

IHP news 876 : Busy weeks ahead

(24 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,

Although the **ninth meeting of the Ministers of Health of the Shanghai Cooperation Organization (SCO) member states** took place in [Bishkek, Kyrgyzstan](#) this week, and [Africa \(CDC\) & \(Team\) Europe announced €100 million Health Initiatives in Addis, strengthening their health partnership](#), it's clear that in the coming days/weeks, **"Global Health" is really gearing up.**

Starting today and this weekend with among others, [World Malaria Day \(April 25\)](#) (WHO & partners are launching the campaign "*Driven to End Malaria: Now We Can. Now We Must.*") and **World Immunization Week (April 24–30)**, under the motto "*For every generation, vaccines work*". Good one for [RFK jr](#), I hear you think. Early this morning, rather uplifting [results](#) of the 'Big Catch-Up' were published.

The **next PABS round** is also scheduled for next week (27 April-1 May) in **Geneva**. From where I sit, it will require a fair amount of diplomats well-versed in the 'Art of the Deal' (*ahum*), as well as heaps of kerosine, to get to [equitable "landing zones"](#) :).

Next week, the [regional World Health Summit in Nairobi](#) (27-29 April) also takes place, themed "*Reimagining Africa's Health Systems: Innovation, Integration, and Interdependence*". Easier said than done, reimagining in an age of polycrisis, a new [era of 'predatory power'](#) and ever more ["major risk multipliers"](#) and 'chokepoints'. It's as if you imagine yourself to be in a misty-eyed episode of the K-drama "[Still Shining](#)", while in fact you happen to play in the grim late-capitalist season 2 of [Beef](#).

There's also the **upcoming Santa Marta Conference in Colombia** (28-29 April), which [convenes a climate 'coalition of the willing' to break the global fossil fuel deadlock](#). The aim: to begin the long-awaited "transition away from fossil fuels". The ["billionaire death cult"](#) (*in the words of Monbiot*) isn't helping much in this respect, but on the bright side, these days the 'coalition of the willing' is aided quite a bit by the current war in the Middle East - *about the only advantage of the crazy global crisis sparked there*. But given the [existential risks of tipping points](#), mankind [better hurries up](#). In case we get distracted by the neverending Trump sh**sh*w, by autumn a potentially **"super El Niño"** is already [awaiting us](#).

Meanwhile, the [79th World Health Assembly](#) (18-23 May) is already looming on the not too distant horizon, with a rather packed agenda. Yesterday, [WHO's Results report](#) was published, showing some progress on the 'triple billion targets'. The new EU **Global Health Resilience Initiative** will [probably also be launched in May](#) (*bracing myself for that one...*).

You'll find much more in this newsletter issue, including [fierce discussions](#) on worrying [PEPFAR impact data](#); a high-profile [US State Department official resigning over disagreement with the Trump administration's global health approach](#); and more analysis/advocacy on the [Lenacapavir rollout](#). We also briefly come back on the [IMF/WB Spring meetings](#) and learned about ['embedded global health solidarity'](#) in a webinar on Wednesday.

Finally, [the Gates Foundation started – at last - an external review of the Epstein ties](#) (*though you might wonder why the 'third-party investigators have not been publicly named'*). Meanwhile, the Foundation already seems to be "working diligently on the future". As [Themrise Khan](#) noted on LinkedIn, *"So the Gates Foundation is now trying to court the wealthy oil rich Arab world in hopes of more funding. Specifically the Saudis. A billionaire courting other billionaires. If no one in the #philanthropic and #globaldevelopment industries finds this disturbing, then I have truly lost all hope."*

But maybe, 'evidence-based' as they are, the Foundation had anticipated the latest [billionaire trends](#)? Yesterday, it was reported in the Guardian that according to research from the estate agent Knight Frank, *"the number of billionaires is expected to grow the fastest in oil-rich Saudi Arabia."*

What could go wrong, indeed.

Enjoy your reading.

Kristof Decoster

Featured Article

Building Resilient Community Health Systems: Moving Beyond the Extractive Legacy of Western Engagement in Africa

[Ikenna Ebiri Okoro](#)

As the [Lyon "One Health" summit](#) pledges face their first real test at the upcoming [World Health Summit Regional Meeting](#) in Nairobi, Africa must finally reject extractive Western engagement and build sovereign, resilient community health systems anchored in professionalised CHWs and genuine local ownership.

Western engagement with Africa—often presented as technical assistance, research partnerships, or climate finance—has too frequently delivered extractive outcomes that weaken community health systems. Resources drain away, local agency erodes, and frontline workers remain vulnerable. Community health workers (CHWs), the backbone of primary care, continue to face chronic underfunding, poor supervision, "ghost worker" leaks, and fragmented donor projects that break continuity of care and public trust. These pressures overlap with climate-driven disease shifts, conditional financing that fails to build real resilience, illicit financial flows and debt that crowd out

health budgets, gendered inequities, migration strains, and loss of data sovereignty. Real progress requires confronting both external patterns and domestic governance gaps.

Africa must professionalise and sustainably finance CHWs, invest in local adaptive capacity, and assert collective sovereignty through AU and Africa CDC leadership to build truly resilient, self-reliant community health systems....

- To continue the read, see IHP: [Building Resilient Community Health Systems: Moving Beyond the Extractive Legacy of Western Engagement in Africa](#)

Highlights of the week

Structure of Highlights

- World Immunization Week
- Run-up to the World Health Assembly
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- US Global Health strategy & bilateral health agreements
- PEPFAR data: fierce debate
- Trump 2.0
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- Access to Medicines, vaccines & other health technologies
- AI & Global Health
- Lancet Commission on Sepsis
- Miscellaneous

World Immunization week (April 24-30)

“At the start of [World Immunization Week](#), Gavi, the Vaccine Alliance, UNICEF and WHO announce[d] progress on the Big Catch-Up, a historic, multi-year, multi-country effort launched in 2023 to close immunity gaps and strengthened health systems to reach un- and under-vaccinated children. “ “The **36 participating countries across Africa and Asia account for 60% of children missing out on any vaccination** – so-called **zero-dose children**. Pandemic-related immunization programme disruptions exacerbated this issue, adding millions more zero-dose children to those who already chronically miss out.”

“To address this issue, **the Big Catch-Up looked beyond infant immunization** and for the first-time ever made deep inroads into the accumulated global cohort of older children between the ages of **1 to 5 who remain vulnerable due to missed routine vaccinations.** “

- See the WHO press release: [Largest catch-up initiative delivers over 100 million childhood vaccinations](#) “The Big Catch-Up, launched during World Immunisation Week 2023, has delivered over 100 million vaccine doses to an estimated 18.3 million children across 36 countries.

Around 12.3 million were “zero-dose children” who had not previously received any vaccines and 15 million who had never received a measles vaccine.

The initiative concluded in March 2026 and is on track to meet its target of catching up 21 million children – but agencies warn that many infants still miss out on lifesaving vaccines through routine immunisation every year.”

Run-up to the World Health Assembly (18-23 May)

It’s still a while, but flagging here already a few debates around resolutions for WHA79.

But we start this section with WHO’s Results report, released annually ahead of the WHA.

WHO’s Results report - WHO reports measurable health impact in 2025 amid transition to new strategy

<https://www.who.int/news/item/23-04-2026-who-reports-measurable-health-impact-in-2025-amid-transition-to-new-strategy>

“The World Health Organization (WHO) today released its [Results Report](#), highlighting measurable improvements in people’s health worldwide in 2025, despite funding cuts affecting both the organization and the broader global health sector. “

“Published at a pivotal moment for global health, the Results Report demonstrates that WHO’s impact was strongest in areas where its technical leadership and comparative advantage were fully leveraged. The report finds significant progress across all three “Triple Billion” targets under WHO’s Thirteenth General Programme of Work (GPW13) for 2019-2025:

- An estimated **567 million additional people** were covered by essential health services without experiencing catastrophic health spending in 2025, compared with the baseline in 2018 – an increase of 136 million since 2024;
- An estimated **698 million additional people** were better protected from health emergencies in 2025, compared with the baseline in 2018 – an increase of 61 million since 2024; and
- An estimated **1.75 billion additional people** living healthier lives in 2025, compared with the baseline in 2018 –an increase of 300 million since 2024.

Despite this progress, **the report cautions that important ambitions remain unmet, leaving with the world off track to meet the health-related Sustainable Development Goals by 2030....”**

TWN - WHO: Developing countries seek actions on inequities in international recruitment of health workers

Lauren Paremoer and Nithin Ramakrishnan;

<https://www.twn.my/title2/health.info/2026/hi260402.htm>

“A Resolution on the Global Code of Practice on the International Recruitment of Health Personnel is scheduled to be adopted at the 79th Session of the World Health Assembly (WHA79) to take place from 17 to 23 May at the WHO headquarters in Geneva. This resolution attempts to address structural inequities faced by source countries caused by the uneven progress in the application of the different provisions of the Code. ... In ongoing negotiations, developing countries have called for concrete measures such as ring-fenced taxation to address inequities, emerging from the migration of workers. The developed countries continue to oppose....”

“Ring-fenced taxation is a proposal to address the brain drain from developing to developed countries due to the migration of health workers. According to this concept the tax gains from migrant health works in destination countries are to be used proportionately for the strengthening of health systems in the source countries. **A core group of countries including Bangladesh, Germany, Pakistan and the Philippines are taking the lead in the negotiations for this draft resolution**, following the decision made in the 158th Session of Executive Board (EB158).”

“... According to sources familiar with the discussions, developed countries, in particular European countries, are opposing both the mention of ring-fenced taxation, as well as the entire paragraph urging financial contribution towards source countries. ...”

“.... ring-fenced taxation has emerged as a particularly contested yet important proposal. Properly understood, this does not imply imposing additional taxes on migrant health workers. Rather, it refers to allocating a defined portion of tax revenues already generated from migrant workers’ income within destination countries toward supporting health systems in their countries of origin, as part of mutually agreed intergovernmental arrangements. This approach aligns with WHO guidance and represents one of several tools to operationalise co-investment in a measurable and equitable manner....”

PS: the backdrop: **“The geopolitical context: Intensification of push factors...”**

- Related: **Geneva Health Files - [The Code for Recruitment of Health Workers Under Review at the WHO: A Moment of Promise or Just Status Quo? \[WHA79\]](#)** (by M Iskarous & P Patnaik)

With **two parts**: “Part 1: An introduction to the code and the significance of this review. Part II: On the dynamics in the current negotiation on the resolution.”

“My colleague, **Maged Iskarous**, a health systems specialist, **has laid out why the review of the code is a significant opportunity to strengthen the operationalisation of the code.** ... He argues that **"these efforts should not be seen as a mere procedural footnote but as a political inflection point. The WHO has formally moved from celebrating the Code’s principles to interrogating its implementation failure."**

PS: **The WHO Global Code of Practice on the International Recruitment of Health Personnel is now 16 years old.**

There’s **"...a growing recognition among Member States that voluntary norms, untethered from material responsibility, have struggled to withstand the pressures of recurrent health emergencies, fiscal contraction, and widening workforce inequities...."**

Health Affairs Forefront - A Global Resolution To Bring Liver Health Into The NCD Mainstream

J V Lazarus; <https://www.healthaffairs.org/content/forefront/global-resolution-bring-liver-health-into-ncd-mainstream>

"In February 2026, the World Health Organization’s executive board proposed a World Health Assembly (WHA) [resolution on steatotic liver disease \(SLD\)](#), an umbrella term covering some of the most common chronic liver conditions worldwide. If adopted by member states, it would mark the first time these diseases are explicitly recognized within the global noncommunicable disease (NCD) framework."

"The timing reflects a broader shift. In late 2025, liver health was included in the [political declaration](#) of the United Nations General Assembly’s fourth high-level meeting on NCDs. Soon afterward, the World Economic Forum highlighted metabolic dysfunction–associated steatotic liver disease (MASLD) in its [briefing](#) on the global NCD crisis. **Together, these developments signal growing recognition that liver disease is not a niche specialty concern but a central component of the global metabolic disease burden.**

PS: **"For much of the past two decades, global liver efforts have focused on viral hepatitis. That work achieved [major successes](#), including curative therapies and ambitious elimination targets. But as hepatitis-related mortality began to plateau in some countries, another trend became increasingly visible: a rapid rise in SLD, driven by the same forces fueling type 2 diabetes, obesity, cardiovascular disease, and chronic kidney disease. Policy frameworks did not keep pace with this epidemiologic transition...."**

Global Health Reform & reimagining

WHO - Consultation on the process to reform the global health architecture – round two of written consultation

<https://www.who.int/news-room/articles-detail/consultation-on-the-process-to-reform-the-global-health-architecture>

(21 April) “WHO invites Member States and other global health actors and stakeholders to input into a joint process to support transformation of the global health architecture (GHA). **Based on feedback from the first round of consultations that were completed on 18 April, stakeholders are invited to contribute to this second round. Before providing your input, please [see the presentation](#) on an updated proposal** that includes feedback from the first round of consultations.

Input should be grouped under these headings:

- Purpose, principles and objectives
- Process governance and set-up
- Stakeholder participation
- Timeline and phases
- Resources and risks.

[Provide your input](#)

All input must be received by **28 April 2026.**”

TGH – No One Wins If Multilateralism for Health Loses

C Carlsson & A Nordström; <https://www.thinkglobalhealth.org/article/no-one-wins-if-multilateralism-for-health-loses>

“Inaction on the global health reform agenda is not a neutral choice; it is a decision to impede or even undermine progress.” Some excerpts:

“Ahead of the World Health Assembly in May, the question is whether political and institutional leaders will act on what they have long observed. What is urgently needed is not another diagnosis but an ambitious roadmap. Reform will not happen through a single grand decision. It will emerge from a series of coordinated political decisions by different actors on institutions' roles and functions, financing, structural changes, and leadership. But **those actions should be shaped by a shared vision: a simpler, more focused, and more legitimate international system for health....”**

“Subsidiarity should guide reform: global institutions should only perform functions that cannot be delivered effectively by countries or regions alone. **Following this logic, the international system for health should be radically simplified....”**

“What is urgently needed is not another diagnosis but an ambitious roadmap... To streamline the international system, mandates should shrink, and institutions should merge, transform, or disappear. The goal is a system that does less, but better....”

“... Domestic financing should drive the next generation of health gains. In a reformed system, **ODA** should be targeted to contexts where other forms of finance are unavailable capacity, including to build capacity in fragile and low-income settings and when needed emergency support. Further, ODA should be used to accelerate a transition to national ownership and financing.....” **“ Global public goods for health** that reflect shared benefits, interests, and responsibilities should be financed by all governments and not perpetuate dependencies on external aid. ...”

“To catalyze those changes, governments should acknowledge that international health cooperation serves all countries, not just low- and middle-income ones....”

“Reform should move beyond the false dichotomy between national sovereignty and multilateral cooperation. Those are not opposing forces. A well-functioning international system strengthens, rather than undermines, countries' abilities to protect their populations....

“... Yet the reform debate is at risk of stalling without a clear pathway to implementation. No shortage of discussions, reports, or high-level commitments exists. What is essential now are concrete decisions about mandates, financing, and governance. Amid rising geopolitical tensions, the current momentum will dissipate, and the opportunity for meaningful change will be lost. **The World Health Assembly will be an opportunity to ensure that countries do not lose that momentum....”**

TGH - How African Regional Agencies Can Shape Global Health Reform

B Impouma, M Janabi et al ; <https://www.thinkglobalhealth.org/article/how-african-regional-agencies-can-shape-global-health-reform>

“WHO Africa regional specialists explain why continental players need to be coauthors in the reform of global health architecture.” A view from WHO Afro authors. Well worth a read.

“Global health reform presents an opportunity for the continent to own its narrative.”

APPG sets out vision for a more equitable global health architecture

<https://globalhealth.inparliament.uk/news/appg-sets-out-vision-more-equitable-global-health-architecture>

Five-pager from the UK from last week. “... Following two expert discussions convened by the **All-Party Parliamentary Group (APPG) on Global Health & Security** with multilateral leaders, regional experts, civil society representatives, and academic specialists, **a clear set of reform priorities has emerged. These discussions point toward a streamlined architecture with clearer institutional mandates, stronger regional leadership, and sustainable financing, anchored by a revitalised, lean and focussed World Health Organization.**”

Calling for: “ A lean WHO, re-focused on its global mandate, and empowered to steward the global system; A simplified set of agencies, focused on their mandates; Financing that focuses grants on low income countries, and loans for MICs, whilst backing national priorities and national health sovereignty; Domestic health financing of top priorities, with aid topping-up; Greater investment in global public goods.”

