

# IHP news 879 : pre-WHA week

( 15 May 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,

On Monday, the long awaited **79<sup>th</sup> World Health Assembly** starts in Geneva, and boy, do I have FOMO : ) Fortunately, a few of my colleagues will be present - stay tuned for their updates! Ps: hope they'll also find the time for some early morning "slow jogging" around the Lake in Geneva, which I much enjoyed last year (#WalktheTalk). One consolation for missing the Geneva global health week: the "[Sleepless Ape](#)" (which I tend to be after a few days at the WHA) might get some more rest than usual next week : )

As you can imagine, this pre-WHA issue features a bunch of "**primers**" and other pre-analyses related to #WHA79. Speaking of one of these, "[Global health reform cannot wait for a new world order. Middle powers must act now](#)" (by I Kickbusch) is a nice read. I certainly agree **global health reform** can't wait for a new world order. But I have somewhat less faith in many of these 'middle powers' (certainly most European ones, given their current leadership) – keeping in mind their track record of the past years on vaccine equity (during the Covid pandemic), the Gaza genocide, their stance in the [pandemic agreement](#) (& PABS) [negotiations](#), and let's not forget their overall right-wing policies which tend to facilitate the radical-right in our countries, instead of doing the opposite.

I have my doubts whether the **European Commission's** new ( & naturally '**bold**' ) [Global Health Resilience Initiative](#) can change this. Paraphrasing K Seitz in a neat [HPW analysis](#), the initiative predominantly features right-wing recipes, to "boost global health resilience". Good luck with that.

Onwards to other agenda items and issues then in Geneva. The **WHO DG race** will clearly get some attention in Geneva, even if it's early days. As Priti Patnaik put it, "[The next WHO leader will need to be a multitasking political acrobat](#)". Some of the more paranoid 'DG wannabes' are probably already humming that first line of the U2 song, '[Acrobat](#)': "*Don't believe what you hear, don't believe what you see. If you just close your eyes, you can feel the enemy....*" :)

But there's a [a lot more](#) on the agenda in Geneva, as the primers make abundantly clear. On Wednesday, the [World Health Statistics report 2026](#) already set the scene for #WHA79: "...while global health efforts are delivering results, progress is fragile and insufficient." Put differently, "[There's a real threat of reversal.](#)"

Elsewhere, and part of the broader backdrop of the global health architecture reform discussions, there are **increasing calls for a thorough development cooperation & partnerships "reset"**, with a flurry of related events these weeks. In this issue, we pay some attention to an [OECD meeting on the Future of Development co-operation](#) in Paris (11-12 May) (ahead of an OECD flagship report, scheduled for October). Next week (19-20 May) the [Global Partnerships Conference](#) takes place in

the UK. And of course we also come back on this week's "**Africa Forward**" Summit in Nairobi, Kenya (with Macron & Ruto as some of the protagonists). The [Nairobi declaration](#) will also inspire the G7 summit in Evian, France (in June).

On Tuesday **International Nurses day** was celebrated. As Howard Catton put it in a HPW op-ed, "[Nurses Are Not a Cost to Health Systems. They Are the Power Holding Them Together](#)". With 2 nurses among my siblings, I can only concur.

And oh yes, before I forget, on the Planetary Health front, we seem to be heading for a year in which "[El Niño meets global warming](#)". Better be ['resilient'](#) this year : )

Enjoy your reading.

Kristof Decoster

## Featured Articles

### Launching the Charter for Feminist Health Systems

*Dr Shubha Nagesh, Pratishtha Singh, Merette Khalil & Dr Emma Rhule*

"The recent [Women Deliver Conference](#) 2026 in Melbourne marked an important moment for those working at the intersection of gender, health, and justice. With the launch of the [Melbourne Declaration for Gender Equality](#) and the [Feminist Health Systems Charter](#), with the associated calls to Action, there is now a clearer path for what feminist health systems could look like and what is required to build them.

This moment matters because it reflects both progress and unfinished business. Three decades ago, the [Beijing Declaration and Platform for Action](#) affirmed that women's rights are human rights and placed responsibility on States to address structural inequalities. Yet many of the commitments made in Beijing remain only partially realized. **Health systems around the world continue to reproduce inequality, often through policy choices that prioritize markets over public goods and efficiency over equity.**

For too long, health systems have been thought of as neutral. They are not. They reflect power, priorities, and choices. Addressing this, the Melbourne Declaration calls for a shift in how gender equality is framed and advanced. It places responsibility back on States, calls for stronger public accountability, and highlights the need for collective voice and solidarity. This is an important shift at a time when the burden for change is often placed on individuals and communities, without the structural support or resources present to address deeply rooted inequities.

The Feminist Health Systems Charter brings this vision directly into the health sector. It was co-developed by Women Deliver, the PUSH Campaign hosted by the International Confederation of Midwives, Columbia University's Mailman School of Public Health, and the [Gender and Health](#)

[Systems Thematic Working Group](#) (TWG) of Health Systems Global (HSG), and informed by community consultation and peer review.....

- To continue the read, see IHP - [Launching the Charter for Feminist Health Systems](#)

## **Beyond Her, Beyond Him: The Unacknowledged Side of Domestic Violence in India**

*Anurag Telang & Karan Babbar*

When we picture a victim of domestic violence in India, the image that often surfaces is that of a woman, reflecting the [well-documented reality that women disproportionately experience such violence](#). Sadly, it's thus an accurate picture. However, this should not obscure the fact that men, too, can be victims of domestic abuse, with often little recognition, language, or access to support. As the world marks **15 May** – a day meant to reflect on the family as a space of care, dignity, and support – it is worth confronting the uncomfortable reality that also for many men, home is where violence remains most hidden. ...

- To continue the read, see IHP: [Beyond Her, Beyond Him: The Unacknowledged Side of Domestic Violence in India](#)

## **Rethinking Global Health Reform After COVID-19: Legitimacy Before Authority**

**Garrett Wallace Brown, David Bell, Elisabeth Paul, Reginald M.J. Oduor, and Ramesh Thakur**

There is considerable interest in reforming global health governance with a plethora of recent reform proposals from actors such as the [Wellcome Trust](#) and [Health Architecture Reimagined](#) (HEAR). Moreover, in the aftermath of Covid-19 there have been numerous recommendations issued from a wide variety of multilateral and non-governmental actors such as [The Elders](#), the [G20 High Level Independent Panel on Pandemic Preparedness and Response](#), and the [Resilience Action Network International](#) (RANI) among many others.

Much of this current global health reform debate hinges on expanding institutional authority—whether through new treaty instruments, enhanced emergency powers, or extending mandates for international organizations (including their own). However, the COVID-19 pandemic and its aftermath exposed a deeper problem: not just that global health institutions were unable to move beyond one-size-fits-all policies and to adapt to varying contexts and thus performed poorly in a crisis, but that they extended policy influence in a way that tested and laid bare clear ethical, legal, and accountability deficits in terms of policy inclusion, health equity, public health outcomes, and wider socioeconomic considerations. In the absence of accountability and further legitimating properties, expanding the authority of international organizations and global health initiatives, including the World Health Organization (WHO), risks accelerating current global health policy shortcomings, fragmentation and distrust rather than fostering needed cooperation.

This observation is central to the analysis of the International Health Reform Project (IHRP), an independent, multidisciplinary initiative involving public-health practitioners, academics, clinicians, economists, legal scholars, ethicists, and former international officials. The IHRP examined the WHO within its post-COVID global health governance ecosystem from ethical, public health, legal, and institutional perspectives. In doing so, the IHRP has synthesized its core findings in two reports sharing the title *The Right to Health Sovereignty: A [Policy Report](#)* synthesizing findings on ethics, legality, governance, and accountability in international health institutions; and a [Technical Report](#), which presents findings on global public health needs, international health policy, the practice of the WHO, and its ability to meet the demands of the 21<sup>st</sup> century.

The current policy environment—marked by renewed WHO reform discussions, pandemic treaty negotiations, and high-level reviews—presents a rare opening. Reformers face a choice: rush to double down on expanding authority in the hope of better performance or pause to rebuild the foundations that make authority effective in the first place. Since authority without sufficient legitimacy is ultimately an untenable basis for effective governance, these insights should shape any serious global health policy reform conversations now underway....

- To read the full article, see IHP: [Rethinking Global Health Reform After COVID-19: Legitimacy Before Authority](#)

## Highlights of the week

### Structure of Highlights

- WHO DG race
- Global Health Reform & Reimagining
- The Future of Development Cooperation
- Run-up to the 79th WHA (18-23 May, Geneva): primers
- Run-up to WHA79: More pre-analyses, reports, advocacy, reads on agenda items, ...
- Africa Forward Summit (Nairobi) (11-12 May)
- More on Global Health Governance & Financing/Funding
- America First Global Health strategy & bilateral health agreements
- Trump 2.0
- HIV
- UHC & PHC
- Hantavirus outbreak
- More on PPPR & GHS
- NCDs & Commercial determinants of health
- SRHR
- International Nurses Day (& more on HRH)
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War & Health

- AI & Health
- Some reports & series of the week
- Miscellaneous

## WHO DG race

### WHO - Process for the election of the Director-General of the World Health Organization - Report by the Director-General

[https://apps.who.int/gb/ebwha/pdf\\_files/EB159/B159\\_10-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB159/B159_10-en.pdf)

One of the preparatory documents (for the upcoming WHA). Among others on **two candidates' fora** that will be organized.

- Some coverage & analysis via [HPW – WHO Sets Out Timetable and Ethical Guardrails for Election of New Director-General; but Loopholes Remain](#)

*“As the campaign to elect a new World Health Organization Director-General officially opens, a **timeline and guidelines for the process** have been published by outgoing DG Dr Tedros Adhanom Ghebreyesus for consideration by member states at next week’s World Health Assembly and the upcoming Executive Board. **While these aim to promote a transparent and level playing field, structural loopholes remain.**”*

*(after the Covid time) “...The current contest expects a full return to “normal” physical in-person campaigning at regional committee sessions. However, a “new normal” is also unfolding under **complex conditions**, as the WHO grapples with a sharply polarized body of member states and a drastically reduced budget following the United States’ withdrawal last year, forcing it to implement massive, **ongoing workforce reductions.**”*

*“To maintain fairness in this highly pressured, post-pandemic landscape, WHO has published a draft set of guidelines that would help create a **firewall between candidates’ campaign activities and official organisation business** – rules that will be particularly important for candidates that emerge from within WHO’s ranks. ...”*

PS: *“The Director-General’s **recommendations on the election process**, to be reviewed by Member States at the upcoming World Health Assembly and Executive Board, **aim to reinforce established parameters from the previous election cycle.** But enforcement still relies mostly on ‘good faith’ as compared to legally binding measures.”*

PS: *“WHO staff members who join the race will have to go on leave – but Regional Directors may be exempt”: “...Yet, **past precedent has explicitly exempted WHO Regional Directors** from this rule – due to their status as WHO officials elected by member states. This **means that potential candidates** such as **Hanan Balkhy, Regional Director of WHO’s Eastern Mediterranean Region, or Hans Kluge, European Regional Director, could theoretically campaign while remaining** in their positions – **while other potential candidates such as Assistant Director-General Jeremy Farrar,***

would have to spend months on leave in order to compete, at a sharp inherent professional and financial disadvantage.”

## Geneva Solutions – “The next WHO leader will need to be a multitasking political acrobat”

P Patnaik; <https://genevasolutions.news/global-health/the-next-who-leader-will-need-to-be-a-multitasking-political-acrobat>

“Tedros Adhanom Ghebreyesus’s successor will need a strong strategy and their political wits about them to address member state defections, shaky financial prospects and an expanding to-do list of global health issues, writes Priti Patnaik, founder of Geneva Health Files.”

## Mail & Guardian - Search on for next WHO chief

N Makgana & P Kadima; <https://mg.co.za/thought-leader/opinion/2026-05-08-search-on-for-next-who-chief/>

Including ‘Traits of an ideal WHO director general’ (from the **Global South’s** perspective).

## Global Health reform & reimagining

### GPF - Global health in crisis: Six theses on the role of private actors

K Seitz; <https://www.globalpolicy.org/en/publication/global-health-crisis-six-theses-role-private-actors>

One of the reads of the week.

“**Global health is in the midst of a profound structural crisis.** Massive cuts in public funding, coupled with an already growing dependence on private actors, weak multilateral institutions and rising inequalities, are jeopardising the human right to health. 4.5 billion people have no access to basic health services. **Against this backdrop, new ways of mobilising funds are being discussed. Many see an opportunity in the even greater involvement of private actors. However, this should be carefully examined and structured** so that it actually has a sustainable impact, particularly for the poorest and most marginalised populations worldwide, and does not primarily serve the interests of private actors. Democratic oversight, human rights-based policies, strong public institutions and genuine civil society participation are crucial to realising the right to health worldwide. **Only by strengthening the World Health Organization (WHO), ensuring greater transparency, regulating private influence and investing in public health systems and social security systems can a just global health order for all be achieved.**” “ Against this backdrop, Brot für die Welt, Global Policy Forum Europe and Misereor have formulated six theses on the role of private actors in global health and recommendations for action for the German government and the Bundestag in this briefing paper.”

- Related: [Less public funding, more private influence: Who calls the shots in global health policy?](#) (by K Seitz & J Hanne)

“The funding crisis puts global health system under enormous pressure.”

“The increasing power and growing influence of private actors has three far-reaching consequences, based on our paper on the growing influence of private actors in global health: **Profit motives determine access to medicines; Those who pay have a say: private actors are increasingly influencing political decisions; Competing actors and self-interest complicate coordination within the global health system.**”

“Germany, too, is increasingly relying on private actors...”

Seitz & Hanne recommend 6 actions to the German government.

## MOPAN - Mapping of Organisational Mandates Against Future Priority Health Functions

### [MOPAN](#)

First in a series of three papers.

“The current configuration of mandates, across nine multilateral organisations, is “not yet” fit to deliver the six functions that a reformed global health architecture will need. Both mandate expansion and a lack of collaboration and alignment among organisations, especially at the country level, have created overlap – and likely inefficiencies – in delivering priority global health functions. While mandate rationalisation is necessary, greater emphasis should be placed on understanding and reforming the underlying financing, accountability, and governance arrangements, and the incentives underpinning them, that currently drive mandate evolution and expansion. The organising framework for the future architecture should place rationalisation, collaboration, and comparative advantage at its core.”

Background: “... the purpose of this study is to provide evidence about global health mandate and practice across nine multilateral organisations as a basis for making concrete decisions on global health reform. The objectives are to: 1. map foundational and evolving mandates of the nine multilateral organisations against potential future global health priorities; and 2. explore the relationship between mandate and practice to assess how organisations collaborate to deliver global health functions. This study is the first of three outputs aimed at supporting global health reform dialogue. Output 2 (September 2026) will use this foundation to assess comparative advantage across the six priority global health functions. Output 3 (December 2026) will identify reform pathways. The study is timed to inform the WHO-hosted Joint Process, WHA79 (May 2026) and the ongoing Accra Reset.....”

Check out the main findings.

## Telegraph – The global health system must radically change to survive and thrive

S Nishtar; <https://www.telegraph.co.uk/global-health/science-and-disease/the-global-health-system-must-radically-change-to-survive/>

“The current model is unsustainable. The focus must be on building a leaner, more efficient global health system led by a reformed WHO.”

She lists three reform objectives.

## Chatham House – Global health reform cannot wait for a new world order. Middle powers must act now

I Kickbusch <https://www.chathamhouse.org/2026/05/global-health-reform-cannot-wait-new-world-order-middle-powers-must-act-now>

“The World Health Assembly in Geneva presents a narrow window of opportunity for action to save multilateral cooperation on global health. Three things need to happen.”

Cfr Kickbusch: “My take on #globalhealth and #middlepowers with reference to #Carney and #Stubbs.”

Also a good read ahead of the World Health Assembly.

## The Partnership for International Politics and Diplomacy for Health - Global Public Goods and Global Functions for Health: A New Brief from the Partnership

<https://globalhealthdiplomacy.se/global-public-goods-and-global-functions-for-health-a-new-brief-from-the-partnership>

“As debates about reforming the international health system intensify, the Partnership has published a new brief examining two concepts that are central to those debates but frequently confused: Global Public Goods (GPGs) and global health functions. The aim of this brief is to revisit the concept of GPGs in health and explore how it differs from global health functions — and why that distinction matters for effective reform of the international system.”

“GPGs are goods — products, shared frameworks, policies, infrastructure, norms or conditions — whose benefits are “non-excludable” and “non-rivalrous”. Once provided, no country can be excluded from them, and one country's use does not diminish another's. In contrast to GPGs, **global health functions** are the activities that the international ecosystem for health performs. Some, but not all, of these functions produce GPGs. The conflating of the two terms is not just an academic debate — it has real consequences for prioritization, governance, and financing.”

“Loose definitions of GPGs and global functions may perpetuate the overly expansive mandates of existing global institutions in need of reform, misaligned financing as ODA declines, duplication between global, regional, and national actors, and misguided prioritization in reform processes. **Conceptual clarity around these concepts will support efforts to refocus the international**

ecosystem for health on its comparative advantages and added value. This may include strengthening the international system's role in pandemic preparedness, norm-setting, promoting research, setting surveillance standards, and market shaping."

