2026-04>

“Violent conflicts have reached levels not seen since World War II, even as global poverty has fallen to historic lows, **challenging long-held assumptions about the relationship between development and peace.** This outcome **calls for a reassessment of the theory of change that underpins development aid.**”

“... while development spending is justified on humanitarian and ethical grounds, regardless of the strategic implications, the **evidence does not support the claim that sustained investment can reliably prevent or resolve armed conflicts. What the evidence does show is the inverse: sustainable development depends on peace to a far greater extent than the Truman-era paradigm recognized.** Preventing conflict yields enormous development gains, as each year without war preserves years of progress that would otherwise be lost. **Investments in conflict prevention—**including political settlements, power-sharing arrangements, and credible peace processes—**are not substitutes for development spending but rather preconditions for it. Consequently, we must rethink the theory of change that currently underpins development economics.** In developing

countries plagued by distrust, poor services, and recurring violence, **political stability and state legitimacy must come first**. Only after that foundation is in place can institutional reform and sustained development spending deliver tangible results....”

- For more, see [On the Asymmetry between Conflict and Development: Evidence from Sustainable Development Goals](#) (by Rabah Arezki, Hieu Nguyen)

“... **Results reveal a striking asymmetry**: conflict shocks produce long-lasting adverse effects on SDG performance, while SDG performance shocks exert only transient effects on conflict intensity. This asymmetry persists across external and major conflict episodes, and is robust to alternative identification strategies. **Our findings indicate that sustainable development is fundamentally contingent on prior achievement of peace.**”

BMJ (Opinion) – Healthcare and humanitarian aid are being used as political pawns in conflict settings

<https://www.bmj.com/content/393/bmj.s718>

“Health professionals must insist that healthcare and access to aid in conflict settings is protected by law, not granted by permission, write Áine Markham and Christos Christou (both MSF). “

Miscellaneous

UN News - The Epstein files: Rights experts demand accountability, call for probe into trafficking allegations

<https://news.un.org/en/story/2026/04/1167314>

“**UN independent human rights experts called on Thursday for justice and accountability for young women and girls who were trafficked systematically** as part of allegations contained in the so-called Epstein files. ... “**We are gravely concerned by the credible allegations in the ‘Epstein files’ of systemic trafficking of young women and girls** for purposes of sexual exploitation and **call for a full and transparent investigation,**” the two experts said in a statement....”

Guardian – Media coverage of violence against women reaches ‘dismal’ low, report find

<https://www.theguardian.com/global-development/2026/apr/17/media-coverage-violence-against-women-low-report>

“Analysis finds stories citing terms of misogynistic abuse fell to 1.3% of global online news in 2025.”

Foreign Policy - Beyond Floppy Disk Economics: How to rewrite the global economic framework for a progressive multilateralism.

By Mariana Mazzucato; <https://foreignpolicy.com/2026/04/14/bretton-woods-world-bank-g20-trade-economic-order/>

“...I would **propose four governing principles**, developed as part of my work advising President Cyril Ramaphosa for South Africa’s G-20 presidency: **shaping economies through industrial strategy rather than correcting them at the margins; aligning finance with public purpose rather than treating it as an end in itself; rebuilding the state capacity needed to deliver; and grounding global cooperation in equity rather than charity**. These are not abstractions. They are **already being put into practice**, from Spain’s energy transition to Brazil’s state transformation, and **they offer the foundation for a new progressive multilateralism....”**

PS: “**This week in Barcelona, Sánchez will convene the Global Progressive Mobilisation**—a gathering of leaders and thinkers seeking to build a better world out of the wreckage that U.S. President Donald Trump is creating. **The ambition is admirable, but it needs the right economic framework to flourish.”**

- Related: **Devex Pro** – [Economist calls for a rethink of growth and development policy](#)

At the Devex Capital Summit, Mariana Mazzucato calls for mission-driven industrial policy, stronger public-private conditions, and a shift toward a “common good” approach to development and water.”