WHS Perspectives - “America First” Global Health Strategy: A Seismic Rupture in Solidarity and Global Health Governance

Commentary by Lawrence O. Gostin and Sam F. Halabi; [WHS](#)

“...The future of global health must instead be built on genuine solidarity, equitable burden-sharing, and a renewed commitment to the central coordinating role of the WHO. This **requires stronger coordination, targeted resource allocation, and innovative financing.**”

A few excerpts: “...the global community—governmental and non-governmental alike—must **recommit to solidarity**, with a strengthened WHO at its core. **Three priority measures could advance this vision.** ...

“(1) **Stronger coordination** : First, the proliferation of global health institutions since 2000 has generated substantial overlap in mandates and functions. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Unitaid, United Nations Children's Fund (UNICEF), Gavi and the WHO—among others—**should establish a joint working group to identify opportunities for financial and operational efficiencies**, including clearer division of labor and pooled service delivery. The Gates Foundation, given its longstanding engagement across these institutions, could play a catalytic role in financing and convening. ...” (yeah, right)

“(2)... **Tailored allocation of resources** : Second, rationalizing overlapping mandates must be grounded in a realistic assessment of the capacity of LMICs to assume greater responsibility for health programs historically financed through development assistance. The World Bank routinely evaluates country capacity using a range of fiscal and health system metrics that could guide more tailored allocation of responsibilities—identifying priority areas and sustainable levels of domestic investment. Many countries have already established benchmarks for health spending and system strengthening, providing a foundation for differentiated and strategic approaches to global health financing. (3) **Innovative resource mobilization** “

Global Health Solidarity project - website

<https://www.globalhealthsolidarity.org/>

PS: the project started in 2022 – funded by Wellcome.

“Our project aims to shift the understanding and practice of solidarity in global health. We are studying how solidarity is understood and practised among different people on five continents. **We aim to design metrics or actionable tools to rank how global health actors practice solidarity.**”

Includes a [workshop report What does it really mean to move solidarity beyond rhetoric in global health?](#) (21 April)

“Our new report, *Perspectives on Solidarity Principles for Global Health*, captures key reflections from the **Convivial Solidarity Workshop**, where participants from across research, funding, multilateral institutions, and civil society came together to refine a shared framework for embedding solidarity in the global health ecosystem. “

With **9 principles for embedding solidarity in the global health ecosystem**. “The Principles are organised into a **3-3-3 Framework** addressing three core dimensions of solidarity in the global health funding ecosystem: what solidarity entails, how it is enacted, and to what ends it is directed. Together, they form a foundation for reshaping how actors relate, make decisions, and work toward justice and more equitable health outcomes.”

Devex - The Gates Foundation’s outgoing policy and advocacy lead on what comes next

<https://www.devex.com/news/the-gates-foundation-s-outgoing-policy-and-advocacy-lead-on-what-comes-next-112326>

(gated) “As she steps down from one of the most difficult and influential roles in development, **Gargee Ghosh** reflects on leading through a period of crisis and change — and **why the future of development will depend less on new ideas than on the ability to scale what works.**”

Reflections/Questions as the ODA Landscape for Health Evolves

B Orya; <https://www.linkedin.com/pulse/reflectionsquestions-oda-landscape-health-evolves-breshna-orya-criue/>

On the shifting **global health financing** conversation.

She asks, against the backdrop of all the changes and debates ongoing, a “more basic question. **Not which model is best, but what actually makes a financing model work, or fail, in a particular context, when a country is trying to absorb functions into its own systems....**”

With **five reflections**, and then **seven questions**.

Wrap-up Spring meetings IMF/WB

Washington Post – Trump administration warms to IMF and World Bank, in rare nod to global bodies

[**Washington Post**](#);

“A year after harshly criticizing these pillars of globalism, the Trump administration has found them valuable to U.S. interests.”

“... the two financial organizations have **avoided the president’s ire by adapting to his demands, an evolution that was on display last week during the annual spring meetings of the IMF and World Bank**. Under pressure from the administration, the **IMF and World Bank have modified their policies, de-emphasizing issues that irk the president such as climate change and taking steps to support key U.S. foreign policy objectives in places like Argentina and Ukraine**. The **World Bank last year abandoned its long-standing refusal to finance nuclear power development and moved**

closer to the Trump administration’s preferred “all of the above” energy policy, which makes room for fossil fuels including coal....”

In short, they’re showcasing [“a shift in tone toward economic stability and energy access over climate initiatives, aligning more closely with U.S. geopolitical priorities.”](#)

Devex – World Bank weighs mergers and shareholder power

[Devex](#)

Also coming back on the World Bank/IMF Spring meetings, with focus on the **World Bank reorganization and lack of governance change of WB and IMF.**

BWP - Spring Meetings 2026 Wrap-up: America First exacerbates global instability as war on Iran leads to latest economic shock

<https://www.brettonwoodsproject.org/2026/04/spring-meetings-2026-wrap-up-america-first-exacerbates-global-instability-as-war-on-iran-leads-to-latest-economic-shock/>

The Bretton Woods project wrap-up of the Spring meetings.

Key messages: “Bank and Fund’s initial response to latest crisis inadequate to deal with global food and energy shocks. Flawed governance of Bretton Woods Institutions hampers response to war amid ‘geopolitical rupture’. World Bank’s restructure appears uncoordinated with recent reform commitments, while IMF’s toolkit retains austerity bias amid ongoing reviews.”

- Do check out also BWP’s [Development Committee ministerial statements analysis Spring Meetings 2026](#)

And a few final snippets on the Spring meetings via RANI’s newsletter

<https://mailchi.mp/rani/under-pressure-resilience-action-playbook-23-april?e=da8439b1d4>

“A long-championed initiative to allow countries facing epidemic and pandemic-related shocks to temporarily defer debt service advanced during the Spring Meetings, via the **London Coalition on Sustainable Sovereign Debt.**”

“**The European Investment Bank announced a €75 million quasi-equity investment in Biovac to support Africa’s first end-to-end multi-vaccine manufacturing facility in South Africa.** The project will expand vaccine manufacturing for key diseases, and help create more than 340 skilled and 7,000 indirect jobs to boost regional health resilience. “

More on Global Health governance & financing/Funding

With info on some of the 'usual suspects', but also some updates on Multilateral development banks, development finance trends...

Africa CDC - AU and EU reinforce their Health Partnership | Launch of three new initiatives at Africa CDC

<https://africacdc.org/news-item/au-and-eu-strengthen-their-health-partnership-launch-initiatives-under-global-gateway/>

On Tuesday, “... **three new initiatives within the AU-EU partnership were launched, for over 100 M EUR, aiming at reinforcing Africa’s public health institutes, strengthening health security and supporting digital health solutions for pandemic preparedness and primary healthcare.**”

“The new initiatives represent a shared commitment to advancing health security, pandemic preparedness, and equitable access to healthcare across the African Continent **in line with the EU’s Global Gateway initiative and the Africa Health Security and Sovereignty agenda....**”

- Coverage (also the HL event launch on Tuesday), via [HPW - Africa and Europe Announce €100 million Health Initiatives](#)

“The African Union and the European Commission have concluded three agreements worth €100 million aimed at strengthening Africa’s health systems.”

“The first initiative supports the national public health institutes of 10 African countries to enhance disease surveillance, early warning systems, emergency response, research and laboratory services. **The second, announced at the One Health Summit in Leon earlier this month, involves addressing antimicrobial resistance (AMR) and developing a workforce trained in a ‘One Health’ approach to detect and prevent health threats in animals, humans and the environment. The third involves expanding digital health solutions for pandemic preparedness and stronger primary healthcare systems in six African countries.**”

“The initiatives were officially launched at the African Union headquarters on Tuesday by Jozef Síkela, European Commissioner for International Partnerships, and Dr Jean Kaseya, Director General of Africa Centres for Disease Control and Prevention, which is the operational partner for the initiatives....”

PS: “Síkela told the launch that the EU and AU are also working on a **global health resilience initiative, with the aim of launching it in May.** “This will be a powerful tool, bringing together research with medical technology and innovation programmes, knowledge transfer and systematic cooperation with regulatory agencies, health systems and highly skilled workforces,” he said. “**The aim is to equip and empower health systems worldwide so that they are in a better position to prevent and respond to future crises,**” he concluded, adding that **this includes European investment in the local manufacturing of vaccines and medicines** “to avoid health dependency.”

GFO (new issue) - Scaling Back, Stepping Up: The New Political Economy of Global Health

<https://aidspan.org/Blog/view/32609>

(recommended read) “This new issue of the GFO examines a Global Fund in transition, facing reduced resources and more political choices under GC8, with significant equity implications for the most vulnerable. It highlights tensions between innovation and access, particularly in South Africa, as well as evolving accountability dynamics through the case involving Sandile Buthelezi. Finally, it underscores the challenges of transitioning toward self-reliance and the strategic importance of African representation.”

“... Ultimately, one conclusion stands out: GC8 is not merely another funding cycle. It marks a structural inflection point, steering the Global Fund toward a more demanding, more differentiated, and potentially more sustainable partnership model, but also one that carries greater risks. [The promise of autonomy and health sovereignty will only materialize if it is matched by real capacities: financial, industrial, institutional, and political....](#)”

“This issue 470 thus explores a fundamental question: how can the transition from an aid-based model to one of shared responsibility be achieved without deepening inequalities or undermining hard-won gains?....”

- The issue includes among others: [African representation in the Global Fund Strategy Committee – Why is it important?](#)

“While the need for African voices in global health governance is widely acknowledged, their presence and participation within the most influential technical bodies remain paramount. **This article states that the Strategy Committee, as the central 'brain' of the Global Fund, is the most critical arena for African influence.** We demonstrate that when African experts like Dr Mele Djalo and Dr Gerald Gwinji have a seat, they successfully shift policies to serve continental priorities better, proving that effective representation is the cornerstone of sustainable impact.”

WSJ – Gates Foundation to Cut 20% of Staff, Review Epstein Ties

[WSJ](#);

“The Gates Foundation is cutting up to 500 jobs, or roughly 20% of its staff, over the next several years, and the philanthropic giant has also opened an external review of engagement with the late **Jeffrey Epstein**. The moves were announced Tuesday in an email to staff that was reviewed by The Wall Street Journal. The foundation and its co-founder, **Bill Gates**, have been reeling from disclosures about the **Microsoft** billionaire’s association with Epstein....”

“The foundation, which has a 2026 budget of about \$9 billion, plans to cap operating expenses at \$1.25 billion, which would require reducing its workforce by up to 500 positions by 2030, according to the memo. ...”

“Along with the restructuring, Suzman said he has commissioned an external review related to the foundation’s engagement with Epstein and policies for vetting and developing new philanthropic partnerships. The review is underway, and the foundation expects to receive an update in the summer, the memo said. Suzman told employees that a recent board meeting in London included a

session on the impact of the Justice Department's Epstein files and how they relate to the foundation's work and reputation....."

IFFIm returns to market with US\$1 billion 5-year bond to support global vaccine programs

<https://iffim.org/press-releases/iffim-returns-market-us1-billion-5-year-bond-support-global-vaccine-programs>

(22 April) **"The International Finance Facility for Immunisation (IFFIm) today announced the pricing of a US\$ 1 billion fixed-rate bond with a 5-year maturity, further mobilising vital resources to support global immunisation efforts through Gavi, the Vaccine Alliance."**

"The transaction reaffirms IFFIm's long-standing role in transforming long-term donor commitments into immediate funding for life-saving vaccines, helping protect children in the world's lower-income countries. IFFIm's vaccine bonds provide predictable, flexible financing that enables Gavi to expand access to immunisation and strengthen health systems globally. **Significant IFFIm investments to date have included funding for 15 vaccine introductions including significant investments in the Ebola, COVID-19, HPV and malaria vaccines.**"

"... As IFFIm celebrates its 20th anniversary of its inaugural bond issued in 2006, this latest transaction reaffirms its continued role as a trusted and effective financing platform for global health..."

BMJ (Opinion) - Feminist leadership in global health: moving beyond tokenism

<https://www.bmj.com/content/393/bmj.s778>

"Calls for gender equality in global health leadership are widespread but without feminist leadership change can be superficial, say **Lynsey Robinson, Kent Buse and colleagues.**" **With a 5-point agenda for feminist leadership.**

"We propose a framework for measuring feminist principles at organisational level. Rather than focusing on who occupies leadership positions, the framework focuses on **observable structural policies and practices across five domains...**"

FT – G7 citizens overstate foreign aid spending by 20 times, survey suggests

[FT](#);

"People in G7 advanced nations believe that nearly one-fifth of their national budgets are spent on overseas development aid, according to a new survey — more than 20 times the actual figure."

"The survey, commissioned by France as part of its G7 presidency and seen by the FT in advance of publication this week, shows that Americans on average think that 25.4 per cent of their national budget goes on overseas co-operation. The real figure in 2025, when US official development assistance (ODA) fell by more than half compared with 2024 to \$29bn, was well below 1 per cent. **Even in Europe, where estimates were marginally more accurate, respondents overestimated aid by a factor of roughly 15.** In France, those surveyed thought on average that 14.7 per cent of the

national budget went on international co-operation, with the British believing it to be 15.2 per cent. The real figure in both cases for 2025 was about 1 per cent.”

““There is a massive misperception of the scale of what we are doing that is absolutely striking,” said Rémy Rioux, who is stepping down as chief executive of the French Development Agency (AFD) after a decade. “We need to explain much better the actual scale.””

“The survey, conducted by French polling company Ifop in April, follows the sharpest reductions of aid in years, with the main donor countries cutting their ODA contributions by 23.1 per cent compared with 2024 to \$174.3bn in 2025, according to the OECD. The report defined international co-operation as “aid or solidarity-based investments made . . . in developing countries”.

The Ifop survey confirmed that the public saw international co-operation as “a mix of altruism and self-interest”, Rioux said, arguing that “the idea that it is also a long-term investment in one’s own interest is coming back very strongly”. He added that Italy and Spain, which are at the forefront of Europe’s immigration crisis, had increased spending on international co-operation last year.”

PS: “Leslie Maasdorp, chief executive of British International Investment (BII), the UK’s development finance institution, said there had been a shift away from traditional aid towards an “investment-centric model”.

“... The Ifop survey, which was conducted online with more than 7,000 adults, found that 64 per cent of respondents believed events in developing countries affected their lives while 49 per cent believed that international co-operation was “a waste of public money”.”

Euractiv – Climate scrubbed from G7 meeting to appease US, host France says

https://www.euractiv.com/news/climate-scrubbed-from-g7-meeting-to-appease-us-host-france-says/?utm_source=eac&utm_medium=bluesky&utm_campaign=euractiv.com

“The office of France's ecology minister said the two-day meeting would focus on "less contentious issues" in an effort to appease the most powerful G7 member...”

“A meeting of G7 nations on the environment begins in Paris on Thursday but climate change has been left off the agenda to avoid a row with the United States. ...”

C7 Health declaration - Achieving Global Health Equity: A Call to Solidarity, Resilience, and Inclusion

<https://www.actionsantemondiale.fr/app/uploads/C7-Global-Health-WG-standalone-declaration.pdf>

Civil society declaration, ahead of the **G7 Leaders meeting in Evian, France** (15-17 June).

With a **number of recommendations** addressed by the **C7 Global Health Working Group** to G7 leaders. “255 civil society organisations from 80+ countries are coming together with a clear message: Global health equity must remain a guiding compass...”

Do read what they suggest, re **UHC, strengthening health financing and One Health.**

David Clark – The Values renaissance

on Substack;

“Why reclaiming what health is for is the governance fight we keep avoiding.”

“Something has been quietly extracted from health systems over the past three decades. Not budget lines, not infrastructure, not even equity, though all of those too. What’s been taken is the idea that health systems exist to care for people. That underneath the policy language, they are a human institution built on human values. In its place we got a different story. Markets as the organising principle. Health as a commodity to be priced and consumed. The private sector not as a partner to be governed but as a model to be copied. And somewhere in that transformation the patient became secondary to the transaction....”

Clarke then argues **why 2026 is the moment for a values renaissance** and lists **5 principles of a movement for a values renaissance in health governance.**

Lancet Offline – President Trump—it is not too late

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00790-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00790-7/fulltext)

Horton comes back on **“...A report by Physicians for Human Rights (PHR), published this week, (which) sets out the emerging scale of calamity facing nations that have been past beneficiaries of American financial support. In *Wasted Investments, Looming Crisis: the Impact of US Global Health Funding Cuts on HIV in South Africa*, PHR describes the oral histories of those with lived experience of HIV services in a country facing the world's largest HIV/AIDS epidemic. ...”**

“A global tragedy is unfolding. Withdrawal of the US Government from the fight against HIV/AIDS is causing thousands of preventable infections and deaths worldwide....”