**K Bertram (blog) - Should've, Would've, Didn't...**

<https://katribertram.wordpress.com/2026/05/11/shouldve-wouldve-didnt/>

**"A recent post by Pete Baker (CGD) about the (now WHO-led) global health architecture reform process made me want to cry, scream, chuckle, sigh, and state "I told you so" – all at the same time. Over the past two years, our sector has again been in reform frenzy – to then decide it won't reform. ... Why is reform so difficult, especially when we know we should've, and nearly would've – but then didn't, again and again?"**

Here are **five reasons and lessons to get things right the next time we try. ...**

A bit early days perhaps, to declare the global health reform dead, but Bertram makes a few very valid points. On the importance of **veto-players, a closing window of opportunity, ...**

**TGH – Centering Women, Children, and Adolescents in Global Health Reform**

H Clark & R Khosla; <https://www.thinkglobalhealth.org/article/centering-women-children-and-adolescents-in-global-health-reform>

**"In an era of fiscal pressure, omission does not produce neutrality; it can produce retrenchment by default."**

**"Much debate is swirling around global health architecture. From the UN80 Initiative and the reshaping of the World Health Organization (WHO) following severe funding cuts to the Accra Reset and the Lusaka Agenda, policymakers are exploring how to build a system that is more efficient, coherent, focused on country-level impact, and financially sustainable. Yet in these important conversations, the health and rights of women, children, and adolescents are not center stage. This is not simply a matter of wording; it is a matter of political priority. What is not clearly named is rarely protected in practice."**

**"Today's reform agenda is shaped by compelling principles—of equity, primary health care, country ownership, governance coherence, and sustainable financing. These priorities are important, but WCAH and sexual and reproductive health and rights (SRHR) need to be explicitly centered in them. As institutions adapt to tightening resources and make structural change, the absence of clear safeguards for WCAH and SRHR risks sidelining those most vulnerable...."**

**"Let's take a leaf from the book of the [Joint Political Declaration on the Reform of the Global Health Architecture](#), which was adopted in April by the Group of Seven (G7) in Lyon, France. It explicitly reaffirmed sexual and reproductive health and rights as a core component of global health architecture reform, highlighting the importance of making such commitments operational in practice...."**

Clarke & Khosla then list **four Priorities for Inclusive Reform.**

## Devex Check-up (update) on the possible merger of UN Women and UNFPA

A Green; <https://www.devex.com/news/devex-checkup-the-hantavirus-cruise-ship-outbreak-reveals-a-us-cdc-adrift-112464>

**“It’s been two weeks since the [United Nations](#) published its much-awaited full assessment of the potential benefits of a merger between [UN Women](#) and the [U.N. Population Fund](#). It turns out the final report is not very different from [the initial assessment](#). The main addition is that it outlines three possible merger pathways: creating a composite entity similar to the model used to establish UN Women — the option the report describes as its “preferred” approach — or having either agency integrate the other.”**

**“But many member states’ questions remain unanswered. The full assessment does not include any alternatives to a merger or an analysis of its implications on the ground. The argument? It’s “beyond the current scope provided by the Secretary General.” The big question now is whether the U.N. General Assembly will be persuaded that a merger makes sense. From what Jenny is hearing, the executive boards of both agencies will hold informal briefings on UN80 later this month ahead of their formal board meetings in June. Those discussions could help shape what happens next.....”**

## HPW - WHA79 Must Make Universal Health Coverage the Compass for Global Health Architecture Reform

A Khogali, A Lal et al ; <https://healthpolicy-watch.news/wha79-must-make-universal-health-coverage-the-compass-for-global-health-architecture-reform/>

**“Leaders of the international NGOs, Save the Children, Seed Global Health, AMREF, and LSE Health make five asks to member states attending next week’s 79th World Health Assembly, as they take the first steps to launch a joint UN process for reforming the global health architecture.”**

PS: **“The appointment of [Thailand and Andorra as co-facilitators for negotiations on the 2027 UN High-Level Meeting on UHC](#) is politically significant. The 2027 UHC High Level Meeting (HLM) cannot become a separate process alongside GHA reform discussions. It should serve as one of the accountability mechanisms for reforms currently being debated in Geneva....”**

**“In the lead-up to the 2027 [UN High Level Meeting on UHC](#), we call for five key changes:**

**“Anchor GHA reform in UHC and country ownership; Invest in PHC and sustainable financing; Strengthen the health workforce for UHC; Institutionalize social participation and accountability; Safeguard UHC in crisis and conflict settings.”**

## NCD Alliance – Global health reform cannot succeed without NCDs and civil society, leaders warn ahead of WHA79

<https://ncdalliance.org/stories/news-blogs/2026/global-health-reform-cannot-succeed-without-ncds-and-civil-society-leaders>

“Ahead of the 79th World Health Assembly in Geneva, **NCD Alliance, City Cancer Challenge, and the Partnership for International Politics and Diplomacy for Health** convened a **webinar calling for noncommunicable diseases (NCDs), including mental health and neurological conditions, to be placed at the centre of global health architecture reform.**”

“As WHA approaches, **NCDA and partners are calling for the WHO joint process on global health architecture reform to include civil society and people living with NCDs from the outset.** ”

## Future of Development Cooperation

OECD meeting on the future of development cooperation (11-12 May, Paris)

<https://www.oecd-events.org/e/future-of-development-co-operation/en/content/resources>

Theme of the meeting in Paris: ‘**Charting Strategic Directions**’.

The aims were: “**Day one** will focus on visions for a new era. Participants will debate ideas for a new era of development cooperation, including new goals, principles, and paradigms. **Day two** will consider strategic directions for purpose and impact. Decision makers and experts will discuss proposals for the future of development cooperation and stress-test proposals from key initiatives, including the OECD Development Assistance Committee (DAC) Review.”

Check out some **background resources, research papers, short briefs...**

As mentioned in the intro, a **related OECD flagship report is expected for September/October.**

**Devex@OECD – So, what is the future of development?**

[Devex](#) ;

**Special Devex issue related to the OECD summit in Paris.** Excerpts below.

“**What is the state of international development right now, and how do we make it better? That was the essential question under discussion in Paris this week, at the [Future of Development Co-operation](#) conference** hosted by the Organisation for Economic Co-operation and Development on Monday and Tuesday.”

- Re **the Accra Reset**: “The conference kicked off with a **keynote from Nana Oye Bampoe Addo**, deputy chief of staff for the administration of Ghana, **on [the Accra Reset](#)**, the ambitious African-led program to change the shape of development spearheaded by her president, John Mahama. ... **Addo gave more detail on the high-level panel on health reform** — an initiative **[announced](#)** by Mahama at Davos in January — **which she said will begin engagement at the [World Health Assembly next week](#)**, and publish a final report at the **meeting of the United Nations General Assembly.**”

“Alongside the panel, she said, there will be a **mechanism to deliver change called HINGE** — the **Health Investment National Gateways Enabler** — although so far, there is little information on what the mechanism will do, how it will work, or how it is funded....

“**Addo also stressed that Mahama and his team have much broader ambitions than health.** She spoke of his plans for what are called **sovereign prosperity spheres**, to be unveiled at the African Union midyear summit in Egypt next month, **which will see partner countries have the ability to launch joint financial instruments**, although once again, the speech was scant on details about how these will function in practice....” “ And she hinted at **wider ambitions around training national experts in fields such as health, finance, mining, and digital infrastructure**, and around freedom of movement between countries in order to better share skills.”

“Addo also gave her support to the idea of development reform. “**The Accra Reset does not reject global cooperation,**” she said. “**It seeks to reset the terms of that cooperation**” — not as charity, but as “**a strategic investment in stability.**”

- PS: “**South-south cooperation**” was also one of the themes.
- re OECD (and DAC) reform: “**Garrido, a former Costa Rican minister, highlighted key changes that the OECD is pushing toward — a renewed case for aid, increased ownership of the process from the global south, and stronger forms of accountability and evidence.**”

“... **OECD is currently in the middle of a review process looking at the governance and structure of the Development Assistance Committee, or DAC** — but it’s a process which is open to criticism. Some parts of civil society **see the DAC members as currently disengaged with aid issues**, as they grapple with their own problems — the United States with an internal culture war and Europeans with economic weakness and internal strife.... ... She spoke sincerely of her ambition to bring more stakeholders into the discussion, and to **make the DAC more inclusive and accountable to the global south.** But the key will be to see what actually emerges from the review process.”

- ... **What happens next?** “At the end of the conference, [a group of leaders sat down to talk about what happens next](#). Their key conclusions: We need to look to a future which appears very different from the present, and plan for it. And in order to do so, we need to **both reinvent the existing order, and create a new one.** **Wook-jin Chang** of South Korea highlighted the fact that **we are only three years from the conclusion of the Sustainable Development Goals, which everyone knows we will not hit. So there will need to be a reimagining. What comes next?** The process of deciding this looks likely to launch a thousand documents. Following the conference in the U.K. next week, the likely outcome would be a compact on international cooperation. At the **upcoming Hamburg Sustainability Conference** next month, **a high-level commission will launch on global north-south cooperation....**

## IDS – Recentring the global development agenda: the value of a diversity of voices and views

P Taylor et al ; <https://www.ids.ac.uk/opinions/recentring-the-global-development-agenda-the-value-of-a-diversity-of-voices-and-views/>

“Amid **several initiatives to reset the agenda and forge new global partnerships for development cooperation**, we need to remember what was learned in the past and reorientate towards the agendas and needs of people living in poverty or who are marginalised and disempowered. Citizens want and deserve an active role in developing their own futures.”

“... **many conversations are again happening about the future of international development cooperation. Multiple initiatives are currently underway, some global**, for example the [Future of Development Cooperation Coalition](#), and the OECD’s initiative on the [Future of Development Cooperation](#). At the same time, the UK is preparing for a [Global Partnerships Conference](#) hosting participants from around the world to ‘build new international coalitions to tackle shared challenges’. **This is just a small sample of a wider array of conversations and dialogues seeking to chart a pathway towards a shared future, in which the overall international development cooperation system will become far more sensitive to national realities than it currently is....”**

## Devex (Opinion) – The \$1.3 trillion gap: Why development needs partnerships

J Chapman; <https://www.devex.com/news/the-1-3-trillion-gap-why-development-needs-partnerships-112468>

“Aid alone cannot close today’s development gap. It is essential to cultivate coalitions that bring in new investment and expertise; something the **upcoming Global Partnerships Conference** will drive forward. »

« **In a new essay, U.K. Minister of State for International Development and Africa Jenny Chapman argues that traditional aid alone cannot close the \$1.3 trillion annual financing gap facing Africa.** As global economic integration shifts from a tool of progress to a weapon of geopolitical competition, **she explains why the international community must move beyond fragmented responses toward genuine partnerships grounded in mutual respect rather than old hierarchies.** Chapman suggests that the **future of impactful development lies in “convening without controlling” — aligning private capital, philanthropy, and government expertise to support countries in leading their own development.** By treating low- and middle-income nations as “stakeholders, not spectators,” the United Kingdom and its partners aim to shift power, decision-making, and resources closer to those best placed to deliver....”

## CGD (blog) - What Are We Watching for at the UK’s Global Partnerships Conference?

I Mitchell, P Baker et al; <https://www.cgdev.org/blog/what-are-we-watching-uks-global-partnerships-conference>

“Next week, the UK co-hosts its conference on the future of international development. Foreign Secretary Yvette Cooper will host the event, alongside South Africa, the Children’s Investment

**Fund Foundation and the UK's impact investor and development finance institution, British International Investment."**

"There's potential for new and helpful voluntary actions from the private sector; but governments remain the actors that matter. The government hopes to agree a "Compact" to signal shared intent to strengthen international cooperation; but the draft excludes practical commitments, and **so I'll be looking out for three things: (1) Will the UK offer anything progressive on its own policy on development?** It seems clear that this won't involve more spending; but what about committing to publish evidence of what works, illicit finance; debt; access for students from low-income countries, or research and development (R&D) collaboration? **(2) Is there any sign that governments committed to multilateralism will better coordinate their strategy and approach (to counter those that do not)?** As my colleague Mikaela Gavas notes below, this is a system in crisis—but even like-minded countries are continuing to operate in their national silos on which countries and institutions they support. **(3) Will there be an explicit link to the UK's G20 agenda next year?** There are some 120 developing countries that don't have a seat at the G20 (now including co-host South Africa) but who fundamentally rely on the economic system it oversees. The UK could make a connection with the issues raised at the conference and its agenda next year...."

And a paragraph more specifically on: **"Will the UK set out a clear vision for global health reform?"** (by Pete Baker)

**"The UK government have stated that reform of the global health architecture will be a key priority of the conference,** and related events will happen in Geneva alongside the World Health Assembly. **But what is the UK's vision for the future here?** Perhaps the conference will bring some much-needed clarity on this. **Superficially it appears committed to substantial change:** officials are actively involved in all reform processes, and the Foreign Secretary noted in March "Everyone agrees that it needs to be simplified and streamlined". **But its actions suggest otherwise**—it has provided very substantial funding to Gavi and Global Fund with no meaningful requirements for reform. The UK has so far provided no public articulation of what its priorities are for reform or what its vision is for a better architecture. This may be a lack of transparency, or more likely, given its policies and actions don't align, it speaks to a lack of internal agreement on its vision. **We would like to see its vision better articulated during the conference. Specifically, the UK should commit to a lean WHO focused on its global functions, and a greater role for the Multilateral Development Banks in broad health system financing, such as through an IDA Health Window."** "

**Atlantic Council - Making aid work in the new geopolitical era will be an uphill battle**

Stefan Dercon; <https://www.atlanticcouncil.org/content-series/freedom-and-prosperity-around-the-world/making-aid-work-in-the-new-geopolitical-era-will-be-an-uphill-battle/>

**"Short-term wins for aid can weaken state capacity and entrench dependency. Aid works where governments are committed, not just where poverty is highest.** The technocratic era is over; **aid is reverting to a geopolitical tool,** not a neutral development instrument."

## Run-up to the 79<sup>th</sup> WHA (18-23 May, Geneva): primers

<https://www.who.int/about/governance/world-health-assembly/seventy-ninth>

- Preparatory documents: [https://apps.who.int/gb/e/e\\_wha79.html](https://apps.who.int/gb/e/e_wha79.html)
- And via WHO Watch: **WHO Tracker (related to WHA79):** <https://who-track.phmovement.org/node/699> : stay tuned for policy briefs etc!

You find a number of **primers** from the pre-WHA79 week in this subsection. In a next pre-WHA related subsection, you find **some more reads & analyses**.

### Geneva Solutions - WHO says its finances are stable, but uncertainties loom

<https://genevasolutions.news/global-health/who-says-its-finances-are-stable-but-uncertainties-loom>

**“A year after the US exit from the global health body, WHO officials say finances are secure, for now. But amid donor cuts, rising inflation, and future economic uncertainties, will funding be sufficient to meet its needs?”**

**“Earlier this month, senior officials at the World Health Organization (WHO) told journalists in a newly refurbished pressroom at the agency’s headquarters that its finances were “stable”.**

Following a year that saw its biggest donor withdraw as a member, forcing it to cut 25 per cent of its staff, its **financial chief said that 85 per cent of its 2026 and 2027 budget had been financed.** “While we are looking at resource mobilisation, we’re also looking at tightening our belts,” **Raul Thomas, assistant director general for business operations and compliance,** explained, admitting that the WHO **“will have great difficulty mobilising the last 15 per cent”.**”

Including also the **view of Suerie Moon.**

**“Suerie Moon, co-director of the Global Health Centre at the Geneva Graduate Institute, explains that every year at the WHO, there’s “a non-stop effort” to ensure funding. She says a continued reliance on non-flexible, voluntary funding earmarked for specific projects, as well as donors withholding contributions – sometimes for political leverage – complicates the organisation’s financial plans.** Meanwhile, ongoing cuts and predictions of a global economic downturn stemming from the war in the Middle East may further aggravate the situation, as costs rise and member states focus on national spending needs....”

**“Since the dramatic drop in funding from the US, formerly the WHO’s biggest contributor, Moon highlights that there hadn’t been a “sudden jump by non-traditional states to compensate for the US”.** Last May, at the World Health Assembly, **China pledged \$500 million in voluntary funding until 2030, a sharp rise from the \$2.5m it contributed over 2024 and 2025.** The WHO did not respond to questions from Geneva Solutions about how much of the pledged amount had been disbursed. China’s mission in Geneva did not respond to questions raised about the funding. **Other countries, particularly Gulf states, have meanwhile been increasing their voluntary contributions to the organisation in recent years. Similarly to “western liberal democracies have in the past”, Moon**

explains that they may be seeking “to raise their profile and prioritise health as one of the issues that they would like to be known for”. She noted that the shift in the UN agency’s list of top donors may affect how it manages the money....”

PS: “... Amid these financial uncertainties, WHO executives say the organisation is also reviewing its expenditure through “sustainability plans”. This includes working more closely with collaborating centres, including universities and research institutes that support WHO programmes and are independently funded...”