UN News – Reparations ‘key to dismantling systemic racism’: UN rights chief

<https://news.un.org/en/story/2026/04/1167297>

“**The UN High Commissioner for Human Rights, Volker Türk**, has described **reparatory justice** for colonialism, enslavement and the trade in enslaved Africans as “**key to dismantling systemic racism.**””

“Speaking on Tuesday at the [fifth session of the UN Permanent Forum on People of African Descent](#), he lauded the **advances in racial justice and equality that have been made over the past decades**. These include the adoption of anti-discrimination laws, the creation of independent human rights and equality institutions and steps towards reparations.”

“... **He outlined three key asks for Member States going forward**: Anti-racism laws, policies and practices which can lay the foundation for safer, fairer, and more inclusive societies, should be **adopted and enforced**; Young people of African descent and members of civil society should be **included at all levels of decision-making**; Momentum towards reparatory justice **should be maintained...**”

Our World in Data - What do people die from in different countries?

[Our World in Data](#);

Great resource. “An **interactive tool** to explore causes of death by age, gender, and time, across the world.”

Lancet (Letter) – When patient data disappear: Ghana's lesson to the world

T Augustine et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00645-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00645-8/fulltext)

« “Madam, which medicines do you take? I'm sorry, but I can't access your information on my computer”, said the gynaecologist (TA). **This conversation took place on March 10, 2026, at a referral hospital in Ghana, where clinicians could not access the patient's records due to a dispute between the Government and the service provider.** The consequences are severe: key patient information is lost, treatments are delayed, and clinical decision making is compromised. **This example serves as a stark warning for health-care systems worldwide: access to electronic patient records cannot be taken for granted. Although this situation unfolded in the Global South, the lessons resonate just as strongly in advanced health-care systems.** The risks extend beyond medical records—**any data, even citizen portals, stored abroad can be held hostage to corporate or geopolitical disputes.** Ghana's example is a clear warning: trust, patient safety, and care itself are at risk...”

« ... Patient data are not just technical files; they are lifelines. For us—ie, clinicians confronted with the reality of empty screens, **Ghana's example raises crucial questions: who truly owns medical data, and how should they be stored? Do we give sufficient consideration to the risks, power dynamics, and incentives inherent in the digital infrastructure of patient records?....”**

Guardian - African scientists hail mushrooming global interest in conserving fungi

<https://www.theguardian.com/environment/2026/apr/14/african-scientists-fungal-conservation-movement-aoe>

“Amid growing evidence of fungi’s key role in ecosystems and storing carbon, **mycologists seek greater recognition of the need to preserve ‘funga’ as much as flora and fauna.**”

- Related: [Nature Medicine \(Comment\) – Closing the gap on antifungal resistance](#)

“**Drug-resistant fungal disease must be addressed in the 2026 update to the Global Action Plan on Antimicrobial Resistance**” (by Paul E. Verweij et al)

Global health governance & Governance of Health

Devex Pro - Inside China's development strategy: Coordination, not competition

<https://www.devex.com/news/inside-china-s-development-strategy-coordination-not-competition-112230>

(gated) “As Western donors retreat, China is stepping up in multilateral institutions and shifting its development model outward. But Beijing's policy voices are **candid about the limits.**”

Eurodad – New European Parliament Global Gateway report echoes key civil society concerns

[Eurodad](#)

“In late March the **European Parliament adopted the first report on the EU’s flagship investment strategy** in support to the bloc’s geostrategic ambitions. **While the report is still weak in its positioning against some of the premises behind the EU’s Global Gateway strategy, members of the European Parliament echoed key civil society concerns and demands on how the strategy has been designed and implemented.** “

Globalization & Health - Why health diplomacy should be understood as a deterrence instrument: evidence from Sweden’s health system