And Horton argues: **“WHO, in particular, must not shrink from holding the US administration accountable for the violence it has perpetrated on communities in South Africa and elsewhere. WHO is entering the final year of its current administration. The agency has the authority to speak out about the atrocities being committed by President Trump. And they are atrocities. Cutting access to life-saving treatments is nothing less than cruelty. “**

TGH – China's Health Silk Road and Soft Power

B Burgess; <https://www.thinkglobalhealth.org/article/chinas-health-silk-road-and-soft-power>

“Understanding China's previous engagement on health development can inform its future strategy as the United States pulls back.” Interesting read – some excerpts:

“The Health Silk Road is more of a branding exercise than a meaningful addition to China's long-term health strategy. By the time it introduced the plan in 2015, the country's funding to health

projects in low- and middle-income countries had already been increasing for 15 years, from \$44 million in 2000 to \$344 million in 2015. A teaser period for new projects ran from 2014 through 2017 but was not sustained. In 2017, new investments in health jumped to \$681 million before dropping to \$399 million in 2018. The number of new activities followed a similar pattern. The tally of new projects globally jumped 30% in 2017 before declining again by 2019. **The main driver of China's increase in health aid was in a few, high-value contracts—principally loans to build health-care infrastructure. The decrease in funding for those projects mirrored cross-sectoral trends in Chinese development finance, for which the peaks of activity ran from 2015 to 2017, after which Beijing was much more restrictive toward high-value and sustained projects....”**

“The true shift and expansion for the Health Silk Road occurred during the COVID-19 pandemic. During 2020, the number of new health projects Chinese actors engaged in increased nearly eightfold to a portfolio of more than 1,300 new projects in one calendar year. This temporary priority in the face of the crisis did not translate into programmatic shifts. By 2023, China's finance to health-related initiatives had dropped to \$140 million across 184 projects, and the deliveries of COVID-specific supplies had begun to taper off. Although data for 2024 and 2025 is not yet available, it appears that China deprioritized health financing after 2023, reducing its capacity to rapidly fill in for the United States or other donors.”

“China leverages a range of decentralized methods to enact health projects....”

“... Despite the growth in projects under the Health Silk Road, the plan's diffuse nature and singular composition limit China's capacity to replace the capacity and reach of Western donors. Health projects account for less than 1% of Beijing's overall development portfolio from 2000 through 2023, which rose only to 6% at the peak of its COVID-19 response in 2020. ... The composition of this funding is noteworthy. Nearly one-third of Chinese health funding (31%) was signed over as market-rate debt—loans carrying interest rates and repayment periods comparable to those offered by commercial banks—rather than the grants or concessional loans that made up nearly all of U.S. health assistance....”

“... China sees health aid as a powerful tool to influence elites and media narratives, so it is unlikely that the country will walk away from its Health Silk Road toolkit anytime soon. That raises the question of where the project may go next, particularly in the wake of dramatic defunding by Western donors.... A few clues indicate how China might pursue global health leadership in a U.S. vacuum. ...

“...The first is a history of deep but narrow focus on specific diseases. ... It could similarly focus on specific medical technologies where it has a proven advantage, such as vaccines, where its medical academies and Sinovac have innovated in inactivated virus vaccines to combat enterovirus type 71, polio, and influenza in addition to COVID-19. ... Beijing will also likely continue to leverage the Health Silk Road's language of cooperation and exchange to build educational and institutional ties. ... Finally, China will expand its role in shaping global health governance through greater influence in the worlds' multilateral institutions. By default, U.S. withdrawal has given China a greater share of voting and decision-making power in entities such as the World Health Organization (WHO). Beijing has already begun a push to elevate more of its diplomats to senior UN leadership roles. The next elections for WHO director general are expected in 2027, and though it would be unlikely that China would put forward a nominee so recently after Margaret Chan's tenure, Chinese diplomats will certainly lobby for a candidate they view as favorable to the Health Silk Road.”

“The greatest outcomes of the initiative are unlikely to be achieved through finance, but rather through strategic efforts to remake the architecture and norms of global health governance.”

KFF factsheet - Breaking Down the U.S. Global Health Budget by Program Area

<https://www.kff.org/global-health-policy/breaking-down-the-u-s-global-health-budget-by-program-area/#113f80b3-617d-4275-afbb-25b19d875c65>

“This fact sheet provides a historical overview of U.S. funding for global health by program area over the past decade. ...”

UN News – Time running out on development goals as finance dries up, UN warns

<https://news.un.org/en/story/2026/04/1167334>

“Rising conflicts, the climate crisis and shrinking development finance are putting growing pressure on the poorest and most vulnerable countries – pushing development goals further off track. The warning comes in the **Financing for Sustainable Development Report 2026 (FSDR)**, a new UN report launched on Monday, which finds that with just four years left until the 2030 deadline for the Agenda for Sustainable Development, progress has stalled – and in some cases reversed – following the shocks of the **COVID-19** pandemic, rising geopolitical tensions and growing climate impacts.....”

“According to the report, development finance is being squeezed at a critical moment: one quarter of developing countries still have lower per capita income than before the pandemic, and **some 3.4 billion people are living in countries that spend more on interest payments than on health or education.**”

“... The authors stress, however, that **progress will not be sustained without urgent action, identifying a financing gap of up to \$4 trillion annually for developing countries and calling for accelerated implementation of the [Sevilla Commitment](#)** (a 2025 global agreement to scale up developing financing) as the best – and only – realistic path to get back on track. **Key priorities include increasing investment, strengthening multilateral cooperation, modernising the international financial system to give developing countries a stronger voice, and building resilience to better withstand future shocks.**”

PS: “... The UN chief identified three broad areas of focus for cutting into the \$4 trillion financing gap. First, by “**revving up the machinery of finance**” (leveraging the Multilateral Development Banks, creating new public-private finance initiatives); second, **by reforming debt** (including mechanisms for debt relief and a “reimagining” of the credit ratings system); and third, **through a reform of the international financial architecture**, so that it reflects today’s global economy.”

OECD(report) - Multilateral Development Finance 2026

https://www.oecd.org/en/publications/multilateral-development-finance-2026_0720370a-en.html

“The multilateral development system is being reshaped by growing geopolitical fragmentation and tightening aid budgets. After decades of expansion, funding to the system fell sharply in 2024, with further reductions expected through 2027. This downturn has exposed longstanding structural

challenges, including funding vulnerabilities and institutional proliferation, that were easier to overlook during years of growth. Although outflows from multilateral development organisations remain high for now, pressure is mounting, and sustained delivery cannot be maintained without stable, predictable funding. Moreover, the risks posed by funding cuts depend not only on their scale, but also on where they occur: reductions in critical parts of the system can weaken functions on which the broader architecture depends. Against this backdrop, **this fifth edition of the Multilateral Development Finance report highlights concrete opportunities for reform and for more strategic engagement with the multilateral system.** It emphasises the importance of preserving the features that make the system greater than the sum of its parts, including its leverage, global reach, and ability to support the poorest and most vulnerable countries.”

Devex - Rethinking the architecture of development finance

<https://www.devex.com/news/rethinking-the-architecture-of-development-finance-112341>

“As official development assistance declines, **development finance is undergoing a structural shift.** At a **Devex event with Boston Consulting Group**, leaders outlined what it will take to navigate the shift and ensure sustainable impact.”

“**A new financial architecture:** At the heart of that transition is a **rebalancing of power.** For decades, development finance has been shaped largely by decision-making in the global north, ranging from how resources are allocated to which priorities are funded. But that model is beginning to change. **“There is much more agency in developing countries in Africa** to say, ‘well, we cannot be dependent,’” Dhanani said. **“The decision-making, the allocation, and the resourcing has to be local.”** That shift is no longer theoretical. **In recent infrastructure transactions across Africa, he noted, financing is increasingly coming from regional and institutional capital — sometimes without the involvement of multilateral development banks or aid agencies....”**

Re **“The evolving role of multilateral banks”**: **Multilateral development banks remain central to the system, but expectations are shifting. Increasingly, their effectiveness is measured not just by how much they lend, but by how much private capital they can mobilize alongside it.** Recent progress suggests that change is underway. In the past nine months, the World Bank has mobilized \$73 billion in private capital — a 53% increase from the previous year. But scaling that further will require both new tools and new incentives....”

“... Closing the financing gap will require more than incremental reform. It will mean mobilizing new sources of capital, rethinking institutional incentives, and strengthening partnerships across public and private players. **It will also require a shift in mindset — from viewing development as aid-driven to treating it as a system of capital flows that must be structured, de-risked, and scaled....”**

Lancet GH (Comment) - Nutrition-sensitive social protection saves money and lives

Mia Blakstad (World Bank) et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00053-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00053-7/fulltext)

“**Social protection programmes have grown immensely in the past decade; they now reach 4 billion people and distribute trillions of dollars to the poorest households each year.** Social protection systems—cash transfers, school meals, in-kind food aid, public works, and labour market

programmes—are how governments help manage risk, avoid harmful coping strategies, and stabilise consumption patterns during humanitarian shocks. **In low-income and middle-income countries, these systems are increasingly financed by domestic budgets**, representing substantial yet sustainable financing flows that can be tapped to achieve nutrition objectives. **Investments in social protection and nutrition programming are separate means towards a shared end: human capital and resilience for the most nutritionally vulnerable populations...**”

“... in the past 3 years, initiatives have been building momentum for change. [The Global Alliance against Hunger and Poverty](#) and [the N4G Global Compact for Nutrition Integration](#) are two examples. With support from the Children's Investment Fund Foundation, the Government of Norway, and the Gates Foundation, **the World Bank and its clients are integrating nutrition across a US\$30 billion social protection portfolio**. These examples highlight **three crucial steps of integration**: embedding explicit nutrition objectives in social protection strategy and designs, engaging nutrition experts as early as possible in the process when building or restructuring programmes, and tracking key nutrition outcomes and using the data for adaptive management....”

Devex: Share and share alike

<https://www.devex.com/news/devex-newswire-how-development-innovation-looks-to-endure-without-usaid-112334>

Re donor collaboratives:

“The MacKenzie Scotts of this world are an anomaly among billionaires. **Ultra-high-net-worth donors — those with at least \$500 million in assets — aren’t exactly ultra-generous, donating a penny-pinching 1.2% of their wealth annually, according to [The Bridgespan Group](#)**. That’s why the social impact advisory firm is **[championing donor collaboratives](#)**, which bring funders together around shared priorities....”

“**Nidhi Sahni**, who leads Bridgespan’s U.S. advisory services and counts Scott among her clients, **described collaboratives as “a huge unlock,”** both for spurring more giving and for reshaping how philanthropy navigates an era of plummeting official development assistance. “This moment gives us an opportunity to actually ask different questions, and do things differently,” she said in an interview at Devex’s Capital Summit on the sidelines of the [World Bank-IMF Spring Meetings](#). Sahni said **now is the time to shift both the conversation and the capital away from how philanthropy can “increase access to contraception, increase access to education, or increase access to vaccines,”** and toward “**how can philanthropy enable and support governments and countries to increase access to — fill in the blank.**”

“**Donor collaboratives can propel that shift**, said Sahn... ... To that end, **Bridgespan is encouraging donors to work through collaboratives such as [Co-Impact](#), which focuses on systems change and has launched initiatives such as its [Gender Fund](#)**, aiming to raise and deploy \$1 billion globally....”

Global Tax Justice

Guardian - Number of billionaires globally could reach 4,000 in next five years

<https://www.theguardian.com/news/2026/apr/23/billionaires-super-rich-global-wealth-gap-economy>

“There are now 3,110 billionaires but **analysis shows ‘deep structural acceleration’ in wealth creation around world.**”

“There are now 3,110 billionaires globally, according to **analysis by the estate agent Knight Frank.** This is **forecast to rise by 25% over the next five years, taking the total to 3,915.**”

“**The multimillionaire class is also expanding rapidly, with the number of people worth at least \$30m (£22m) around the world rising from 162,191 in 2021 to 713,626 today – an increase of more than 300%, Knight Frank found.**”

“**Liam Bailey, the head of research at the estate agent, said billionaire and millionaire wealth had been “supercharged” by profits from the world of tech, particularly artificial intelligence.**”

PS: “Bailey added that **political volatility, tax reform and tighter regulation were pushing the super-rich to a smaller group of cities** that offer “opportunity and predictability””

Debt crisis

Devex - The debt crisis, overshadowed by other crises, is worse than we thought

<https://www.devex.com/news/the-debt-crisis-overshadowed-by-other-crises-is-worse-than-we-thought-112335>

“**Eric Pelofsky of The Rockefeller Foundation says new research shows “the degree to which this went from a two-alarm fire to a four-alarm fire.” Just over 90%. That’s how much the cost of borrowing surged for African countries between 2020 and 2024.** Some countries were locked out of capital markets altogether. And **all forms of financing got more expensive, whether from the World Bank or from China.**”

“Those are the **sobering conclusions of a [new report](#) published by ONE Data with support from [The Rockefeller Foundation](#).** The findings **reinforce the urgency of a longstanding debt crisis** that, in many ways, has taken a backseat to more immediate crises such as the Iran war and the collapse of the [U.S. Agency for International Development](#). **Eric Pelofsky, vice president and senior adviser at The Rockefeller Foundation, hopes the data lends momentum to tackling the soaring price of debt for countries in the global south....**”

Devex - Jubilee US chief optimistic Trump administration will tackle debt crisis

<https://www.devex.com/news/jubilee-us-chief-optimistic-trump-administration-will-tackle-debt-crisis-112336>

“Eric LeCompte, the executive director of the Jubilee USA Network, says the White House has an appetite for helping poorer countries restructure their debt.”

“While the Trump administration has shown no hesitation in gutting U.S. foreign assistance, Eric LeCompte, the executive director of the Jubilee USA Network, believes it has shown a willingness to tackle the debt burdens saddling many global south countries, especially in Africa. “I think it's clear that the U.S. government has remained committed to dealing with debt issues under the leadership of Treasury Secretary Scott Bessent and Republican leaders like [Rep.] French Hill. They're looking at debt issues front and center, and they do want to have them addressed,” LeCompte told Devex during the World Bank and International Monetary Fund Spring Meetings last week. LeCompte cited Bessent’s support for preemptive or efficient debt relief, whereby if a country’s debt is unsustainable, relief should happen preemptively rather than waiting for a total economic collapse or successive rounds of additional IMF lending.” ““Bessent has also pushed for reforms to the G20 Common Framework for Debt Treatments to make it faster and more predictable.””

“... “there still is an appetite for spending some money that the administration sees has an impact,” noting its pledges to the [International Development Association](#), or IDA, the World Bank’s concessional lending arm for the poorest countries. Likewise, on the G20 Common Framework, which has been heavily criticized for being too slow and small in scope in restructuring debt, LeCompte is optimistic that conversations and efforts are underway to improve it.”

“And while LeCompte doesn’t foresee a wave of debt forgiveness akin to the global movement in the 1990s known as HIPC, or the Heavily Indebted Poor Countries initiative, he sees some version of an “international bankruptcy regime” as inevitable over the next five years, given the scale of the debt crisis — which is being exacerbated by the war in Iran.”

UHC & PHC

The Monitor – How shrinking aid is reviving national health insurance drive

<https://www.monitor.co.ug/uganda/news/national/how-shrinking-aid-is-reviving-national-health-insurance-drive-5427778#story>

With focus on Uganda in this article.

UN News – UN Forum puts spotlight on healthcare for Indigenous Peoples

<https://news.un.org/en/story/2026/04/1167337>

“Ensuring Indigenous Peoples’ access to healthcare, including during conflict, is the theme for a major meeting that opened at United Nations Headquarters in New York on Monday. More than 1,000 participants are expected to attend the latest session [of the UN Permanent Forum on Indigenous Issues \(UNPFII\)](#) – the platform that has placed their concerns at the centre of international debate over the past 25 years. “

“... Ms. Kotierk (Inuit leader from Canada, and chair of the forum) explained that **for Indigenous Peoples, “health and well-being is more than just physical and mental health. It is interconnected with our culture, spirituality, languages, our lands and our environment. ... She argued that health systems and understanding around health “must be decolonized** to acknowledge this interconnectedness and incorporate the holistic, self-determined approaches to health by Indigenous Peoples.”

US Global Health strategy & bilateral health agreements

We first start with a few “new additions”.