PS: “The upcoming change in leadership will also be a strategic moment for the organisation to boost its coffers. Moon says the race for the top job at the organisation may attract funding from candidates’ home countries, which could be seen as a strategic opportunity.

Given the relatively small size of the WHO budget, compared to some government or agency accounts, “you don’t have to be the richest country in the world to dangle a few 100 million dollars, which could go a long way in their budget,” the expert notes. **The biggest ongoing challenge, however, will be whether major donors will announce further aid cuts. In the medium and longer term, “countries will have to agree on the step up every two years, and there’s always drama around that.”**”

## HPW – WHO Gender Parity Dips Amidst Staff Cuts, but Women Advance Slightly in Professional Ranks

<https://healthpolicy-watch.news/who-gender-parity-dips/>

*“A dramatically shrinking World Health Organization has seen a slight decline in overall gender parity amidst restructuring. However, strict recruitment policies and targeted job cuts have actively boosted female representation within the organisation’s professional ranks. At the same time, deep regional disparities in gender representation remain unresolved, with men holding the overwhelming majority of staff posts in the African, South-East Asian and Eastern Mediterranean regions.”*

PS: “Headquarters is bearing the heaviest burden of the realignment. Official projections indicate that Geneva and Global Shared Services will shrink by 29% by June 2026, losing over 800 staff members. Meanwhile, the proportion of personnel based in country offices has increased to nearly 46% of the remaining global workforce. This deliberate geographic shift reflects a strategic institutional goal to build a significantly leaner administrative headquarters while vigorously protecting country-level health delivery. “The development aid era is over. WHO Geneva needs to be much smaller,” as diplomatic sources who spoke to *Health Policy Watch* framed it.”

PS: “The WHO currently faces a funding gap of approximately \$630 million, representing roughly 15% of its \$4.2 billion base budget for the upcoming 2026-2027 biennium. Officials have managed to shrink this deficit through aggressive reprioritisation, extensive staff cuts, and a 50% reduction in travel costs. This represents a massive reduction from the initial projected deficit of \$1.7 billion...”

Concluding: “... As attention turns to the next World Health Assembly and the election process for a new Director-General, the incoming leader will inherit a downsized organisation that boasts a stronger female representation in its professional ranks in several regions – yet remains fundamentally fractured by severe budget constraints and glaring regional disparities.”

## Geneva Health Files – The Real Costs of Restructuring at the WHO: Financing, Staffing and Mandates [WHA79 PRIMER]

P Patnaik; <https://newsletter.genevahealthfiles.com/the-real-costs-of-restructuring-at-the-who-financing-staffing-and-mandates-wha79-primer/?ref=geneva-health-files-newsletter>

“This edition gets you up to speed on the **implications of what the restructuring and realignment at the WHO has meant for the organization's mandate** as a result of deep funding cuts in 2025. **Indicators on finance and staffing** have implications for governance in the context of such a realignment of the organization's priorities. **Countries will review these matters next week at the Assembly. This edition includes an update on the elections process for the next Director-General of the WHO.**” “... **four segments** to this edition: **Finance, Human Resources, the Membership Question, and the Elections for a new Director-General.**”

Some key points:

“**Funding cuts reveal deep impact on WHO's numbers.** For the year ended December 2025, contributions from countries have been lower than the year before (2024). Many countries continue to pay their membership dues late. (Assessed contributions from countries accounted for 13% of revenue.). **Voluntary contributions were 83% of the total revenue.** Of the voluntary contributions of US\$ 2567 million (to the programme budget), 8% was fully flexible or thematic, and was earmarked for specified programmes. **The WHO has had to review and suspend some areas of work following funding cuts triggered by the United States.**”

- And for the **second part of the Geneva Health Files Primer** - [Revamping Global Health Architecture: Reforms by "Reports" \[WHA79 PRIMER\]](#)

“In our edition today, a second of the two [part primers this week](#), **we present what's coming up on the reforms discussion at the World Health Assembly next week....** ... **We also present a mapping of the parallel reforms discussions that have occurred over the last few months.** Pia Mehdwan brings all these strands into a **single analysis....**”

Among the key messages: “**Just as WHO means different things for different countries, the role of allied actors such as Gavi - The Vaccine Alliance, for example, also has different meanings for different countries.** Some are more dependent on such actors, than others. **In short, there are nuances in how countries view the reforms discussion.** Activists say that without the aspirations of communities, reflected in these discussions, whatever comes next will be far from what is needed on the ground....”

## UN Foundation – Global health in transition at WHA79

M Moss; <https://unfoundation.org/blog/post/global-health-in-transition-at-wha79/>

Another primer. Among the issues to watch: “**Extending efforts on global health equity and security. ... Forging a shared vision for global health architecture... Launching a new decade of AMR action. ... Opening bell for the next WHO Director-General race.**”

## CGD – Three Issues to Watch at WHA79: WHO Funding, Prioritisation, and Leadership of Global Health Architecture Reform

P Baker; <https://www.cgdev.org/blog/three-issues-watch-wha79-who-funding-prioritisation-and-leadership-global-health-architecture>

“The 79<sup>th</sup> World Health Assembly (WHA) kicks off next week. **There are three key issues I am watching closely: WHO financing, WHO prioritisation within its limited budget, and WHO’s leadership of the global health architecture reform process.** With the [WHA papers now online](#), all three are unfortunately not looking good.” “1) WHO financing is deteriorating – less money, and less flexible money; 2) WHO prioritisation is failing – deeds do not match words; 3) WHO leadership of the global health architecture has been set up to fail...”

**Baker concludes:** “...We need a lean WHO that prioritises the global good, and we need a WHO that can *lead*. Unfortunately, member states have systematically prevented the WHO leading by further earmarking and restricting resources it has available and undermining its global health architecture reform process.”

## Run-up to WHA70: More pre-analyses, reports, advocacy, reads on agenda items, ...

### World Health Statistics Report 2026

<https://www.who.int/news/item/13-05-2026-global-health-gains-face-threat-of-reversal>

On Wednesday, 13 May, **WHO launched the World Health Statistics Report 2026**, its flagship annual compilation of global health and health-related indicators.

**“Urgent action for stronger health systems backed by improved data is needed to protect progress.”**

**“The world is falling short on health targets, with progress uneven, slowing, and in some areas reversing,** according to the [World Health Statistics 2026](#) report, published today by the World Health Organization (WHO). **While there have been meaningful improvements in global health over the past decade,** with millions benefiting from better prevention, treatment and access to essential services, **persistent and emerging challenges mean that the world remains off track to achieve any of the health-related Sustainable Development Goals (SDGs) by 2030....”**

Do dig into the findings.

For example on UHC: **“Progress towards universal health coverage is losing momentum. Since 2015, progress in health service coverage index has slowed, while financial hardship remains widespread. Fewer than 4 in 10 countries are still making progress on both fronts.”**

## TWN – WHO: World Health Assembly to Adopt Strategy on Economics of Health for All

Dian Maria Blandina; <https://www.twn.my/title2/health.info/2026/hi260502.htm>

“The upcoming 79th World Health Assembly (WHA) is set to adopt a ten-year [strategy](#) on the economics of health for all. ... The [WHA resolution 77.13](#) requested the Director-General to develop a strategy on how to implement an economics of health for all approach, including priority actions for Member States and other actors....”

“Earlier, the 158th meeting of the World Health Organization (WHO) Executive Board unveiled a draft strategy on the Economics of Health for All (2026 -2030)]. **Moving beyond appeals for increased health financing within existing economic structures, the strategy proposes a fundamental reorientation of economic policy itself toward the attainment of universal health and wellbeing. The strategy successfully consolidates and legitimates a growing consensus around health as an economic investment rather than a social expenditure. Yet for all its ambition and foresight, the strategy leaves critical gaps unaddressed, chief among them the structural constraints facing Global South economies....”**

With **three gaps** in particular.

## TGH – Argentina, the WHO, and an Exit Door That Doesn't Exist

S A Dallal; <https://www.thinkglobalhealth.org/article/argentina-the-who-and-an-exit-door-that-doesnt-exist>

“Argentina's proposed departure from the World Health Organization **raises complex legal questions about treaty withdrawal and global health governance.**”

## Habib Benzian - Geneva Rules (1): Seeing the World Health Assembly Differently

[Habib Benzian](#);

Episode 1 of “A series on what global health reveals when it gathers in Geneva.”

“Over the next two weeks, I am going to write about the Assembly. This is not simply an annual meeting, but a setting in itself. It is the very moment each year when the formal architecture of global health becomes visible. Ministers, ambassadors, WHO officials, donors, technical agencies, NGOs, foundations, industry-adjacent actors, academics, advocates, consultants, and journalists all gather in and around Geneva. Some sit around the official rooms. Many more work in the corridors, side events, receptions, hotel meeting rooms, and carefully curated roundtables that encircle the Assembly. **For a few days, global health shows its machinery.**”

“That machinery is not always hidden. A lot of it is public, recorded, livestreamed, captioned, translated, archived, written and transcribed in resolutions and official reports. The WHA agenda is available. The documents are online. The speeches can be watched. The formal rules do exist **and they matter.** Member States negotiate text. Committees meet. Resolutions are adopted. Programmes are approved. Budgets are discussed. Director-General speeches are scanned for meaning. **For anyone who cares about global health governance, none of this is theatre in the**

sense of being fake. But it is theatre in other ways. It has scripts, roles, staging, choreography, entrances, exits, hierarchies, and rituals of recognition or respect. The Assembly is often described as WHO's parliament. That is true, but incomplete. It is also a ritualised performance through which global health determines who belongs, which issues merit serious consideration, which forms of evidence matter, what kind of conflicts may be named and which disagreements must be toned down into language that 194 Member States can tolerate. “

“This matters because, at the WHA, decisions often take the form of language. A word added to a resolution could create a mandate. A phrase removed may close one. Success can mean getting an idea into official text, avoiding a stronger formulation, citing an earlier pledge, or putting an issue from a technical report to a decision point. **The politics are rarely only in the vote. They are in the sentence that survives....”**

## Episode two – Geneva Rules (2): What Geneva Knows

H Benzian; [H Benzian](#);

“The city that shows how global health behaves.”

With focus on the ‘informal architecture’ in Geneva during the WHA (and otherwise).

Excerpt: “...**The visible assembly is only one part of this ecosystem. Around it sits another Geneva: side events, diplomatic breakfasts, donor lunches, closed roundtables, civil society briefings, receptions, corridor conversations, hotel meetings, and quiet bilateral exchanges. And beyond that sits the city's deeper geography.** On the **right bank**, international Geneva: WHO, the Palais des Nations, the missions, the agencies, the humanitarian architecture. On the **left bank**, financial Geneva: private banks, wealth managers, foundations, and the older machinery of discretion. Between them, along the lake and the river, sit **the hotels** that connect both worlds. **The Hotel InterContinental**, closest to the UN, **becomes during WHA week more than a hotel....”**

## Decilion - Two Open-Source MCPs for WHO's Global Health Data, Ahead of WHA 2026

<https://decilion.com/insights/gho-ghed-mcp/>

“**Two open-source tools that make WHO's flagship health databases directly answerable from any AI assistant** — released ahead of next week's World Health Assembly.”

“Next week, delegates from 194 member states convene in Geneva for the seventy-ninth World Health Assembly. Health systems strengthening, universal health coverage, and the financing that connects the two will sit near the top of the agenda. **Much of the evidence the room will draw on lives in two of WHO's flagship public databases — the Global Health Observatory (GHO) and the Global Health Expenditure Database (GHED).** Today, we are open-sourcing two small tools that make those databases directly accessible from the AI assistants global-health researchers are already using every day....”

## Africa Forward Summit (Nairobi, Kenya -11/12 May)

### Reuters - African leaders urge credit reforms at Nairobi summit with France

[Reuters](#);

**“African leaders seek easier credit access at Nairobi summit; Leaders criticize global credit ratings, propose African agency for fairer assessments; France aims to rebuild partnerships in Africa amid waning influence in former colonies.”**

### Africa Forward Summit Adopts Landmark Declaration on France Partnership

<https://africabrief.substack.com/p/africa-forward-summit-adopts-landmark>

**“Adopted in Nairobi on May 12, 2026, the Nairobi Declaration is expected to feed into preparations for the G7 Summit in Évian, France, in June.”**

**“... In health**, the declaration prioritizes universal health coverage, pandemic preparedness, One Health approaches, regional manufacturing of vaccines and medicines, and health sovereignty through technology transfer and the African Pooled Procurement Mechanism.”

And re **“Financial Architecture and Resource Mobilization”**: “ Participants called for reforms in the international financial system, including better IMF quota representation for Africa, enhanced voice on the Executive Board, debt sustainability measures, and increased concessional financing.

They urged major economies to address global macroeconomic imbalances that harm African development. **A separate “Call to Action” on global excessive imbalances and a “Joint Statement on Renewed International Partnerships”** stress the need for blended finance, private sector mobilization, public-private partnerships, domestic resource mobilization, and innovative instruments such as guarantees and debt-for-development swaps....”

### Africa CDC - Statement by Africa CDC on the Biovac–Proparco Investment Milestone Announced on the Sidelines of the Africa Forward Summit

<https://africacdc.org/news-item/statement-by-africa-cdc-on-the-biovac-proparco-investment-milestone-announced-on-the-sidelines-of-the-africa-forward-summit/>

**“Africa CDC congratulates Biovac and Proparco on the announcement of this important investment collaboration on the sidelines of the Africa Forward Summit. This milestone represents another significant step forward in advancing Africa’s Health Security and Sovereignty Agenda through strategic investments in local vaccine manufacturing capacity.”**

**“The mobilization of US\$180 million to support the expansion of a multi-vaccine manufacturing facility, including technology transfer, production scale-up, and working capital, demonstrates growing confidence in Africa’s pharmaceutical manufacturing potential and the strength of partnerships committed to strengthening the continent’s health manufacturing ecosystem....”**

**“Beyond Proparco, the consortia is supported by other key partners including the European Investment Bank through the Human Development Accelerator (HDX), International Finance**

Corporation and should conclude shortly with support from African-based DFIs. The European Investment Bank and Proparco’s investments represent half of the funding and have been made possible through European Commission financial guarantees. Africa CDC also recognizes the catalytic role of Gavi, the Vaccine Alliance and the African Vaccine Manufacturing Accelerator in helping unlock this opportunity and creating a viable pathway for locally manufactured vaccines to reach the market....”

### **Africa CDC and Aspen advance Long-term Vaccine Supply Partnership for Africa**

<https://africacdc.org/news-item/africa-cdc-and-aspen-advance-long-term-vaccine-supply-partnership-for-africa/>

**“Africa Centres for Disease Control and Prevention (Africa CDC) and Aspen Pharmacare are in advanced discussions on a long-term demand and supply alignment framework aimed at strengthening sustainable vaccine manufacturing in Africa.”**

**“Announced on the margins of the Africa Forward Summit, the engagement reflects a shared commitment to building viable and sustainable markets for African-made vaccines and advancing Africa’s Health Security and Sovereignty Agenda. ... ..The proposed collaboration seeks to address this imbalance by exploring a multi-year framework focused on strengthening local manufacturing capacity and supply security. The discussions will initially focus on: Priority vaccine antigens; A progressive scale-up of supply, with the potential to reach tens to hundreds of millions of doses annually over time; and Competitive and sustainable pricing approaches aligned with market benchmarks....”**

- See also [Reuters – Africa CDC and Aspen Pharmacare aim to boost vaccine output in Africa](#)

**“ The African Union's public health agency and South African drugmaker Aspen Pharmacare are in talks on a long-term framework aimed at boosting vaccine production on the continent, after the COVID-19 pandemic exposed its overreliance on imports. Africa Centres for Disease Control and Prevention (Africa CDC) and the continent's largest pharmaceutical company said on Tuesday the talks are focused on building viable markets for vaccines produced in Africa as part of efforts to improve health security and reduce the continent's reliance on imports.”**

**“... The talks are centred on selecting priority vaccine antigens, gradually scaling up supply with the potential to reach tens to hundreds of millions of doses annually, and pricing products in line with market benchmarks, the organisations said in a statement. ... Africa CDC and Aspen said they will also discuss procurement, financing and risk-sharing.”**

## **More on Global Health Governance & Financing/Funding**

### **European Commission strengthens global health security with new Global Health Resilience Initiative**

[https://ec.europa.eu/commission/presscorner/detail/en/ip\\_26\\_1074](https://ec.europa.eu/commission/presscorner/detail/en/ip_26_1074)

(13 May) “Today, the European Commission adopted a **Global Health Resilience Initiative**. This strategy positions the EU as a reliable and frontline actor in global health by scaling up global prevention, preparedness and response to future health threats and addressing resilience gaps in health systems. It sets out the **strategic framework for future EU action...**”

With five key priority areas: “Promoting a more effective and less fragmented global health architecture. Supporting resilient and country-led health systems. Reinforcing international-level prevention, preparedness and response to global health threats and crises. Diversifying global supply chains and manufacturing of key health products. Bolstering societal resilience by fostering trust in science and countering health dis- and misinformation to ensure global health policymaking remains anchored in scientific evidence and cooperation...”