M M Cati; <https://link.springer.com/article/10.1186/s12992-026-01210-2>

“Sweden’s health system is increasingly exposed to strategic vulnerabilities arising from globalised pharmaceutical supply chains, medicine shortages, antimicrobial resistance, and hybrid geopolitical threats. In a period of heightened international tension, safeguarding health security has become an urgent policy concern. While the securitisation of health diplomacy raises ethical and political challenges, **this article argues that health diplomacy should be understood not only as a cooperative instrument but also as a form of deterrence that operates through governance integration, transparency, and strategic interdependence, strengthening national resilience. In this context, deterrence refers to reducing the incentives and opportunities for adversarial actors to exploit health-system vulnerabilities, such as pharmaceutical shortages or supply-chain disruptions, to generate societal disruption, undermine public trust, or exert political pressure.** Focusing on **Sweden**, the article shows how deeper Nordic and European Union coordination enhances anticipatory capacity, stabilises access to critical medicines, particularly antibiotics, and reinforces crisis communication and public trust. **Positioning health diplomacy within broader security architectures** can support continuity of care during systemic stress while remaining anchored in civilian governance and global health norms.”

Plos GPH – Male allyship to advance women’s leadership in global health academia: A qualitative study

Amanda Marr Chung et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005258>

« Women are underrepresented in leadership positions within global health. Although women leaders have been shown to foster inclusive work environments and prioritize improvements in women’s health, they face barriers to their advancement, including microaggressions and disproportionate caregiving responsibilities. Male allyship can facilitate the elevation of women into global health leadership roles. **This study explores the experiences of global health leaders in academia of male allyship and identifies actions and best practices to support the growth of women’s leadership in global health...**”

Global health financing

ODI (Briefing/policy paper) - Reforming multilateral development banks: perspectives from IDA countries

F Zeka et al <https://odi.org/en/publications/reforming-multilateral-development-banks-perspectives-from-ida-countries/>

“**What MDBs offer matters for IDA countries:** at least 80% of respondents rate each MDB function – concessional financing, technical assistance, policy advice, research and convening power - as either very or extremely relevant to their country's socioeconomic development. **Demand for MDB grants and loans is expected to increase in IDA countries over the next five to 10 years**, driven by large financing needs and concessional financing that does not put pressure on debt sustainability. **Coordination among MDBs matters to IDA countries but the perception of its quality has not improved since the first survey in 2021.** Government respondents in IDA countries **broadly view the cycle of MDB projects and programmes as too long.** Nearly half (45%) consider the time from concept to first disbursement as very or extremely long. ...”

UHC & PHC

Journal of Global Health - Use of public primary care facilities, economic development, and the health service transition

Krishna D Rao et al; <https://jogh.org/2026/jogh-16-04142>

“Many low- and middle-income countries (LMICs) have large networks of public primary care facilities (PCF) to provide affordable and quality health services close to communities. Public PCFs are expected to serve as the principal source of primary care. **This study documents the extent to which public PCFs are used for illnesses treatable at the primary care level, and investigates the association between public PCF use, economic development, and UHC achievement.**”

Findings: “... There is **considerable between-country variation in utilisation of public PCFs**; in most countries public PCFs received less than half the patients seeking medical advice for conditions treatable at the primary care level. **Second, economic development is associated with a ‘health service transition’ characterised by two related trends** – decline in the share of patients seeking medical advice at public providers overall and at public PCFs, and a proportionate increase in the share of patients seeking medical advice at private providers; use of public PCFs declined by around 24 percentage points between the average low-income and middle-income country. However, most of the between-country variation in public PCF use was due to factors other than income. **Third,** cross-country regression analysis indicated that **public PCF use was not associated with UHC achievement because a similar range of services are offered by private providers. Public PCF use was associated with lower catastrophic health expenditures.**”

Conclusions: “**The changes in care-seeking patterns and use of public PCFs brought about by economic development makes it critical to re-think primary health care service delivery models and financial protection mechanisms in transition countries.**”

Pandemic preparedness & response/ Global Health Security

IFPMA (report)- Strengthening global health security: Perspectives from the innovative pharmaceutical industry

<https://www.ifpma.org/publications/strengthening-global-health-security-perspectives-from-the-innovative-pharmaceutical-industry/>

Focusing attention on **three central pillars of health security: innovation, resilience, and enabling conditions.**

Global Bioethics - The WHO has ratified pandemic agreement: but what will it take to ensure equitable response for future pandemics?