Trump Administration’s America First Global Health Strategy Fights Infectious Diseases Through Bilateral Health Memorandum of Understanding with Bolivia

[US State department](#)

(21 April) **“On April 17, 2026, the United States and Bolivia signed a three-year Memorandum of Understanding** through the Trump Administration’s America First Global Health Strategy. Under the bilateral health MOU, the United States intends to establish a collaborative framework through December 2028 that **directs resources toward interrupting the transmission of Neglected Tropical Diseases, procuring life-saving HIV medicines, and supporting Bolivia toward health system autonomy and self-reliance.**”

“The more than \$12 million health MOU builds on decades of gains made through U.S. global health assistance in the joint fight against infectious diseases in Bolivia, helping create a safer Western Hemisphere and reducing the risk of infectious disease outbreaks from reaching our shores. **Through the jointly decided MOU, the United States plans to provide \$10 million** to strengthen global health security programs and protect our own region from the spread of infectious diseases. **Bolivia plans to increase its own domestic global health expenditures by more than \$2 million through 2028.**”

United States Forging a Healthier Oceania Through Trump Administration’s America First Global Health Strategy Through Bilateral Health Memorandum of Understanding with Papua New Guinea

[US State government;](#)

(23 April) “Working with Congress, **the United States intends to provide \$15 million** through December 2030 through the jointly decided health MOU, building on decades of progress in reducing HIV infections and transmissions in Papua New Guinea. **The government of Papua New Guinea intends to allocate up to \$3 million to disease control programs and strengthen health systems at the national and provincial levels. Up to \$5 million under the health MOU will directly support global health security funding,** advancing our shared commitment to health security in the region....”

Politico Pro – State Department official resigns over disagreement with the administration’s global health approach

<https://subscriber.politicopro.com/article/2026/04/pepfar-state-department-resign-global-health-00881295>

“Mike Reid, PEPFAR’s chief science officer, said he objected to America conditioning health funding for poor countries on access to their resources.”

- For all the detail, see [Emily Bass \(on Substack\) - PEPFAR's Chief Science Officer Resigns on Matters of Public Health Principle](#) A few excerpts:

“Today **mike Reid, Chief Science Officer for PEPFAR at the Bureau of Global Health Security and Diplomacy, announced his resignation in a Substack post in which he called the Trump Administration “authoritarian”** and confessed, “I no longer trust myself to continue this work without accommodating changes that I believe are fundamentally at odds with its purpose.”

“An award-winning infectious disease specialist who still sees patients at San Francisco General Hospital and prefers his first name to go uncapitalized, **Reid took up his role prior to Trump’s election and, as recently as January, had defended the Administration’s new strategy. Even in today’s announcement, he holds out hope that the past 18 months’ work will result in positive change. But he is unable to reconcile the work of the State Department’s global health bureau with the broader America First foreign policy agenda,** writing, “We cannot, on the one hand, press partner governments to absorb hundreds of millions of dollars in health costs, while on the other direct vastly greater sums toward military actions that result in civilian harm.” “

“... **Reid’s resignation is the first public departure of a career global health professional from the Bureau of Global Health Security and Diplomacy.** Up until now, the “careers” have publicly followed the lead of these Trump cronies, staying in post without a single outraged departure like the ones that occurred at CDC. **Reid’s departure isn’t an isolated incident, it’s an instance of a growing crisis of confidence in the America First Global Health Strategy that the State Department is aware of, and seeking to mitigate.** While that mitigation is mostly public bloviation, there’s also some evidence of substantive, if incremental changes, in its approach to areas of public critique. ... A couple of weeks ago, GHSD sent a Congressional Notification to Capitol Hill that it intended to transfer another quarter’s worth of funding to Centers for Disease Control and Prevention and the Department of Defense to implement Bridge Plan activities through June 30 2026. ...”

“... As I’m writing this, I’m **thinking of Reid’s departure, and of the point at which compromise becomes complicity. It seems as though he could no longer tolerate being inside of an entity controlled by an administration that refuted the “anti-fascist” principles of solidarity, human rights and equity that underpin global health work.**”

Foreign Policy – Can Trump Export Zambia’s HIV Success?

A Green; [Foreign Policy](#);

“Years of investment made certain provinces resilient to aid cuts, but replicating that system is another story.”

Quick summary Green: "... What I found (in these 4 provinces in Zambia) confirmed the strategy's claims: **The transition has mostly been a success. In an article out today in Foreign Policy, I examine, first, what made it work, including money, the careful deployment of experts, extensive data collection systems and, above all, time. Then I considered whether those lessons are reflected in the Trump administration's approach. Spoiler alert: Not entirely.**" A few excerpts:

"The clinic's resilience is not accidental. It is the **product of a yearslong shift in how Zambia's Southern Province provides HIV services. In 2019, the U.S. Centers for Disease Control and Prevention (CDC), which administers PEPFAR funds in four Zambian provinces, began channeling money directly to those provincial governments instead of routing it through nongovernmental organizations (NGOs).** The funds were **administered via cooperative agreements, or CoAgs,** which define who receives HIV funding, how it will be spent, and how the CDC will implement and monitor those programs. For most of PEPFAR's history, NGOs served as the backbone of its operations, implementing lifesaving services on behalf of governments that often lacked the capacity to do so. **Across Africa, however, a handful of places are experimenting with using PEPFAR money to directly fund partner governments instead of NGOs. It was Zambia's approach that caught the Trump administration's attention. ..."**

"... **But experts involved in Zambia's transition warn that direct government financing is being introduced without a full understanding of what made their approach successful...."**

Do read on, and make sure you also read **Green's addendum (in his own newsletter, the Forsaken)** where he writes about the Zambian provinces that tried a similar financing transition but failed.

- See **The Forsaken - [Lessons learned?](#)**

" **What Washington can learn from a failed transition in how it funds HIV services.**"

Down to the Wire in Zambia: What Happens When Health Aid Becomes Leverage

J Ratevosian; https://ratevosian.substack.com/p/down-to-the-wire-in-zambia-what-happens?utm_campaign=post&utm_medium=email&triedRedirect=true

"**Negotiation over U.S. support could trigger disruption in Zambia's HIV response—and call into question the future of US global health partnerships.**"

"**Zambia is approaching a critical deadline. According to sources, government officials have less than a couple weeks to decide on the terms of a new bilateral agreement with the United States—one that may condition continued health assistance on broader economic concessions...."**

"... **For more than two decades, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has operated with a clear premise: lifesaving health services should not be contingent on unrelated political or economic objectives.** That approach has enabled scale, trust, and measurable results. Zambia is a clear example. **The country has made substantial progress toward epidemic control, expanded access to treatment, and improved life expectancy over the past two decades. At the same time, Zambia has emerged as a leader in the next phase of HIV prevention."**

Do read on.

PS: and a quote: "*I can't help but feel that the heavy emphasis on lenacapavir is starting to outpace a broader strategy—leaning into future innovation while some of the core service delivery challenges in front of us remain unresolved.*"

Devex Check-up - Have a little faith

[Devex](#);

“One thing that’s clear in the “America First” global health strategy is the U.S. government’s **keen interest in partnering with faith-based organizations**. This isn’t entirely new. The U.S. has worked with faith-based groups for decades to deliver health assistance, and many FBOs run extensive networks of facilities across African countries where Washington has bilateral health agreements. **But there seems to be a gap between the strategy’s aspirations and the realities on the ground.**”

“A survey across 18 African countries conducted by the Africa Christian Health Associations Platform and seen by Devex reveals that **while some countries engaged FBOs in the MOU development process and implementation planning, others did not. And in cases where consultations were conducted, “that did not consistently translate into operational planning roles.”**

“And it’s not just about engagement. There are **still big questions around the money. How, exactly, will U.S. funding under these deals trickle down to FBOs?...** Take Kenya. **There are no clear legal or budgetary pathways for the government to directly transfer operating funds to privately owned faith-based hospitals and health centers**, according to **Doug Fountain**, executive director of [Christian Connections for International Health](#), a U.S.-based nonprofit. Even where these facilities can be reimbursed through national health insurance schemes, payments are often delayed — sometimes significantly....

PEPFAR data: fierce debate

Sparked by, first of all, a NYT article from late last week.

NYT New PEPFAR Data Show Worrying Declines in Testing and Treatment for H.I.V.

https://www.nytimes.com/2026/04/17/health/hiv-testing-treatment-data-pepfar.html?unlocked_article_code=1.bIA.4dvg.npuBPylVrjad&smid=url-share

Published late last week. “**The numbers are the first to quantify the effect of the Trump administration’s shutdown and restarting of a program that has saved millions of lives worldwide.**”

“The United States-funded H.I.V. program that is credited with saving 26 million lives worldwide suffered big blows to its impact after the Trump administration’s abrupt stop and restart of its activities last year, according to **the first tranche of data from the program since 2024**. Overall, the President’s Emergency Plan for AIDS Relief, or **PEPFAR, treated about as many people in the last**

quarter of 2025 as in the same period in 2024, according to a report released on Friday by the State Department. Jeremy Lewin, acting under secretary of state for foreign assistance, humanitarian affairs and religious freedom, framed the report as a victory, saying at a [conference this week](#) that “the numbers are very, very good.” **But the data showed sharp decreases in the numbers of people newly tested, diagnosed and treated for H.I.V., declines that will have long-term consequences,** several public health experts and patient advocates warned....”

“In the last quarter of 2025, PEPFAR supported testing for 17.2 million people, a steep drop from the 21.9 million people tested in the same period in 2024. Diagnoses also fell, to 307,000 from 385,000, a predictable consequence of less testing. The numbers **also showed a worrying drop in treatment of infants with H.I.V.,** who tend to become ill rapidly and die.”

“The situation may not be as dire as many experts had feared in the weeks after the Trump administration froze all foreign aid, **but it is nevertheless grim, said Charles Kenny,** an economist at the Center for Global Development who analyzed a subset of the data that were briefly available online before being taken down....”

PS: **“The new numbers are consistent with a [separate report](#) in November from the Clinton Health Access Initiative.** Concluding that “recovery is limited and uneven,” that report found **a drop of 22 percent in new H.I.V. diagnoses in the first half of 2025, and 20 percent in the diagnosis of infants. The number of people taking oral pills to prevent H.I.V. fell by 37 percent....”**

- PS: The US State department didn't agree, see [PEPFAR Data Release](#) (20 April)

(for what it's worth...) :“... **What is misrepresented as a significant decline in the number of children on HIV treatment is actually a sign of the tremendous progress that has been made reducing the incidence of mother-to-child transmission of HIV and is consistent with historical trends.** Over the past four years, the number of children on treatment has declined from 643,627 in 2022 to 508,703 in 2025—declines of 7 percent, 7 percent, and 9 percent over the past three years respectively. We are optimistic these declines will continue, especially with the U.S. Government's funding of Lenacapavir, which can further prevent mother-to-child transmission (not reflected in this point-in-time data from last year). The lower number of positive tests is a sign of the progress that has been made battling the HIV epidemic and is consistent with historical trends. Over the past four years, positive tests declined from 1,693,349 in 2022 to 1,136,488 in 2025—declines of 14 percent, 12 percent, and 11percent over the past three years respectively. **This data does not include the impact of the bilateral agreements we have signed and the broader strategies being implemented under the America First Global Health Strategy. The message is clear: we cut overall spending by 30 percent while preserving critical frontline HIV care and eliminating wasteful programs. This proves the America First Global Health Strategy works. In the coming months, we expect the data to show more lives saved per taxpayer dollar. The narrative will shift as our strategic approach demonstrates that ending the HIV/AIDS epidemic requires fewer taxpayer dollars—not more.”**

HPW – Researchers Dispute US Government's Upbeat Data About PEPFAR's Impact on HIV

<https://healthpolicy-watch.news/researchers-dispute-us-governments-upbeat-data-about-pepfars-impact-on-hiv/>

Update from Wednesday, featuring also new research.

“Researchers have challenged several upbeat claims made by the United States government about the continued impact of the US President’s Emergency Plan for AIDS Relief (PEPFAR). The US State Department claims that PEPFAR has sustained its impact on HIV despite the service disruptions and funding cuts introduced by the Trump administration....”

“In a [data release](#) covering 1 July through 31 September (the fourth quarter of the US budget cycle) (from 20 April), the US government reports that PEPFAR supported 20,6 million people in over 50 countries on anti-retroviral (ARV) treatment. They note that this is “stable from the same FY 2024 reporting period”. “Three million people now receive treatment from national governments rather than external PEPFAR implementers,” with two million “successfully transitioned” during the fourth quarter alone, according to a [statement from the US State Department’s Bureau of Global Health Security and Diplomacy \(GHSD\)](#). PEPFAR initiated 103,000 pregnant and breastfeeding women on pre-exposure prophylaxis (PrEP), “more than double the 43,000 from a year ago”, according to the GHSD. PrEP involves HIV negative people taking ARVs to prevent infection. While the GHSD acknowledges a decline in the number of children on HIV treatment – from 643,627 in 2022 to 508,703 in 2025 – it attributes this to “tremendous progress” in prevention of mother-to-child transmission (PMTCT)....”

“... But researchers – from AmFAR, the Foundation for AIDS Research, and the International AIDS Society (IAS) – argue in a [preprint](#) article that there have been “substantial disruptions across PEPFAR service areas”. Their analysis is based on both the newly released fourth quarter figures plus data from “an earlier inadvertent release [that] included all four quarters.”....” Check out the detail.

- See also a [Devex Analysis](#)– [PEPFAR data shows drops in HIV prevention as US claims success](#)

“The figures are the first to measure the impact of the Trump administration’s shutdown of foreign aid — including its ripple effects on a program known for saving 25 million lives.”

“The latest data on the U.S. President’s Emergency Plan for AIDS Relief, or PEPFAR, tells two very different stories. On paper, the program appears steady — and even resilient, when it comes to top-line numbers. But beneath the headline figure, sharp declines in testing, prevention, and diagnoses suggest cracks that could reshape the global HIV response, especially as America’s flagship HIV/AIDS program evolves in the years ahead....”

- And KFF analysis - [What We Know from the Latest PEPFAR Data: Analysis of FY 2025 Quarter 4 Results \(23 April\)](#) “KFF analysis of newly released data from the President’s Emergency Plan for AIDS Relief (PEPFAR) reveals **mixed outcomes on key program-level metrics....”**

Reuters - US aid cuts undermine HIV prevention in South Africa, report finds

[Reuters](#)

“U.S. had invested millions in HIV prevention services in South Africa; **Community outreach and counseling have been dismantled due to aid cuts**; First doses of new drug lenacapavir arrived in South Africa this month.”

“**U.S. funding cuts to South Africa have dismantled HIV prevention programmes just as they are needed to support the roll-out of the new prevention drug lenacapavir, a report said on Tuesday.** ... The **report by Physicians for Human Rights, a U.S.-based NGO**, said that Washington effectively wasted billions of dollars of investment by abandoning research infrastructure and health delivery platforms which it had spent years building in South Africa. **In the near term, that will hinder the rollout of lenacapavir**, a twice-yearly injectable HIV prevention drug which arrived in South Africa this month, the report said.”

“**“We have a product that's really powerful, but we don't have a programme to fit it into anymore,” said Emily Bass, a co-author of the report.** The U.S. had funded community-based outreach and peer education programmes about different HIV prevention options, for example, without which they may not know lenacapavir exists, she said.....”

Trump 2.0

Devex Pro - Ex-official who saw USAID torn down asks Congress to reestablish it

<https://www.devex.com/news/ex-official-who-saw-usaid-torn-down-asks-congress-to-reestablish-it-112296>

(gated) “**Nicholas Enrich, the former USAID official who became a whistleblower**, says the agency was not torn down so the new administration can create a better system, but only to “satisfy the ego of a billionaire.””

- And a link (new blog) re USAID, via CGD - [USAID Spending at the Country and Sector Level: What Happened in Fiscal 2025?](#) (by C Kenny et al)

Science - After long wait, Trump nominates a CDC director

<https://www.science.org/content/article/after-long-wait-trump-nominates-cdc-director>

“White House taps physician and lawyer **Erica Schwartz** to lead struggling health agency.”

- Related: [Stat - Optimism for Trump's CDC pick is tempered by questions about RFK Jr.'s role](#)

“Even supporters **fear Erica Schwartz won't be given free rein to run the agency under RFK Jr.**”

- Related: [NYT – Kennedy Refuses to Commit to Backing New C.D.C. Director on Vaccines](#)

“In a tense congressional hearing, the health secretary also said he bore no responsibility for the measles outbreak in the United States.”

Lancet Editorial – The US CDC on the brink

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00799-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00799-3/fulltext)

This week's Lancet Editorial.

“The CDC was once the gold standard for public health leadership. Today, it is struggling to maintain scientific excellence, trustworthiness, and relevance, a result of the actions of the Trump administration and the US Department of Health and Human Services that have undermined the agency...”

Overview of the current state of affairs, and some predictions on what the future might look like for the agency.

Stat – Former tobacco executive joins CDC senior leadership, raising concerns over industry influence

<https://www.statnews.com/2026/04/22/newly-appointed-cdc-official-has-tobacco-industry-ties/>

“Stephen Sayle’s appointment is ‘letting the fox into the henhouse with open arms,’ said a former health official.”