“To translate these priorities into action, the Global Health Resilience Initiative includes nine **flagship measures at national, regional and global levels**, with the aim to enhance preparedness, improve coordination and build resilient systems around the world. **Their implementation will begin between 2026 and 2027.**”

## HPW – EU Announces Bold Global Health Resilience Initiative Amidst Geopolitical Ruptures

<https://healthpolicy-watch.news/eu-global-health-resilience-initiative/>

Must-read coverage and analysis. “The European Commission announced its long-awaited **Global Health Resilience Initiative** on Wednesday. **While the policy roadmap aims to support partner countries’ transition toward health sovereignty amid historic aid cuts and shifting geopolitical realities, global health experts are concerned about its heavy reliance on private financing.**”

“As global health gains **face a severe threat of reversal** from stagnating health system coverage and emerging pathogens, the European Commission’s newly announced strategic guidance seeks to do more than just fill funding gaps. **It outlines key priorities and flagship actions designed to fundamentally revamp the multilateral health architecture and support partner countries’ transition toward health sovereignty amid a rapidly changing funding landscape.** The proposed strategy, issued in a formal communication to the EU parliament and the member states, reinforces the **pivot away from fragmented development assistance. Instead of relying solely on traditional grants, European policymakers intend to use “de-risking” tools and blended finance – combining public funds with loans and guarantees – to help partner countries build self-sustaining sovereignty for their national health systems....**”

“... Ahead of the **upcoming World Health Assembly** in Geneva next week, **the Global Health Resilience Initiative is a recommitment to the World Health Organization (WHO).** However, to overcome the deep fragmentation of the global health landscape caused by competing funds, the **Commission is actively advocating for a leaner, more streamlined institutional architecture – which now includes not only WHO, but UNAIDs, UNICEF and other health-related bodies under the UN umbrella....** ... “

“... To better coordinate these efforts, **the strategic proposal aims to significantly step up alignment between European member states before major international replenishments** and key financing milestones. This approach involves **creating a comprehensive map of all European global health investments to actively eliminate redundancies and boost donor synergies.**”

**“This unified diplomatic front will be supported by a novel global health and resilience tracker. Developed in collaboration with the World Bank, the Organisation for Economic Co-operation and Development (OECD), and the WHO, this tool will initially focus on pandemic preparedness, prevention, and response by mapping both the domestic spending of partners and the international support they receive....”**

**“... the Global Health Resilience Initiative leverages the EU’s external action tool, [the Global Gateway](#), to mobilise up to €300 billion in investments. By shifting away from direct grants, the strategy relies on blended finance – using loans and guarantees – to de-risk and incentivise substantial private sector involvement in emerging economies. According to Commissioner Síkela, this approach has already successfully [channelled over €6 billion specifically into health projects](#) by the end of 2025. The flagship initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies in Africa (MAV+) is part of this and exemplifies the strategy, having directed roughly €2 billion toward building pharmaceutical manufacturing capacities across the African continent, including investments in South Africa and Senegal..... ..The Communication signals the Commission’s intent to formalise this approach within the EU’s executive branch, cementing a policy shift that explicitly aligns international development with European economic security and competitiveness. In practice, this means that while partner countries receive investments to build their resilience, European pharmaceutical and biotech firms are now strategically positioned to access these expanding, rules-based markets as a complementary alternative to relying solely on exports....”**

**PS: “... By formally [embedding the “One Health” principle](#) into the European external agenda and recognising the intrinsic connection between human health, animal health, and resilient natural ecosystems, the strategy shifts focus toward “deep prevention” – the ability to identify and address environmental threats before pathogens cross from animals to humans. This aligns directly with the EU’s 2022 Global Health Strategy, effectively positioning the new Resilience Initiative as the financial muscle needed to deliver on those earlier promises.” .... Acknowledging that climate change, biodiversity loss, and environmental degradation drive these dangerous zoonotic spillovers, the bloc announced it would be pushing for stronger environmental safeguards within multilateral treaties. “**

**“... While the initiative rightly acknowledges the way in which institutional fragmentation can exacerbate, rather than address, global health threats, civil society critics were quick to note that the EU’s new initiative largely ignores the political drivers of health inequality. Critics warn that increasing the role of private corporations in the health systems of low-income countries could also fuel higher health care costs and inequalities – and undermine the goal of ‘health sovereignty’ ...”**

The analysis also includes apt **criticism from Karolin Seitz** (Global Policy Forum).

- See also Politico – [EU trumpets its reliability on global health as US slashes foreign aid](#)

**“Its new plan calls out countries that “instrumentalize” health for political or economic gains.”**

**“As the U.S. and other Western countries pull back from foreign aid, the European Union is trying to position itself as the grown-up still showing up. In a new [global health strategy unveiled Wednesday, the European Commission cast the EU as a steady partner for developing countries](#) at a moment when global health funding is shrinking and becoming increasingly transactional....”**

- And Euractiv - [EU announces new global health plans – but without fresh funding](#) (gated)

## Africa CDC and the Federal Democratic Republic of Ethiopia Officially Launch CPHIA 2026 to Advance Africa’s Health Security and Sovereignty Agenda

<https://africacdc.org/news-item/africa-cdc-and-the-federal-democratic-republic-of-ethiopia-officially-launch-cphia-2026-to-advance-africas-health-security-and-sovereignty-agenda/>

(8 May) **“Preparations for the continent’s foremost health gathering, the Conference on Public Health in Africa (CPHIA) 2026, have gained momentum following the official launch by the Africa Centres for Disease Control and Prevention (Africa CDC) and the Government of the Federal Democratic Republic of Ethiopia.”**

**“Today’s launch** symbolises our determination to build healthier and more resilient Africa fully aligned with the aspirations of the African Union’s Agenda 2063,” said H.E. Ambassador Hadera Abera, State Minister of Foreign Affairs of the Federal Democratic Republic of Ethiopia. **“CPHIA 2026 is necessary, it helps to advance Africa from dependency to transition to self-reliance from vulnerability to resilience from fragmentation to coordinated continental action.”** Planning for the landmark conference, set to take place in Addis Ababa from 23 to 27 November 2026, is now underway...”

**“Held under the theme “Africa’s Health Security and Sovereignty: Transformation from health dependency and vulnerability to ownership and resilience,”** CPHIA 2026 will provide a strategic continental platform to advance Africa-led solutions, strengthen resilient health systems, and accelerate implementation of the Africa Health Security and Sovereignty agenda....”

## Lancet Regional Health Africa – America first and the right to science: implications for African health sovereignty

M Mulumba et al ; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00040-4/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00040-4/fulltext)

Coming back on the **bilateral health agreements**, among others.

**“The most contentious elements of these Bilateral Global Health Agreements (BGHAs) lie within their data and specimen-sharing appendices.** These clauses mandate that African states transfer physical specimens and genetic sequence data of pathogens with epidemic potential to U.S.-approved laboratories within a mere 120 h of detection. Strikingly, while the funding cycles are strictly limited to five years, the pathogen-sharing commitments persist for 25 years. Furthermore, extraterritorial data access for U.S. agencies or private contractors remains in force for 10 years after termination, regardless of any changes in host-country governance. **By imposing a five-day turnaround, the AFGHS effectively grants a non-Party to the WHO Pandemic Agreement monopolistic, priority access to biological resources long before multilateral systems can even be activated. “**

**“This transactional turn should be scrutinised not merely as a diplomatic dispute, but as a serious concern under the International Human Rights Law. Extracting pathogens without ensuring equitable African access to the resulting medical countermeasures directly violates the right to**

enjoy the benefits of scientific progress established under Article 15 of the International Covenant on Economic, Social and Cultural Rights. It structurally limits African governments' ability to secure for their populations the benefits of scientific progress. **At the same time, the agreements reportedly incentivise the procurement of foreign products, systematically marginalising local regulatory efforts by the African Medicines Agency and weakening nascent continental manufacturing efforts, such as South Africa's Afrigen mRNA hub....”**

Mulumba et al conclude: « ... **Africa's response is not simply oppositional; it is increasingly institutional.** The Africa CDC has **operationalised the Africa's Health Security and Sovereignty agenda.** The **recent launch of the Africa Genome Archiving for Response and Insight (AGARI) platform** is especially important because it **anchors genomic data production, storage, security, and governance within the continent, transforming fragmented national silos into a more coherent sovereign regional resource....”** “« **The struggles unfolding across Kenya, Zimbabwe, Zambia, and the DRC are far more than disputes over funding allocations. They reflect a wider contest over who will govern the infrastructures, data, and scientific futures that increasingly shape African health systems, and whether Africa will remain a passive beneficiary or an equal co-architect.** In this context, sovereignty means retaining the power to refuse extractive arrangements in favour of continental frameworks that value African lives as much as African Pathogens. **To remain a shared endeavour, global health must abandon bilateral transactionalism and embrace a multilateralism rooted in human rights, reciprocity, and African health sovereignty.** »

### **Lancet Comment – Vaccine impact in Gavi-supported countries: balancing evidence with policy needs**

I Osei et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00935-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00935-9/abstract)

“... **As the incidence of previously debilitating vaccine-preventable childhood diseases diminishes due to vaccination efforts, the perceived importance of immunisation could become less evident to the public. Amid rising vaccine hesitancy and the spread of misinformation, it is increasingly important to continue demonstrating the tangible impact of vaccines globally...**”

Comment related to a new Lancet study: [Quantifying relative health impact across Gavi, the Vaccine Alliance's portfolio in 117 countries at the subregional level: a modelling study](#) (by K Gaythorpe et al)

“... In this context, **the modelling study by Katy Gaythorpe and colleagues from the Vaccine Impact Modelling Consortium (VIMC) in The Lancet, which assesses the health impact of various vaccines across 117 Gavi-supported countries, provides a timely and thorough quantification of how vaccines contribute to reductions in disease and mortality globally...**”

The Comment concludes: “...**With the shift in vaccine funding shortfalls and Gavi's new compact envelope financing model, which grounds funding in country-led priorities, future areas of work by VIMC could focus on providing evidence to support country-level decision making.**”

PS: Among the findings of the study: “...**Overall, we observed human papillomavirus (11·24 [95% uncertainty interval 10·88–11·64]) and measles (6·09 [4·90–7·07]) vaccines averting a higher number of deaths per 1000 vaccinations than others.** For other vaccines, the impact ratios varied across subregions and activity types. Due to parameter, structural, and stochastic uncertainty, the

ranges of these ratios often overlap.” And **interpretation: “Decisions around which vaccines to use are increasingly important in the context of Gavi's country vaccine budgets. Robust metrics that allow comparison between vaccines are thus essential to inform discussions. The vaccine impact ratios presented in this study can be used to complement other evidence to support effective planning and prioritisation in national immunisation programmes”**

## **TGH – Public Health as Diplomacy: China's Southeast Asia Strategy**

[Faye Ng Yu Ci](https://www.thinkglobalhealth.org/article/public-health-as-diplomacy-chinas-southeast-asia-strategy) and Yanzhong Huang ; <https://www.thinkglobalhealth.org/article/public-health-as-diplomacy-chinas-southeast-asia-strategy>

**“China's contributions to Southeast Asia grow more significant as the United States scales back its global health commitments.”**

## **BMJ (Analysis)- Global health security and pandemic preparedness: Europe's leadership challenge**

<https://www.bmj.com/content/393/bmj-2026-090050>

**“Óscar Fernández and Hylke Dijkstra argue that the EU's multilateral nature can be a strength as it seeks a greater leadership role in global health security and governance.”**

Another (and recommended) article in the **series ‘Geopolitics of global health’**.

Key messages: **“The US's effective withdrawal from multiple global health initiatives creates space for renewed leadership that resists the divisive pressures of an increasingly geopolitical world. In principle, the EU is uniquely suited to take a leadership role in global health security, given its financial and regulatory potential and history of multilateralism. The EU has struggled to demonstrate leadership, including during the WHO Pandemic Agreement negotiations, as it has prioritised a cohesive stance rather than flexibility and external engagement, particularly with countries in the global south. The pandemic agreement's potential as a multilateral milestone for global health security rests on leadership that promotes shared benefits and equitable partnerships, rather than a competitive mindset and the pursuit of narrow, self-serving agendas.”**

## **BMJ – Why Europe and UK must step up to challenge of global health**

M McKee & M Khan; <https://www.bmj.com/content/393/bmj.s830>

**“If Europe retreats others will set priorities that may not support equity, multilateralism, or public health.”**

**“... The World Health Assembly (WHA) in May 2026, therefore, arrives at an unusually consequential moment. Decisions taken in Geneva this year will shape surveillance systems, access to countermeasures, and the capacity of future emergency responses on which clinicians depend. Core annexes of the pandemic agreement—a rare international health treaty, negotiated since the end of covid-19—remained unresolved in the run up to the WHA; trust between countries in the global north and global south is fragile; and WHO continues to face sustained political pressure and tightening financial constraints. Although attention may focus on a single treaty, the**

implications are far wider. **This WHA will test whether multilateral health governance can still function amid geopolitical rivalry, fiscal retrenchment, and declining solidarity....”**

**“... The choices made at this WHA will shape global health security for a long time. Whether global health governance recovers or continues to fragment may depend on whether Europe and the UK realise that it is in their own interests to drive genuine benefit sharing and equity.”**

## **Lancet GH (Comment) - Elimination in the age of retrenchment: what hepatitis reveals about the future of global health**

Noah M Trudeau et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00104-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00104-X/fulltext)

**« Over the past decade, stand-alone disease programmes have been replaced by integrated delivery models aligned with primary health-care reform. The push for triple elimination of HIV, hepatitis B virus (HBV), and syphilis emerged as a compromise designed to preserve gains from past investments while limiting the long-term costs of sustaining them. Viral hepatitis programmes were encouraged to supplement existing HIV platforms, leveraging procurement systems and clinical infrastructure. That design is now fractured. ...”**

**« ... In parallel, the shift in HIV management towards long-acting prevention and treatment regimens is likely to reduce the global procurement of oral tenofovir, a drug widely used for HBV suppression. Falling demand risks shrinking production volumes, weakening market incentives, and raising prices as economies of scale erode. HBV programmes could therefore face supply instability, reduced commercial attention, and the widening of affordability gaps. Viral hepatitis exposes the paradox of global health financing: remarkable biomedical potential coexisting with chronic political neglect. Approaches for effective antiviral suppression exist, and elimination targets are described under the Sustainable Development Goals (SDGs). However, hepatitis was consolidated with HIV when convenient and neglected when costly....”**

**« ... The challenge, therefore, is not to withdraw but redesign. Triple elimination should shift from short-term maintenance towards time-bound support that builds robust health systems, strengthens regional cooperation, and increases meaningful participation from patients and communities. If hepatitis continues to orbit as a fiscal satellite of HIV, it will recede alongside HIV. However, if the current moment catapults elimination into political accountability, hepatitis could become emblematic of a post-aid paradigm grounded in self-determined stewardship. »**

## **America First Global Health strategy & bilateral health agreements**

**Devex - US launches partnership for American-developed mosquito repellent**

<https://www.devex.com/news/us-launches-partnership-for-american-developed-mosquito-repellent-112488>

“SC Johnson has produced a spatial repellent to prevent malaria. It partnered with the Trump administration and the Global Fund to procure and distribute the product in 10 countries, aiming to reach 60 million people over three years.”

“Wisconsin-based company SC Johnson, the [U.S. State Department](#), and the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) inked a new partnership to expand access to a spatial repellent to prevent malaria. **This alliance falls in line with the ethos of the Trump administration’s [America First](#) Global Health Strategy, which is working to promote American-developed products abroad.**”

“... the agreement is to procure and distribute the product in 10 of the highest burden malaria countries, aiming to reach 60 million people with 30 million units of the product over three years. While they don’t have specifics on the countries yet, **the partnership will initially focus on sub-Saharan Africa, while also working to expand access in southeast Asia**, according to the company.”

“**And the product will be produced on the African continent.** SC Johnson launched **two manufacturing lines last year at a plant in Nairobi** with the capacity to produce up to 20 million units of the spatial repellent each year....”

### Devex with the latest on the Kenya deal

[https://www.devex.com/news/devex-checkup-a-who-process-in-question-112474?utm\\_term=Autofeed&utm\\_medium=Social&utm\\_source=Bluesky#Echobox=1778771885](https://www.devex.com/news/devex-checkup-a-who-process-in-question-112474?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky#Echobox=1778771885)

“Kenya’s Court of Appeal issued an [interim order](#) on Tuesday, allowing the government to **temporarily proceed with the implementation phase** of its **\$2.5 billion bilateral health framework agreement with the U.S. government, pending a full hearing.** The court did not provide further details on its decision, but said it will give a detailed ruling in October....”

### Science Insider – Trump administration cuts CDC’s key role in global program to stop HIV

<https://www.science.org/content/article/trump-administration-cuts-cdc-s-key-role-global-program-stop-hiv>

“State Department would send PEPFAR money directly to countries, which could then pay fees to health agency for help.”