Marija Antanavičiūtė et al;

<https://www.tandfonline.com/doi/full/10.1080/11287462.2026.2652671>

“... while the current Pandemic Agreement puts equitable access to surveillance, therapeutics, vaccines, and other pandemic-related products at the forefront, many important questions are yet to be answered. **The authors of this paper draw attention to ethics preparedness efforts.** The piece considers the importance of **building the necessary infrastructure for the provision of ethical advice on health-related matters as part of the implementation phases of the WHO Pandemic Agreement** to ensure that we learn from the mistakes made during the COVID-19 pandemic....”

Planetary health

Nature Climate Change - From least-cost to SDG-optimal sectoral allocation of Paris Agreement-compatible mitigation efforts

Dirk-Jan Van de Ven et al; <https://www.nature.com/articles/s41558-026-02602-3>

“A new Nature Climate Change paper argues that the **lowest-cost path to decarbonization is not always the best one for sustainable development.** Sector choices matter if climate action is meant to support health, poverty, water, land, and economic outcomes.”

Plos Climate (Editorial) - Climate and health at a critical juncture

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000895>

“This Editorial sets out a collective direction and a shared commitment, across disciplines, geographies, and generations, **to advance climate-health scholarship** that is scientifically robust, socially just, and grounded in real-world impact....”

Lancet Planetary Health (Viewpoint) - Global environmental change and the gut–kidney–brain axis: a review and framework of vulnerability and resilience

Shazia Adalat et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00026-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00026-4/fulltext)

“Climate–health research often examines organ systems in isolation, which limits our understanding of how environmental stressors shape multiorgan disease patterns. **We propose an integrative framework** that explores how **perturbations in the gut–kidney–brain axis** might contribute to differential climate and environmental vulnerability. ...”

Oil Change International (et al) (report) - Spillover Effects: The Fossil Fuel-Debt Trap in the Global South

<https://oilchange.org/publications/spillover-effects-the-fossil-fuel-debt-trap-in-the-global-south/>

“**Rising debt distress and fossil fuel reliance are interdependent crises.** Countries in Africa, Latin America, the Caribbean, the Middle East and parts of Asia are caught in a structural trap where governments are forced to prioritise short term liquidity and revenue over long-term transformation. **A new report, Spillover Effects: The Fossil Fuel-Debt Trap in the Global South, outlines the ways in which high debt service obligations drive fossil fuel expansion while crowding out investments in renewable energy and hampering the ability of nations to respond to the impacts of climate change and deliver health and educational services.** “

Covid

Lancet GH (Comment) - The fascinating malaria–COVID-19 relationship

G A Awandare et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00051-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00051-3/fulltext)

Comment related to a new Lancet GH study.

Concluding: “... In combination, this **evidence suggests a unifying hypothesis that could explain the lower-than-expected COVID-19-associated mortality in sub-Saharan Africa, where malaria is generally endemic.** Natural immunity to malaria develops after repeated infections by the parasite and has two components: anti-parasite immunity and anti-disease (clinical) immunity.¹⁰ Anti-disease immunity is mediated by tolerance to further inflammatory stimulation, which is acquired through epigenetic regulation. The epigenetic modifications confer collateral protection against severe symptoms from other proinflammatory pathogens, including SARS-CoV-2, by blunting cytokine induction. Such a mechanism likely contributed to averting the predicted devastation of the sub-Saharan African population during the COVID-19 pandemic. ...”

- Linked to this [new Lancet GH study: Uncomplicated malaria as a risk factor for COVID-19 duration and severity in western Kenya and Burkina Faso \(MALCOV\): a prospective cohort study](#)

Cidrap News - Long COVID tied to higher risk of heart disease, even after mild infection

<https://www.cidrap.umn.edu/covid-19/long-covid-tied-higher-risk-heart-disease-even-after-mild-infection>

“A diagnosis of long COVID is associated with an increased risk of cardiovascular disease, particularly cardiac arrhythmias, heart failure, and coronary artery disease, even among patients who were not hospitalized for COVID-19, according to a new prospective cohort study published in *eClinicalMedicine*....”