Guardian – Inside the CDC’s leadership vacuum: work at a ‘standstill’ and low morale as 80% of top posts remain vacant

<https://www.theguardian.com/us-news/2026/apr/17/cdc-rfk-jr-leadership-positions-empty>

“Current and ex-officials at the CDC warn Americans’ health security in danger under RFK Jr’s direction.”

Devex – The upside of Trump’s travel and visa bans

Dr. Aly Kassam-Remtulla; <https://www.devex.com/news/the-upside-of-trump-s-travel-and-visa-bans-112282>

“The silver lining of keeping African scientists out of the U.S. **may well be the increase in domestic expertise and long-term development outcomes.**”

He makes, among others, the **“case for foreign investment or philanthropy directed at African research ecosystem. “**

PPPR

Next week (April 27-1 May), countries gather for a **resumed session of the PABS negotiations** in Geneva. Informals have been ongoing for the past few weeks, since the last round.

Via [RANI's newsletter](#), on PABS' "last dance":

- **“Three issues, one deadline.** An agreement broadly hinges on three issues. **On benefits**, delegates are exploring their scope and configuration both during public health emergencies, pandemics, and between pandemics. **On access**, landing zone proposals are gravitating toward a hybrid approach to database rules to allow countries to choose between open and closed access, while defining the right checkpoints to ensure data users are obligated to share benefits (e.g. accountability and compliance). **On contracts**, divergences continue to be about the level of detail that should be included in the annex and how much flexibility should be allowed, or not, when negotiating contracts. “

GHF - Striking a Balance: Standardization and Flexibility in Pandemic Contracts

Adam Strobeyko; <https://newsletter.genevahealthfiles.com/striking-a-balance-standardization-and-flexibility-in-pandemic-contracts/?ref=geneva-health-files-newsletter>

“What a comparison of PIP Framework benefit-sharing agreements shows for PABS negotiations.”

Intro by P Patnaik: **“...In our sponsored guest edition today, legal expert Adam Strobeyko at the Geneva Graduate Institute's Global Health Centre, lays out an analysis on what could work in this twilight zone of the negotiations.** Using the Standard Material Transfer Agreements of the Pandemic Influenza Preparedness Framework, and principles from contract law, **his team at the Global Health Centre has parsed out the level of detail countries will need now, and those that can be left for later.** This would be helpful in understanding what a PABS contract can look like. ...”

Some excerpts from Strobeyko's analysis (which has a **double focus**):

“I argue that PABS contracts should be more standardized than PIP SMTAs on core legal issues such as enforcement, benefit-sharing, dispute settlement, and force majeure. But does that require negotiating every clause in advance and treating it as fixed? Not necessarily. **A closer look at PIP SMTAs reveals that strong standardization on core provisions has coexisted with flexibility....”**

“A separate and an equally pertinent question, largely unexamined so far, is what happens when such contracts are embedded not in a WHA resolution, as with PIP, but in a treaty requiring ratification. I explore below the experiences of the Plant Treaty that needed domestic ratification of the international agreement that included contracts....”

PS: **“...The PIP Framework is not a legally binding instrument. Rather, benefit-sharing commitments are formalized through private-law contracts known as SMTAs. SMTAs are negotiated and concluded between WHO and companies.** They generally do not preclude companies from seeking intellectual property rights on products, while requiring them to provide benefit-sharing commitments selected from an annexed menu”

On focus two: **“There is a further dimension the PABS debate has not yet fully reckoned with. The PIP Framework is a non-binding instrument adopted by the WHA under Article 23 of the WHO Constitution and never had to pass through national ratification. The Pandemic Agreement, negotiated under Article 19 of the Constitution, is a treaty.** If its PABS Annex includes standardized

contracts between WHO and private manufacturers, its success will depend on the success of both legal instruments taken together.... “

Srobeyko argues: “... **This calls for a two-step approach: the treaty sets out the mandate, core principles, and minimum parameters, while the detailed contract template gets adopted later by the COP**, as the Plant Treaty did with its SMTA. Thus, the template can evolve without reopening the treaty, which reflects how PIP's own SMTA2 provisions have shifted across successive rounds of negotiations.... .. **A treaty text that establishes the mandate for standardized contracts, sets out core principles, and defines minimum benefit-sharing floors gives parliaments something concrete to approve without requiring them to parse commercial fine print. The detailed contract template can then be developed by the COP, drawing on technical and legal expertise.”**

Development Today - Norway's position in pandemic agreement negotiations: a response to Usman Mushtaq

<https://www.development-today.com/archive/2026/dt-3--2026/norways-position-in-pandemic-agreement-negotiations-a-response-to-usman-mushtaq>

(gated) “**Over 100 civil society organisations, including Third World Network, wrote to the Norwegian Prime Minister and authorities last month** expressing concern about the positions taken by Norwegian diplomats in the on-going negotiations in Geneva on Pathogen Access and Benefit Sharing System (PABS). **Norway's Secretary of State for Health Usman Mushtaq responded to these concerns in his comments to *Development Today*.”**

This article (by Nithin Ramakrishnan (TWN) & Lauren Paremoer (PHM)) is a response to these comments.

Nature Medicine (World View) – Africa's moment for health security

Jean Kaseya; <https://www.nature.com/articles/s41591-026-04330-9>

“**Advancing pandemic readiness to secure Africa's health sovereignty.”**

“To advance this agenda, I recommend the following five interrelated actions....”

Lancet GH (Health Policy) – Research priorities for improved pandemic and epidemic intelligence

B Tornimbene et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00024-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00024-0/fulltext)

“...the WHO Hub for Pandemic and Epidemic Intelligence, in collaboration with global partners, conducted a research prioritisation exercise to identify key research gaps and opportunities. Using a structured consultation process and expert-driven scoring, based on a modified Child Health and Nutrition Research Initiative approach, **we identified 23 priority research statements across eight thematic domains** including data preparedness, quality standards, analytical frameworks, artificial intelligence and technological advances, multisectoral approaches, community-centred approaches, governance, and evidence-to-policy translation....”

AMR

Front Page Africa - Liberia: Nine Out of Every Ten Women in Survey Take Antibiotic Every Month: Experts Describe Findings as ‘Catastrophic’ For All Liberians

[Frontpage Africa](#):

“In a widespread but misinformed practice more than nine out of 10 women in a FrontPage Africa/New Narratives survey said they take antibiotics every month to “cleanse” themselves after their menstrual cycle. Antibiotics are available without prescription. Experts said the findings are frightening, suggesting an unseen public health crisis that will fuel antibacterial resistance in the country that is already leaving many people without treatment options and leading to thousands of deaths....”

More on Health Emergencies

Africa CDC, WHO and Partners Review Progress on Mpox Response

<https://africacdc.org/news-item/africa-cdc-who-and-partners-review-progress-on-mpox-response/>

“ Africa is strengthening its response to disease outbreaks through faster, more coordinated and more predictable action, building on lessons from the continental Incident Management Support Team (IMST) activated during the mpox response. Leading public health institutions, partners and representatives from 30 member states convened at the Africa Centres for Disease Control and Prevention (Africa CDC) headquarters to conclude a high-level review of the IMST, marking a significant step in advancing collective outbreak preparedness and response across Africa.”

“The five-day meeting brought together officials from Member States, Africa CDC, the World Health Organization (WHO), UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and other partners to assess performance, capture lessons and identify priorities to strengthen coordination mechanism in future outbreaks, drawing on lessons from the mpox response. The current IMST was established in August 2024 in response to the mpox outbreak and has since served as a time-bound coordination mechanism to align partners under a unified operational approach. Co-led by Africa CDC and WHO, the IMST operates under a unified “4-Ones” framework – one team, one plan, one budget and one monitoring and evaluation framework – ensuring alignment, shared accountability and coherence across all response pillars....”

“... Since its activation, the IMST has delivered measurable results. More than US\$1.1 billion has been mobilised, over five million vaccine doses deployed, and coordinated risk communication and community engagement activities have reached 50 million people across 33 countries. These efforts contributed to an increase in vaccine acceptance from 44 per cent to 87 per cent in targeted settings. Despite the end of the mpox Public Health Emergency of Continental Security and the Public Health Emergency of International Concern, partners agreed that sustained coordination

remains critical. Cholera continues to pose a significant threat, with 14 countries currently managing outbreaks.....”

- And a link: [Lancet Letter – Unusual measles mortality in Bangladesh signals an immunisation emergency](#)

“...the current outbreak is not just an upswing in case counts, it is a severity crisis, with hospitals taking on a rare burden of hypoxic, malnourished, and acutely ill children.”

“The culprit driving the disease is probably not measles biology, but immunity failure. **Almost 5 million children in Bangladesh were not fully immunised in 2025, including 70 000 children with zero doses and more than 400 000 children who were underimmunised. UNICEF, WHO, and Gavi, the Vaccine Alliance warned of major gaps among children living in urban slum settlements and other underserved settings.** Given normal levels of two-dose coverage and catch-up systems, measles outbreaks are predictable, as herd protection requires very high levels of population immunity. **For Bangladesh, therefore, it is not enough to have a reactive campaign....”** “..this outbreak serves as a **timely reminder that routine coverage data alone are inadequate. Severity-linked measles surveillance is now required** in Bangladesh to avert preventable deaths.”

World Malaria Day (25 April)

Some key stats via WHO (on the current state of the fight) - [World Malaria Day](#)

Nature (Editorial) –Vaccines mean malaria deaths should be falling — not rising

<https://www.nature.com/articles/d41586-026-01253-w>

“The tools exist to end this killer disease. It is the money and the will that are lacking.”

“There will be **little to celebrate on World Malaria Day on 25 April.** Global malaria cases, which stood at 238 million in 2018, had climbed to 282 million by 2024, the latest year for which figures are available. Deaths from the disease rose from 575,000 to 610,000 over the same period. Malaria remains endemic in 80 countries. **Ending malaria epidemics by 2030 is a target of the United Nations Sustainable Development Goals, but progress has clearly stalled....”** ““Deplorably, this is happening despite the advent of vaccines....”

“In October, it will be five years since the World Health Organization (WHO) [recommended the world’s first malaria vaccine, RTS,S.](#) This was hailed at the time as a tool that would “change the course of public health history” by WHO director-general Tedros Adhanom Ghebreyesus. **A second vaccine, R21, was recommended two years later.** Since the WHO endorsed these vaccines, **25 countries have begun rolling out immunization programmes. But the vaccines are not reaching some of the populations that are most at risk, particularly in Africa, where more than 90% of malaria cases occur.** Tanzania, for example, accounted for 4.3% of global malaria deaths in 2024, but has not yet introduced vaccines....”

“... **The biggest problem, however, is obtaining funding for malaria control.** Gavi, the Vaccine Alliance, is the main funder of malaria vaccines for children in the poorest countries. Last year, governments and philanthropic funders raised some US\$9 billion of Gavi’s target of around \$12 billion for the 2026–30 period. Funding might be lower in future years, because US health secretary Robert F. Kennedy Jr has said that the United States will no longer contribute to Gavi. And it is not only investments for vaccines that are down, but also funding for malaria control in general. **In 2023, total global funding for tackling the disease reached \$4 billion, less than half of the WHO’s target of \$8.3 billion....”**

“... **This year’s World Malaria Day slogan is “Now we can. Now we must.”** “‘Now we can’, because we have the tools,” says Charles. “And ‘Now we must’ because it’s unacceptable that in the twenty-first century, **600,000 children are losing their lives from a disease that is preventable and curable.**”

Science News – Severe malaria may affect children’s cognitive abilities more than a decade later

<https://www.science.org/content/article/severe-malaria-may-affect-children-s-cognitive-abilities-more-decade-later>

“Children who had cerebral malaria or severe malaria anemia have lower scores on tests measuring general cognition and math achievement.”

“**Malaria may cause long-term brain damage, according to a study that followed nearly 1000 children in Uganda for up to 15 years after their infection.** The research, presented today at the Congress of the European Society of Clinical Microbiology and Infectious Diseases and **published in JAMA**, found that children who survived cerebral malaria or severe anemia caused by malaria scored lower on cognitive tests and math achievement many years after the infection. More than 1 million children experience these severe forms of malaria each year....”

HPW – Africa Needs Urgent Action to Protect ‘Miracle’ Malaria Drugs

<https://healthpolicy-watch.news/africa-needs-urgent-action-to-protect-miracle-malaria-drugs/>

“Resistance to a key drug used to treat malaria in Africa is spreading. Experts warn action is now urgent and any delay will cost lives and create economic misery. “

“**Artemisinin-based combination therapy (ACT)** is the main first-line malaria treatment used in Africa and the best available option, [according to the World Health Organization \(WHO\)](#). ACT has saved millions of lives, but **the parasites that give you malaria are becoming resistant to one of the two drugs in the treatment, artemisinin.** “ ...” ... This is known as **partial resistance to ACT** because the parasites can still be killed and have not developed resistance to the other drug used with artemisinin, most often Lumefantrine.”

“The [WHO reports](#) that this has happened in Rwanda, Uganda, Eritrea and Tanzania. Resistance, Resistance is suspected in at least four other countries, and tests are being carried out in these and further countries as it is likely that the problem is spreading.

The article then goes on describing what should/could be done.

HPW – Indigenous Brazilian Children Are First in World to Get Paediatric Malaria Treatment

<https://healthpolicy-watch.news/indigenous-brazilian-children-are-first-in-world-to-get-paediatric-malaria-treatment/>

“Brazilian children from the Yanomami indigenous community will be the first in the world to get a single-dose paediatric treatment for relapsing malaria. The introduction of **paediatric tafenoquine, developed by Medicines for Malaria Venture (MMV) and pharmaceutical company GSK,** marks a “major step” towards closing the treatment gap for children at risk of relapsing *Plasmodium vivax* (P. vivax) malaria, according to MMV....”

- And a link: **Global Fund - [Global Fund Launches Regional Malaria Grant for Southern Africa, Bolsters Response to Rising Risk from Extreme Weather Events in Mozambique](#)**

“Regional MOSASWA partnership anchors US\$24 million catalytic investment as emergency funding responds to malaria surge following floods.” **“The MOSASWA initiative – spanning Mozambique, South Africa and Eswatini (formerly Swaziland) – anchors a coordinated, cross-border effort to eliminate malaria, recognizing that transmission moves with people, parasites and, increasingly, extreme weather events....”**

NCDs

Lancet Global Health (Health Policy) – Factors shaping the priority of cancer in global health: a qualitative policy analysis

Kristina Jenei, et al [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00056-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00056-2/fulltext)

“Despite its rising epidemiological and economic burden, cancer remains under-prioritised in global health. This Health Policy examines the determinants that have shaped the global response to cancer. Drawing on interviews with key global health stakeholders, we identify recurrent patterns of fragmentation, donor-driven agendas, commercial influence, and the privileging of cancers and interventions that align with vertical delivery models. Our analysis also foregrounds radiotherapy and surgery as emblematic system-dependent modalities that struggle to gain traction despite strong economic and clinical evidence for investment. The complexity of cancer further constrains global prioritisation. This **Health Policy advances understanding of why cancer remains unevenly prioritised** compared with other global health issues and why cancer is an increasing health burden. **Addressing cancer as a global health priority requires a unified governance platform, coherent narrative across institutions, stronger drive for domestic resource mobilisation and international financing, and alignment between global initiatives and the capacities and priorities of diverse health systems.”**

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

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

In case you missed this.

Social & Commercial Determinants of Health

Science News – This simple house may help prevent multiple fatal diseases in African children

<https://www.science.org/content/article/simple-house-may-help-prevent-multiple-fatal-diseases-african-children>

“Randomized controlled trial shows the \$8800 design can reduce cases of malaria, diarrhea, and respiratory infection.”

“In Southern Tanzania, scientists hired contractors to **build 110 simple two-story houses designed to reduce the risk of a slew of diseases for their residents** and then randomly selected families to live in them. **Children in those buildings suffered less often from malaria, diarrhea, and respiratory infections—diseases that together kill more than a million children each year in sub-Saharan Africa—than those living in traditional mud-and-thatch houses in the same villages, [the scientists report today](#) in *Nature Medicine*.”**

“Researchers say the study could guide the design of inexpensive, basic homes, which Africa will need lots of the coming decades. The United Nations expects the continent’s population of around 1.5 billion people to double by 2070. “This is the **first experimental study to investigate whether an improved house design can reduce multiple causes of child deaths in sub-Saharan Africa,**” says Lucy Tusting, a malaria researcher at London School of Hygiene & Tropical Medicine (LSHTM) who wasn’t involved in the work. “This exciting finding shows the **potential of novel house designs to improve children’s health and survival on a wide scale.**”

UN News - Long hours, stress and harassment are causing hundreds of thousands of early deaths, says UN labour agency

<https://news.un.org/en/story/2026/04/1167356>

“More than 840,000 people die each year from health conditions linked to risks such as long working hours, job insecurity, workplace harassment and bullying, according to a new report by the International Labour Organization (ILO). “

“The way that jobs are designed, organised and managed has a major effect on the health and safety of workers, and, according to the [study](#), – *The psychosocial working environment: Global developments and pathways for action* – the impact is growing, manifesting itself in rising rates of cardiovascular disease and mental disorders, including suicide. “

“The report’s authors looked at three interrelated areas of work: the nature of the job (including the demands, responsibilities and tasks), how it is organised and managed and the broader workplace policies in place (such as performance and reward processes and rules preventing violence and harassment)....”