“The Trump administration has struck what some see as the final blow to the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), which over 23 years has saved the lives of an estimated 26 million people in poor countries living with HIV. **The Department of State says that as of 30 September, support for PEPFAR by the Centers for Disease Control and Prevention (CDC) will end in most countries.** .... **... guidance issued on 5 May by the State Department, which oversees PEPFAR and disburses its funding, reconfigures CDC’s role so it’s largely each country’s decision whether to outsource work to the agency.** “If this moves forward, PEPFAR is gone,” says Emily Bass, a public health specialist who first made the guidance public on her [Substack](#) ...”

## Emily Bass - America First Global Health Strategy Documents Pertaining to Plans for "State" Capture of Global Health

[Emily Bass](#);

“In this short sweet post, sharing all of the documents currently available from the Bureau of Global Health Security and Diplomacy related to implementation of the America First Global Health Strategy.” “ Each of these documents reinforces the extent to which the AFGHS roll out undermines American health security, moves away from evidence, undermines anyone’s ability to assess the impact of investments, and puts the Department of State in charge of the global CDC presence in many countries....”

## E Bass – New GHSC-PSM Closeout Timeline Sets FY2026 End for Most Countries

[Emily Bass](#);

“No new funds for failsafes or everything else.”

(12 May) “The State Department Bureau of Global Health Security and Diplomacy is moving forward with plans to close out the massive contract known as Global Health Supply Chain - Procurement and Supply Chain Management contract by the end of US government fiscal year 2026. In a draft close out timeline dated May 5 2026, two-thirds of countries (24/37) will end technical activities on September 30 2026, the close of FY2026. Haiti’s technical activities are scheduled to end on January 31 2027; Democratic Republic of the Congo, Mozambique and Nigeria close on March 31, 2027....”

## Trump 2.0

### CNN - The Trump administration is trying to divert \$2 billion in global health funding to pay for USAID shutdown

<https://edition.cnn.com/2026/05/07/world/trump-administration-usaid-global-health-funding-intl>

In case you missed this (from last week). “The Trump administration plans to redirect \$2 billion in funding intended for global health programs to cover the cost of closing the US Agency for International Development (USAID), according to a copy of the notification obtained by CNN. The funds would be pulled from money that Congress appropriated for health programs tackling malaria, tuberculosis, maternal and child health, nutrition, global health security, HIV/AIDS and more, two federal health policy experts told CNN. Roughly \$1.2 billion originally intended for foreign development assistance would also be redirected.” Instead, the administration aims to use those billions to pay for things like legal costs, pending invoices and asset sales in the wake of its abrupt dismantling of USAID....”

### NYT - Kennedy Is Driving a Vast Inquiry Into Vaccines, Despite His Public Silence

<https://www.nytimes.com/2026/05/11/health/kennedy-vaccine-safety.html>

“Health Secretary Robert F. Kennedy Jr. has toned down his public criticism of vaccines, under orders from the White House. But **inside his department, a sprawling research effort is a top priority.**”

“**Working behind the scenes, Mr. Kennedy is spearheading an intense push, across health agencies under his purview, for government scientists and federal data contractors to examine his long-held theory that vaccines are helping to fuel an epidemic of chronic disease,** according to multiple people familiar with the effort. They said **the wide-ranging inquiry is a top priority for Mr. Kennedy, who sees vaccines as a “potential culprit” in various neurological and autoimmune disorders, including asthma and allergies.** It resurrects research into a number of ideas Mr. Kennedy has espoused, including whether vaccines are linked to autism and whether thimerosal, a preservative that has largely been removed from vaccines in the United States but remains in some flu shots, is dangerous.... .... **The effort is being led by Martin Kulldorff, a biostatistician and vaccine safety expert who rose in prominence during the pandemic as a critic of Covid restrictions and vaccine mandates, and is now the health department’s chief science and data officer.** Career scientists at the Food and Drug Administration and the Centers for Disease Control and Prevention are conducting the research alongside contractors who provide statistical expertise and access to millions of patient medical records....”

## **KFF Health Tracking Poll: Public Views on Foreign Aid and Global Health Spending**

<https://www.kff.org/public-opinion/kff-health-tracking-poll-public-views-on-foreign-aid-and-global-health-spending/>

(11 May) Including: “.... **When it comes to assessing the impact of the changes the Trump administration has made to foreign aid and global health, majorities of the public say these changes have had a negative impact on “how people around the world view the U.S.” (64%) and on “the health of people in developing countries” (59%).** Additionally, nearly half (46%) say “**the ability to keep infectious disease from spreading to the U.S.” has been negatively impacted by the changes made by the Trump administration.** The public is more divided about the impact the Trump administration’s changes to foreign aid and global health have had on the U.S. budget deficit. ...”

## **Science - Aiding peace or conflict? The impact of USAID cuts on violence**

D Rohner et al; <https://www.science.org/doi/10.1126/science.aed6802>

“...**The early, large-scale evidence found that abruptly ending aid triggered higher spikes of violence (armed battles, riots, and protests) in the same areas that previously received higher aid per capita.** This suggests that **sudden (rather than gradual) USAID cuts** undermined democratic governance and precipitated civil unrest.”

“**The abrupt withdrawal of USAID led to a significant and sustained increase in conflict across Africa’s most USAID-dependent regions.** The findings demonstrate that large-scale, sudden aid cuts can destabilize fragile settings. **A core mechanism that can explain this result** is that the economic opportunity costs of violence drop faster than the rents over which groups compete....”

## HIV

### UN News – HIV prevention and treatment services faltering, warns UNAIDS

<https://news.un.org/en/story/2026/05/1167515>

**“Decades of gains in the fight against AIDS are under growing threat as donor funding declines and community-based health services collapse in some of the world’s most vulnerable countries, the head of the joint UN programme on HIV/AIDS warned on Thursday.”**

**“The sudden funding decline is hitting the HIV response “like a shock wave,”** said Winnie Byanyima, Executive Director of UNAIDS, adding that **“the world is pulling back just when we need to push forward.”** **Many countries are unprepared to sustain programmes previously supported by international funding,** Ms. Byanyima told reporters at UN Headquarters in New York, noting that **prevention and support services are already collapsing in several countries.** Today, 9.3 million people living with HIV are still waiting to begin treatment, while there were 1.3 million new infections worldwide in 2024....”

## UHC & PHC

### WHO – Measurement of self-reported forgone health care and its reasons: towards tackling unmet health care need

<https://iris.who.int/items/3fdb4e08-33a0-4d51-bd8b-3909a90982d1>

**“Access to needed health services remains a central challenge for achieving universal health coverage, with unmet health care need reflecting gaps in service delivery, equity and health system performance. This working paper examines the measurement of self-reported forgone health care and its underlying reasons, contributing to WHO’s efforts to standardize approaches to measuring unmet health care need,** in response to World Health Assembly resolution WHA76.4 and within the framework of the Fourteenth General Programme of Work (2025–2028)....”

### Montreux Collaborative Blog - It’s 2026 - why can’t we accurately track health resources?

Tyler Smith, Cooper/Smith ; <https://www.pfm4health.net/blog/its-2026-why-cant-we-accurately-track-health-resources->

**“Country governments have had limited visibility into health resource flows for too long. These data are needed now more than ever, and technology can help. In this blog I review the evolving context and suggest some practical ways forward....”**

**“The blind spot: accurate and timely financial data** Most countries cannot say with precision how much money is available for health in a given year, what was actually spent, or what services that money purchased....”

**“Gaps in tracking is also concerning because so many financing models rely on the opposite assumption....”**

**“Shifting investments to enable next-generation resource tracking platforms If the Lusaka Agenda and Accra RESET are to be more than aspirational, Health Resource Tracking (HRT) needs to evolve from an episodic, donor-driven exercise into a systematic component of national planning and budgeting.** Recognizing this need, in May 2025 the World Health Assembly adopted Resolution WHA78.12 on strengthening health financing globally, urging Member States to build "institutional capacities, as well as national data collection and reporting systems, for routine monitoring and reporting of domestic and external health resource tracking" — integrated with national PFM systems and leveraging digital technologies.”

**“Achieving this vision requires a new lens on HRT that synthesizes best practices from PFM, economic evaluation, software engineering, and digital transformation. At minimum, a next-generation HRT system should focus on 6 imperatives...”**

## **Hantavirus outbreak**

With some updates, more or less chronologically.

### **Statement from the International Hantavirus Society and members of the international hantavirus research and clinical community regarding Andes virus transmission and the current outbreak investigation**

P Maes et al; <https://zenodo.org/records/20075274>

**“This statement summarizes current scientific evidence regarding Andes virus (ANDV) transmission dynamics, including documented person-to-person transmission, outbreak epidemiology, infection control considerations and implications for public health management during the ongoing cruise ship outbreak investigation in the South Atlantic. The document was prepared by members of the International Society for Hantaviruses (ISH) and the international hantavirus scientific and medical community.”**

### **HPW - Hantavirus: Experts Question Claim that Only ‘Symptomatic’ People are Infectious**

<https://healthpolicy-watch.news/hantavirus-experts-question-claims-that-only-symptomatic-people-are-infectious/>

Update as of **Monday**.

**“The International Hantavirus Society and members of the international hantavirus research and clinical community have also warned against various “simplified conclusions”, including that the Andes virus (ANDV) has “minimal or negligible human-to-human transmission potential” and that only symptomatic patients are infectious....”**

“Are asymptomatic people infectious? The experts [warned in a statement](#) last week that “the precise timing of infectiousness remains incompletely defined”. “While symptomatic patients are likely to represent the highest-risk group, available outbreak reconstructions do not support overly categorical statements that transmission can occur only after clear symptom onset,” they said. “Transmission potential during prodromal, early symptomatic or minimally symptomatic phases, should be considered when designing contact tracing, testing and quarantine strategies.” They stated that this is “particularly relevant in closed settings such as a cruise vessel where ANDV-exposed individuals may still be within the incubation period”.

## Geneva Health Files - The Hantavirus Briefing

<https://newsletter.genevahealthfiles.com/the-hantavirus-briefing/?ref=geneva-health-files-newsletter>

Briefing from last weekend. “In today's edition, we bring you communications from top officials at the World Health Organization as they discuss the evolving developments from the outbreak of Hantavirus aboard a ship. At a press briefing earlier this week, officials responded to a range of questions from transmission, diagnostics, to treatment. The outbreak also brings into focus how countries currently share pathogen information. And most of all, the outbreak is a live illustration on the impact on global health security, also in light of withdrawal of the U.S. and Argentina from the WHO.

“Why is this important: Growing public concern about the Hantavirus outbreak; Stress-tests existing prevention, preparedness and response architecture for health emergencies; The current outbreak illustrates the strength of the amended International Health Regulations (2005); Draws focus on the feasibility of developing counter-measures for new outbreak from an already known pathogen; Shows the importance of solidarity of institutions across affected countries; Public memory brings inevitable comparisons to COVID-19; Underscores the importance of a global entity like the WHO to coordinate both the political and the logistical response to the outbreak; Raises questions on the politics of the withdrawal from the WHO by some member states; Outbreak comes two weeks ahead of the World Health Assembly putting "global health security" front and center. Revitalises the importance of, and urgency for, a new Pathogen Access Benefit Sharing system currently under negotiation...”

## Guardian - ‘Empty and vapid’ CDC finally responds to hantavirus outbreak. But experts say it’s too little, too late

<https://www.theguardian.com/world/2026/may/09/cdc-hantavirus-who-cruise-ship-outbreak-response>

“World Health Organization – which the US left under Trump – has been leading the response to the cruise ship outbreak.”

- See also [Devex Check-up: The hantavirus cruise ship outbreak reveals a US CDC adrift](#)

“There is a sense among some experts that the CDC has been missing in action. Where the agency would normally be at the forefront of investigating and responding to this kind of outbreak, it took the CDC weeks after the first patient died to send a response team. “This is not the CDC I knew or

the CDC we need right now,” **Dr. Jeanne Marrazzo, the head of the [Infectious Diseases Society of America](#)**, tells Devex. Among her concerns is how CDC officials are monitoring U.S. citizens returning to the United States after potentially being exposed to the virus aboard the cruise ship. ... .. Acting CDC Director **Jay Bhattacharya** has defended the agency’s response, [telling CNN](#) that the public “didn’t see what the CDC has been doing. ... **We don’t want to cause a public panic over this.**”

“And **WHO Director of Health Emergencies, Alert and Response Abdi Mahmoud** told a news conference last week that **the agency has collaborated with the CDC** in its efforts to assess the outbreak and help countries repatriate their passengers. ... .. **But Marrazzo says it is WHO that has been leading “a very robust response.** And not just WHO, but other health ministries and health agencies.” **At the same time, “the WHO is not built to do research,” she says. But the CDC is.** And it is missing an opportunity “to be at the forefront of the emerging science and learning so much about the virus,” or to help coordinate high-level scientific collaboration investigating potential medical countermeasures, including vaccines and antivirals. **That work, too, is going on without CDC leadership. There are no approved vaccines for Andes, the type of hantavirus circulating on the cruise ship. But the [Coalition for Epidemic Preparedness Innovations](#) is trying to fill that gap.** CEPI officials told my colleague Jenny Lei Ravelo **they have created antigen designs for Andes and other types of hantaviruses, which are key building blocks in early vaccine development.** Those antigen designs have already shown the capacity to trigger an immune response to the Andes virus in very early tests....”

## Reuters - Experts race to write guidance to contain first ship-borne hantavirus outbreak

[Reuters](#):

(from last weekend) **“WHO drafting protocols for nearly 150 passengers due to disembark in Tenerife. Monitoring and contact tracing prioritised,** with guidance from Argentina's 2018-19 Andes virus outbreak. ... UK to repatriate citizens under strict controls, 45-day isolation required.”

## HPW – Experts Call for Review of Global Outbreak Response as All Passengers Leave Hantavirus-hit Ship

<https://healthpolicy-watch.news/review-of-global-outbreak-response-as-all-passengers-leave-hantavirus-hit-ship/>

Update as of **Wednesday morning.**

**“All passengers were evacuated from the cruise ship, Hondius, by Monday night – and a Spaniard taken to a military hospital in Madrid to quarantine has become the 11th person from the ship to test positive for hantavirus. The evacuation was completed 10 days after the World Health Organization (WHO) was notified about the outbreak – and experts have called for a review of the global response to identify and fix “gaps and vulnerabilities in the system”....”**

Re the latter: “...Ellen Johnson Sirleaf and Helen Clark, co-chairs of **The Independent Panel for Pandemic Preparedness and Response**, which evaluated the global response to COVID-19, said that the **hantavirus outbreak has “tested the international system”, “ demonstrating its strengths and gaps.** The pair, who previously described the WHO response to COVID-19 as “analogue” in a digital age, **commended the international response to the hantavirus outbreak from 2 May.** “The

identification and communication of the hantavirus results from South Africa to the United Kingdom, its subsequent reporting to the WHO [on 2 May], and from WHO to countries worldwide **demonstrated the importance of rapid application of the International Health Regulations,**” they said.” “**However, between the first death on board on 11 April and 2 May, “a series of events resulted in the growth of the hantavirus outbreak”**, they noted. “There were risks to passengers onboard, to people interacting with them on remote islands, and following the 24 April disembarkation in St Helena, to those who contacted them on land, in the air, and in their next destinations,” said Sirleaf and Clark.” “**A review should determine whether a more precautionary approach could have been applied pursuant to the guidelines in the WHO Handbook for Managing Public Health Events on Board Ships.** ...

““While sadly deaths on ships do occur, as more people embark on adventure travel to remote locations, the need to protect travellers and those in contact with them from potential exposure to pathogens will increase,” they said.... ... **The co-chairs appealed to governments to “review outbreak and pandemic planning to address vulnerabilities in the system, including in shipping, marine health and death-related protocols, port management, and protection of populations in remote locations”**. They also appealed to leaders to follow “all relevant protocols for contact tracing, infection control, reporting, isolation and supportive care” to break the chain of hantavirus transmission....”

PS: In September, the United Nations will convene a High-Level Meeting (HLM) on Pandemic Prevention, Preparedness and Response (PPPR).

## TGH – Hantavirus Outbreak Tests Global Health Law Amid WHO Crisis

A Phelan; <https://www.thinkglobalhealth.org/article/hantavirus-outbreak-tests-global-health-law-amid-who-crisis>

“As international negotiations stall around pathogen access and benefit sharing, the Andes virus outbreak exemplifies why the system is needed.” A few excerpts:

“Cape Verde's refusal to receive MV Hondius and the president of the Canary Island's opposition to Spain's agreement to permit the ship's arrival have tested the international legal framework designed for precisely this scenario. In doing so, **this incident has underscored the importance of international rules around public health emergencies**—especially timely with international negotiations stalling around pathogen access and benefit sharing (PABS), the topic of an annex critical to the WHO Pandemic Agreement. **Without the PABS annex, the Pandemic Agreement, adopted last year, cannot be opened for signature by WHO member states...** the necessary first step before they become parties and it can enter into force....”

“... The MV Hondius incident **demonstrates the need for a multilateral system that defines the obligations and terms for sharing samples, sequences, and benefits...**”

But do continue the (very rich) read on IHR, travel restrictions and much more.