Infectious diseases & NTDs

Lancet Global Health – Untangling the complex relationship between HIV-exposure and tuberculosis in children: a narrative review

Laura Olbrich et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00540-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00540-6/fulltext)

“With the remarkable success of antiretroviral programmes for the prevention of vertical HIV transmission, there has been a notable reduction in the proportion of children born with HIV and, subsequently, a corresponding increase in the population of **children who are HIV-exposed but uninfected (CHEU)**. There is growing appreciation for the increased risk of childhood morbidity and mortality among CHEU compared with children who are HIV-unexposed, particularly from infectious diseases. Given the high prevalence of tuberculosis in populations with high HIV prevalence, the effect of HIV exposure on tuberculosis is therefore of particular interest. **In this Review, we contextualise and reflect on the existing literature for CHEU with regard to prevention, prevalence, and outcomes of tuberculosis infection and tuberculosis disease. In so doing, we identify gaps in reported knowledge on CHEU to guide future research....”**

NCDs

Nature Health – The global economic burden of digestive tract diseases and cancers from 2020 to 2050

<https://www.nature.com/articles/s44360-026-00113-1>

“Integrating several data sources and investigating several different scenarios related to health and economic conditions, **this study presents projections of future burden for 16 digestive tract diseases at a global scale, outlining priorities for disease prevention and eradication.**”

Social & commercial determinants of health

Tobacco Control (Editorial) - Tobacco control: a model of success for global health in the 21st century

<https://tobaccocontrol.bmj.com/content/35/2/141?rss=1>

By Les Hagen et al.

Sexual & Reproductive health rights

Plos GPH - Quality of first antenatal care visits and perinatal outcomes: Evidence from a cohort study in Ethiopia, Kenya, South Africa, and India

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006248>

By Wen-Chien Yang, M Kruk et al.

Lancet GH – Measuring antenatal care timing and content across 131 low-income and middle-income countries, 1995–2023: a systematic analysis of trends

Anna Gage, et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00010-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00010-0/fulltext)

Interpretation of the findings: “Despite improvements in the receipt of basic elements of antenatal care from 1995 to 2023, health systems continue to miss opportunities to deliver important care to women who attend antenatal care. The identified gaps in coverage should be targeted for improvement to support receipt of timely and effective health care that improves maternal and neonatal health....”

Neonatal and child health

TGH - Birth Registration to Improve Health Equity

Mary-Ann Etiebet (CEO Vital Strategies); <https://www.thinkglobalhealth.org/article/birth-registration-to-improve-health-equity>

“Millions of newborns lack birth certificates, but governments and investors have new opportunities to build digital identification.”

“In sub-Saharan Africa, more than 110 million children younger than 5 lack a birth certificate, including nearly 7 in 10 infants younger than 12 months. Yet there is room for optimism. Twenty-six African countries are on track to register all births by 2030, in alignment with Sustainable

Development Goal 16.9, and since 2019, the World Bank has delivered on 70 digitalization investment projects totaling \$9 billion across 37 African countries.”

“... **the current wave of investment in digital technologies presents a chance to create smart systems** that bring millions of girls and women into a world of opportunity and protection....”

Human resources for health

SS&M – Fair pay, performance optimizer, or status marker? The social meaning of remuneration for India's women community health workers

V Marwah; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626003333>

“There is no consensus on remuneration for community health workers. Compare views on CHW remuneration as salaries versus incentives in India. Find **three logics at play** in how interviewees interpret the role of remuneration. **Most CHW experts see remuneration as a tool to measure and/or stimulate work. For CHWs, however, remuneration is a marker of status and respect as a worker.**”

Migration & Health

BMC Public Health - A mixed methods systematic review of mental health self-care strategies for Arabic-speaking refugees and migrants

<https://link.springer.com/article/10.1186/s12889-023-17395-9>

By Deena Mehjabeen et al.