Lancet World Report – Outrage over UN–Nestlé partnership

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00797-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00797-X/fulltext)

“An open letter calls for an end to a recent agreement with the UN University, based on Nestlé’s history of promoting infant formula. Udani Samarasekera reports.”

SRHR

Devex – How’s Trump’s push to transform the global social and moral order going?

<https://www.devex.com/news/how-s-trump-s-push-to-transform-the-global-social-and-moral-order-going-112372>

“In Washington’s bid to restrict sexual and reproductive rights, money, rather than persuasion, is proving the most valuable lever.”

Recommended – wide-ranging – analysis.

HPW – Sexual and Reproductive Health Rights Include Access to Safe Abortion Services

Maggie de Block; <https://healthpolicy-watch.news/sexual-and-reproductive-health-rights-include-access-to-safe-abortion-services/>

“Although the World Health Organization (WHO) [recognises comprehensive abortion care](#) as an essential health service, countries all over the world are tightening access, inspired by the United States. But all this means is worse outcomes for women’s health.”

“... Safe abortion is a basic human right: Access to safe abortion is grounded in international human rights law, including the [Universal Declaration of Human Rights](#), the [International Covenant on Economic, Social and Cultural Rights](#), and the [Convention on the Elimination of All Forms of Discrimination against Women](#). In Africa, the [Maputo Protocol](#) provides an especially important regional anchor for women’s reproductive rights....”

“What governments and donors must do:

- **Reform laws and regulations that criminalise or unduly restrict abortion care.** Criminalisation of abortion must end. Punitive laws on women and service providers drive delay, secrecy and unsafe methods.
- **Make mifepristone and misoprostol reliably available and affordable.** ...
- **Integrate abortion into primary health care and universal health coverage packages.** Abortion should not be separate from routine sexual, reproductive and maternal health services.
- **Expand provider training and task-sharing.** ...
- **Guarantee access to post-abortion care.** Even in restrictive settings, treating complications is an absolute minimum standard.
- **Invest in information, privacy and building trust.** Women need accurate information and safe pathways into care, with compassion, and without stigma....”

Guardian - Condom prices could rise 30% due to Iran war, says world’s top producer Karex

<https://www.theguardian.com/society/2026/apr/22/condom-prices-iran-war-cost-price-rise-karex>

“Karex produces more than 5 billion condoms annually and is a supplier to leading brands like Durex and Trojan, as well as the NHS and global aid programmes run by the United Nations.”

PS: “Karex has enough supplies for the next few months and is looking to boost output to meet growing demand, as global stockpiles of condoms have dropped significantly after [deep spending cuts in foreign aid](#), particularly by the US Agency for International Development last year.”

Run-up to Santa Marta conference, Colombia

Guardian – Colombia convenes climate ‘coalition of the willing’ to break global fossil fuel deadlock

<https://www.theguardian.com/environment/2026/apr/17/colombia-convenes-climate-coalition-of-the-willing-to-break-global-fossil-fuel-deadlock>

Analysis ahead of the “... Santa Marta conference born out of frustration at Cop summits, where renewable progress has been stalled by major polluters.” The conference is **scheduled for 28-29 April.**

“... While 54 countries have confirmed their attendance at the conference, some of the world’s biggest economies and biggest polluters, including the US, China, India, Russia and the Gulf petro states, will be missing. ... The 54 countries confirmed represent about a fifth of global fossil fuel production and about a third of demand. They include the UK, the EU, Canada, and Australia and Turkey, which will jointly preside over the next UN climate summit, Cop31, this November. Among the dozens of developing countries confirmed are some of the most vulnerable to the impacts of the climate crisis, such as Pacific islands, but also major fossil fuel producers, such as Nigeria, Angola, Mexico and Brazil....”

- See also [Carbon Brief – Revealed: Scientists tell Colombia fossil-fuel transition summit to ‘halt new expansion’](#)

“Countries attending a first-of-its-kind fossil-fuel summit have been asked to consider “action recommendations” such as “halting all new fossil-fuel expansion” and “reject[ing] gas as a bridging fuel”, according to a preliminary scientific report seen by Carbon Brief. A preliminary scientific “synthesis report” circulated to governments attending the talks and seen by Carbon Brief offers 12 “action insights” for countries to consider, along with a wide range of “action recommendations” ...”

“These recommendations range from “phase out subsidies on fossil-fuel production and consumption” to “kick-start a forum to develop a legal framework to ban fossil-fuel advertisements” ...”

“... The preliminary report will be further debated and refined by scientists attending the “pre-academic segment” of the Santa Marta talks. This is taking place from 24-26 April, ahead of the “high-level segment” involving ministers and other policymakers from 28-29 April. The pre-academic segment will also separately see the launch of a new advisory panel on fossil-fuel transition and a scientifically led roadmap for how Colombia can transition away from fossil fuels, Carbon Brief understands.”

PS: “... At the end of the conference, countries are due to release a report featuring a “menu of solutions” for transitioning away from fossil fuels, according to Colombia’s environment minister Irene Vélez Torres. This report is in turn set to inform a global “roadmap” on transitioning away from fossil fuels being developed by the Brazilian COP30 presidency, which is due to be presented at COP31 in Turkey this November....”

Climate Change News – To phase out fossil fuels, developing countries need exit route from “debt trap”

<https://www.climatechangenews.com/2026/04/22/to-phase-out-fossil-fuels-developing-countries-need-exit-route-from-debt-trap/>

“New research from the Fossil Fuel Treaty Initiative shows that the Global South’s debt crisis is slowing down the pace of the energy transition and supporting fossil fuels.”

“High levels of national debt in parts of the Global South could hinder efforts to move away from fossil fuels, a new report warns, as more than 50 countries gather this week in Colombia for the First Conference on Transitioning Away from Fossil Fuels. The report, published by the Fossil Fuel Treaty Initiative in the lead-up to the flagship conference, argues that the current debt architecture is trapping developing countries in a “feedback loop” in which fossil fuel revenues are needed to service debt, while fossil fuel expansion locks countries into borrowing even more.”

“The cycle, according to the report, leaves very little fiscal space for highly indebted countries to end their reliance on coal, oil and gas revenues, even when their leaders want to phase out fossil fuels. This is the case for some first-mover countries such as Colombia, which is hosting the conference in Santa Marta....”

More on Planetary Health

Guardian – Heatwaves, floods and wildfires pose rising threat to democracy, report finds

<https://www.theguardian.com/global-development/2026/apr/22/climate-change-extreme-weather-heatwaves-floods-wildfires-threat-democracy-elections>

“Research shows natural hazards linked to climate crisis disrupted 23 elections in 18 countries in 2024.”

“Democracy is under mounting threat from the climate crisis, with new analysis documenting how elections are increasingly shaped not only by political forces but also by floods, wildfires and extreme weather. At least 94 elections and referendums across 52 countries have been disrupted by climate-related impacts over the last two decades, researchers found. As risks intensify, the pressure on already fragile democratic systems – particularly in Africa and Asia – is forecast to grow.”

“The findings, from the International Institute for Democracy and Electoral Assistance, an intergovernmental organisation that aims to support democracy around the world, is the first global analysis of how natural hazards are affecting elections...”

UN News - Extreme heat pushing global food systems to the brink, UN agencies warn

<https://news.un.org/en/story/2026/04/1167352>

“Extreme heat is pushing global food and farming systems to the brink, threatening the livelihoods of over a billion people as rising temperatures and more frequent heatwaves redefine how food is produced worldwide, a new UN report warns.”

“The joint report by the Food and Agriculture Organization (FAO) and the World Meteorological Organization (WMO) finds that extreme heat is already causing half a trillion work hours to be lost each year, with impacts set to intensify as temperatures rise. “Extreme heat is increasingly defining the conditions under which agrifood systems operate,” said WMO Secretary-General Celeste Saulo, warning that it acts “as a compounding risk factor that magnifies existing weaknesses across agricultural systems.” The report highlights how heatwaves – prolonged periods of unusually high day and night temperatures – are affecting crops, livestock, fisheries and forests, while also putting agricultural workers at serious risk.”

HPW - “A Unique Moment”: New Regional Air Pollution Plans Aim to Cut Health Burden Across Latin America

<https://healthpolicy-watch.news/a-unique-moment-new-regional-air-pollution-plans-aim-to-cut-health-burden-across-latin-america/>

“The Pan-American Health Organization (PAHO) will soon unveil a new Roadmap on Air Quality and Health, following on from a meeting with countries and other stakeholders in February in Mexico. The PAHO strategy dovetails with an ambitious new regional action plan by the UN Environment Programme – which supports the work of environment ministries. “

Project Syndicate - To Strengthen Climate Resilience, Focus on Social Protection

Ana Toni and Kevin Watkins; <https://www.project-syndicate.org/commentary/climate-crisis-intensifying-poverty-social-protection-can-help-by-ana-toni-and-kevin-watkins-2026-04>

“The international community is increasingly trying to distinguish between climate, development, and humanitarian finance—as if they can be neatly compartmentalized. But this siloed approach overlooks how social-protection programs providing cash transfers to vulnerable households can strengthen resilience to climate shocks.”

Carbonbrief - State of the climate: Strong El Niño puts 2026 on track for second-warmest year

<https://www.carbonbrief.org/state-of-the-climate-strong-el-nino-puts-2026-on-track-for-second-warmest-year/>

“The first three months of 2026 have been the fourth warmest on record, with each successive month surpassing historical averages by a greater margin.”

“While weak La Niña conditions pushed down temperatures at the start of the year, scientists expect the development of a strong – and potentially “super” – El Niño event by early autumn. ... the development of a strong El Niño event later this year would substantially increase the chance that 2027 will be the warmest year on record....”

Migration & Health

BMC Health Services Research - Self-care strategies among Arabic-speaking refugees and the Australian Mental Health Stepped Care Model: a Delphi consensus study

Mehjabeen et al [Self-care strategies among Arabic-speaking refugees and the Australian Mental Health Stepped Care Model: a Delphi consensus study](#)

"This three-round Delphi study examined consensus on the perceived relevance of 73 mental health self-care strategies for Arabic-speaking refugees and migrants across four settings of the Australian Mental Health Stepped Care Model, including informal community care and formal health services. ... findings suggest the relevance of integrating culturally and community-grounded self-care strategies across stepped care settings."

Conflict/War & Health

People's Dispatch - Fighting for healthcare means fighting against war, activists declare

<https://peoplesdispatch.org/2026/04/22/fighting-for-healthcare-means-fighting-against-war/?ref=peoples-health-dispatch.ghost.io>

“Solidarity with health systems under attack requires reconnecting with anti-imperialist, anti-colonial struggle legacy, **activists warned on World Health Day.**”

Globalization & Health – WHO's 2026 emergency appeal and global health security

Y H Abdi et al ; <https://link.springer.com/article/10.1186/s12992-026-01211-1>

« **The World Health Organization's 2026 global appeal seeks nearly US\$1 billion to sustain life-saving health interventions amid escalating humanitarian crises. This Letter highlights persistent funding shortfalls affecting fragile and conflict-affected states, including Somalia, Sudan, and Yemen, where service suspensions and outbreaks have compounded morbidity and mortality. Despite WHO and partners reaching millions in 2025, financing remains insufficient, jeopardizing maternal and child health, outbreak response, and health system resilience. We argue that predictable, front-loaded financing is critical to support local actors, strengthen health systems, and safeguard global health security. Integrating climate-resilient infrastructure, One Health surveillance, and equity-focused strategies can mitigate preventable deaths and stabilize vulnerable populations. The 2026 appeal represents a strategic investment in global health and security, and by mobilizing front-loaded, flexible support alongside sustained assessed contributions requires urgent international solidarity and collective action.** »

Guardian - US spending on 'reckless' Iran war could have saved 87m lives, says UN

<https://www.theguardian.com/world/2026/apr/20/us-spending-on-reckless-iran-war-could-have-saved-87m-lives-says-un>

“Head of UN's humanitarian agency frustrated that \$2bn weekly cost of conflict comes amid big cuts to aid budgets.”

“The \$2bn (£1.5bn) a week that **Donald Trump** was spending on his reckless war in Iran could have funded saving more than 87 million lives, the head of the UN's humanitarian agency, Tom Fletcher, said on Monday. He also warned the normalisation of violent language, such as **threatening to bomb Iran back to the stone ages**, was very dangerous since it encourages every “wannabe autocrat” to use similar threats and tactics, including the destruction of civilians and civilian infrastructure.....”

Access to medicines, vaccines & health technologies

We are managing HIV with selective lenacapavir roll-out, not ending it

By **Tian Johnson, African Alliance**, and Fatima Hassan, Health Justice Initiative; <https://health-e.org.za/2026/04/20/managing-hiv-selective-lenacapavir-rollout/>

Focus on **South-Africa**.

“Ending AIDS by 2039 will require tens of millions of doses of lenacapavir. The current approach as set out by **SANAC** and the Health Minister, with Gilead, **The Global Fund to Fight AIDS, Tuberculosis and Malaria**, **UNITAID** and others, delivers a fraction of what is required. **Modelling suggests** that South Africa, the epicentre of the global HIV epidemic, requires at least two to four million people on effective prevention to interrupt HIV transmission.

“That means that Gilead’s global goal to get lenacapavir to **three million** people is a tragic admission. The arbitrary ceilings set by South Africa’s government and by Gilead also represent the point at which exposure is deemed acceptable. It’s an eerie repetition of the scenario that unfolded during COVID-19. A **United Nations expert opinion** reached the conclusion that when urgency collides with inequality, African lives are the ones most often managed rather than saved. HIV is beginning to follow the same pattern. **The people most impacted by the epidemic are once again told to wait, to accept pilots, to be grateful for partial protection. In a country with the knowledge, infrastructure, and experience to do better, this cannot be explained away as a technical limitation.**”

- Related: [Who controls South Africa’s lenacapavir rollout? Not South Africa](#) (by T Johnson et al)

“The government’s recent call under the auspices of the South African National AIDS Council (SANAC) for expressions of interest to manufacture lenacapavir locally is being framed as a decisive step forward. **In reality, it is the beginning of a long and uncertain process that uncritically hands immense power to the monopoly holder of lenacapavir: Gilead Sciences. ...**”

Nature Medicine - The future of diagnostics in Africa

Yenew Kebede (**Africa CDC**) et al;

<https://www.nature.com/articles/s41591-026-04308-7>

“... **In this Perspective, we present a set of priority systems strengthening interventions based on expected impact and feasibility.** These include the need for efficient and integrated testing networks, the establishment and implementation of national essential diagnostic lists, modernized procurement and supply chain practices, improved digital health standards and targeted strengthening of testing infrastructure for epidemic-prone diseases.”

Devex – The oxygen crisis didn’t end with COVID-19 — it evolved

P Adepoju; <https://www.devex.com/news/the-oxygen-crisis-didn-t-end-with-covid-19-it-evolved-112349>

“Years after COVID-19 exposed the oxygen crisis, patients are still dying without it.”

“The global response to COVID-19 transformed oxygen from a neglected therapy into a central pillar of emergency care. Before the pandemic, even major global health institutions paid limited attention to oxygen systems. That shifted rapidly in 2021, when an international oxygen emergency task force, including the World Health Organization, World Bank, and The Global Fund to Fight AIDS, Tuberculosis and Malaria, **mobilized more than \$1 billion to support over 100 countries. According to Leith Greenslade, coordinator of the Every Breath Counts Coalition, **the scale of investment was unprecedented**. Countries expanded production, installed pressure swing adsorption, or PSA, plants, and distributed concentrators and pulse oximeters at speed. **In Nigeria alone, more than 100 oxygen plants were installed during and after the pandemic, said Alex Losneanu, whose organization studies oxygen delivery systems across Africa....”****

“But the surge in supply has not translated into universal access. Despite the influx of equipment, over 90% of patients who need oxygen in sub-Saharan Africa still do not receive it. Much of the infrastructure is already under strain or no longer functioning. The reason, experts said, lies in how the response was designed. “The focus was on production and equipment,” Losneanu, who is the director of Oxygen CoLab, told Devex. “But the ecosystem around these plants, the systems, the people, the logistics, was never fully built.” “

“If COVID-19 exposed a global oxygen crisis, the years since have revealed something more complex. There is a breakdown across the entire system that delivers oxygen to patients...”