## Telegraph - Blindsided: Why there are no vaccines or treatments for hantavirus

<https://www.telegraph.co.uk/global-health/science-and-disease/why-there-are-no-vaccines-or-treatments-for-hantavirus/>

“Unlike Covid 19, **hantavirus is no mystery Disease X**. So how is it that the world has seemingly been caught off-guard by the latest outbreak?”

- But see also NYT - [Hantavirus Vaccines and Treatments Are in the Pipeline](#)

“**But it has been hard to attract interest in medical interventions for viruses that have not been considered a top public health priority, scientists say.**”

“**A handful of scientific teams around the world have been working — for decades, in some cases — to develop hantavirus treatments and vaccines. But it has not been easy to find funding or nurture commercial interest** in medical interventions for a type of pathogen that does not infect humans often and does not spread easily between people. “It’s not an airborne, highly contagious viral threat, so it hasn’t been as high a priority for groups trying to prevent pandemics,” said Jay Hooper, a virologist at the United States Army Medical Research Institute of Infectious Diseases. **But there are promising vaccines and treatments in development. And some of them, experts said, could be moved through the pipeline rapidly if hantavirus interventions became a priority...**”

PS: “... Experts said that they hoped the current outbreak might help bring attention to a family of often-overlooked viruses....”

- And a link: [BMJ – Hantavirus outbreak should reset WHO’s default approach to airborne risk](#) (by D K Milton, T Greenhalgh et al)

“**The multinational outbreak of Andes hantavirus (ANDV) linked to cruise ship travel should prompt the World Health Organization (WHO) to change its default response to the risk of airborne transmission of the virus.** Hantavirus is a pathogen with documented person-to-person transmission and high case fatality. Therefore, the **starting point** should not be to downplay the risk of airborne transmission until it is definitively proven. **The starting point should be the immediate adoption of precautionary measures to reduce airborne transmission, such as respirator use by healthcare workers, cases, and close contacts; ventilation optimisation; avoidance of unfiltered air recirculation; and portable HEPA (high efficiency particulate air) filtration in all enclosed quarantine and transport settings....**”

## More on PPPR & GHS

Guardian Editorial - The Guardian view on the WHO pandemic treaty: the west’s fantasy negotiations have put the world at risk

<https://www.theguardian.com/commentisfree/2026/may/10/the-guardian-view-on-the-who-pandemic-treaty-the-wests-fantasy-negotiations-have-put-the-world-at-risk>

**Nailing it.** “After five years of deliberation the global south has forced the question that defined the Covid crisis: who will get the vaccines?”

This hard-hitting editorial concludes: “... **Covid-19 prefigured and contributed to our current crises: “might makes right” and narrow national interest crowded out international cooperation. Avoiding a reckoning with that history suggests that the global north learned little from the Covid years, and has no serious plan for the future.**”

### **Lancet Offline – Hantavirus—surprise, complacency, and peril**

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00963-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00963-3/fulltext)

Horton on the hantavirus, PABS negotiations in Geneva (& WHA79), and the threat of Nipah and the threat of viral spillover events.

### **Yale Journal of International Affairs - How the WHO Can Improve Its 2025 Amendment: The Global Pandemic Patent Fund**

Y Kim & J Shim; <https://www.yalejournal.org/publications/global-pandemic-patent-fund>

“... These (**IHR**) **amendments** demonstrate good intentions but remain limited by their reliance on voluntary mechanisms, failing to provide the economic incentives necessary to overcome the intellectual property barriers that fuel vaccine nationalism. To bridge this gap, **this paper proposes the Global Pandemic Patent Fund (GPPF), a new structure that would rectify these market failures.** Following an analysis of the amendments' limitations, **the paper details the GPPF framework using Gavi and the Medicines Patent Pool (MPP) as precedents, and proposes a "hub-and-spoke" model to ensure equitable global vaccine production....”**

### **Lancet GH (Health Policy) – Rwanda’s lessons for strengthening Africa’s response to current Marburg virus disease outbreaks**

C M Muvunyi et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00112-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00112-9/fulltext)

“... Using a narrative synthesis of published literature, reports, and field investigations, **we identified crucial pillars underpinning Rwanda’s performance: a preventive One Health system that traced the outbreak to a single zoonotic spillover; innovative infection prevention and control measures; rapid nationwide expansion of molecular testing; early triage, active case finding, comprehensive supportive care, and access to investigational therapeutics; biomarkers for patient monitoring; and rapid workforce mobilisation and community engagement.** Rwanda’s experience shows that high survival rates are achievable in low-resource settings, when early detection, laboratory systems, and integrated clinical and infection prevention and control strategies operate within coordinated multisectoral structures. **Other countries facing Marburg virus disease outbreaks can adapt Rwanda’s model by institutionalising One Health surveillance, strengthening laboratory and biosafety systems, scaling emergency care readiness, integrating biomarker-guided protocols, and establishing pretrained rapid-deployment workforces.”**

## NCDs & Commercial determinants of health

### UN News – When the UN Partners With the Harm It Is Meant to Prevent

Unni Karunakara <https://healthpolicy-watch.news/when-the-un-partners-with-the-harm-it-is-meant-to-prevent/>

Focusing on two recent cases.

**“The United Nations University Institute for Water, Environment and Health (UNU-INWEH) announced a [“strategic partnership”](#) with Nestlé to establish the *World Food Academy 4 Sustainable Food Systems* on 26 March.** The arrangement incorporates Nestlé’s science and technology seminars, which reached around 7,000 students across over 300 academic institutions in more than 90 countries last year, and will be extended through a joint symposium later in 2026. The World Food Academy targets students, early-career researchers, and young professionals “particularly from priority regions in the Global South.””

**“Within days, an open letter coordinated by the International Baby Food Action Network (IBFAN) and authored by Phillip Baker of the University of Sydney began circulating.** It carries nearly 500 signatures from public health researchers, nutritionists, lawyers, and civil society organisations around the world. **It calls on UNU-INWEH to terminate the partnership immediately. Its reasoning is grounded in the UN’s own published standards for engagement with the private sector.”**

**“... The case is not isolated. In late 2025, the Pan American Health Organization (PAHO), the WHO Regional Office for the Americas, signed a three-year Framework Agreement with Ferrero International to support initiatives for “children, adolescents, and families in vulnerable conditions.”** Researchers, civil society, and the *BMJ* raised the same concerns that the IBFAN letter raises now: **a UN agency lending its name to a major ultra-processed food manufacturer in the very policy domain where the company’s interests run against the public health evidence.** On 15 April 2026, PAHO terminated the agreement...”

**“... two cases, two UN agencies. The pattern is not accidental. The UN’s financial architecture – assessed contributions are now a small proportion of operating budgets, with voluntary earmarked private funding filling the gap – rewards arrangements with well-resourced private partners and penalises institutes that decline them.** Reinforcing this is **the multi-stakeholder model that the World Economic Forum and the World Health Summit have promoted for two decades as the standard architecture of global governance** – framing corporations, philanthropies, and states as equivalent partners, weakening public responsibility and intergovernmental accountability. Without active central enforcement of the UN’s own frameworks, the pressure runs one way...”

### Nature - Obesity rise plateaus in developed nations and accelerates in developing nations

<https://www.nature.com/articles/s41586-026-10383-0>

Check out the (worrying) findings.

- Coverage via **the Guardian** - [Obesity rates in some countries levelling off or potentially falling, study finds](#)

“Researchers say **rise not inevitable** and it is important to unpick what is behind differences in obesity trends.”

“They found that the prevalence of obesity increased in almost all countries over the 45-year period. However, in most high-income countries, a rapid rise in the prevalence of obesity has been replaced by a slower increase, a plateau, or a potential decline....”

“**Meanwhile, obesity among young people and adults in many low-income and middle-income countries continues to rise and in some cases this is accelerating.** The team say it is important now to unpick what is behind the trends in different countries....”

### Lancet GH (Viewpoint) - Time to confront the global health crisis hidden in plain sight: why traumatic brain injury belongs on the global health agenda

Global Coalition for TBI as a Notifiable Chronic Condition;

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00063-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00063-X/fulltext)

“**Traumatic brain injury (TBI) is a growing global public health crisis** that affects people in all regions of the world and across all age groups, with varied aetiology. Importantly, **most of the TBI global disease burden affects those located in low-income and middle-income countries, where access to timely, safe, and quality care is more challenging.** Improving care for TBI requires the synergistic efforts of multiple professional groups by coordinating prevention strategies, pre-hospital systems, emergency and acute care treatment, and support for chronic disease consequences. In **2022, WHO's Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders** focused new attention on neurological conditions, offering an opportunity for TBI advocates to use this framework to improve the care of TBI for all. **In this Viewpoint, we highlight how strengthening TBI care requires addressing all phases of the care continuum, from coordinating surveillance efforts to develop targeted prevention strategies, to upscaling pre-hospital referral pathways and acute care infrastructure. Furthermore, the large chronic burden of TBI needs to be recognised globally, where rehabilitation and long-term support need to be expanded and adequately resourced.**”

### Release of the WHO global report on nicotine pouches

<https://iris.who.int/items/9f5c2cb1-6c7c-46f9-afad-1b64f4bcd95b>

The **first WHO global report on nicotine pouches, *Exposing marketing tactics and strategies driving the growth of nicotine pouches*** was launched on Thursday, 14 May.

“It warns that these **rapidly expanding products are being aggressively marketed to adolescents and young people while regulation in many countries remains limited or absent.** The report was released in the lead-up to [World No Tobacco Day \(31 May\)](#), which this year will focus on tobacco and nicotine addiction and the tactics used by industry to hook a new generation of users.”

## Plos Med (Perspective) – Climate change and non-communicable diseases: An invisible syndemic

Gokul Parameswaran et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005082>

“Climate change accelerates non-communicable diseases (NCDs) through cascading environmental disruptions and is attributed to driving increased NCD-related mortality. **Yet this syndemic remains invisible and underfunded.** We detail why **addressing the climate-NCD intersection is critical** for improving health.”

## Guardian – ‘The mouth is a gateway into your body’: the fascinating, frightening links between our gums and our health

<https://www.theguardian.com/society/2026/may/11/mouth-gateway-body-fascinating-frightening-links-between-gums-health>

Horror story of the week.

“**Scientists are discovering more and more associations between poor oral health and everything from heart disease to dementia.** But can flossing and brushing properly guarantee a longer life?”

## Wellcome Open Research - Bridging Aspirations and Reality: Challenges in Oral Health Policy Implementation in Karnataka, India

B R Rajeev et al ; <https://wellcomeopenresearch.org/articles/11-241/v1>

“Equitable access to and service provision for oral health in Karnataka, India, remains challenging despite several policy and program initiatives. It was unclear whether the formulation and implementation of the oral health policy were coordinated and involved all stakeholders and institutions. Therefore, **this study aimed to explore the gaps and barriers in oral health policy formulation and implementation in Karnataka....**”

## SRHR

### Guardian – ‘Unprecedented’ global effort gives new name to polycystic ovary syndrome – and new hope to millions of women

<https://www.theguardian.com/society/ng-interactive/2026/may/12/polycystic-ovary-syndrome-pcos-new-name-polyendocrine-metabolic-ovarian-syndrome-pmos>

“**Decades-long campaign powered by patient perspectives results in switch from PCOS – a name that caused confusion and undue suffering – to PMOS.**”

“After more than a decade of global consultation, **polycystic ovary syndrome (PCOS) – a condition that affects one in eight women – has been renamed.** The hormonal disorder, estimated to impact

170 million women worldwide, will now be known as **polyendocrine metabolic ovarian syndrome (PMOS).**”

“The name change was **published in the Lancet** and announced at the **European Congress of Endocrinology in Prague on Tuesday**, after 14 years of collaboration between international societies and patient groups across six continents.”

“The renaming was spearheaded by the endocrinologist Prof Helena Teede, the director of Melbourne’s Monash Centre for **Health** Research & Implementation. **For too long, experts including Teede say, the misleading nature of the term “polycystic” in PCOS contributed to delayed diagnosis and inadequate medical care. PMOS is hoped to better reflect the condition’s complex nature – which affects not only the reproductive system in people assigned female at birth but also the metabolism and the risk of diabetes and cardiovascular disease...**”

- See the **Lancet Health Policy** article – [Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process](#) (by H J Teede et al)

“**Polyendocrine metabolic ovarian syndrome (PMOS), previously named polycystic ovary syndrome (PCOS), affects one in eight women.** However, the term **PCOS** is inaccurate, implying pathological ovarian cysts, obscuring diverse endocrine and metabolic features, and contributing to delayed diagnosis, fragmented care, and stigma, while curtailing research and policy framing. Building on an international mandate for change, we outline an unprecedented, rigorous, multistep global consensus process for the name change....”

## International Nurses Day (& more on HRH)

**HPW - Nurses Are Not a Cost to Health Systems. They Are the Power Holding Them Together.**

Howard Catton; <https://healthpolicy-watch.news/nurses-are-not-a-cost-to-health-systems-they-are-the-power-holding-them-together/>

“... ahead of this month’s **World Health Assembly (WHA)**, the **International Council of Nurses (ICN)** has written to **WHO Member States** recommending **concrete actions to address the escalating international recruitment that is deepening workforce shortages in lower-income countries and threatening global health system sustainability.** We are calling for coordinated co-investment by recruiting countries into nurse education, retention, and workforce and leadership development....”

“... .... In our letter, we call for **practical and collective action to strengthen the WHO Global Code of Practice on the International Recruitment of Health Personnel.** ... That includes coordinated co-investment by major recruiting countries into nurse education, employment, retention, leadership development, and workforce planning in source countries....”

“**We are proposing practical mechanisms:** proportionate reinvestment linked to recruitment, directing a share of education savings and tax revenues into source-country health systems, debt

relief linked to workforce investment, and even a global fund to strengthen fragile health workforces....”

And this is why “... **this year’s International Nurses Day report from ICN, [Our Nurses. Our Future. Empowered Nurses Save Lives](#) is so important.** The report moves beyond outdated, one-dimensional images of nursing to **show how nurses both save and improve lives at scale.** For too long, nursing has too often been portrayed only through the language of compassion and sacrifice. Compassion matters enormously. But **nursing is also power: economic power, clinical power, leadership power, workforce power, and social power.**”

“**Our report sets out seven key nursing powers** that are transforming health systems around the world....”

## Planetary Health

Arthur Wyns

(Via LinkedIn)

“**Health will be a priority theme at COP31. The Turkish COP31 website was just updated - from 9 to 10 priorities - to now include health.** People’s health and wellbeing is increasingly threatened by climate impacts, while the health systems that are meant to protect us are being overwhelmed and undercut. **Some of the COP31 health priorities outlined by Turkiye include:** - Climate-resilient, low-carbon health systems - Climate & health risk assessments and early warning - AI and digital health solutions - Preparing the health workforce to respond to climate impacts - Finance and international cooperation to build more climate-resilient and equitable health systems .”

### Climate Change News - Scientists warn El Niño could intensify climate extremes in 2026

<https://www.climatechangenews.com/2026/05/12/scientists-warn-el-nino-could-intensify-climate-extremes-in-2026/>

“**Climatologists say a particularly powerful weather pattern could amplify wildfire risk, heatwaves and flooding worldwide as global temperatures continue to rise.**”

“**El Niño meets global warming:** Friederike Otto, professor in climate science at Imperial College London, said El Niño itself is “not the reason to freak out” but rather the fact that **it is now happening on an increasingly warmer baseline.** “El Niño is a natural phenomenon that comes and goes,” she told journalists this week. “What makes it so dramatic is not the event itself and whether it’s a ‘Super El Niño’ or not, but that it is happening in a dramatically changing climate.”

### Devex -Developing country blocs push World Bank to extend climate plan

<https://www.devex.com/news/scoop-developing-country-blocs-push-world-bank-to-extend-climate-plan-112486>

**“A bloc representing nearly 100 countries calls on the World Bank to extend its Climate Change Action Plan by one year amid U.S. pressure to scale it back or scrap it.”**

“A bloc of developing-country shareholders at the [World Bank](#) has circulated a letter calling for the bank’s flagship climate plan to be extended for another year — **a sign of mounting resistance to U.S. efforts to weaken the bank’s climate commitments**, according to a document seen by Devex.... ... The letter was signed by **12 group heads representing almost 100 countries and was reportedly organized by Brazil and China**. Its backers include Saudi Arabia, China, and Russia, which could suggest that the U.S. is becoming increasingly isolated in opposing an extension of the climate plan, advocates say....”