Miscellaneous

IISD - Ahead of Major Summits, UN Calls for Recommitment to SDGs

<https://sdg.iisd.org/news/ahead-of-major-summits-un-calls-for-recommitment-to-sdgs/>

“Ahead of Major Summits, UN Calls for Recommitment to SDGs.”

“The Committee for Development Policy proposed a set of principles for Member States to consider as they **prepare for the 2027 SDG Summit**. CDP stressed the importance of commitment to the SDGs and recommended that **more support and attention be given to South-South mutual learning, experience sharing, and cooperation.**”

Devex - Can putting a price tag on ending poverty unlock billions in giving?

<https://www.devex.com/news/can-putting-a-price-tag-on-ending-poverty-unlock-billions-in-giving-112304>

“New research from Paul Niehaus, cofounder of GiveDirectly, reveals ending extreme poverty may be more achievable than many assume. The question now is whether that kind of clarity can mobilize philanthropic money sitting on the sidelines.”

“Niehaus, cofounder and former president of [GiveDirectly](#), which allows donors to send cash directly to people living in poverty, is now an economist at the [University of California, San Diego](#). He’s part of a group of researchers [attempting to quantify](#) what it would actually take to end extreme poverty. Their recent work suggests the answer may be more within reach than many assume: Advances in data science make it possible to lift nearly everyone above the global poverty line for about \$318 billion a year, or roughly 0.3% of global gross domestic product....”

Papers & reports

WMHP - Global Governance and Corruption in Healthcare: A Bibliometric Mapping of Policy Challenges and Global Research Trends

<https://onlinelibrary.wiley.com/doi/10.1002/wmh3.70067>

by B Uysal et al.

Book - Global Corporate Tax Governance Crisis, Consensus, and Revolution

M Motala; <https://www.routledge.com/Global-Corporate-Tax-Governance-Crisis-Consensus-and-Revolution/Motala/p/book/9781032818948>

“This book examines the transformative changes in international corporate taxation from 2008 to 2021, culminating in the landmark October 2021 Agreement that fundamentally altered multinational business taxation. The study analyses how the 2008 Financial Crisis and 2020 COVID-19 pandemic catalysed reform through G-20 and OECD initiatives, resulting in a **two-pillar framework with conditional mismatch rules and a 15% minimum Effective Corporate Tax Rate applied country-by-country.**”

“Through empirical, comparative, and meta-historical analysis, the author reveals the **decisive influence of the Transnational Tax Policy Community (TTPC) as agenda-setter, adviser, and gatekeeper.** Despite the TTPC’s significant role, the research demonstrates that domestic politics substantially impact implementation and enforcement outcomes. The **work introduces a Dynamic Model of Corporate Tax Governance that not only explains recent revolutionary changes but also predicts future developments in global tax governance,** illuminating the ongoing tension between multilateral cooperation and state sovereignty in international taxation.”

The Journal of Climate Change & Health - Combating converging crises: The role of universities in global health, climate, and equity

J Ratevosian et al ; <https://www.sciencedirect.com/science/article/pii/S2667278226000386>

« ...**This perspective, based on an international convening held at the Rockefeller Foundation’s Bellagio Center in November 2024, outlines four interlinked roles for universities and offers a call to action.** First, universities must sustain and protect scientific discovery, counter misinformation and safeguard research integrity. Second, they must diversify funding to maintain resilience. This means reimagining partnerships with governments, communities and industry. Third, they must uphold academic institutional responsibility including commitment to ethical inquiry, evidence-based science, and their own contributions to greenhouse gas emissions and sustainability. Fourth, they must transform education, equipping the next generation of leaders with transdisciplinary skills to navigate climate–health challenges. ...”

Tweets (via X, LinkedIn & Bluesky)

Gabriel Zucman

highlighted the **accelerating global momentum behind taxing billionaires at the conference "Confronting Global Inequality: Tax Day Policy forum" in New York**

"We are at the beginning of an international movement: building on the work that was started by Brazil at the G20, there is a group of countries working together to tax billionaires. This week, under the leadership of Pedro Sánchez, 15 heads of State will meet in Barcelona to advance this very important agenda."