“... In response, a growing number of African entrepreneurs are rethinking oxygen delivery, not as a product, but as a service that places responsibility for the entire delivery chain with a single provider... But oxygen-as-a-service operates in a fragile business environment....”

“... Addressing this requires a shift in how oxygen systems are financed. Historically, global health responses have relied on aid-driven models, funding equipment and short-term interventions. While this enabled rapid scale-up during COVID-19, it has proven less effective in sustaining access. Stakeholders are now calling for investment-based models that treat oxygen as a service ecosystem requiring continuous financing....”

“Oxygen is just one example of a broader shift from aid to investment...” “

AIM -Press Release: Fairer Medicine Prices Could Save European Union 27€ Billion a Year

<https://www.aim-mutual.org/mediaroom/press-release-fairer-medicine-prices-could-save-european-union-27e-billion-a-year/>

“Europe could save up to €27 billion a year on new medicines if prices were better aligned with real costs and therapeutic value, according to new research using AIM’s Fair Pricing Model. The peer reviewed study, published in PharmacoEconomics, found that **applying fair prices to the ten medicines studied would have reduced money spending on medicines by 73% across the participating countries. In one medicine, the fair price was 97% lower than the list price.”**
And a link:

- [CEPI and Pasteur Network partner to advance regional vaccine R&D and outbreak preparedness](#)

AI & Global Health

Plos Digital Health – New Study Warns AI Could Widen Global Health Inequities Without Urgent Action on Governance and Guidelines

<https://georgetown.app.box.com/s/oxdfp4hwf95g75qf46osj2iavoqhvp1w>

“Dual review published in PLOS Digital Health finds AI holds promise for strengthening research capacity in lower-income countries—but risks deepening existing power imbalances without equitable guardrails.”

“The study, conducted by researchers from the Yale School of Public Health, Georgetown University, Queen Margaret University, Spark Street Advisors, and the World Health Organization, reviewed the existing academic literature on the use of AI for strengthening research capacity. The authors found that AI can help researchers in low-resource settings overcome barriers in data analysis, literature management, and scientific writing. The authors also warned that the development of these tools remains concentrated in high-income countries....”

The Lancet Commission on sepsis: transforming sepsis care and outcomes

M Shankar-Hari et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00648-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00648-3/fulltext)

“... **considering the profound and consequential global health burden of sepsis, we announce the [Lancet Commission on Sepsis](#).** The Commission will systematically appraise the epidemiology of sepsis and sepsis survivorship, elucidating health-system, clinical, and biological determinants that constrain the ability of health-care services to effectively prevent, diagnose, and treat sepsis and deliver high-quality follow-up care. **Our collective vision is that an effective sepsis framework must address all aspects of the sepsis continuum:** population-level prevention of infections, equitable access and early identification of sepsis across all tiers of care (primary, secondary, and tertiary), and structured post-sepsis survivorship care adapted for geographical differences between health-care systems. Achieving this vision requires a fundamentally disruptive, system-level redesign.”

Concluding: “.... **An approach that frames sepsis as a tracer of health system performance at the intersection of universal health coverage, health security, and equity is needed, bringing sepsis outside the confines of intensive care.** Additionally, **horizontal integration across public health, community, and clinical systems spanning primary to secondary care** offers greater opportunities for prevention, resilience, and quality improvement than vertical, disease-specific strategies. **Only through such a globally inclusive life-course strategy will we be able to change sepsis incidence and transform sepsis care and outcomes worldwide.”**

Miscellaneous

Amnesty International – Annual report

[https://media.amnesty.org.uk/documents/Amnesty_International -
The State of the Worlds Human Rights Annual Report 2026.pdf](https://media.amnesty.org.uk/documents/Amnesty_International_-_The_State_of_the_Worlds_Human_Rights_Annual_Report_2026.pdf)

Cfr an [Amnesty UK press release](#) : “Amnesty’s annual report warns the world is moving towards a **dangerous phase of systemic breakdown, driven by states acting with increasing impunity**. This is the most dangerous moment for human rights in generations and the UK now faces a defining test of its commitment as a **new era of ‘predatory’ power takes hold globally**, Amnesty International warned today...”

“The **organisation’s annual report on the state of human rights in 144 countries** finds that powerful governments, corporations and anti-rights movements are accelerating attacks on international law, multilateralism and fundamental freedoms. ... “

Nature News - ‘Staggering’ number of people believe unproven claims about vaccines, raw milk and more

<https://www.nature.com/articles/d41586-026-01285-2>

“Survey results suggest a rise in questioning of scientific evidence.”

“**More than two-thirds of the public believe at least one false or unproven health claim — such as the idea that taking paracetamol during pregnancy causes autism — a new survey finds**. The results hint that a **large, and potentially growing, number of people are questioning scientific evidence**. The survey, of more than 16,000 people across 16 (mostly HIC) countries, asked whether they believed claims that are not supported by research, including that the ‘risk of childhood vaccinations outweighs benefits’, ‘fluoride in water is harmful’ and ‘raw milk is healthier than pasteurized’.”

“...The findings, which have not been peer reviewed and were published today by **the Edelman Trust Institute** in New York City, were described as ‘staggering’ in an accompanying article by the think tank’s chief executive, Richard Edelman...”

UN News – Why lower fertility does not have to mean economic decline

<https://news.un.org/en/story/2026/04/1167315>

“Globally, most people say they want two or more children, but many are having only one, or none at all. According to a senior UN economist, fears of a demographic timebomb are **unwarranted**.”

“There’s no getting away from the fact that in many countries around the world, populations are ageing and fertility is declining. The latest **State of World Population** report from the UN sexual and reproductive rights agency ([UNFPA](#)) shows that **around one in five adults worldwide believe**

they will not be able to have the number of children they want, largely because of economic insecurity, inequality and lack of support....”

Re ‘demographic resilience’: “... Michael Herrmann, an economist and demographer with UNFPA, cautions against panic. “Demographic change is not a crisis in itself,” he says. “It’s a reality we need to understand, plan for, and adapt to.”....” “ Mr. Herrmann, who spoke on the sidelines of the Commission on Population and Development, which is meeting this week at UN Headquarters in New York, is advocating for a concept that is gaining attention: demographic resilience. This means helping societies to anticipate population change, adapt their institutions and make better use of their human potential – an approach that is applicable to developing and wealthy countries, whether their populations are growing, shrinking, or ageing. Some countries experience a “demographic dividend” when a growing working-age population boosts economic growth. Others, further along the demographic transition, can benefit from a “second dividend” by investing in education, health, skills and technology to raise productivity....”

Nature Africa (Comment) - Listening to health care users in Africa is not enough

E Bedingar; <https://www.nature.com/articles/d44148-026-00096-x>

“Community engagement has become routine, but what people say rarely shapes how health care is delivered.”

Science Politics - What Will Bring the Next Generation of Global Health Students Hope?

M Pai: <https://sciencepolitics.org/2026/04/17/what-will-bring-the-next-generation-of-global-health-students-hope/>

“Students can learn from past social movements so they can rebuild global health creatively and without restraint.”

Global health governance & Governance of Health

Development Today - Rethinking aid for a new era

<https://www.development-today.com/archive/2026/dt-3--2026/interview-with-carsten-staur>

(gated) “Carsten Staur, who oversees OECD aid, reflects on the massive rollback, the challenges ahead and how development assistance can be reset in a new global political landscape. In an in-depth interview with Development Today, he says a new paradigm is emerging. He argues that aid should be integrated more closely with foreign and security policy.”

New Political Economy- Why Africa turns to China: colonial legacies and the new politics of development finance

<https://www.tandfonline.com/doi/epdf/10.1080/13563467.2026.2653235?needAccess=true>

By M A Rivera- Quinones. **Focus on Zambia** here.

Foreign Policy - How to Prevent 9 Million Deaths

R Shah; <https://foreignpolicy.com/2026/04/13/international-aid-food-humanitarian-crisis-usaid-development/>

“Rich countries must understand foreign aid can actually be popular—if **people see the results.**”

Telegraph - Britain’s £8bn bet on the developing world

<https://www.telegraph.co.uk/global-health/climate-and-people/britains-8bn-bet-on-the-developing-world/>

“Initiative led by British International Investment aims to make returns for the UK taxpayer while also driving global development.”

“**Britain will invest up to £8bn in companies across the developing world over the next five years, in a bid to make a return for the UK taxpayer while driving global development.** The initiative is being led by **British International Investment (BII)**, a government owned UK investment vehicle founded in 1948 to boost agricultural production across the empire....”

UHC & PHC

Nigeria Health Watch – As Things Fall Apart with ODA, Can Nigeria Finally Fund Its Own Health System?

<https://articles.nigeriahealthwatch.com/as-things-fall-apart-with-oda-can-nigeria-finally-fund-its-own-health-system/>

By Y J Bakar et al.

SS&M – Equity of financial protection for health care in high-income countries: a systematic scoping review

<https://www.sciencedirect.com/science/article/pii/S0277953626003825>

by Edward Xie et al.

Lancet Primary Care – Social prescribing and UK austerity

Kate Mulligan; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00027-0/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00027-0/fulltext)

Comment related to a **new study** in the **Lancet Primary Care**.

“Social prescribing has rapidly become a core component of UK primary health-care policy. In their multisite qualitative study including 130 diverse social prescribing stakeholders in Scotland and England published in *The Lancet Primary Care*, **Eddie Donaghy and colleagues provide a timely look at how the social prescribing link worker (SPLW) role is enacted in practice.** Considering the global expansion of social prescribing, **their findings offer key lessons on social prescribing as a highly context-specific intervention....”**

“The authors found that, although **originally aimed at connecting patients with community assets, SPLWs are increasingly working with patients with complex needs, including aiding them with fundamental socioeconomic issues such as debt, housing, and food insecurity.** This **shift supports concerns that UK social prescribing has become a frontline response to the erosion of the welfare state.....”**

- See [Lancet Primary Care – Embedding social prescribing in primary care in England and Scotland: a qualitative study of experiences, roles, challenges, and sustainability](#) (by E Donaghy et al)

Pandemic preparedness & response/ Global Health Security

Nature (News) - ‘Bat feast’ animal videos at African cave offer clues to how deadly viruses spread

<https://www.nature.com/articles/d41586-026-01259-4>

“Researchers filmed 10 species eating or scavenging bats at known Marburg-virus hotspot — and caught hundreds of humans visiting.”

- Related: [GAVI – Inside a Ugandan bat cave: how the deadly Marburg virus jumps from animals to humans](#)

International Journal of Infectious Diseases - Measuring capacities to advance global health security and bioeconomic development on the African continent

M M Dunne et al ; <https://www.sciencedirect.com/science/article/pii/S1201971226003103>

Authors **analyzed the health security capacities of 54 African countries** using data abstracted from the Global Health Security Index (versions 2019 and 2021) and Joint External Evaluation reports published since 2021.

Planetary health

Science (Policy)- New demand goals for energy and climate resilience

<https://www.science.org/doi/10.1126/science.adz3492>

“Current climate goals, largely focused on energy supply, should be complemented by targeting demand.”

HPW - Regions with Worst Air Pollution Receive Least Amount of Philanthropic Support

<https://healthpolicy-watch.news/regions-with-worst-air-pollution-receive-least-amount-of-funding/>

“Less than 0.1% of all philanthropic funding has gone to the fight for clean air. Yet globally, nearly eight million deaths are attributed to the particles and gases that pollute the air – making air pollution the second biggest risk factor for premature death after high blood pressure.” **“Air pollution is one of the world’s largest public health threats,”** said **Dr Christa Hasenkopf, senior fellow at the Clean Air Fund (CAF).** **“And not only do we underfund it, we’re not directing the funds available to where they’re needed most. Africa has twice the population of North America and more than twice the air pollution, yet it receives 35 times less philanthropic air quality funding.”**

“CAF’s [report on philanthropic funding](#) in air pollution reveals steep disparities in funding, where regions suffering from the worst polluted air receive the least amount of funding. ... Africa and Latin America received only 1% and 2% of funding, respectively.

Public Health (Editorial) - Aiming for transformation: Moving beyond adaptation to enabling environments for climate resilient health systems

Susannah H. Mayhew et al; <https://www.sciencedirect.com/science/article/pii/S0033350626000557>
Editorial of a [Collection](#).

“... We launched this special issue of *Public Health* to bring together studies to better understand the range of health system vulnerabilities to climate-related events and strategies to increase system resilience (defined here as the capacity to absorb, adapt or transform systems when faced with climate stressors or disturbances), and sustainability, to assure long-term health system performance. Following our call for papers, 14 articles were selected through peer review. The papers in this special issue provide valuable insights into both the impacts of climate change on health systems and the opportunities for creating enabling environments to make health systems more resilient and sustainable. They also reflect a continuing scarcity of empirical studies evaluating concrete actions....”

Nature Africa – Warning on ‘forever’ chemicals in Africa’s drinking water

<https://www.nature.com/articles/d44148-026-00100-4>

“Gaps in data, and poor regulation obscure the scale of exposure and potential risks to health.”

Infectious diseases & NTDs

The Conversation -One in three young women in Africa have never tested for HIV – new study shows where the gaps lie

O Bolarinwa et al ; <https://theconversation.com/one-in-three-young-women-in-africa-have-never-tested-for-hiv-new-study-shows-where-the-gaps-lie-279227>

“We **analysed** Demographic and Health Survey data from 28 sub-Saharan African countries. The surveys were conducted between 2010 and 2022. **Our sample included more than 58,000 adolescent girls and young women aged 15 to 24.** **Our study** looked at whether they had ever tested for HIV. We then examined **which social, economic and behavioural factors were linked to testing.**”

“**Across the 28 countries, 63% of young women reported having tested for HIV. This means more than one in three had never tested.** There were also wide variations – between countries as well as between age groups and different social and economic groups....”

PS: “**Our findings show that HIV testing among young women in sub-Saharan Africa has increased markedly, from around 13% in the early 2010s to a regional average of 63% in our study.** While this may appear encouraging, **it masks deep inequalities.** In countries like Mali (7%), Chad (14%) and Benin (25%), fewer than half of adolescent girls and young women have ever tested for HIV. This makes it harder to reach global HIV targets. It also means many young women may not know their status....”

Nature Medicine - The ghost of tuberculosis past

A Trajman et al; <https://www.nature.com/articles/s41591-026-04356-z>

“**The analysis of the 100 Million Brazilian database reveals that a past tuberculosis diagnosis increases the risk of death up to 14 years later regardless of treatment outcome,** which should prompt urgent prioritization of global prevention efforts.”

AMR

Cidrap News – Antibiotic-resistance genes detected in babies within first 3 days of life

<https://www.cidrap.umn.edu/antimicrobial-stewardship/antibiotic-resistance-genes-detected-babies-within-first-3-days-life>

“**New research presented at the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) Global 2026 conference in Munich suggests antibiotic-resistance genes (ARGs) are present in newborns shortly after birth....”**

Plos GPH – Engaging communities in addressing antimicrobial resistance: Co-producing locally relevant public health messages

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006212>

By Winifred Maduko et al.

Plos GPH -Measuring vaccine effects on antibiotic use and antimicrobial resistance in low and middle-income countries: A scoping review of methodological approaches, data sources, metrics, and limitations

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006106>

By Chinwe Iwu-Jaja et al.

NCDs

Lancet Primary Care – Integrating non-communicable disease care into primary health systems in the Horn of Africa: opportunities and challenges

A A Falobi et al on behalf of the **Health Systems Network for the Horn of Africa**;

[https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00040-3/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00040-3/fulltext)

“Non-communicable diseases (NCDs) account for nearly three-quarters of global mortality, with low-income and middle-income countries (LMICs) bearing the greatest share of premature deaths. Sub-Saharan Africa, long characterised by a predominance of communicable diseases, is undergoing a rapid epidemiological transition, resulting in a persistent double burden of disease. **The Horn of Africa—comprising Ethiopia, Somalia (including the self-declared Republic of Somaliland), Djibouti, and Eritrea—illustrates this transition, as rates of cardiovascular disease, diabetes, cancer, and chronic respiratory disease rise amid fragile health systems, conflict, displacement, and food insecurity.** “

“Previous estimates suggest that NCDs account for approximately 40–50% of all deaths in the region, with a substantial proportion occurring in working-age adults. This pattern magnifies economic consequences through lost productivity and catastrophic health expenditures. **Yet NCD surveillance remains weak, and sparse routine primary care data imply that the true burden is likely underestimated. These trends demand a strategic shift from episodic, hospital-centred care towards resilient systems capable of delivering long-term, people-centred chronic disease management. NCD risk in the Horn of Africa is shaped by powerful social and commercial determinants of health....** “

Nature Health – Smoke-free nicotine products can accelerate the end of the smoking epidemic

R Beaglehole, T Pang et al ; <https://www.nature.com/articles/s44360-026-00121-1>

“Increased use of smoke-free nicotine products such as vapes could help to achieve an ambitious global goal of reducing smoking prevalence below 5% by 2040.”