## **Lancet GH - The hidden dimension of tuberculosis: non-human primate reservoirs and One Health strategies**

Y Shah et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00103-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00103-8/fulltext)

**“... In their Health Policy paper (March, 2026), Coleman and colleagues help to explain why tuberculosis continues to impose such a heavy burden. The authors describe the tuberculo-genic environment, emphasising how structural determinants**—including poverty, housing, nutrition, education, employment, and health-care system capacity—**influence vulnerability to infection, disease progression, and transmission. Infection with Mycobacterium tuberculosis is necessary but not sufficient for disease; social and environmental contexts largely determine individual and community outcomes....”**

**“However, an exclusively human-centred perspective overlooks a key dimension: the ecological and multispecies context of tuberculosis. The Mycobacterium tuberculosis complex (MTBC) comprises closely related pathogens capable of infecting humans and multiple animal species. Although host specificity exists, species such as M tuberculosis, M bovis, and M orygis can cross species barriers, enabling zoonotic and reverse zoonotic transmission. Emerging evidence suggests that zoonotic tuberculosis is more widespread than previously recognised, with MTBC detected in domestic animals, wildlife, and free-ranging populations, although cross-species transmission dynamics remain poorly characterised owing to fragmented surveillance and inadequate molecular integration. Non-human primates are increasingly recognised as important spillover hosts....”**

Authors conclude: **“... Reframing tuberculosis as a multispecies, socioecological disease** transforms elimination strategies and underscores the need to address upstream social determinants, strengthen integrated surveillance across human and animal health systems, and map ecological hot spots of spillover and spillback. “

## **Access to medicines, vaccines & other health technologies**

**Stat – Colombia wins a key court ruling over a compulsory license issued for an HIV medicine**

<https://www.statnews.com/pharmalot/2026/05/11/colombia-dolutegravir-court-case-patent-cost/>

“Consumer advocates called it an “historic” decision with regional implications in the battle over access to medicines.”

“A South American court upheld the steps taken by the Colombian government when it issued a compulsory license two years ago for an HIV medicine, a move that confirmed the legal framework for using such an approach in the future. The Court of Justice of the Andean Community — a tribunal that settles trade, intellectual property, and labor disputes for Bolivia, Colombia, Ecuador, and Peru — also ruled that the Colombian government had properly justified the reasons for issuing a license and appropriately set an expiration date for its license. “The court concluded that Colombia did not incur a breach of Andean regulations, since such measures are valid when there are reasons of public interest,” the health ministry said in a statement. “**Colombia adequately complied with the obligation to determine the duration of the compulsory license**” for the medicine, which is sold by ViiV Healthcare...”

### Africa CDC – Africa CDC Announces Results of African Pooled Procurement Mechanism (APPM) Tender for Essential RMNCH Medicines

<https://africacdc.org/news-item/africa-cdc-announces-results-of-african-pooled-procurement-mechanism-appm-tender-for-essential-rmnch-medicines/>

“The (Africa CDC) is pleased to announce the successful conclusion of its first African Pooled Procurement Mechanism (APPM) tender for essential medicines for Reproductive, Maternal, and Newborn Health (RMNCH), covering 10 priority products across 10 African Union Member States. This milestone marks a significant step in transforming access to life-saving maternal and newborn health commodities, while advancing Africa’s broader agenda of health security, affordability, and market shaping.”

“The tender process, conducted through an open international competitive process, **achieved:**

**Substantial cost savings, with pooled procurement delivering 30–90% lower prices compared with Member State benchmarks; Improved supply security through the establishment of non-exclusive framework agreements with multiple qualified suppliers; Strong competition, with 13 bids received and evaluated through a transparent, multi-stage process; Participation of African manufacturers, with 5 of the 10 RMNCH products involving African manufacturers.”**

### HPW – BioNTech Factory Closures Spark Concerns Over EU Supplies Amid Trade Tensions

<https://healthpolicy-watch.news/biontech-factory-closures/>

“This week’s announcement of BioNTech factory closures in Germany marks an end to the country’s pandemic-era COVID-19 vaccine production boom. The Mainz-based pioneer announced that it will manufacture its final batches of the vaccine domestically later this year, **transferring all future production to its American partner, Pfizer....**” “ **This strategic retreat from Germany** – which includes the shuttering of facilities in Marburg, Idar-Oberstein, and the recently acquired CureVac site in Tübingen – is scheduled for completion by the end of 2027, [according to German media reports](#). In total, the company plans to cut up to 1,860 jobs across production sites in Germany, as well as in Singapore. ... **The company’s leadership attributed the restructuring to plummeting**

global demand for pandemic products and a necessary pivot toward funding a high-stakes oncology pipeline.”

PS: “... Economic experts warn that relying on volatile corporate and geopolitical developments to maintain vaccine supplies threatens European health security....”

“... foreign manufacturers are stepping in to fill the void, with US pharma company Pfizer likely to utilise its established manufacturing facilities in Europe to absorb BioNTech’s production in the EU. Further underscoring this transatlantic market shift, European regulators [recently authorised mCombria](#), a new messenger RNA vaccine produced by US rival Moderna that protects adults aged 50 and older against both COVID-19 and seasonal influenza....”

## CGD - A Prize for Repurposing Drugs for Neglected Diseases

S Chethik et al; <https://www.cgdev.org/blog/prize-repurposing-drugs-neglected-diseases>

“More than one billion people are affected by poverty-related and neglected diseases (PRNDs), including the [21 recognized neglected tropical diseases](#), as well as HIV/AIDS, tuberculosis, and malaria. These diseases [cause avoidable illness and death, reduce schooling and labor productivity, and impose large economic costs](#). Yet funding for PRND research and development (R&D) remains far below need. [In 2024, R&D funding was still more than \\$1 billion below its 2018 peak](#). At the same time, [thousands of FDA-approved drugs already exist](#) and some may hold promise as treatments for PRNDs. But without a viable commercial market, no one has a strong financial incentive to find out. **One solution is to create the missing incentive. A prize could reward innovators that discover and prove an existing drug can treat a PRND. ...”**

## Conflict/War & Health

Guardian – Internal displacements caused by violence or conflict at record high in 2025

<https://www.theguardian.com/world/2026/may/12/internal-displacements-violence-conflict-record-high-2025>

“The 32.3m surpasses those caused by disasters for the first time, as 82.2m people displaced in total around world.”

“The number of internal displacements triggered by conflict or violence around the world reached a record high in 2025, surpassing the number of disaster-driven internal displacements for the first time. A report published by the Internal Displacement Monitoring Centre (IDMC) shows that by the end of 2025 there were 32.3m conflict-driven internal displacements. That is 60% higher than those recorded the previous year, and – for the first time since data collection began in 2008 – above displacements driven by natural disasters, which reached 29.9m in 2025.”

“Jan Egeland, the secretary general of the Norwegian Refugee Council, described the figures as a “sign of a global collapse” in basic protection of civilians.”

## AI & health

### Gates Foundation – Making AI work for more people: A new partnership with Anthropic to build AI tools in global health, education and agriculture

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2026/05/ai-anthropic-partnership>

**“A new, multi-year partnership between the Gates Foundation and Anthropic aims to apply this approach in practice.”** “The partnership brings together each organization’s resources and expertise toward shared goals, and **includes commitments of \$200 million over four years** in grant funding, API credits, and technical support to develop AI tools and shared public goods — freely available resources — **across health, education, and agriculture.**”

**“In health, the partnership will focus on applying AI to accelerate the development of vaccines and other critical innovations, while making large, complex datasets more accessible, interactive, and actionable for researchers and decision-makers.** Initial efforts will center on systems that help scientists analyze data, generate insights, and move more quickly toward new breakthroughs. Early applications include life-saving childhood vaccines, as well as new prevention and treatment approaches for cervical cancer and preeclampsia. **In parallel, the partnership will modernize the data systems that track disease and health trends, connecting information across sources so public health leaders have sharper insights at their fingertips. This includes work with the Institute for Health Metrics and Evaluation (IHME) on the [Global Burden of Disease study](#) well as partnerships with governments to help public health leaders make more informed decisions.**”

## Some reports, series of the week

### Lancet Global Health – Energy and health in low-income and middle-income countries

<https://www.thelancet.com/series-do/energy-health-2026>

“Reliable and affordable clean energy is essential for modern living and powering economies. Access to clean energy has increased substantially in low-income and middle-income countries over the past three decades. However, millions still lack reliable and affordable access to electricity and clean cooking fuels. **This new Series—an update to the Series published in The Lancet in 2007—outlines the burden of disease associated with energy production and consumption; the drivers of and barriers to clean energy adoption; and how reliable, affordable, sustainable, and equitable electricity access in health-care facilities is necessary for achieving universal health coverage.**”

### Lancet Regional Health Africa – May issue

[https://www.thelancet.com/issue/S3050-5011\(26\)X2003-X](https://www.thelancet.com/issue/S3050-5011(26)X2003-X)

- Start with the **Editorial: [Is WASH a pipe dream for Africa?](#)**

**“Ensuring the availability and sustainable management of water and sanitation for all by 2030 is the aim of Sustainable Development Goal 6. However, this is looking unattainable in [Africa](#)—the most water insecure region, with the lowest levels of water, sanitation and hygiene (WASH) access. Less than a third of people have access to safe drinking water in [Africa](#). The impacts of the state of WASH in Africa already has far reaching [consequences](#) on the health, wellbeing, education, and employment of its people. **Without urgent intersectoral action to improve water security, these impacts will become ever more devastating....”****

**“...While barriers to WASH seem to far outweigh success stories in Africa, there are positive signs that regional leadership is stepping up. The African Union has declared 2026 as the year of “Assuring Sustainable Water Availability and Safe Sanitation Systems to Achieve the Goals of Agenda 2063”. Their call-to-action acknowledges the need for intersectoral action, highlighting water as a human right, water security for economic transformation, climate resilience and adaptation, Pan-African solidarity, the role of innovation, and equity and inclusion....”**

## Miscellaneous

### Science Politics - Visa Apartheid in an Age of Populism

S O Aremu et al; <https://sciencepolitics.org/2026/05/13/visa-apartheid-in-an-age-of-populism/>

**“Border regimes are a structural threat to global health.”**

**“When mobility is restricted unequally across populations, it creates what many scholars now describe as “visa apartheid.” Visa apartheid is a system in which the right to move, and by extension, the right to health, is stratified along lines of nationality, race, and geopolitical power....”**

**“Visa apartheid is not simply a bureaucratic inconvenience; it is a structural determinant of global health. ...”**

The authors give 5 recommendations. Including: **“Reframing mobility as a global public good.”**

### Nature News – Goodbye GDP? 31 ways to replace the world's favourite measure of economic health

<https://www.nature.com/articles/d41586-026-01511-x>

**“Proposed UN progress indicators include greenhouse gas emissions, life expectancy and children's performance in reading and maths.”**

**“The United Nations is considering 31 new indicators to “complement and go beyond” the world’s main measure of economic growth, gross domestic product (GDP). The proposed new annual indicators include economic metrics such as household disposable income per person, and environmental data such as a country’s greenhouse gas emissions and levels of particulate matter in the air. Also included are health and education indicators such as life expectancy and children’s performance in reading and maths; as well as measures of wellbeing such as the proportion of**

women and girls subjected to physical and/or sexual violence. Fifteen of the 31 proposed indicators are already part of indicators for the UN's Sustainable Development Goals (SDGs)....”

“The new indicators are in a report, [Counting What Counts](#), written by a multidisciplinary committee of researchers and policymakers, co- chaired by economists Kaushik Basu, based at Cornell University in Ithaca, New York, and Nora Lustig at Tulane University in New Orleans. The group was assembled last year by UN Secretary General António Guterres....”

- See also [UN News – United Nations proposes new global dashboard to measure progress beyond GDP](#)

“Secretary-General’s High-Level Expert Group sets out a set of indicators to put people and planet at the centre of decision-making.”

- And a **Nature Editorial** – [Science can take the lead in making better measures of economic growth](#)

**“The United Nations wants scientists to help design indicators of progress that go beyond GDP. Researchers should seize the chance and be aware of past failures.”**

Coming back among others on the Human Development Index (HDI), which was created in a previous attempt to dethrone GDP more than three decades ago, and some other indices.

**“... the use of these indicators hasn’t changed most governments’ focus on maximizing GDP. One reason is that GDP has its own rules, called the System of National Accounts, which are set by the UN Statistical Commission (UNSC), a decision-making body comprising the chiefs of national statistics offices. This group is extraordinarily influential, but historically it is not used to engaging with other organizations, even within the UN system. If a new indicator is to have at least the same importance as GDP, then the UNSC must put its weight behind it....”**

**New WHO health inequality country profiles to track progress on achieving health equity**

<https://www.who.int/news/item/12-05-2026-new-who-health-inequality-country-profiles-to-track-progress-on-achieving-health-equity>

“The World Health Organization (WHO) has released interactive [health inequality country profiles](#) showing the state of health inequality in countries based on the Organization’s principal global health strategy, the [Fourteenth General Programme of Work \(GPW 14\)](#)....”

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

**PMNCH – PMNCH appoints Monica Geingos as Board Chair to champion a new era of leadership for women’s, children’s and adolescents’ health**

[PMNCH](#);

“**Former First Lady of Namibia**, lawyer, entrepreneur and global advocate Monica Geingos to lead the world’s largest alliance for women’s, children’s and adolescents’ health and well-being at a pivotal moment for sexual and reproductive health and rights, gender equality and health financing.”

Succeeding **Helen Clark** (who ends her tenure in November 2026).

## **CGD (blog) - The EU’s Global Europe Instrument: Ambition, Tension, and What Needs to Change**

M Gavas; <https://www.cgdev.org/blog/eus-global-europe-instrument-ambition-tension-and-what-needs-change>

“**The European Union (EU) is redesigning how it finances development around the world. The [proposed Global Europe Instrument](#) will shape where EU money goes, who benefits, and what strings, if any, are attached.** With the **Foreign Affairs Council meeting on 18 May**, this is the moment to ask whether the proposal is fit for purpose.”

“**There is a lot to like within the proposal.** It rightly recognises that development cooperation must engage with infrastructure, private investment, and geopolitical realities. Its flexibility provisions respond to a genuinely more unpredictable world. **But these strengths sit alongside some serious structural problems, as well as the disappearance of historic commitments in the proposal that have long protected the EU's most vulnerable partners.** Ministers meeting on 18 May should push to fix both. **These concerns are increasingly being voiced within the European Parliament....**”

Excerpt:

“**A historic benchmark at risk: human development:** A significant loss in the proposal is the **disappearance of the longstanding [human development benchmark](#) which previously ring-fenced at least 20 percent of EU development funding for health, education, nutrition, and social protection.** They are the foundations on which everything else, including infrastructure, trade, resilience, stability, depends. **The European Parliament’s draft report flags this, and proposes reinstating the commitment, particularly for the most marginalised.**”

“**The EU’s Global Gateway** has become one of the few large-scale public finance instruments still expanding in Africa, particularly as bilateral ODA to sub-Saharan Africa fell 26 percent in a single year. Yet **[our analysis of flagship projects](#)** shows that the bulk of investments appear directed toward EU strategic corridors for critical minerals, and not necessarily aligned with African partners’ own development priorities. **Less than 10 percent of flagship projects are in education and research; only slightly more than 10 percent are in health.** The European Parliament’s draft report also underlines that strategic investment initiatives must remain responsive to partner-country priorities, not shaped primarily by European geopolitical interests...”

## **Plos GPH – From pilots to partnerships: Why African-Nordic collaboration can help reshape global health**

Steven L. B. Jensen et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006329>

Re the inaugural African–Nordic Health Summit in Stockholm in January 2026.

“Convening policymakers, researchers, implementers, financiers, civil society and private sector actors from across both regions, **the summit was founded on a simple premise: lasting health improvements require partnerships that move beyond isolated interventions toward integrated health systems capable of delivering impact at scale.** The summit represented not simply another global health convening, but a wider response to systemic challenges that have come to define the current global health landscape. **The emerging African-Nordic partnership offers a promising model for how global health cooperation can evolve to address these challenges.** The Stockholm summit deliberately focused on women’s health, including maternal health....”

“... **The African-Nordic Health Summit was conceived not as a one-off event but as the beginning of a sustained platform for collaboration.** The next convening, scheduled for Kigali in 2027, aims to learn from impactful partnerships and inspire concrete initiatives across the regions. **Participants highlighted the importance of moving from broad commitments toward focused collaboration on a limited set of priorities where African-Nordic partnerships can demonstrate measurable progress.** Such partnerships could include **joint initiatives to strengthen midwifery and maternal care, expand digital tools for frontline health workers, integrate non-communicable disease screening into maternal health services, and support regional health manufacturing and supply chains...**”

## CGD - Donors Are Increasingly Focusing on “Systems Strengthening”: How Can They Do It Well?

R Glennerster; <https://www.cgdev.org/blog/donors-are-increasingly-focusing-systems-strengthening-how-can-they-do-it-well>

“**Published strategies and private conversations with bilateral donors suggest systems strengthening is becoming a much bigger focus....**”

Glennerster then wonders, “... **What should (evidence-based) systems strengthening be?...**”

“... To strengthen a system, therefore, is **to help it move to be more in line with the evidence on what is cost-effective and scalable.** This can be done in three ways:...”

“... This means systems strengthening should involve **evidence-based prioritization of country-level resources, based on local needs and cost-effectiveness; supporting the transition to more cost-effective policies; and generating evidence which often directly leads to systems strengthening.**”

## Global health financing

### Economist Impact – Tuberculosis proves that investment in health pays off

M Pai; <https://impact.economist.com/health-society/tuberculosis-proves-that-investment-in-health-pays-off>

« Madhukar Pai of McGill University says tuberculosis kills on a vast scale, but as foreign aid shrinks, countries with a high burden of TB stand to gain a lot by investing more to curb the disease and its heavy social cost.»

## UHC & PHC

**HP&P – Assessing intervention effects on healthcare-related financial protection in low and middle-income countries: a rapid evidence review**

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag065/8677080?searchresult=1>

By K Kruja, S Witter et al.

## Pandemic preparedness & response/ Global Health Security

**Nature - AI can design viruses, toxins and other bioweapons. How worried should we be?**

<https://www.nature.com/articles/d41586-026-01476-x>

“Scientists are debating whether to limit biological AI software to ward off threats.”

## Planetary health

**Nature Health (Comment) – GDP alone cannot measure human progress and well-being**

Klaus Prettner, David Bloom et al; <https://www.nature.com/articles/s44360-026-00137-7>

“Gross domestic product remains the dominant metric of progress, but new measures such as healthy lifetime income offer policymakers a clearer and more relevant view of well-being.”

**Lancet Planetary Health - Inequalities in health-care carbon footprints and implications for demand-side interventions: a global assessment across population groups**

Han Zhao et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00029-X/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00029-X/fulltext)

**“Reducing emissions from health care** is now recognised as an urgent priority on the climate–health agenda. Although studies have quantified the environmental impacts of health systems at national and global scales, **inequalities in health-care carbon footprints (HCFs) across population groups (both between and within countries) and their trajectories** remain unexplored. **This study quantified these disparities and evaluated the potential of targeted demand-side interventions to achieve equitable, low-carbon health care while expanding delivery of care.”**

Interpretation of the findings: “... Our study moves beyond cross-country comparisons based on national averages or totals by examining HCFs across different population groups within countries. **The highest-spending populations were found to contribute disproportionately to health-care carbon emissions, thus highlighting that achieving equitable, low-carbon health-care transitions requires attention to within-country population disparities to target interventions.** Our findings provide quantitative evidence for pathways to meet fair health-care emission-reduction targets while maintaining care quality.”

## Covid

**Nature – At last, a pill that can prevent COVID after exposure to infected people**

<https://www.nature.com/articles/d41586-026-01546-0>

“Drug arrives years after pandemic’s peak, but **could still offer protection to vulnerable populations.**”

“An antiviral pill has, for the first time, been shown to prevent COVID-19 in people exposed to the SARS-CoV-2 virus at home, according to trial results published today in the **New England Journal of Medicine...**”

**Science - Virologist accused of starting COVID-19 will fight U.S. ban on funding**

<https://www.science.org/content/article/virologist-accused-starting-covid-19-will-fight-u-s-ban-funding>

**“HHS memo says Ralph Baric had a “pattern of deception” in describing virus studies long before pandemic.”**

“Alleging a “pattern of deception” in virus studies done more than a decade ago, the U.S. government has proposed a ban on federal funding to a prominent coronavirus researcher whose more recent work has incited unproven accusations that he helped start the COVID-19 pandemic. The Department of Health and Human Services (HHS) has already suspended **Ralph Baric, a tenured professor at the University of North Carolina (UNC) at Chapel Hill and a member of the National Academy of Sciences**, from receiving further money for his virology studies. Now it has begun formal debarment proceedings, which could cut off his funding for 3 years or more. As Science finalized this story, UNC announced that Baric, 72, was retiring, but **he told Science he plans to appeal the recommended debarment, likely with legal help from the school....**”

## Mpox

BMC Global and Public health - Mpox vaccine acceptance and uptake in Africa: a systematic review and meta-analysis

<https://link.springer.com/article/10.1186/s44263-026-00277-8>

By F Z L Cheuyem et al.

## Infectious diseases & NTDs

NYT - A Single Infusion Could Suppress H.I.V. for Years, Study Suggests

<https://www.nytimes.com/2026/05/11/health/hiv-infusion-immunotherapy.html>

**“A study of a few patients, to be presented this week, showed promise for a type of therapy that has already cured some blood cancers.”**

“For about a decade, scientists have had remarkable success curing some blood cancers by modifying a patient’s own immune cells to recognize and kill the malignant cells. That same approach may help control H.I.V., among the wildest of viruses, scientists will report on Tuesday. After a single infusion of immune cells engineered to recognize the virus, two people in a new study have suppressed their H.I.V. to undetectable levels, one of them for nearly two years. The data is scheduled to be presented at [a gene therapy conference](#) in Boston, but the researchers shared an early copy with The New York Times.”

“The treatment is years, if not decades, from being widely available, but **the study offers what scientists call “proof of concept,”** and the tantalizing hope that a single shot could one day offer lifelong relief from H.I.V....”

Cidrap News - RTS,S malaria vaccine averted 1 in 8 deaths among eligible kids in 3 African nations over 4 years

<https://www.cidrap.umn.edu/malaria/rtss-malaria-vaccine-averted-1-8-deaths-among-eligible-kids-3-african-nations-over-4-years>

**“An international group of researchers estimates that, despite only moderate uptake of three doses and low uptake of the fourth, the RTS,S/AS01<sub>E</sub> malaria vaccine saved the lives of one in eight eligible children in the first three African nations to offer the vaccine from 2019 to 2023.** For the **observational study**, published late last week in *The Lancet*, the research team randomly assigned 158 administrative-unit clusters, each with a birth cohort of roughly 4,000 children, in **Ghana, Kenya, and Malawi** to either roll out the RTS,S malaria vaccine in 2019 (79 implementation areas) or to implement it later (79 comparison [control] areas)....”

## Independent - Drones now key to fighting malaria as the climate crisis fuels 'catastrophic' rise in cases

<https://www.independent.co.uk/climate-change/malaria-climate-crisis-africa-floods-tanzania-b2972378.html>

**"In Tanzania's capital Dar es Salaam, researchers are using drone mapping to track malaria's changing spread** after years of declining cases. Nick Ferris reports."

## Nature Medicine – Brazil's big bet on mosquitos

<https://www.nature.com/articles/s41591-026-04388-5>

"As Brazil takes its modified mosquito program from pilot to practice at national scale, what will it take to beat dengue?"

## Lancet Global Health (Comment) – Undernutrition and tuberculosis: time to recalibrate the global response

Vineet K Chadha et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00091-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00091-4/fulltext)

"The **relationship between undernutrition and tuberculosis** is one of the oldest observations in infectious disease epidemiology, yet its precise quantification has remained elusive. **In The Lancet Global Health, Matthew J Saunders and colleagues present the findings of a modelling study estimating that eliminating all undernutrition (BMI <18.5 kg/m<sup>2</sup>) among adults globally could avert 23.7% of adult tuberculosis incidence worldwide. This estimate is approximately two and a half times higher than the current WHO population attributable fraction of 8.9%, a difference that warrants attention.** The major methodological contribution of this study lies in **treating BMI as a continuous concept rather than WHO's approach of classifying individuals as either having undernutrition or not**, applying a single relative risk estimate.....

- The study in [the Lancet GH - Global, regional, and national estimates of tuberculosis incidence averted by eliminating undernutrition in adults: a modelling study](#) (by M J Saunders et al)

## Nature Africa – Fourteen days to recovery from kala-azar

<https://www.nature.com/articles/d44148-026-00118-8>

**"A shorter regimen has been tested in Eastern Africa, but Amudat patients are still waiting."**

## NCDs

### Nature Health - Environmental and lifestyle drivers of early-onset cancer

<https://www.nature.com/articles/s44360-026-00122-0>

“Early-onset cancer of many body sites and organ systems is increasing world wide. This Review outlines the potential causes. “

### Lancet Regional Health Africa - Survivorship burden of lip and oral cavity cancer in Sub-Saharan Africa, 1990–2023: an analysis of the Global Burden of Disease 2023 Study

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00041-6/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00041-6/fulltext)

By Chukwuemeka L. Anyikwa et al.

### Guardian – Arts and cultural engagement ‘linked to slower pace of biological ageing’

<https://www.theguardian.com/science/2026/may/12/arts-cultural-engagement-linked-slower-pace-biological-ageing-ucl-research>

“Research from UCL suggests visiting art galleries or museums, singing and painting can help improve health outcomes...” The results are published [in the journal Innovation in Aging](#).

### Nature (News) - Sleep linked to slower ageing: huge study pinpoints the right amount

[https://www.nature.com/articles/d41586-026-01506-8?utm\\_source=bluesky&utm\\_medium=social&utm\\_campaign=nature&linkId=61859149](https://www.nature.com/articles/d41586-026-01506-8?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=61859149)

“Health outcomes were better in people who slept between about six and eight hours a day.”

### Science - Most dementia patients have multiple brain diseases. How should they be treated?

<https://www.science.org/content/article/most-dementia-patients-have-multiple-brain-diseases-how-should-they-be-treated>

“Growing awareness of “copathology” inspires new diagnostic tests and clinical trials.”

## Sexual & Reproductive health rights

### HPW - More Girls Will Finish School if India's Supreme Court Ruling on Menstrual Health is Implemented

D Shetty; <https://healthpolicy-watch.news/more-girls-will-finish-school-if-indias-supreme-court-ruling-on-menstrual-health-is-implemented/>

“In January, India's Supreme Court has ruled that menstrual health is a fundamental right, directing states and schools to take measures to facilitate menstrual health and sanitation. **The laws of the world's most populous country are now in line with the United Nations (UN) [stand on menstrual health taken in 2024](#)**, and one that is also [echoed](#) by the World Health Organization. ...”

### Global Public Health - From emergency relief to system strengthening: Stakeholder perspectives on official development assistance for reproductive, maternal, neonatal and child health in Guinea-Bissau

Anaxore Casimiro et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2672821>

« Guinea-Bissau, a politically fragile West African nation, relies heavily on official development assistance (ODA) to sustain reproductive, maternal, neonatal and child health (RMNCH) services. **This study explored how national and international stakeholders perceive the role, evolution and effectiveness of RMNCH-related ODA and how these perspectives compare with donor strategies...**”

### Lancet (clinical) series - Schistosomiasis in women and adolescent girls

<https://www.thelancet.com/series-do/schistosomiasis-in-women-and-adolescent-girls>

“Female genital schistosomiasis (FGS) is a chronic genital disease caused by the deposition of *Schistosoma haematobium* eggs, affecting at least 40 million women and girls worldwide, primarily in sub-Saharan Africa. Women and girls living with FGS face numerous intersecting challenges and health complications, ultimately contributing to urogenital dysfunction and adverse sexual and reproductive health outcomes. **In this four-paper Series**, we examine sex-specific aspects of *Schistosoma* infections in women and girls, diagnostic techniques and treatment strategies, barriers to diagnosis and treatment, management during pregnancy and implications for offspring, and the interactions with other genital infections and their clinical implications.”

## Neonatal and child health

### Lancet Child & Adolescent Health – Global variation in injury patterns, interventions, and post-operative outcomes for children and adolescents undergoing trauma laparotomy: an international cohort study

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(26\)00069-6/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(26)00069-6/fulltext)

“... Kids in poorer countries with severe abdominal injuries were six times more likely to die after receiving emergency surgery than their counterparts in richer countries....”

## UN News - From childhood to university, economic inequality shapes life chances worldwide

<https://news.un.org/en/story/2026/05/1167492>

“Economic inequality is leaving a deep mark on children’s health, learning and future opportunities – with effects felt well beyond the classroom, the UN Children’s Fund UNICEF and the UN education agency UNESCO warned on Tuesday. Independent studies by the agencies paint a picture of widening disparities that begin in childhood and continue into higher education, despite decades of global progress in school and university enrolment....”

## Access to medicines & health technology

### FT - EU to stockpile key drugs to avoid repeat of pandemic-era panic buying

<https://www.ft.com/content/7c07683d-6b41-4213-859e-6e1d8e96ff32>

“Member states agree on Critical Medicines Act that aims to incentivise domestic production.”

- See also Stat - [European Union inks a draft deal to boost local production of medicines and avoid shortages](#)

“The initiative seeks to avoid the kinds of withering shortages seen during the Covid-19 pandemic.”

“The European Union reached a provisional deal to strengthen the supply of essential medicines — such as antibiotics, insulin, vaccines, and painkillers — and avoid shortages by boosting domestic production and reducing reliance on imports. Known as **the Critical Medicines Act**, the initiative seeks to avoid the kinds of withering drug shortages that were seen during the Covid-19 pandemic. Specifically, **the proposal targets supply-chain weaknesses for more than 200 medicines that are considered critical to the region’s health security**, including treatments for rare diseases....”

## Human resources for health

### Human Resources for Health – Can financial retention incentives slow health worker migration? PPP-adjusted salary differentials in Zimbabwe’s donor-dependent health system

<https://link.springer.com/article/10.1186/s12960-026-01074-y>

By G George et al.

## Conflict/War & Health

### **SSM Health Systems - Health systems strengthening and resilience-building in fragile and conflict-affected settings: experiences and operational perspectives of international NGOs**

M Paola Bertone a, S Witter et al;

<https://www.sciencedirect.com/science/article/pii/S2949856226000735>

“The study offers insights into HSS, grounded in the experiential perspectives of those engaged in HSS programming. Early attention to HSS is essential, also in relation to resilience as HSS can support building of resilience capacities. HSS programming must be intentional, with clear incentives and supportive structures for NGOs. Funding cuts risk shifting attention to narrow humanitarian approaches, which may jeopardize the very systems that will save lives in the future.”

### **International Health (Editorial) - Neglected tropical diseases in conflict zones: devastating consequences of a lack of inclusion**

Margriet den Boer et al;

<https://academic.oup.com/inthealth/article/18/3/313/8672946?searchresult=1>

**Editorial of International Health’s Special Issue on neglected tropical diseases (NTDs) in conflict settings.** “... we reflect on a year of remarkable successes in NTD control amidst fierce global health challenges...”

## Papers & reports

### **Plos GPH – Temporal trends in African healthcare system capacities in prevention, detection, response, and sustainability between 2010 and 2023**

Pratik Sharma et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005285>

“This analysis evaluated self-reported national capacities for prevention, detection, response, and sustainability in 54 African countries from 2013 to 2023 using data from WHO State Party Annual Report (SPAR) submissions. ...”

Among the findings: “... Between 2013 and 2023, African regions showed incremental gains across all capacity domains, with the largest post-pandemic improvement in response capacity. However, persistent performance gaps remain, especially in Middle Sub-Saharan Africa. ...”

## Global Public Health - Social medicine beyond the medical curriculum: A Latin American historical perspective

Gabriel Abarca-Brown et al;

<https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2671502>

« Current debates in social medicine and global health have emphasized the medical curriculum as a means to foster awareness, reflexivity, and sensitivity among medical students and practitioners. Yet, this curricular focus may come at a cost, risking a narrowing of the scope of social medicine by neglecting broader historical, political, and ideological forces. This article argues for a reorientation that situates contemporary social medicine within longer histories of geopolitical struggle, using Latin American social medicine (LASM) since the mid-twentieth century as a critical lens. LASM illustrates how political regimes, international institutions, and social movements have influenced medical training, the scalability of health initiatives, and community-engaged activism. **By integrating historical, ideological, and political analysis, this perspective positions LASM not merely as a regional case study but as a site of theoretical production, offering insights for social medicine, global health, and decolonial approaches to training, infrastructure, and activism.** »

## Health Research Policy & Systems - Citation and policy influence of research using demographic and health survey data: a bibliometric analysis

<https://link.springer.com/article/10.1186/s12961-026-01487-0>

By E Omondi et al.

## Tweets (via X & Bluesky)

Andrew Harmer

“ Most people will not have heard of **Simeon Bennet** but he's the **Senior Speechwriter to WHO's DG Dr Tedros**. His **Ted Talk** from a couple of years ago is really good.

[www.youtube.com/watch?v=Jgen...](https://www.youtube.com/watch?v=Jgen...) “

Moritz Piatti-Fünfkirchen (WB)

(via LinkedIn)

“A significant milestone for the PFM for Health agenda. At the **G7 Development Ministers' Meeting in Paris on 29-30 April**, G7 members endorsed a **renewed approach to development built around four principles: resilience, sovereignty, effectiveness, and coherence.**”

“Notably for those of us working at the intersection of public finance and health, the communiqué includes an **explicit commitment to sovereign health financing** — supporting domestic resource mobilization, strengthening national development banks, and better coordinating health funding with country-led strategies. **This reflects a growing recognition that increasing health budgets alone is not enough. How public money for health is planned, allocated, and executed determines whether those resources actually reach people. This is meaningful validation for the PFM for**

**Health agenda** — and a timely one, as many countries face tightening fiscal space and declining external aid. The path to Universal Health Coverage runs through finance ministries as much as health ministries. **With the Évian Summit in June, there is a real opportunity to translate this political commitment into concrete country-level action.** Much work remains, but this is an encouraging step in the right direction.”

### **Seye Abimbola**

“There is a class of “global health” people who warmed to (even sought to lead) discussions on “decolonisation” when it began to catch fire in the field, but who has over time come to see that they are the people, their interests are the interests, and their practices are the practices, from which the field would need to be, is being called to be decolonised. It’s been fascinating to watch their retreat, even antagonism.”