“... The rapid emergence of regulated non-combustible (smoke-free) nicotine products has created a historic opportunity to accelerate the end of the smoking epidemic. **We argue that tobacco harm reduction should be formally integrated into FCTC implementation and propose a global smoke-free 2040 goal of adult daily smoking prevalence below 5% by 2040 as a realistic, measurable and equitable target.** Achieving this goal will require combining established FCTC measures with wider access to regulated smoke-free nicotine alternatives...”

Social & commercial determinants of health

HPW - Bangladesh Tightens Control Over Tobacco But Excludes Smokeless Products

<https://healthpolicy-watch.news/bangladesh-tightens-control-over-tobacco/>

“Bangladesh’s new government has approved a wide-ranging anti-tobacco law that bans advertising, promotion and display across print, electronic, digital and social media, entertainment platforms and points of sale. The [Smoking and Tobacco Usage \(Control\) \(Amendment\) Law, 2025](#) also prohibits corporate social responsibility initiatives from using tobacco brand names, logos or trademarks. Cigarette packs have to carry pictorial health warnings covering at least 75% of their surface and include the contact numbers of the national quit line. It also expands smoke-free public places and bans the sale and use of tobacco products within 100 meters of schools, hospitals, clinics and playgrounds. “

“This is one of the first laws passed by the government of Prime Minister Tarique Rahman, who was [sworn in last month](#) after winning elections in February. ... “

“... The law does not cover newer tobacco and nicotine products, including vapes, heated tobacco products, electronic nicotine delivery systems and nicotine pouches. ...” “ This is **despite almost 25% of people using smokeless tobacco products, [according to the Tobacco Atlas.](#)”**

Sexual & Reproductive health rights

Plos Med - Quality of antenatal and delivery care and postnatal care use: A multi-country observational study of 400,000 births

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005055>

By Jan E. Cooper et al.

Neonatal and child health

Cidrap News - Recommended antibiotics for neonatal sepsis largely ineffective in low-resource nations, study finds

<https://www.cidrap.umn.edu/antimicrobial-stewardship/recommended-antibiotics-neonatal-sepsis-largely-ineffective-low-resource>

“New data presented at the annual meeting of the European Society for Clinical Microbiology and Infectious Diseases (ESCMID) in Munich highlight the challenge of treating a deadly infection in newborns in low- and middle-income countries (LMICs). The data are from the **BARNARDS (Burden of Antibiotic Resistance in Neonates from Developing Societies) II study**, a prospective study investigating antibiotic use and clinical outcomes in **newborns with sepsis in Pakistan, Nigeria, and Bangladesh. An estimated 200,000 newborns die each year from sepsis**, which occurs when bacteria or fungi enter the bloodstream and trigger a systemic, overwhelming inflammatory reaction. More than 90% of those deaths are in LMICs. “

“The **World Health Organization (WHO)** recommends the combination of ampicillin plus gentamicin for empiric treatment of neonatal sepsis. But **the first BARNARDS study, conducted from 2015 through 2018**, found extremely high rates of resistance to the combination therapy, raising questions over whether the WHO should revise its recommendations. **The findings from BARNARDS II, a prospective study led by researchers from the University of Oxford’s Ineos Oxford Institute (IOI), are no different...**”

Access to medicines & health technology

Nature Health – The WHO Essential Medicines List can help to unlock access to GLP-1 therapies for metabolic syndrome

Kevin Pottie et al. https://www.nature.com/articles/s44360-026-00114-0#:~:text=Publish%20with%20us%20*%20Comment.%20*%20Published:%2017%20April%202026.

“Developing transparent, evidence-based allocation strategies for essential medicines is especially critical in low- and middle-income countries, where affordability and equity challenges are most acute.”

Pharmacy Practice - Essential Medicines List and Health Technology Assessment. Two complementary strategies to prioritize medicines in health systems

P M Boschiazzo et al ; <https://www.pharmacypractice.org/index.php/pp/article/view/3420/1403>

“This article describes two strategies for incorporating medicines into national health coverage programs: the use of the WHO Essential Medicines List (EML) as a model for National Medicines Lists, and the implementation of Health Technology Assessment (HTA)...”

WP - Moderna launches mRNA bird flu vaccine trial after HHS cancels funding

<https://www.washingtonpost.com/health/2026/04/21/mrna-bird-flu-vaccine-trial-rfk-cuts/>

“The **Department of Health and Human Services had canceled** hundreds of millions of dollars in funding previously committed to help develop mRNA vaccines. **The Coalition for Epidemic Preparedness Innovations**, a global partnership to speed up the development of vaccines and other countermeasures, **is investing up to \$54.3 million to support the bird flu vaccine**. On Tuesday, Moderna said the first participants in the large-scale clinical trial have received the vaccine in both the United States and Britain.... ... **Stéphane Bancel, Moderna’s CEO, called the launch of the trial a milestone for efforts to “strengthen global pandemic preparedness.”...**”

Human resources for health

Frontiers in Psychology - The hidden toll of colleague absenteeism: exploring its impact on emotional strain and burnout among frontline health workers in Nigeria

O C Eze et al ;

<https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2026.1768286/full>

Related tweet by co-author **M McKee**: “**Health worker absenteeism is usually framed as a governance failure. But what about its hidden costs for those who still show up?** Our new study with @dinabalabanova.bsky.social and Nigerian colleagues **shifts the lens to the frontline workers left behind....**”

Health Policy Open - Global health worker visit time variation: A systematic review

P Murphy et al <https://www.sciencedirect.com/science/article/pii/S2590229626000092?via%3Dihub>

« **The average consultation time (excluding procedures) is 19.2 minutes — but this varies significantly by country income level, health worker type, service delivery platform, and telemedicine use.** - There is meaningful variation by region and clinical setting, with meta-regression revealing statistically significant drivers of that heterogeneity. **Critically, 80% of the evidence comes from high- and upper-middle-income countries, leaving a substantial evidence gap for lower-income settings where health system pressures are often greatest....**”

AI & health

The Future of Global Health and AI: From Promise to Public Architecture

Alain Labrique; <https://www.linkedin.com/pulse/future-global-health-ai-from-promise-public-alain-labrique-3asje/>

« I had the privilege this week of delivering a keynote at the Johns Hopkins Bloomberg School of Public Health — where I was trained — for Global Health Day. I am on my way to [World Health Summit Regional Meeting 2026](#) to meet with Health Ministers on AI governance in health systems. The convergence felt apt.”

Quote: “The next divide in global health will not be between those who have AI and those who do not. It will be between those who can govern it — and those who cannot....”

“... **The future of global health and AI** will not be determined by the number of applications we deploy. **It will be determined by whether we build the public architecture required to support them.** By public architecture, I mean the often invisible systems that make safe, equitable, and sustainable use of technology possible: data systems that are interoperable and governed with clear rules of stewardship; evidence-based guidelines that distinguish promise from proven value; regulatory frameworks that extend beyond approval to include ongoing oversight, transparency, and accountability; a workforce able to critically assess where and how AI should be used; and financing models that align innovation with public value rather than short-term adoption....”

Miscellaneous

Devex Pro – World Bank unveils jobs metric years in the making — but questions remain

<https://www.devex.com/news/world-bank-unveils-jobs-metric-years-in-the-making-but-questions-remain-112340>

(gated) “The **“more and better paid” jobs indicator** will roll out over time, but the details thus far have left some critics worried it fails to capture critical aspects of good jobs, including whether they pay a living wage. **It took the World Bank two years — but last week it finally unveiled its jobs indicator, the metric it plans to use to track what’s become its central mission....”**

Geneva Solutions – “Anti-rights groups”: why we need a smarter politics of naming

N Agostini; <https://genevasolutions.news/human-rights/anti-rights-groups-why-we-need-a-smarter-politics-of-naming>

« As movements working to undermine universal human rights protections become more influential, **the language used to call out these “anti-rights” groups also needs closer scrutiny, or else risks being self-defeating,** writes **Nicolas Agostini, human rights advocate and researcher.** »

Papers & reports

Lancet Global Health – May issue

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

Start with the Editorial - [Resistance is not futile](#) (with focus on the current, dire situation in the US)

“Altogether, these policies introduce a hostile and extractive environment at odds with the basic principle that all human beings are born free and equal in dignity and rights. People who had started to feel that their peers recognised their right to an equal place in society, work, and government suddenly feel a chill wind blowing from a place that they thought had been consigned to history. This comes at a time when people of colour in the USA are legitimately fearful of being seized from their own homes and detained, regardless of their immigration status. Meanwhile in Europe, once-fringe conspiracy theories around Muslim people taking over White majority populations freely circulate on social media, buoyed by populist far-right political figures. Jewish people across the world face vicious hate crimes as collective punishment for the actions of one nation. Several African countries have doubled down on immoral laws rendering same-sex relationships illegal. And trans people are being stripped of their humanity and reduced to mere bodies by legislation supposedly aimed at protecting cisgender women. **The health consequences of long-term exposure to social and economic adversity and discrimination—the so-called weathering effect—are well known.**”

The editorial concludes: “... **Global health organisations, businesses, researchers, and health professionals must not lose sight of the purpose of similar equity commitments. The urge to over-comply should be resisted: capitulation, watering down, and rowing back produce no guarantees in the face of such a capricious administration. Those who safely can, should speak out.** And progressive governments should develop counter-legislation now that appealing to morality is no longer enough.”

But do **check out also some Comments** related to new studies in the Lancet GH:

- Comment - [Projected costs to human life of ODA defunding and implications for aid transitions in LMICs](#) (linked to a previously published study)
- Comment - [Beyond measuring coverage: how timeliness could transform routine childhood vaccination programmes](#)

“ Coverage, the traditional indicator, records whether a child received a vaccine by a specific age but does not capture whether doses were delivered during the recommended window. Consequently, **high coverage can coexist with substantial untimely vaccination, leaving populations with suboptimal immunity levels...**”

- Comment - [Antenatal care in LMICs: what the data reveal](#)

Health Research Policy & Systems - Reframing knowledge translation for health policy in Kenya: actors, practices and the constitutive role of context

Fatima Guleid et al; <https://link.springer.com/article/10.1186/s12961-026-01482-5>

“This study argues for a reframing of KT for policy as an embedded and politically situated process. “

“.... The findings show that KT was enacted by a range of actors, including policy-makers themselves. These actors practised both so-called structured and fluid forms of KT and mobilized evidence to

inform, advocate, justify or contest policy positions. In addition, KT happened in both formal and informal spaces. Strategic framing of evidence and other relational activities were central to mobilizing evidence. The outcomes of these practices were often relational and incremental. Importantly, context constituted KT by shaping what counts as evidence, whose voices were influential, and where action was possible. “ **Conclusions:** “This study offers a **practise-based understanding of KT by reframing it as a contextually-constituted, situated practice that requires adaptive system-oriented approaches.**”

ODI (Working paper) - Anti-gender & anti-climate politics: exploring converging agendas in Global Majority countries

<https://odi.org/en/publications/anti-gender-and-anti-climate-politics/>

“Politics today is marked by accelerating global backlash against both gender equality and action on the climate crisis. This new working paper exposes how these two agendas are increasingly converging in Global Majority countries.”

“... This ODI Global working paper is based on a deep dive into the political motivations, conditions and outcomes that shape this heightened opposition at both the national and multilateral level. The evidence explores ways in which anti-gender, anti-climate and authoritarian politics combine in eight countries: Argentina, Brazil, Chile, Türkiye, India, Indonesia, Saudi Arabia and the UAE, surfacing three main categories of political opposition to progressive gender and climate policies.”

“Countries marked by authoritarian politics have increasingly turned to anti-gender and anti-climate policies. How these issues converge in government positions can be categorised in three main ways: Explicit Resistors, Pragmatic Resistors or Selective Resistors. There are three enabling conditions that underpin this convergence between anti-gender and anti-climate politics, namely: civic space restrictions, economic and/or political ideology, and transnational political networks. Feminist and climate movements need support to counter these authoritarian trends and address the intersection of these issues. Data and evidence will be crucial for crafting progressive narratives that align with public values and resonate with mainstream perceptions at the national and local level.”

Politics & Governance - The Politics of Pro-Poor Policies in the Global South

<https://www.cogitatiopress.com/politicsandgovernance/issue/view/465>

Issue in progress.

Elgar Advanced Introductions series - Advanced Introduction to the Right to Health

L O Gostin; <https://www.e-elgar.com/shop/gbp/advanced-introduction-to-the-right-to-health-9781035346417.html>

“This Advanced Introduction provides an accessible overview of the right to health, exploring its meaning, significance and practical applications in contemporary real-world contexts...”

SSM Health Systems – Advancing the evaluation of Learning Health Systems: a commentary

<https://www.sciencedirect.com/science/article/pii/S2949856226000541>

Commentary by T Cowan et al.

Conflict & Health - From discovery to delivery: a systems-based pathway for translating science into global and humanitarian health impact

Ben Ramalingam; <https://link.springer.com/article/10.1186/s13031-026-00778-1>

“... **This Commentary argues that breakdowns at ‘baton pass’ handover points - just as much as challenges within each stage of the pathway - are a major source of unrealised impact.** It proposes an end-to-end ‘science-to-health’ pathway framework to help actors identify where progress is stuck, diagnose underlying vulnerabilities, and select targeted systems-based leverage points to strengthen these baton passes. **The leverage points are the 6Rs: Resources, Roles, Relationships, Rules, Routines and Results.** Four case examples - antimicrobial resistance, oral cholera vaccine deployment, mpox response in Africa and an illustrative donor health portfolio - show how the tool can guide strategic and operational decisions across diverse health and institutional contexts...”

Tweets (via X & Bluesky)

Africa CDC

<https://africacdc.org/events/cphia-2026/>

“The 5th International Conference on Public Health in Africa (CPHIA 2026) will take place from 1st to 5th November 2026 in Addis Ababa, Ethiopia.”

Hans Kluge

“Health remains one of the strongest bridges for dialogue, trust and cooperation. That was clearly on display today at the **9th Meeting of Health Ministers of the Shanghai Cooperation Organization (SCO) in Bishkek, Kyrgyzstan.** My thanks to Kyrgyzstan and to Minister Damir Osmonov for the invitation and for bringing us together around the right priorities: **prevention and public health management, more sustainable health systems, and the smart use of digital innovation.** I welcome **Kyrgyzstan’s initiative to establish the SCO Dialogue Platform for exchange of competencies in the field of health management.** ... Kyrgyzstan’s chairmanship slogan — “25 Years of the SCO: Together Towards Sustainable Peace, Development and Prosperity” — is highly relevant to today’s discussion. It reflects an important truth: **health is not separate from peace, development and prosperity. It is an essential part of all three. As the SCO marks its 25th anniversary, the importance of this platform for global health is undeniable: its 10 member states span 4 WHO regions, including 5 countries from WHO/Europe, and are home to around 42% of the world’s population.** From Astana to Xi’an and now to Bishkek, **health is taking a more central, practical and structured place on the SCO agenda** – through collaboration on epidemic preparedness, emergencies, health systems, digital health and traditional medicine. That is a welcome sign that we are moving in the right direction.”

Podcasts

Global Health Matters - Is it the end of the NGO as we know it?

<https://www.buzzsprout.com/1632040/episodes/18978859>

“For decades, international NGOs have been central pillars of global health and humanitarian response efforts. But with aid budgets shrinking, trust eroding and local civil society organizations demonstrating the power of proximity every day, the model is under scrutiny. Who gets to lead? Who gets to decide? And what would more equitable, locally grounded international cooperation actually look like? In this episode, host Garry Aslanyan explores these questions with two guests who bring deeply complementary perspectives. Deborah Doane is a Partner at Rights CoLab and the convener of The Ringo Project, an initiative dedicated to reimagining international NGOs so that civil society everywhere can be more equitable. She is the author of *The INGO Problem: Power, Privilege and Renewal*. The second half of the episode features Angela Oduor Lungati, Executive Director of Ushahidi, a Nairobi-based nonprofit technology organization and open-source advocate with over a decade of experience advancing inclusive technology for historically marginalized communities.”